



2021 Adult Mental Health Survey Report

Oregon Health Authority - January 2022

Presented by
Comagine Health
650 NE Holladay St. #1700
Portland, OR 97232

Comagine
Health

Table of Contents

Index of Tables and Figures	iii
Executive Summary.....	1
Summary of Outpatient Results.....	1
Summary of Residential Results.....	2
Introduction	4
Methodology.....	5
The Surveys	5
Sample.....	8
Survey Administration	8
Weighting and Analysis.....	9
Survey Limitations.....	9
COVID-19.....	10
Survey Length.....	10
Survey Timing.....	10
Response	11
Outpatient Results	14
Demographics	15
Treatment Status	16
Domain Satisfaction	17
Expectation and Results.....	21
Care Providers.....	21
Certified Community Behavioral Health Clinics (CCBHC).....	23
Telehealth Services	23
Coordination of Care.....	24
Trauma	25
Peer-Delivered Services	25
Crisis.....	26
Housing	26
Employment.....	27
Income	27
Law Enforcement	28
Residential Results	29
Demographics	30

Treatment Status	31
Domain Satisfaction	31
Expectation and Results.....	34
Care Providers.....	35
Coordination of Care.....	37
Trauma	37
Crisis.....	37
Housing	38
Employment.....	38
Income	39
Law Enforcement.....	39
Residential Treatment Services	40
Appendices.....	42
Appendix A: Adult Outpatient and Residential Surveys.....	A-1
Appendix B: Survey Data Security and Quality Assurance Procedures.....	B-1
Appendix C: Weighting Explanation and Code.....	C-1
Appendix D: Domain Satisfaction by CCO.....	D-1
Appendix E: Domain Satisfaction by CCBHC.....	E-1

Index of Tables and Figures

Table 1. MHSIP Domain Questions.....	7
Table 2. Response Rate for Outpatient and Residential Respondents.....	13
Table 3. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.	15
Table 4. Weighted Domain Satisfaction.	17
Table 5. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.	30
Table 6. Weighted Domain Satisfaction.	32
Figure 1. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.	12
Figure 2. Outpatient Survey Domain Satisfaction Trends: 2017–2021.....	19
Figure 3. 2021 Respondent Expectations of Treatment vs. Results.	21
Figure 4. 2021 Responses to the question: Did your provider talk to you about these issues?.....	22
Figure 5. “How satisfied were you with the virtual session(s) compared to in-person sessions?”	24
Figure 6. Residential Survey Domain Satisfaction Trends: 2017–2021.....	33
Figure 7. 2021 Respondent Expectations of Treatment vs. Results.	34
Figure 8. 2021 Responses to the question: Did your provider talk to you about these issues?.....	36

Executive Summary

An estimated 83,000 Oregonians received mental health services through Oregon Medicaid in 2020.¹ Approximately 57,000 of these were adults age 18 years or older, with 55,000 (96.5%) receiving services only in an outpatient setting and 2,000 (3.5%) receiving services in a residential setting.

To ensure these services meet the needs of Oregonians, and to meet federal requirements, the Oregon Health Authority (OHA) contracts with Comagine Health to administer mental health service satisfaction surveys to adults who received Medicaid-funded mental health services in outpatient, adult foster care or residential treatment settings.

There are two versions of the survey, one for adults who received mental health services in outpatient settings and one for adults who received mental health services in adult foster care or residential treatment settings. Both surveys asked questions under the following domains:

- Access
- Daily functioning
- General satisfaction
- Participation
- Quality/Appropriateness
- Social connectedness
- Treatment outcomes

Both surveys include additional questions regarding areas of specific interest such as: living situation, employment, trauma and other areas. New questions related to telehealth and experiences with virtual sessions were added to the adult outpatient survey in response to the COVID-19 pandemic. Below are highlights from the 2021 surveys, as well as trends over the previous five years, where applicable.

Summary of Outpatient Results

Statewide, 2,023 adults responded to the 2021 outpatient survey for a response rate of 17.0%. The majority (70.7%) completed the survey online, receiving a \$10 gift card incentive, while the remainder completed the paper survey and returned it in a prepaid envelope.

Domain Satisfaction

Respondents were most satisfied in the domains of quality/appropriateness (80.5%), general satisfaction (76.8%) and access (73.7%). They were least satisfied in the treatment outcomes (52.6%), daily functioning (55.1%) and social connectedness (55.4%) domains.

¹ This number is the total from which the survey sample was pulled and includes those members who had two or more visits during the survey timeframe.

Treatment Expectations

Since 2017, there has been a significant upward trend (all, $p \leq 0.01$) in the most frequently reported treatment expectations:

- Become less anxious or fearful (82.8%)
- To feel better about oneself (78.5%)
- To become happier (74.3%)

Current Mental Health Treatment

At the time of the survey, 73.9% of respondents were still receiving mental health services. Of those who were no longer receiving services, 26.4% reported stopping because the issue that caused them to seek treatment had been resolved while 15.8% stopped because they felt their treatment was not working. A large portion (45.2%) indicated “other” reasons for stopping treatment that were beyond the options listed in this survey.

Telehealth Services

In the last 12 months, 85.7% of respondents had one or more virtual visits with their mental health provider and 69.2% were satisfied with virtual sessions when compared to in-person sessions.

Trauma

Nearly three-quarter of respondents (74.6%) had been asked about their history of trauma with 13.3% being unsure. In the last five years, there has been a significant upward trend ($p < 0.01$) in mental health services providers asking about respondents' history of trauma.

Summary of Residential Results

Statewide, 216 adults responded to the 2021 residential survey for a response rate of 14.6%. Most (84.3%) completed the survey on paper and returned it by mail, while the remainder completed the survey online. There is no incentive offered for online participation for the residential survey.

Reasons for Residential Treatment

The most common reasons given for being in residential treatment were:

- “I need help taking care of myself” (41.3%)
- “I want mental health treatment so I can get better” (35.6%)
- “I need housing” (35.3%)

Domain Satisfaction

Respondents were most satisfied with their treatment in the domains of general satisfaction (78.5%) and quality/appropriateness (77.5%). They were least satisfied in the daily functioning (61.2%) and participation (61.2%) domains.

Progress in Treatment

While 93.8% of respondents were still receiving mental health services, nearly two-thirds (66.4%) felt they had made progress with their mental health and 41.3% felt they were ready for more independent living.

Trauma

While 44.3% of respondents said their most recent mental health services provider had asked about their trauma, over one-quarter (26.4%) were unsure if they had been asked. Of those who had been asked or were unsure, 47.9% said any problems related to their trauma had been adequately addressed during treatment while 40.7% reported they were “unsure.”



Introduction

The Mental Health Statistics Improvement Program (MHSIP) designed and validated adult outpatient and residential surveys to measure adults' perceptions of the quality and efficiency² of their mental health services.³ The National Association of State Mental Health Program Directors has endorsed Version 1.2 of the survey (the version OHA adapted). Since 2006, OHA has contracted with Comagine Health to administer the survey annually to adults receiving Medicaid-funded mental health services in outpatient or residential settings. Patient feedback concerning their experience of care is an important part of efforts to improve quality and health outcomes in vulnerable populations.

This report details the survey administration methodology and a summary of statewide results, with results specific to coordinated care organizations (CCOs) and certified community behavioral health clinics (CCBHCs) presented in the appendices. CCOs will receive their own raw data from OHA.

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

³ 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.



Methodology

The Surveys

The adult outpatient survey contained 59 questions, while the adult residential survey contained 62 questions. Many of these questions have multiple parts and can be referenced in the surveys in Appendix A. The MHSIP program maintains a set of endorsed questions (n=37) that are identical on the two surveys, and grouped into seven domains:

- Access
- Daily functioning
- General satisfaction
- Participation
- Quality/Appropriateness
- Social connectedness
- Treatment outcomes

OHA expanded both the outpatient and residential surveys by adding questions on:

- Treatment status
- Treatment expectations and actual results
- Arrest histories before and after treatment
- Current employment status
- Current income source
- Current and recent residence
- Whether the respondents had primary care providers
- Whether their doctors or mental health care providers discussed certain health topics with them, including weight loss and smoking
- Trauma screening
- Service coordination (communication between different service providers who have a shared client)
- Assistance by mental health providers with obtaining housing and employment
- Assistance by mental health providers during mental health crises

OHA expanded the outpatient survey with additional question on:

- Availability of telehealth services
- Experiences using telehealth services

OHA expanded the residential survey with additional questions on:

- Reasons for living in a residential facility
- Types of services received
- Progress made while living there
- Readiness for more independent living

An update was made to the wording of two answer options:

- “6 months to 1 year” was changed to “6 months to less than 1 year”
- “More than 1 year” was changed to “One year or more”

Table 1. MHSIP Domain Questions.

Domain	Corresponding Questions
Access	The location of services was convenient (parking, public transportation, distance, etc.).
	Staff were willing to see me as often as I felt it was necessary.
	Staff returned my call in 24 hours.
	Services were available at times that were good for me.
	I was able to get all the services I thought I needed.
	I was able to see a psychiatrist when I wanted.
Daily Functioning	My symptoms are not bothering me as much.
	I do things that are more meaningful to me.
	I am better able to take care of my needs.
	I am better able to handle things when they go wrong.
	I am better able to do things that I want to do.
General Satisfaction	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.
Participation	I felt comfortable asking questions about my treatment and medication.
	I, not staff, decided my treatment goals.
Quality/ Appropriateness	Staff here believe my health can improve and I can recover.
	I felt comfortable asking questions about my treatment and medication.
	I felt free to complain.
	I was given information about my rights.
	Staff encouraged me to take responsibility for how I live my life.
	Staff told me what side effects to watch out for.
	Staff respected my wishes about who is and who is not to be given information about my treatment.
	I, not staff, decided my treatment goals.
	Staff were sensitive to my cultural background (race, religion, language).
	Staff helped me obtain the information I needed so that I could take charge of managing my illness.
	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).
Social Connectedness	I am happy with the friendships I have.
	I have people with whom I can do enjoyable things.
	I feel I belong in my community.
	In a crisis, I would have the support I need from family or friends.
Treatment Outcomes	I deal more effectively with daily problems.
	I am better able to control my life.
	I am better able to deal with crisis.
	I am getting along better with my family.
	I do better in social situations.

Domain	Corresponding Questions
	I do better in school and/or work.
	My housing situation has improved.
	My symptoms are not bothering me as much.

Sample

The outpatient survey was sent to a sample of adults (n=13,453) who had received state-funded mental health services only in an outpatient setting from January 1, 2020, through December 31, 2020, as identified by encounter data from OHA’s Medicaid Management Information System. Enrollees who were 18 years of age or older and had two or more mental health service encounters in that timeframe were eligible for inclusion in the survey sample.

The residential survey was sent to all adults (n=1,940) who received at least one day of treatment services in a residential or adult foster care facility identified in the same manner.

OHA classified the adults by the highest setting in which they received mental health services. That is, if an adult received both residential and outpatient services within the sampling time frame, they would receive the residential survey.

OHA pulled the samples in March 2021, over-sampling minority race and ethnic populations in order to ensure those groups were represented. Spanish speaking populations were also oversampled to maintain similar proportions to samples from previous years. OHA made every effort to include at least 500 adults from each CCO in the sample, and at least 300 adults from each CCBHC. For smaller CCOs or CCBHCs that did not serve at least 500 or 300 adults respectively, 100% of those member populations were included in the sample.

Survey Administration

Comagine Health mailed introduction letters to eligible adults during April and May 2021 informing them about the survey and encouraging them to complete the survey between late April and early October 2021. This letter instructed recipients on how to access the online survey using a unique password, and informed recipients that they would receive a paper questionnaire by mail if they did not complete the online survey within three weeks. Letters sent to adults receiving outpatient services offered them a \$10 Starbucks or Amazon gift card as an incentive for completing the survey online.

After filtering out incorrect addresses, respondents who had already completed a survey online, and those who had requested to opt out, Comagine Health mailed a follow-up letter and paper survey form to non-responding adults in May or June, depending on survey type. Comagine Health mailed a second follow-up letter and paper survey form to non-responding adults in July. Each time, recipients were given instructions for completing the survey online and provided a self-addressed and postage-paid return envelope. Individuals were able to opt-out, or refuse participation, by indicating this in the paper survey or by contacting Comagine Health using a dedicated voicemail box or email address.

The letters and surveys were sent in both English and Spanish, depending on the adult’s language preference identified in Medicaid enrollment data. Participants could select either English or Spanish

when completing the online survey regardless of their listed language preference. All letters contained instructions for requesting the survey in the alternate language, if needed.

See Appendix A for English and Spanish versions of the surveys.

Starting in August 2021, Comagine Health began making phone calls to adult outpatient survey respondents who had not yet completed the survey or opted out. These calls were to encourage participation or to offer assistance completing the survey over the phone. These phone calls prioritized participants from CCBHCs with low response rates. Between August and September, Comagine Health attempted to contact 633 adult survey participants.

All survey responses are confidential. Refer to Appendix B for survey data security and quality assurance procedures.

Weighting and Analysis

Comagine Health applied post-stratification weights to each survey respondent. Post-stratification weighting ensures that the results of this survey are generalizable to the population of interest: all adults ages 18 and over receiving Medicaid-funded mental health services with at least two encounters.

Most results are presented as weighted frequencies with chi-square tests applied, where applicable, to identify statistically significant differences between respondent groups. Trending of specific results are presented as unweighted percentages. A trend test, called the Cochran-Armitage Trend Test, was applied to identify significant upward or downward trends over time.

While most MHSIP and OHA-added survey items have remained unchanged over the last several years, this is the fourth year that results have been weighted; therefore, weighted trending is unavailable since trending is applied over five-year time periods. Weights have been applied to all single-year frequency tables. See Appendix C for a full explanation of our weighting methodology and R program code used to weight the adult outpatient results.

Five-year trends and single-year comparisons are examined using chi-square and Cochran-Armitage Trend Tests to determine whether observed variation is statistically significant. A p value of $p \leq 0.05$ is considered significant and indicates the observed differences are likely not due to chance alone. In this report, any statistically significant trend or variation will have a p value of $p \leq 0.05$, but the individual p value will not be identified. Those p values of $p < 0.01$ will be specified in the report.

Survey Limitations

Patient experience of care surveys are immensely valuable, though they do come with some notable limitations. While the MHSIP domain portions of the survey have remained untouched, OHA has added and removed additional questions over the years. These added questions have not been validated, and it is unknown what effect, if any, they have on the validity of the preceding MHSIP items.

COVID-19

The 2021 Oregon MHSIP survey cycle was completed during the COVID-19 pandemic and the survey sample frame included care provided before Oregon’s “Stay Home, Save Lives” order in March 2020.⁴ Different Oregon counties engaged in various lockdown levels before and during the survey cycle. This undoubtedly influenced not only whether the participants were still accessing care, but also may have also influenced participant’s reflection on past care. While we are still waiting to determine the long-term effects of the COVID-19 pandemic, it has likely influenced the overall population’s wellbeing and outlook. It is unknown how this may have influenced survey responses.

Survey Length

The length of the survey may have deterred some potential respondents. With the adult outpatient survey having 11 printed pages for the English versions and 12 pages for the Spanish versions, the surveys may take significant time to complete, especially for some respondents with individual or cognitive challenges. Additionally, mental or cognitive challenges may have affected the respondents’ ability to understand and respond accurately to some questions. Caregivers are allowed to assist survey participants but must indicate their involvement at the beginning of the survey. It is unknown how this may influence a participant’s responses. As with any survey, these results are not intended to be an end in themselves, but rather a starting point to provide insight and prompt readers to explore further with their own analyses or additional data collection.

Survey Timing

The survey sampling and administration timeline shifted in 2021 — from fall to summer. As a result, respondents may have received two surveys within 12 months. This may have led to over-surveying, which can decrease a participants’ likelihood of responding to a survey.

The sample frame also includes services between January and December 2020, so respondents may be responding to care provided over a year in the past. The more time that passes between receipt of mental health services and survey completion can cause recall bias, which may influence results. Furthermore, 23% of adult outpatient respondents were no longer receiving care at the time of the survey. Only 2.6% of adult residential respondents were no longer receiving care during the time of the survey.

2020 Survey Sample

The 2020 survey sample included provider types not included in other survey years and were not included in the 2021 survey sample. This change only effected the Adult Outpatient survey; 3.4% of the 2020 responses were from members who saw the provider types not included in other years. It was determined that this should have minimal effect on trending, but data should still be interpreted with care.

⁴ Office of the Governor, State of Oregon. Executive Order No. 20-12: Stay Home, Save Lives. March 2020. Available at: https://www.oregon.gov/gov/Documents/executive_orders/eo_20-12.pdf.



Response

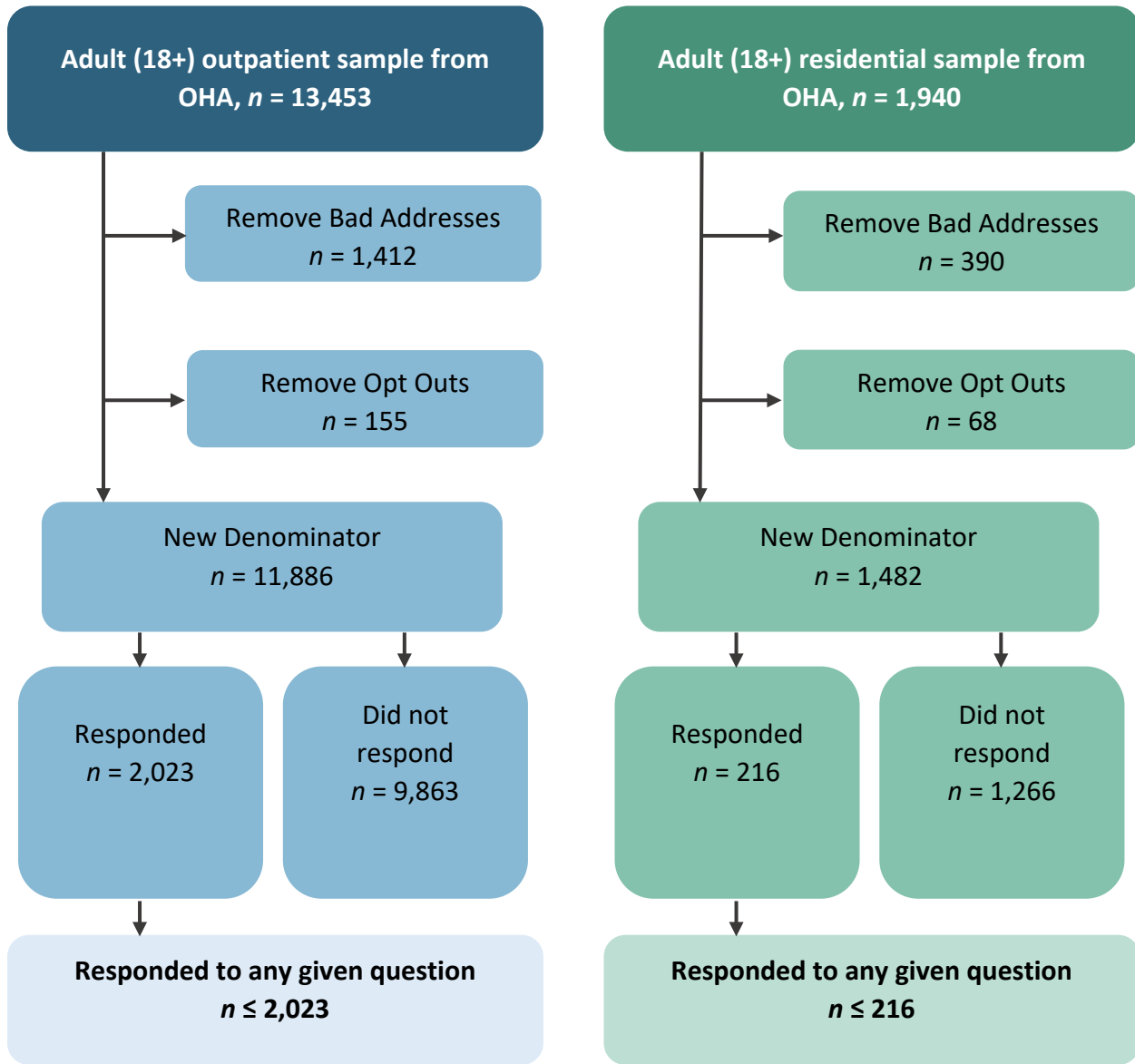
The response rate was 14.6% for the residential survey and 17.0% for the outpatient survey. This is the lowest response rate in the five-year period included in this report. During this period, the previous response rate for the residential surveys ranged from 17.4% (2018) to 20.2% (2020), while the outpatient survey ranged from 19.7% (2019) to 23.8% (2018).

The statewide response rate was

- 14.6% for the residential survey
- 17.0% for the outpatient survey

The survey response rates were adjusted for bad addresses and those who opted out of the survey. Bad addresses were identified before the initial mailing due to participants listing “homeless” or listing addresses that could not be verified by the United States Postal Service database. After the initial mailing, bad addresses were removed when letters or surveys were returned. However, if they were returned with an address change, then the survey was mailed to the new address. Individuals were able to opt-out, or refuse participation, by calling or emailing Comagine Health. See Figure 1 for details.

Figure 1. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.



Response rates varied according to respondent demographics. See Table 2 for details.

Table 2. Response Rate for Outpatient and Residential Respondents.

Demographic Characteristics		Adult Outpatient	Adult Residential
Age	18 to 25	13%	7%
	26 to 64	18%	14%
	65+	23%	19%
Race	American Indian or Alaskan Native	15%	15%
	Asian	22%	17%
	Black or African American	15%	15%
	Hispanic	15%	21%
	Native Hawaiian or Other Pacific Islander	9%	33%
	White	18%	15%
	Other	17%	33%
	Unknown	16%	9%
Gender	Female	19%	14%
	Male	13%	15%



Outpatient Results

The outpatient survey is for adults ages 18 and older who received state-funded mental health services only in an outpatient setting. In 2021, the survey was sent to a sample of adults (n=13,453) who had received services between January 1, 2020, and December 31, 2020.

In 2021, 2,023 adults returned an outpatient survey with at least one question answered. Most respondents (70.7%) completed the survey online and received a \$10 gift card incentive.

Demographics

Table 3 summarizes respondents' self-reported race and gender, along with state-identified ethnicity, age and urban or rural location.

Table 3. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.

Demographic Characteristics		Respondents
Race	American Indian or Alaskan Native	4%
	Asian	2%
	Black or African American	2%
	Hispanic	9%
	Multiracial	4%
	Native Hawaiian or Other Pacific Islander	0.4%
	White	62%
	Other*	2%
	Unknown**	16%
Ethnicity	Hispanic or Latino	7%
	Not Hispanic or Latino	59%
	Unknown	34%
Gender	Female	64%
	Male	25%
	Transgender	10%
	Other	3%
Age	18 to 25	17%
	26 to 64	79%
	65+	5%
Location	Urban	42%
	Rural	54%
	Frontier	4%
	Unknown	0.4%

*"Other" category is determined by respondents who felt their primary race category was not represented in the options listed in the survey and chose to list their race.

**"Unknown" category is determined by respondents who selected either "don't know/unknown", "Don't want to answer/Decline" or did not select any response.

A separate question asked respondents to select the race(s) they identified with and allowed them to select multiple options. In response to this:

- 70.0% of respondents identified as “white”
- 25.6% selected one or more of the following:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
- 21.9% declined to answer or selected “Unknown” or “Other” race

These totals do not equal 100% because respondents could select more than one race category. If a respondent selected more than one race in a larger category, they were counted once in that category. When examining respondents who identified as multiracial across the categories above, 17.5% indicated they fit this designation.

Treatment Status

At the time of the survey, 73.9% of respondents were still receiving mental health services. In the last five years, there were no significant trends related to whether a respondent was still receiving mental health services at the time of the survey. Those that were still in treatment reported seeing their most recent mental health provider for:

- 69.6% for “one year or more”
- 17.5% for “6 months to less than 1 year”
- 6.2% for “3-5 months”
- 2.4% for “1-2 months”
- 4.2% for “less than 1 month”

Since 2019, there has been a significant upward trend ($p < 0.01$) in respondents seeing, or having seen, their most recent provider for one year or more. There have been significant downward trends ($p < 0.01$) in all other treatment durations when analyzing the duration of care for all respondents.

In the last three years, there has been a significant upward trend ($p < 0.01$) in respondents seeing their most recent provider for one year or more.

Among those who were no longer receiving services, 26.4% of respondents indicated they no longer needed treatment because the problem that led to treatment was resolved, while 15.8% reported stopping treatment because they felt their treatment was not working. A large portion (45.2%) of participants were no longer receiving services for reasons other than those listed above. These participants described their personal reasons for leaving treatment. A small portion of participants reported having problems finding time for treatment (8.1%), paying for treatment (2.6%), or with transportation (1.9%).

Since 2017, there has been a significant downward trend ($p < 0.01$) in those who stopped treatment because their “problem” was resolved. While there was not a significant upward trend in those who felt treatment wasn’t working, there was a significant upward trend ($p < 0.01$) in write-in responses. Additionally, there was a significant downward trend ($p < 0.01$) in those who stopped treatment due to problems paying for care.

Those that were no longer receiving treatment reported following lengths of treatment:

- 33.7% “one year or more”
- 23.9% “6 months to less than 1 year”
- 21.5% “3-5 months”
- 13.7% “1-2 months”
- 7.2% “less than 1 month”

Domain Satisfaction

Table 4 summarizes statewide domain satisfaction. Domain satisfaction according to CCO and CCBHC are presented in Appendix D and E, respectively.

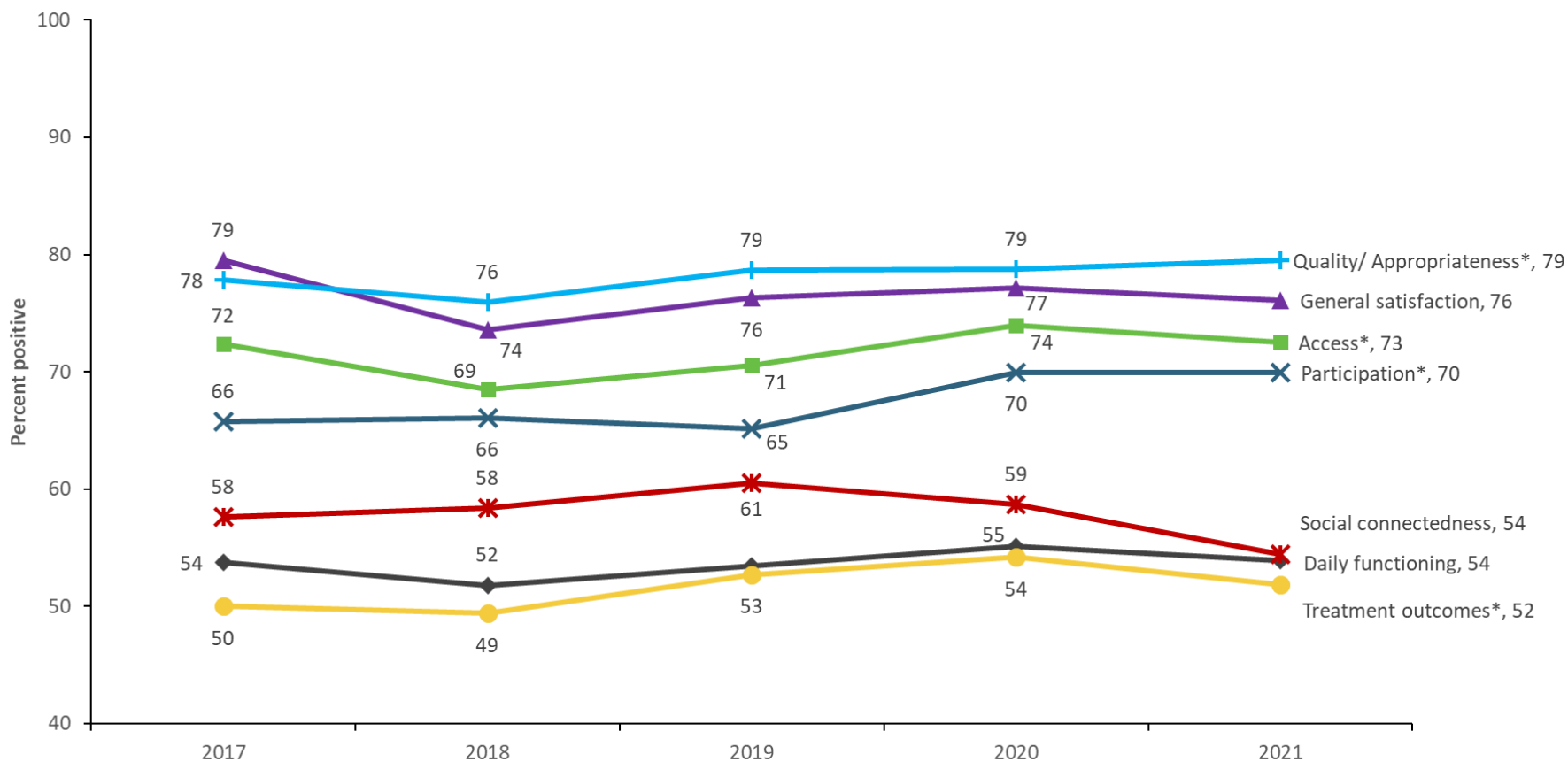
Table 4. Weighted Domain Satisfaction.

Domain	Satisfied
Access	73.7%
Daily functioning	55.1%
General satisfaction	76.8%
Participation	71.1%
Quality / Appropriateness	80.5%
Social connectedness	55.4%
Treatment outcomes	52.6%

Respondents were most satisfied in the domains of quality/appropriateness (80.5%), general satisfaction (76.8%) and access (73.7%). They were least satisfied in the domains of treatment outcomes (52.6%), daily functioning (55.1%) and social connectedness (55.4%).

Respondents who had used telehealth in the last year reported significantly higher ($p < 0.01$) satisfaction in the domains of access, daily functioning, general satisfaction, participation, quality/appropriateness and treatment outcomes.

Figure 2. Outpatient Survey Domain Satisfaction Trends: 2017–2021.



**Indicates a statistically significant upward or downward trend ($p < 0.05$) over the last five years for that domain.*

Note: Trending of specific item results are presented as unweighted percentages in this graph. See the Weighting and Analysis section for more explanation.

2020 results included respondents from provider types who were not included in other survey years. Responses from these provider types was minimal (3.4%), but care should be taken when interpreting trending.

As shown in Figure 2, several trends can be seen in domain satisfaction. Since 2017, there has been a significant upward trend in the domains of access, treatment outcomes ($p < 0.01$), participation ($p < 0.01$) and quality/appropriateness. There were no significant trends in the social connectedness, daily functioning or general satisfaction domains.

When isolating the domain satisfaction responses by response type, paper vs. online, those who completed the survey using the webform showed significantly more satisfaction in daily functioning, participation, social connectedness and treatment outcomes (all, $p < 0.01$).

Rural respondents scored significantly lower than other respondents* in all satisfaction domains (access, daily functioning, participation and social connectedness (all, $p < 0.01$)).

Respondents who self-identified as white reported significantly higher satisfaction across all domains ($p < 0.01$) except social connectiveness, when compared to other races and those who declined to answer. Non-white respondents were significantly more satisfied in the domain of social connectedness, while respondents who had an “unknown” race were significantly ($p < 0.01$) less satisfied.

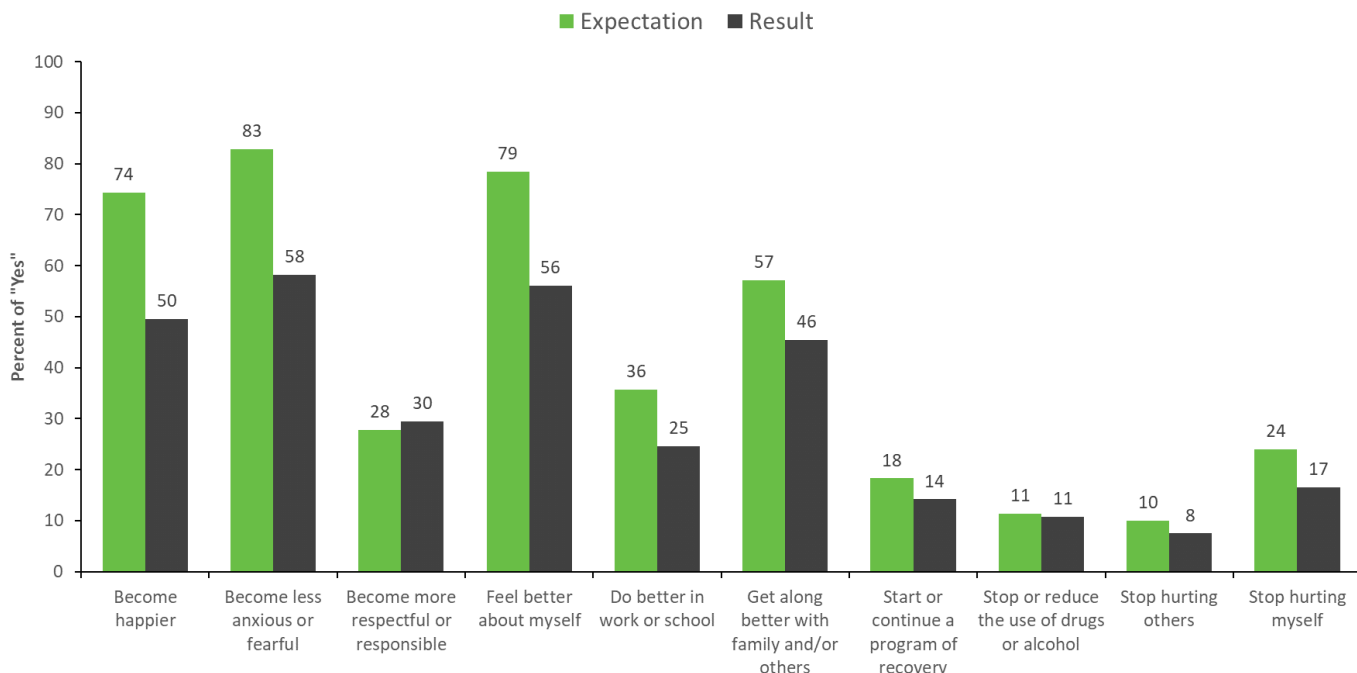
Respondents who completed the survey online were significantly more satisfied in daily functioning, participation, social connectedness and treatment outcomes (all, $p < 0.01$) than those who mailed in a survey.

* Other respondents included those whose location was categorized as urban, frontier or unknown combined.

Expectation and Results

The most frequently reported expectations of mental health services were to become less anxious or fearful (82.8%), to feel better about oneself (78.5%) and to become happier (74.3%). Since 2017, there has been a significant upward trend ($p < 0.01$) in these three expectations as well. Figure 3 summarizes expectations and results of mental health services.

Figure 3. 2021 Respondent Expectations of Treatment vs. Results.



Since 2017, there has been a significant downward trend ($p < 0.01$) of respondents entering mental health treatment with the expectation of starting or continuing a program of recovery. There has also been a significant downward trend in those hoping to become more respectful and responsible ($p < 0.01$) or to stop hurting themselves.

There was also a significant downward trend in those who reported realizing their expectations to become happier, feel better about themselves and to do better in work or school).

Care Providers

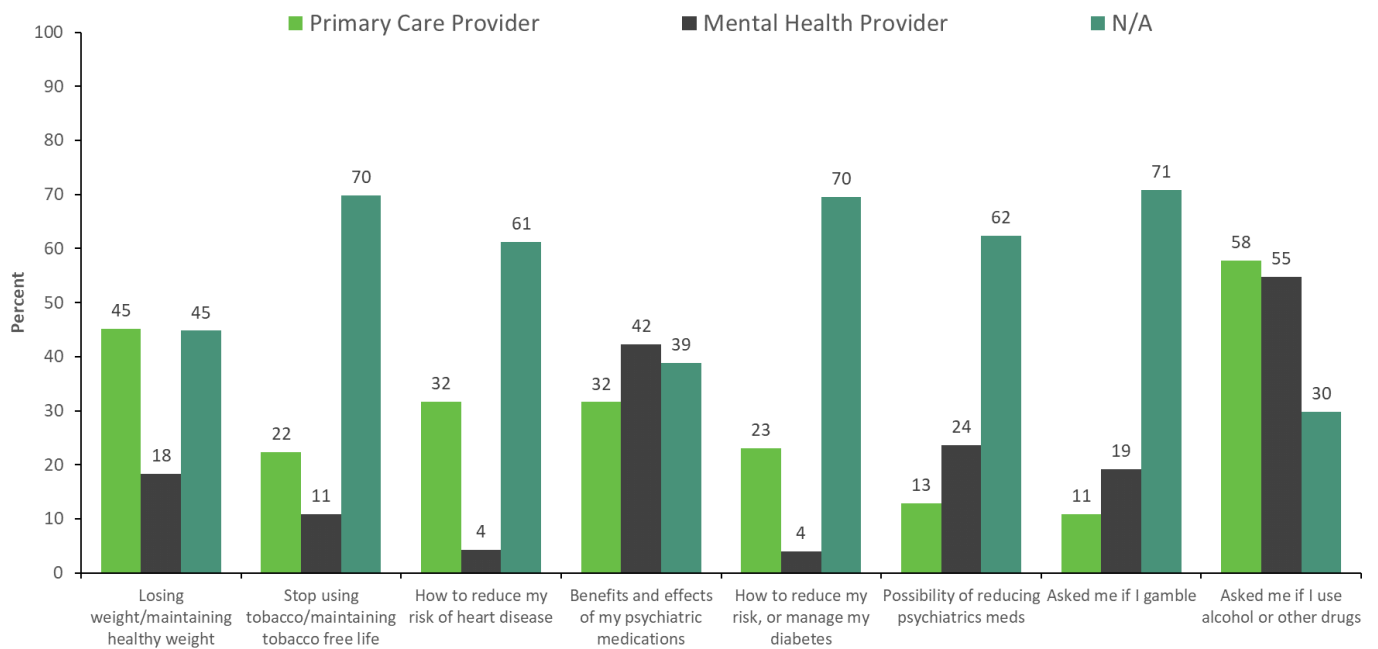
Primary care providers manage day-to-day health needs, including physical health and behavioral health. A long-term relationship with a primary care provider helps keep individuals healthier and lowers medical costs. Among respondents, 83.8% reported having a primary care provider who gives them checkups, routine medical care and advice. Since 2017, there has been a significant downward ($p < 0.01$) trend in respondents who had a primary care provider.

In the last five years, there has been a significant downward ($p < 0.01$) trend in respondents who had a primary care provider.

Since 2017, there has been a significant upward trend in both mental health providers and primary care providers asking about alcohol or another drug use ($p < 0.01$). There was also a significant upward trend ($p < 0.01$) in respondents saying that none of these topics were applicable to them, with the exception of alcohol or drug use.

Figure 4 presents the percentage of respondents who indicated that their primary care or mental health provider talked with them about each issue.

Figure 4. 2021 Responses to the question: Did your provider talk to you about these issues?



Certified Community Behavioral Health Clinics (CCBHC)

CCBHC are intended to offer comprehensive health services for individuals with serious or complex mental illnesses or addictions. They primarily provide behavioral health support while also providing medical care as a secondary service. CCBHCs are required to provide the following services, either directly or with a designated collaborating organization. These services include:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Screening, assessment and diagnosis including risk management
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Targeted case-management
- Psychiatric rehabilitation services
- Peer support, counseling services and family support services
- Services for members of the armed services and veterans
- Connections with other providers and systems (criminal justice, foster care, child welfare, education, primary care, hospitals, etc.)

When comparing satisfaction in the service domains between respondents who received mental health care at a CCBHC with those who were not, those who received services at a CCBHC were significantly less satisfied with access ($p<0.01$), daily functioning ($p<0.01$), general satisfaction ($p<0.01$), participation, quality/appropriateness ($p<0.01$), social connectedness, and treatment outcomes ($p<0.01$).

Discussion topics between providers and respondents were also analyzed and found significant statistical differences between those who received services at a CCBHC versus those who did not. Those who received services at a CCBHC were significantly more likely to report that their mental health provider had spoken with them about their tobacco usage, heart disease, gambling, and alcohol or drug usage (all, $p<0.01$). They were also significantly more likely to have discussed the benefits and side-effects of psychiatric drugs as well as the possibility of reducing psychiatric drug usage (all, $p<0.01$). However, those who received care at a CCBHC were significantly more likely to have their physical health provider speak with them about tobacco cessation or reducing their risk of diabetes (both, $p<0.01$).

Telehealth Services

The COVID-19 pandemic necessitated restrictions on face-to-face services for many mental and physical health providers. Increased access to health services via telehealth became necessary to ensure access to services. Questions related to telehealth services were added to the 2020 MHSIP survey and it is unknown how the COVID-19 pandemic may have influenced respondents' feelings regarding virtual sessions. While some comparisons were made between the 2020 and 2021 data, analysis should be approached cautiously.

In the last 12 months, most (85.7%) respondents had one or more virtual visits with their mental health provider. Prior to the last 12 months, 53% reported never having a virtual (video or phone) session with any care provider. Unsurprisingly, there was a significant upward trend ($p < 0.01$) in respondents who had used telehealth in 2021 versus those in 2020.

Most (69.2%) respondents reported being either satisfied or strongly satisfied using virtual sessions when compared to in-person sessions.

Figure 5. “How satisfied were you with the virtual session(s) compared to in-person sessions?”



Respondents were asked how strongly they agreed or disagreed with statements surrounding telehealth. While nearly two-thirds agreed they liked not traveling to appointments (66.8%), found arranging childcare was easier (63.7%), and it was easier to schedule virtual sessions (57.7%), over half (54.7%) preferred to see their provider in person. Privacy during virtual sessions was a concern for 27.5% of respondents and 24.4% agreed that they were less comfortable talking to their provider virtually.

Respondents who did not have virtual sessions were asked their reasons for not using telehealth: 42.8% preferred to see their provider in person, 10.3% lacked the technology to access virtual sessions, and 9.1% had privacy concerns. Some respondents (15.0%) reported not being aware if telehealth sessions were offered, while some respondents stated their provider did not offer virtual sessions (9.7%). Respondents could select more than one reason for not using virtual sessions.

Questions related to telehealth services were added to the 2020 MHSIP survey and it is unknown how the COVID-19 pandemic may have influenced respondents’ feelings regarding virtual sessions. While some comparisons were made between the 2020 and 2021 data, analysis should be approached cautiously.

Coordination of Care

Effective coordination of care between mental health service providers and other providers is an important part of comprehensive health care. Excluding those who did not need or receive other services, most respondents were satisfied (satisfied, somewhat satisfied or strongly satisfied) with coordination between their mental health provider and physical health providers (80.3%), other mental health providers (77.0%) and hospitals (73.4%). However, there has been a significant downward trend in satisfaction with coordination with hospitals.

Over a fifth of respondents reported needing but did not receiving employment services (21.0%) or Aged & Physically Disabled Services (20.2%). However, there has been a significant downward trend in respondents reporting they did not receive Aged & Physical Disabled Services when they needed it.

Trauma

Trauma is a significant concern from a public health perspective because it has been linked to chronic health problems such as heart disease, liver disease and early death, as well as mental, emotional and behavioral disorders. Understanding an individual's experience of any traumatic event helps with diagnostic clarity as well as treatment options and planning. Trauma-informed care begins with understanding an individual's experience. Nearly three-quarter of respondents (74.7%) had been asked about their history of trauma with 13.3% being unsure if they had been asked. In the last five years, there has been a significant upward trend ($p<0.01$) in mental health services providers asking about respondents' history of trauma.

Of those who reported they had been asked or were not sure if they had been asked, 62.6% felt that problems related to their trauma had been adequately addressed during treatment, 23.5% were unsure, and 13.9% felt their trauma-related problem had not been addressed. There has been a significant upward trend ($p<0.01$) in respondents who felt their trauma was adequately addressed during treatment.

Self-identified men were significantly less likely to have been asked about their history of trauma or feel their problems related to trauma had been adequately addressed ($p<0.01$) when compared to women, transgender or those of other gender determinations. Since 2017, self-identified men have continued to show a significant downward trend in both being asked about trauma and having their trauma addressed during treatment. However, self-identified women had shown a significant trend upwards in being asked about trauma ($p<0.01$) and feeling their trauma had been addressed during treatment.

Self-identified men were significantly less likely to feel like the problems related to their trauma was adequately addresses ($p<0.01$) during treatment.

Peer-Delivered Services

Since 2007, Oregon has recognized the value of peer-delivered services to transform Oregon's behavioral health system into a recovery-based system of care. OHA continues to work on strategies to increase the use and availability of peer-delivered services.

While only 11.8% of respondents had ever used peer-delivered services, there has been a significant upward trend in respondents using these services since 2017. Of those who used peer-delivered services, most (82.5%) found them to be helpful.

Crisis

Over one-third (35.6%) of adults receiving mental health services needed assistance as the result of a self-identified mental health crisis. Of those who needed assistance:

- 73.8% were satisfied with the response of their mental health provider
- 71.0% were satisfied with the response from other mental health services in their community

Since 2017, there have been no significant trends in those who need assistance or respondents' satisfaction with the assistance they received.

Housing

Safe and secure housing is an essential part of maintaining good mental health and consistent access to services. In 2021, nearly a quarter (24.4%) of respondents wanted or needed housing or better housing. However, 65.7% of respondents currently own or rent their own home or apartment with 22.3% living in someone else's home or apartment.

In the last 12 months, some respondents had:

- Been homeless (4.9%)
- Lived in a residential substance abuse setting (1.3%)
- Or lived in one of the following:
 - Jail or correctional facility (1.3%)
 - Crisis program (0.8%)
 - Medical hospital (0.9%)
 - Psychiatric hospital (0.6%)

Respondents could select more than one option. It should be noted that respondents who were listed as "homeless" or were no longer living at the address indicated in the survey sample were unlikely to receive a copy of the survey and, therefore, would not be able to submit a survey or be included in this data.

Since 2017, there have been significant downward trends in respondents who have lived in medical or psychiatric hospitals ($p < 0.01$) in the past 12 months.

There has been an upward trend in those who owned or rented their own home or apartment at the time of the survey or in the previous 12 months ($p < 0.01$).

In 2021, 11.2% of respondents were connected to Supported Housing or Rental Assistance, while 10.5% of respondents received Supported Housing services. Since 2017, there has been a significant downward trend ($p < 0.01$) in respondents who were connected with Supported Housing or Rental Assistance programs.

Employment

Nearly half of respondents (44.7%) were unemployed. The remainder reported they were:

- Competitively employed working either
 - 35+ hours per week (8.3%),
 - 17-34 hours per week (13.0%), or
 - less than 17 hour per week (6.4%)
- Self-employed (9.1%)

Furthermore, 2.1% of respondents performed volunteer work and 16.4% indicated “other” as their employment status.

While 26.3% of respondents stated they “wanted or needed a better job,” only 9.5% reported receiving supported employment services. A small number (13.7%) said they found a job or a better job.

However, since 2017 there has been a significant downward trend ($p < 0.01$) in those who wanted or needed a better job. There has also been a significant upward trend in respondents who both said they wanted or needed a better job and reported getting a job or better job.

There has also been a significant upward trend in respondents who both said they wanted or needed a better job and reported getting a job or better job.

Income

In 2021, both earned employment and entitlement programs were common sources of income. Respondents could select more than one source of income:

- Earned employment (32.1%)
- Social Security Disability Insurance (18.1%)
- Supplemental Security Income (18.0)
- No income source (17.6%)
- Family member or friends (13.9%)
- Unemployment Insurance (7.4%)
- Social Security Retirement (3.9%)
- Child support/alimony (3.8%)
- Temporary Assistance to Needy Families (3.6%)

Small numbers of respondents received income from veteran’s disability payment (1.3%), trusts (1.3%), pensions from former job (1.1%) and private disability or workers compensation (0.8%).

Since 2017, there has been a significant upward trend in respondents receiving earned income as well as respondents who received unemployment insurance ($p < 0.01$).

Law Enforcement

Mental health and law enforcement often intersect in unfortunate ways, but police interactions can be part of the process of finding help for those in crisis. When asked if they were arrested in the 12 months before they received mental health treatment, 4.2% said they were. Of these, 13.9% say police referred them to a mental health service such as a crisis program or shelter rather than taking them to jail.

Only 1.7% of respondents said they were arrested in the 12 months after they began receiving treatment. When asked if their encounters with police had changed after treatment, 4.8% said they had gone down, 1.4% said they had gone up, 3.2% said they stayed the same, and 90.6% said they had no encounters with the police. Over the last five years, there has been a significant upward trend ($p < 0.01$) in respondents having no police encounters.



Residential Results

The residential survey was sent to all adults (n=1,940) in Oregon who received at least one day of Medicaid-funded treatment in a residential or adult foster care facility during 2020. Statewide, 216 adults responded to the 2021 residential survey for a response rate of 14.6%. Most (84.3%) completed the survey on paper and returned it by mail, while the remainder completed the survey online (there is no incentive offered for online participation for the residential survey). Caregivers were able to assist those participants who requested help but must indicate their involvement at the beginning of the survey.

Demographics

The self-reported race and gender of respondents are summarized in Table 5, along with ethnicity, age, and urban or rural location.

Table 5. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.

Demographic Characteristics		Respondents
Race	American Indian or Alaskan Native	2%
	Asian	2%
	Black or African American	3%
	Hispanic	3%
	Multiracial	8%
	Native Hawaiian or Other Pacific Islander	1%
	White	57%
	Other*	3%
	Unknown**	19%
Ethnicity	Hispanic or Latino	5%
	Not Hispanic or Latino	91%
	Unknown	4%
Gender	Female	35%
	Male	59%
	Transgender	1%
	Other	2%
Age	18 to 25	3%
	26 to 64	79%
	65+	18%
Location	Urban	63%
	Rural	28%
	Frontier	9%
	Unknown	1%

*"Other" category is determined by respondents who felt their primary race category was not represented in the options listed in the survey and chose to list their race.

**The "Unknown" category is determined by respondents who selected either "don't know/unknown", "Don't want to answer/Decline" or did not select any response.

A separate question asked respondents to select the race(s) they identified with and allowed them to select multiple options. In response to this:

- 65.3% of respondents identified as white
- 22.2% selected one or more of the following:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
- 27.8% declined to answer or selected unknown or “other” race

These totals do not add to 100% because respondents could select more than one race category. If a respondent selected more than one race in a larger category, they were counted once in that category. When examining respondents who identified as multiracial across the categories above, 13.9% indicated they fit this designation.

Treatment Status

At the time of the survey, most respondents (93.8%) were still receiving mental health services. When asked how long they had been receiving services from their current provider, respondents reported:

- 74.5% for “One year or more”
- 11.4% for “6 months to less than 1 year”
- 6.9% for “3-5 months”
- 4.4% for “1-2 months”
- 2.8% for “Less than 1 month”

Since 2019, there has been a significant downward trend in respondents who were seeing their provider for six months to one year. There were no other significant trends regarding current treatment or treatment duration.

Domain Satisfaction

Satisfaction was highest in the general satisfaction (78.5%) and service quality (77.5%) domains and lowest in the daily functioning and treatment domains (both, 61.2%). Table 6 summarizes statewide domain satisfaction.

Table 6. Weighted Domain Satisfaction.

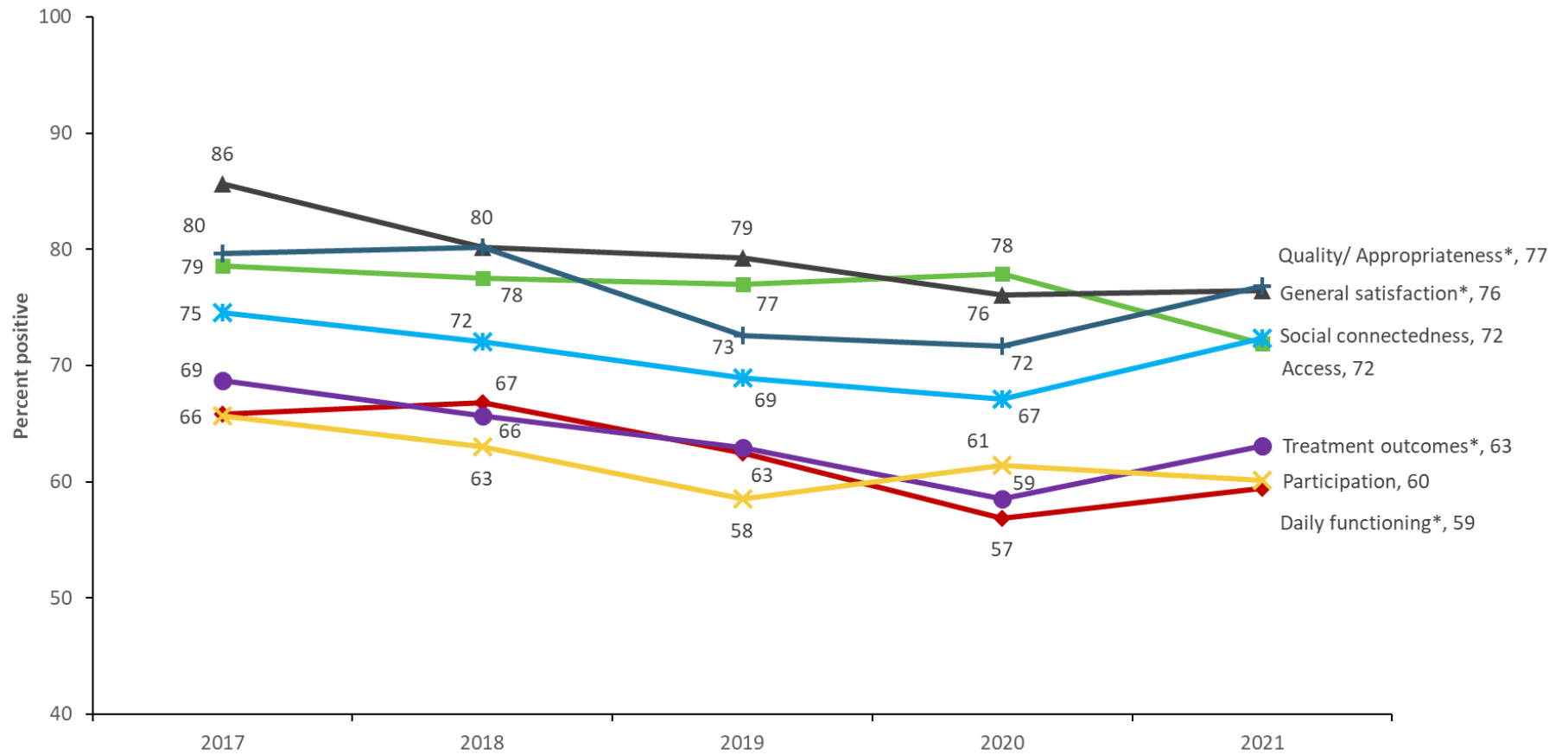
Domain	Satisfied
Access	72.0%
Daily functioning	61.2%
General satisfaction	78.5%
Participation	61.2%
Quality/Appropriateness	77.5%
Social connectedness	71.4%
Treatment outcomes	64.3%

As shown below in Figure 6, satisfaction has trended downward statewide in the domains of daily functioning ($p<0.01$), general satisfaction ($p<0.01$) and treatment outcomes. While there was an overall downward trend in quality/appropriateness, the 2021 data show that this may be changing.

When analyzing trends based on respondents in rural and urban locations, urban respondents have shown significant downward trends in all seven domains (daily functioning, general satisfaction, treatment outcomes, participation, and quality/appropriateness, $p<0.01$). While urban respondents had a significant downward trend ($p<0.01$) in the access domain, rural respondents had a significant upward trend. This implies that urban respondents were the primary drivers for the domain trends. It should be noted that when directly comparing urban or rural respondents to other respondents, there was only a significant difference in the access domain ($p<0.01$), with rural respondents significantly more satisfied. There have consistently been too few respondents in frontier locations to trend data, so they were not included.

While only 15.7% of respondents chose to use the online form to complete the survey, those that did showed significantly lower levels of satisfaction in the daily functioning and social connectedness ($p<0.01$) domains.

Figure 6. Residential Survey Domain Satisfaction Trends: 2017–2021.



**Indicates a statistically significant upward or downward trend (p≤0.05) over the five-year period for that domain.*

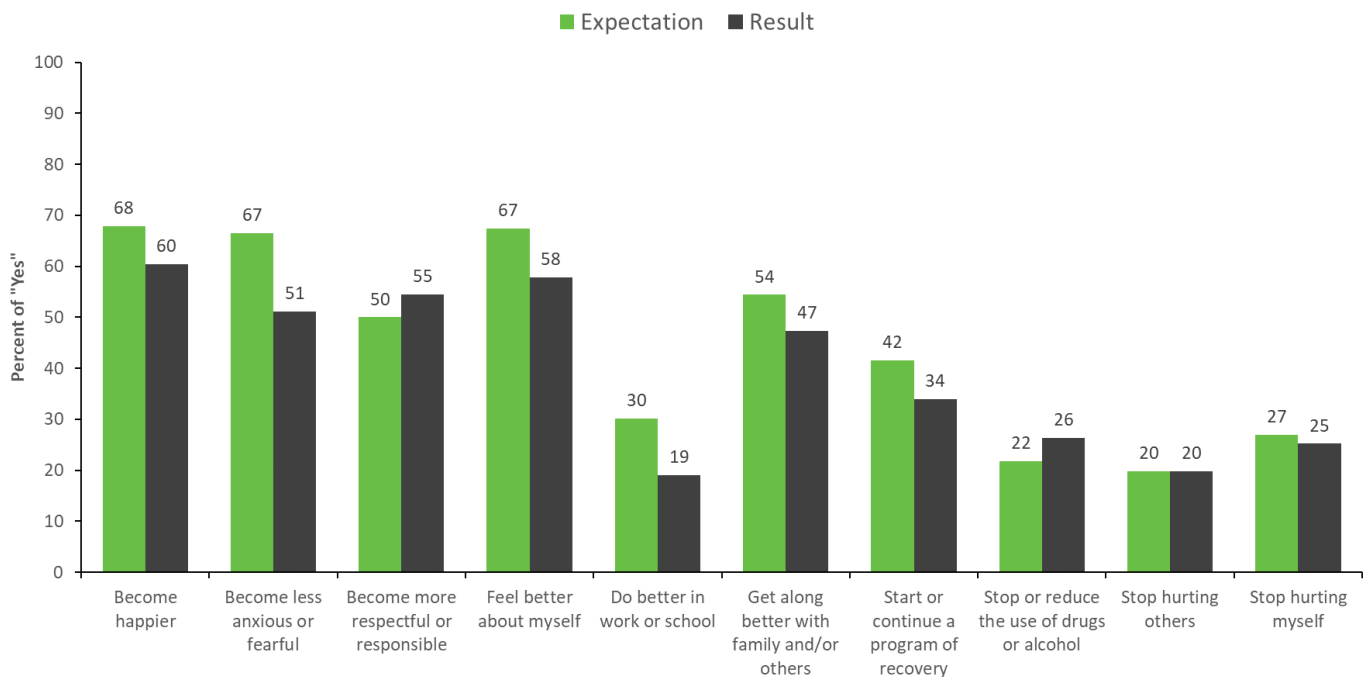
Expectation and Results

The most frequently reported expectations of mental health services were to become happier (67.9%), feel better about oneself (67.4%) and to become less anxious or fearful (66.5%). When comparing the respondents' expectations to their results from treatment, 76.4% reported they had become happier, 74.0% felt better about themselves and 71.2% had become less anxious or fearful.

Of those who expected a specific result of treatment, 76.4% reported they had become happier, 74.0% felt better about themselves, and 71.2% had become less anxious or fearful after receiving treatment.

Figure 7 summarizes expectations and results of mental health services.

Figure 7. 2021 Respondent Expectations of Treatment vs. Results.



Since 2017, there has been a statistically significant upward trend in both those who hoped they would stop or reduce the use of drugs or alcohol after receiving treatment from their provider and in those whose treatment resulted in them stopping or reducing the use of drugs or alcohol.

When analyzing respondent expectations vs their results, there has been significant downward trends in those who met their expectation of becoming less anxious or fearful ($p < 0.01$), getting along better with family and/or others ($p < 0.01$), and stop hurting themselves.

Care Providers

Primary care providers and mental health providers are all vital members of a health care team. Prevention, identification and treatment of any health care issue may begin with one provider and then be handed off or coordinated with other providers. Among respondents, 94.3% reported having someone who gives them checkups, routine medical care and advice. While there has been an overall upward trend ($p < 0.01$) in respondents having someone to discuss medical issues with, there is year-over-year volatility in the data.

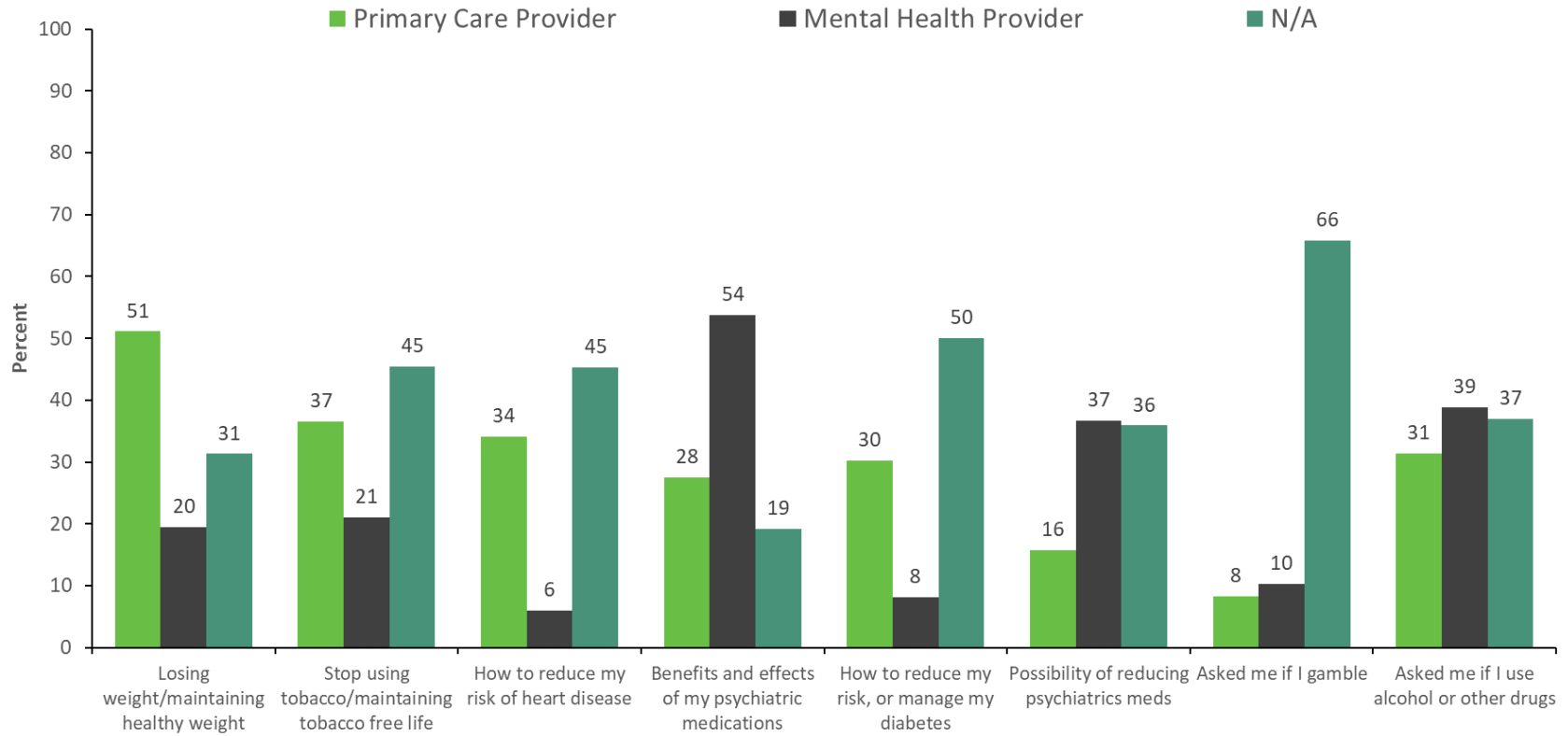
Among adult residential respondents, 94.3% said they had a someone who provided routine medical care or advice.

Figure 8 presents the percentage of respondents who indicated that their primary or mental health provider talked with them about each issue.

Since 2017, there has been a significant upward trend in respondents who state that reducing their risk of heart disease, losing or maintaining a healthy weight ($p < 0.01$) and psychiatric medication ($p < 0.01$) were not applicable to them.

In the last five years, there has been a significant upward trend in respondents reporting that their physical health provider had asked them if they gambled or spoke about tobacco cessation.

Figure 8. 2021 Responses to the question: Did your provider talk to you about these issues?



Coordination of Care

It is important that care coordination happen smoothly to ensure that care is provided in a timely and efficient manner. Respondents were asked to evaluate how their mental health service provider coordinated with their other providers. Excluding those who did not need or receive other services, respondents were most satisfied (satisfied, somewhat satisfied, or strongly satisfied) with coordination with their physical health provider (91.1%) and other mental health providers (88.5%). Since 2017, there have been no significant trends regarding satisfaction with care coordination for all provider types.

Among respondents who needed but did not receive a service, employment services were most frequently indicated (16.7%). Since 2017, there has been a significant increase in respondents who wanted but did not receive hospitalization services.

Trauma

While 44.3% of respondents said their mental health provider asked about their history of trauma, 29.4% said they did not, and 26.4% said they were unsure if they had. Among those that had been asked about their history of trauma or were unsure, nearly half (47.9%) felt that problems related to their trauma had been adequately addressed during treatment, 40.7% were unsure, and only 11.3% felt their problems related to trauma had not been addressed.

While there have been no overall significant trends regarding asking or addressing trauma during treatment, when looking at self-identified genders, there is a significant downward trend in men who had been asked about their history of trauma. Self-identified women were both significantly more likely to have been asked about their history of trauma and to feel that any problems related to their trauma had been adequately addressed. There was also a significant upward trend in men saying they were “not sure” if their problems related to trauma were adequately addressed.

Since 2017, there has been a significant downward trend in self-identified men being asked about their history of trauma when receiving mental health treatment.

Crisis

More than one-third of adults (43.1%) who had received residential mental health services needed assistance as the result of a self-identified mental health crisis. Of those who needed assistance, 84.8% reported that their mental health provider had assisted them in a satisfactory manner.

Since 2017, there has been a significant upward trend ($p < 0.01$) in those needing assistance due to a mental health crisis. However, there have been no trends regarding their resulting care, or lack thereof.

Housing

Stable and safe housing is an important part of maintaining good mental health. While most (93.8%) respondents were currently receiving mental health services, this does not mean they were still receiving this service in a residential setting. In 2021, 39.4% of respondents wanted or needed housing or better housing and 27.0% said they had found new or better housing.

While 37.8% of respondents reported that their service provider or any other community mental health program offered them a choice of housing, there has been a significant downward trend in this response for those respondents who wanted or needed better housing.

At the time of the survey:

- 48.5% of respondents currently lived in a mental health residential treatment facility
- 24.8% identified “other” living status
- 16.1% were living in their own home or apartment

In the last 12 months, respondents had lived in the following:

- 47.1% in a residential treatment facility
- 19.4% in a “other” living situation
- 17.1% owned or rented a home or apartment
- 10.4% in a psychiatric hospital
- 7.3% in someone else’s home or apartment

Few had been homeless (1.5%) or lived in a crisis program (2.6%) or residential substance abuse treatment program (2.0%). It should be noted that individuals were removed from the survey sample if their current address was listed as “homeless” or their mail is returned due to them no longer being a resident.

Perhaps not surprisingly, more adults receiving residential services received assistance from Supported Housing services than adults receiving outpatient services (25.6% vs. 10.5%). When asked why they were currently in a residential facility, over one-third (35.3%) indicated that they needed housing.

When asked what their options would be if they were ready for more independent living, 37.6% of respondents indicated “living in my own apartment or home” and 33.8% reported “I don’t know.” The remainder indicated they could live with family or friends (13.0%) or “other” (12.5%).

For respondents who wanted or needed housing, there was a significant downward trend in service providers offering choices of housing over the last five years.

Employment

While most respondents (79.8%) were unemployed, 15.3% were currently looking for work. Those that were employed reported the following employment status:

- 8.1% were competitively employed working 1 to 35+ hours per week
- 1.7% were self-employed

- 2.2% performed volunteer work
- 8.2% indicated “other” employment status

Since 2017, there has been a significant trend upward in those unemployed but looking for work.

When asked if they wanted or needed a job or better job, 27.9% said they did. One fifth (20.4%) of respondents said their service provider tried to help them find a job or better job and 15.9% said they received Supported Employment services. When asked if they had had found a job or better job 10.4% of respondents said that they had.

Income

Over half of residential respondents (54.5%) receive income from Social Security Disability Insurance, 52.7% receive Supplemental Security Income and 7.0% receive Social Security retirement. There were no significant trends in these income categories when comparing data from 2017 onward.

Law Enforcement

Interaction with law enforcement can be fraught for individuals who are struggling with their mental health. Safe and positive interactions between law enforcement and the community is important to both the health of the individual and the community. Most respondents (76.4%) reported not having encounters with police since they began services. Of those who were arrested in the 12 months before receiving treatment (14.3%) and in the 12 months after receiving treatment (5.2%), 56.6% reported that police referred them to a mental health service such as a crisis program or shelter rather than taking them to jail. Since 2019, there has been a significant upward trend in police referring respondents to a crisis program or shelter rather than taking them to jail.

Residential Treatment Services

Residential treatment is a higher acuity service than outpatient care, designed for individuals who need additional support and are presently unable to live in a less restrictive setting. Respondents were asked why they were in a residential treatment facility. Their responses included:

- “I need help taking care of myself” (41.3%)
- “I want mental health treatment so I can get better” (35.6%)
- “I need housing” (35.3%)
- “I am under the jurisdiction of the Psychiatric Security Review Board, or I have other legal requirements” (19.4%)
- “My guardian wants me here” (15.1%)
- “Other” (10.2%)
- “I am civilly committed and the county wants me to be here” (10.0%)
- “I want addictions treatment so I can get better” (9.1%)

Since 2017, there has been a significant upward trend in those wanting addiction treatment services and those legally required to be in residential treatment (both, $p<0.01$). There has been a significant downward trend in those who stated their guardian wanted them in residential treatment.

While only 9.1% of respondents listed receiving addiction treatment as their reason for residential services, there has been a significant upward trend ($p<0.01$) in those wanting these services.

Respondents were also asked about their progress. Nearly two-thirds of respondents (66.4%) felt they had made progress with their mental health. Other common responses included making progress in self-care (54.1%), activities of daily living (52.8%), social and recreation (50.0%), physical health (47.6%), and managing money (46.7%). There were no significant trends relating to respondent’s progress during the last five years.

While service areas varied, the most commonly cited services by adults receiving residential mental health services included:

- Medication management (68.1%)
- Psychiatric visits (52.9%)
- Support with activities of daily living (51.5%)
- Social and recreational activities (43.9%)
- Care coordination (37.6%)
- Peer counseling/mentorship (33.5%)

Since 2017, there has been a significant upward trend in respondents receiving peer counseling or mentorship as well as those receiving discharge or transitional planning. There have also been significant downward trends in the percentage of respondents who received psychiatric visits and social or recreational activities.

Those receiving peer counseling or mentorship services has trended upward in the last five years.

When asked if they had ever used peer-delivered services, 28.9% said “yes”, 54.0% said “no” and 17.1% were “not sure.” Of those who had used the service, most (79.5%) were satisfied. There has been a significant upward trend in respondents who had received peer-delivered services.

When asked if they felt ready for more independent living, 41.3% of respondents answered “yes,” 44.7% responded “no,” and 14.1% were not sure. Respondents who were not ready, or not sure if they were ready, for more independent living selected the reasons they felt this way. The most common explanations were:

- “I like it here” (59.8%)
- “I don’t have the skills to live on my own” (52.1%)
- “I am worried that if I leave, I won’t get the help I need” (45.3%)
- “I have lived on my own before and it did not work” (37.8%)
- “My symptoms are too bad right now” (34.4%)
- “I don't know where else I would go” (33.4%)

A very small portion didn’t feel like they have the support from staff (3.6%) or had legal reasons that kept them in residential treatment (7.6%). Respondents were allowed the option to select several reasons for not being ready for more independent living.

The percentage of respondents who listed “I don’t have a plan” (31.8%) has trended upward, however, there were no other significant trends in the last five years.



Appendices

Appendix A: Adult Outpatient and Residential Surveys.....	A-1
Appendix B: Survey Data Security and Quality Assurance Procedures.....	B-1
Appendix C: Weighting Explanation and Code.....	C-1
Appendix D: Domain Satisfaction by CCO.....	D-1
Appendix E: Domain Satisfaction by CCBHC.....	E-1

Appendix A: Survey Data Security and Quality Assurance Procedures

This appendix contains copies of the 2020 outpatient and residential survey forms in the following order:

- Adult outpatient – English version
- Adult outpatient – Spanish version
- Adult residential – English version
- Adult residential – Spanish version



To complete this survey online, go to: <https://tinyurl.com/OHASurvey2021>
Enter your Access Code: [Access Code]

- Please check this box if you do not believe this survey applies to you and/or do not wish to complete it.
- Please check this box if, for any reason, this survey is being completed by someone other than [FIRST_NAME]. Thank you.

Relationship to [FIRST_NAME]: _____

Please tell us about the outpatient mental health services you received between January 1, 2020 and now. If you received services from more than one provider since **January 1, 2020**, then please rate only your *most recent* outpatient mental health service provider.

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

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

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
23. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
24. I felt free to complain.	5	4	3	2	1	9
25. I was given information about my rights.	5	4	3	2	1	9
26. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
27. Staff told me what side effects to watch out for.	5	4	3	2	1	9
28. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
29. I, not staff, decided my treatment goals.	5	4	3	2	1	9
30. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
31. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
33. My most recent service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9

For questions 34-37, please answer for relationships with people other than your mental health providers.

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

38. How long have you received services from your most recent mental health provider?

- a. Less than 1 month
 c. 3-5 months
 e. One year or more
 b. 1-2 months
 d. 6 months to less than 1 year

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

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

39a. 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. My problem was solved.	<input type="checkbox"/> d. I had problems paying for treatment.
<input type="checkbox"/> b. Treatment was not working.	<input type="checkbox"/> e. I could not find time for treatment.
<input type="checkbox"/> c. I had problems with transportation.	<input type="checkbox"/> f. Other reason(s) (please describe):

40. In the past 12 months, have you had a virtual (video or phone) session with your mental health provider? (If no, skip to question 40c).

- a. Yes
 b. No

40a. How satisfied were you with the virtual session(s) compared to in-person sessions?

- a. Strongly Satisfied
- b. Satisfied
- c. Neutral
- d. Dissatisfied
- e. Strongly Dissatisfied

40b. How strongly do you agree or disagree with the following statements about your experiences during virtual sessions?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
a. I liked not traveling to appointments.	5	4	3	2	1	9
b. I preferred seeing my provider in-person.	5	4	3	2	1	9
c. Arranging childcare was easier for virtual sessions.	5	4	3	2	1	9
d. I had lower anxiety around my virtual sessions.	5	4	3	2	1	9
e. It was easier for me to focus in the virtual session.	5	4	3	2	1	9
f. I was less comfortable talking to my provider virtually.	5	4	3	2	1	9
g. Privacy in virtual sessions was a concern for me.	5	4	3	2	1	9
h. It was easier to schedule appointments for virtual sessions.	5	4	3	2	1	9
i. Other (please describe):						

40c. What were the reasons you have not had a virtual session in the last 12 months?

(check all that apply)

- a. I wasn't aware that virtual sessions were available
- b. I preferred to see my provider in person
- c. My provider did not offer virtual sessions
- d. I didn't have the technology to access virtual sessions (access to a phone, computer, or internet)
- e. I had privacy concerns about using virtual sessions
- f. Other reason (please describe):

41. Prior to the past 12 months, had you ever had a virtual (video or phone) session with any provider?

- a. Yes
- b. No

42. Your provider may have worked with some of the providers or agencies listed below. If so, how satisfied were you with the way they worked together to help you?

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

43. “When I started receiving services from my provider, I hoped I would... (Please check all that apply)

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

44. “Since I started receiving services, I have... (Please check all that apply)

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

45. Do you have someone who gives you checkups, routine medical care, and advice?
 (This might be a doctor, a nurse practitioner, or other people we call a primary care provider.) a. Yes b. No

46. My primary care provider or mental health service provider has talked to me about: (Please check all that apply)

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

47. During the time that you were seeing your most recent outpatient mental health service provider, did you need any of the following services: (Please check one answer for each question)

**Supported Housing is affordable housing that may also provide rental assistance or on-site*

Housing Services	Yes	No	Don't know	N/A
a. Did you want or need housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider or any other community mental health program offer you choices of housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were you connected to Supported Housing* or rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you receive Supported Housing* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

services such as healthcare or transportation services.

Employment Services	Yes	No	Don't know	N/A
f. Did you want or need a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you connected with Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did you receive Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment is a service that helps individuals find work in the community that matches their abilities, interests, and skills. Services might include a Job Developer who helps with the application and interview process or a Job Coach who provides support in learning the tasks of a new job. Job Coaches may also help to develop career goals.*

Assistance with a Mental Health Crisis	Yes	No	Don't know	N/A
k. Did you need assistance as the result of a mental health crisis ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If you needed assistance, did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If you needed assistance, were you satisfied with the help you got from mental health services in your community, including your provider and any other mental health programs or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (see definition below)*	Yes	No	Not sure
48. When you first started to see your most recent mental health services provider, did the provider ask you about any history of trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. If you experienced trauma*, were the problems related to this trauma * adequately addressed during your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trauma results from events or circumstances that were physically or emotionally harmful or even life threatening and have affected your ability to function.*

Peer Delivered Services (see definition below)*	Yes	No	Not sure
49. Have you ever used Peer Delivered Services *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. If you have used Peer Delivered Services *, were these services helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services are community-based services and supports provided by peers who have been in treatment and have similar lived experiences.*

50. Are you currently employed? (Please check one)

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

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

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

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

Arrest History		Yes	No	Don't know
52a.	Were you arrested in the 12 months before you started treatment with your most recent outpatient mental health service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52b.	Were you arrested in the first 12 months after you began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52c.	Did police refer you to a mental health service such as a crisis program or shelter rather than taking you to jail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since you began receiving services from this provider, have your encounters with the police... <i>(Please check one)</i>			
	<input type="checkbox"/> a. Gone down	<input type="checkbox"/> c. Stayed the same		
	<input type="checkbox"/> b. Gone up	<input type="checkbox"/> d. Doesn't apply (no encounters with police)		

54. 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

55. 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	

56. How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry?

57. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

<p>American Indian or Alaska Native</p> <input type="checkbox"/> 1. American Indian <input type="checkbox"/> 2. Alaska Native <input type="checkbox"/> 3. Canadian Inuit, Metis, or First Nation <input type="checkbox"/> 4. Indigenous Mexican, Central American, or South American	<p>Asian</p> <input type="checkbox"/> 9. Asian Indian <input type="checkbox"/> 10. Chinese <input type="checkbox"/> 11. Filipino/a <input type="checkbox"/> 12. Hmong <input type="checkbox"/> 13. Japanese <input type="checkbox"/> 14. Korean <input type="checkbox"/> 15. Laotian <input type="checkbox"/> 16. South Asian <input type="checkbox"/> 17. Vietnamese <input type="checkbox"/> 18. Other Asian	<p>Black or African American</p> <input type="checkbox"/> 25. African American <input type="checkbox"/> 26. African (Black) <input type="checkbox"/> 27. Caribbean (Black) <input type="checkbox"/> 28. Other Black
<p>Hispanic or Latino/a</p> <input type="checkbox"/> 5. Hispanic or Latino/a Central American <input type="checkbox"/> 6. Hispanic or Latino/a Mexican <input type="checkbox"/> 7. Hispanic or Latino/a South American <input type="checkbox"/> 8. Other Hispanic or Latino/a	<p>Native Hawaiian or Pacific Islander</p> <input type="checkbox"/> 19. Guamanian or Chamorro <input type="checkbox"/> 20. Micronesian <input type="checkbox"/> 21. Native Hawaiian <input type="checkbox"/> 22. Samoan <input type="checkbox"/> 23. Tongan <input type="checkbox"/> 24. Other Pacific Islander	<p>Middle Eastern/ Northern African</p> <input type="checkbox"/> 29. Northern African <input type="checkbox"/> 30. Middle Eastern
		<p>White</p> <input type="checkbox"/> 31. Eastern European <input type="checkbox"/> 32. Slavic <input type="checkbox"/> 33. Western European <input type="checkbox"/> 34. Other White
		<p>Other Categories</p> <input type="checkbox"/> 35. Others (please list) <input type="checkbox"/> 36. Don't know/Unknown <input type="checkbox"/> 37. Don't want to answer/Decline

58. If you selected more than one racial or ethnic identity above, please CIRCLE the ONE that best represents your racial or ethnic identity.

59. What is your gender? (Please check *all that apply*)

<input type="checkbox"/> a. Male	<input type="checkbox"/> b. Female	<input type="checkbox"/> c. Transgender	<input type="checkbox"/> d. Other
----------------------------------	------------------------------------	---	-----------------------------------

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



Identificación de la encuesta: [Survey_ID]

Para completar esta encuesta en línea, ingrese a: <https://tinyurl.com/OHASurvey2021>
Introduzca su código de acceso: [Access Code]

- Marque esta casilla si cree que esta encuesta no se aplica a usted y / o no quiere completarla.
- Marque esta casilla si, por algún motivo, alguien que no sea [FIRST_NAME] responde a esta encuesta. Gracias.

Relación con [FIRST_NAME]: _____

Infórmenos sobre los servicios ambulatorios de salud mental que recibió desde el 1 de enero de 2020 hasta la actualidad. Si recibió servicios de más de un proveedor desde el 1 de enero de 2020, entonces califique solo a su proveedor de servicios ambulatorios de salud mental *más reciente*.

Indique si está Totalmente de acuerdo, De acuerdo, Indeciso, En desacuerdo o Totalmente en desacuerdo con cada una de las afirmaciones que encontrará a continuación. Para eso, encierre en un círculo UN número que sea apropiado para cada afirmación.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
<i>Como resultado directo de los servicios que recibí de este proveedor...</i>						
1. Resuelvo con mayor eficacia los problemas cotidianos.	5	4	3	2	1	9
2. Me siento más capacitado para controlar mi vida.	5	4	3	2	1	9
3. Me siento más capacitado para enfrentar las crisis.	5	4	3	2	1	9
4. Me llevo mejor con mi familia.	5	4	3	2	1	9
5. Me desempeño mejor en situaciones sociales.	5	4	3	2	1	9
6. Me va mejor en los estudios o en el trabajo.	5	4	3	2	1	9
7. Mi situación de vivienda ha mejorado.	5	4	3	2	1	9
8. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
9. Hago cosas que son más significativas para mí.	5	4	3	2	1	9
10. Me siento más capacitado para hacerme cargo de mis necesidades.	5	4	3	2	1	9
11. Me siento más capacitado para controlar las cosas cuando no salen bien.	5	4	3	2	1	9
12. Me siento más capacitado para hacer cosas que deseo hacer.	5	4	3	2	1	9
<i>Deberá responder a las siguientes afirmaciones según su experiencia con su proveedor de salud mental más reciente.</i>						
13. Me agradan los servicios que recibí aquí.	5	4	3	2	1	9
14. Aunque tuviera otras opciones, seguiría recibiendo los servicios de este centro.	5	4	3	2	1	9
15. Recomendaría este centro a un amigo o familiar.	5	4	3	2	1	9
16. La ubicación de los servicios resultó conveniente (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
17. El personal estuvo dispuesto a atenderme siempre que lo consideré necesario.	5	4	3	2	1	9
18. El personal devolvió mis llamadas en un plazo de 24 horas.	5	4	3	2	1	9
19. Tuve los servicios a mi disposición en horarios convenientes para mí.	5	4	3	2	1	9
20. Pude obtener todos los servicios que consideré que necesitaba.	5	4	3	2	1	9
21. Pude consultar a un psiquiatra cada vez que lo deseaba.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
22. El personal aquí considera que mi salud puede mejorar y que puedo recuperarme.	5	4	3	2	1	9
23. Me sentí cómodo al hacer preguntas sobre mi tratamiento y medicación.	5	4	3	2	1	9
24. Me sentí con la libertad de presentar cualquier queja.	5	4	3	2	1	9
25. Se me brindó información sobre mis derechos.	5	4	3	2	1	9
26. El personal me alentó a asumir la responsabilidad sobre la forma en que vivo mi vida.	5	4	3	2	1	9
27. El personal me informó a qué efectos secundarios debía estar atento.	5	4	3	2	1	9
28. El personal respetó mis deseos con respecto a quiénes pueden o no recibir información sobre mi tratamiento.	5	4	3	2	1	9
29. Yo, no el personal, decidí cuáles serían mis objetivos de tratamiento.	5	4	3	2	1	9
30. El personal se mostró respetuoso y considerado con respecto a mi origen cultural (raza, religión, idioma).	5	4	3	2	1	9
31. El personal me ayudó a obtener la información que necesitaba para que pudiera asumir el control de mi enfermedad.	5	4	3	2	1	9
32. Se me alentó a usar los programas dirigidos por consumidores (grupos de apoyo, centros sociales, líneas telefónicas para casos de crisis).	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
33. Mis proveedores de servicios más recientes me dieron oportunidades para aprender técnicas que me permitieran fortalecer y mantener mi bienestar.	5	4	3	2	1	9

Para las preguntas 34 a 37, responda en cuanto a las relaciones con personas que no sean sus proveedores de servicios de salud mental.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
34. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1	9
35. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1	9
36. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
37. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1	9

38. ¿Por cuánto tiempo ha recibido los servicios de su proveedor de salud mental más reciente?

- a. Menos de 1 mes c. De 3 a 5 meses e. Un año o más
 b. De 1 a 2 meses d. 6 meses a menos de 1 año

39. ¿Sigue recibiendo servicios de salud mental? (Si la respuesta es Sí, vaya directamente a la pregunta 40)

- a. Sí b. No c. No sé

39a. Si ya no recibe servicios de salud mental, indique el motivo.

(Marque UN solo motivo, el más importante, por el cual terminó el tratamiento)

<input type="checkbox"/> a. Mi problema fue resuelto.	<input type="checkbox"/> d. Tuve problemas para pagar el tratamiento.
<input type="checkbox"/> b. El tratamiento no estaba funcionando.	<input type="checkbox"/> e. No contaba con el tiempo para realizar el tratamiento.
<input type="checkbox"/> c. Tuve problemas con el transporte.	<input type="checkbox"/> f. Otro(s) motivo(s) (describa):

40. En los últimos 12 meses, ¿ha tenido una sesión virtual (por video o teléfono) con su proveedor de salud mental? (si la respuesta es No, vaya directamente a la pregunta 40c).

- a. Sí b. No

40a. ¿Qué tan satisfecho estuvo con las sesiones virtuales en comparación con las sesiones en persona?

- a. Totalmente satisfecho
- b. Satisfecho
- c. Neutral
- d. Insatisfecho
- e. Totalmente insatisfecho

40b. ¿Qué tan de acuerdo o en desacuerdo está con las siguientes afirmaciones sobre sus experiencias durante las sesiones virtuales?

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
a. Me gustaba el no tener que viajar a las citas.	5	4	3	2	1	9
b. Preferí recibir atención de mi proveedor en persona.	5	4	3	2	1	9
c. Fue más fácil organizar el cuidado infantil para las sesiones virtuales.	5	4	3	2	1	9
d. Me sentía con menos ansiedad en torno a mis sesiones virtuales.	5	4	3	2	1	9
e. Me resultó más fácil concentrarme en la sesión virtual.	5	4	3	2	1	9
f. Me sentía menos cómodo hablando con mi proveedor de manera virtual.	5	4	3	2	1	9
g. La privacidad en las sesiones virtuales fue una inquietud para mí.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
h. Fue más fácil programar citas para sesiones virtuales.	5	4	3	2	1	9
i. Otra (describa):						

40c. ¿Cuáles han sido los motivos por los que no ha tenido una sesión virtual en los últimos 12 meses? (marque todas las opciones que correspondan)

- a. No sabía que habían sesiones virtuales disponibles.
- b. Preferí atenderme con mi proveedor en persona.
- c. Mi proveedor no ofrecía sesiones virtuales.
- d. No contaba con la tecnología para acceder a sesiones virtuales (acceso a un teléfono, computadora o internet).
- e. Tenía inquietudes de privacidad sobre el uso de las sesiones virtuales.
- f. Otro motivo (describa)

41. Con anterioridad a los últimos 12 meses, ¿alguna vez tuvo una sesión virtual (por video o teléfono) con algún proveedor?

- a. Sí
- b. No

42. Su proveedor puede haber trabajado con algunos de los proveedores o centros que se enumeran a continuación. Si es así, ¿qué tan satisfecho estuvo con la forma en que trabajaron juntos para ayudarlo?

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	No <u>necesité</u> ni recibí estos servicios	<u>Necesité</u> pero no recibí estos servicios
Otro proveedor de salud mental	5	4	3	2	1	9	8
Correcciones	5	4	3	2	1	9	8
Discapacidades del desarrollo	5	4	3	2	1	9	8
Proveedor de tratamiento para el consumo de drogas y alcohol	5	4	3	2	1	9	8

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	No necesité ni recibí estos servicios	Necesité pero no recibí estos servicios
Servicios para ancianos y discapacitados físicos (APD, por sus siglas en inglés)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Proveedor de salud física	5	4	3	2	1	9	8
Hospitales (estatales, de cuidados agudos)	5	4	3	2	1	9	8

43. Cuando comencé a recibir los servicios de mi proveedor, “esperaba... (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. ...sentirme más feliz”.	<input type="checkbox"/> f. ...llevarme mejor con mi familia u otras personas”.
<input type="checkbox"/> b. ...sentirme menos ansioso o temeroso”.	<input type="checkbox"/> g. ...iniciar o continuar un programa de recuperación”.
<input type="checkbox"/> c. ...volverme más respetuoso o responsable”.	<input type="checkbox"/> h. ...dejar o reducir el consumo de drogas o alcohol”.
<input type="checkbox"/> d. ...sentirme mejor conmigo mismo”.	<input type="checkbox"/> i. ...dejar de lastimar a otras personas”.
<input type="checkbox"/> e. ...mejorar en el trabajo o en la escuela”.	<input type="checkbox"/> j. ...dejar de lastimarme a mí mismo”.

44. Desde que comencé a recibir los servicios, “yo... (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. ...me he sentido más feliz”.	<input type="checkbox"/> f. ...me he llevado mejor con mi familia u otras personas”.
<input type="checkbox"/> b. ...me he sentido menos ansioso o temeroso”.	<input type="checkbox"/> g. ...he iniciado o continuado un programa de recuperación”.
<input type="checkbox"/> c. ...me he vuelto más respetuoso o responsable”.	<input type="checkbox"/> h. ...he dejado o reducido el consumo de drogas o alcohol”.
<input type="checkbox"/> d. ...me he sentido mejor conmigo mismo”.	<input type="checkbox"/> i. ...he dejado de lastimar a otras personas”.
<input type="checkbox"/> e. ...he mejorado en el trabajo o en la escuela”.	<input type="checkbox"/> j. ...he dejado de lastimarme a mí mismo”.

45. ¿Cuenta con alguien que le realice chequeos y le brinde atención médica de rutina y consejos? (Esta persona puede ser un médico, una enfermero practicante u otras personas a quienes llamamos proveedores de atención primaria.) a. Sí b. No

46. Mi proveedor de atención primaria o proveedor de servicios de salud mental me ha hablado sobre: (Marque todas las opciones que correspondan)

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de usar productos de tabaco/mantener una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cómo reducir el riesgo de presentar diabetes o cómo manejar mi diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Posibilidad de reducir los medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Se me preguntó si apostaba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Se me preguntó si consumía alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Durante el tiempo en que estuvo viendo a su proveedor de servicios ambulatorios de salud mental más reciente, ¿necesitó alguno de los siguientes servicios?: (Marque una respuesta para cada pregunta)

Servicios de alojamiento	Sí	No	No sé	N/C
a. ¿Deseaba o necesitaba <u>alojamiento</u> o un mejor alojamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Su proveedor de servicios o algún otro programa comunitario de salud mental le ofreció opciones de alojamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró alojamiento o un mejor alojamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Le pusieron en contacto con Supported Housing (vivienda subvencionada)* o asistencia para la renta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Recibió los servicios de Supported Housing* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Supported Housing:** alojamiento asequible que también puede proporcionar asistencia para la renta o servicios internos, como atención médica o servicios de transporte.

Servicios de empleo	Sí	No	No sé	N/C
f. ¿Deseaba o necesitaba un empleo o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Su proveedor de servicios trató de ayudarlo a encontrar un empleo o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Encontró un empleo o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Le pusieron en contacto con los servicios de Supported Employment (empleo con apoyo)* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ¿Recibió los servicios de Supported Employment* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment es un servicio que ayuda a las personas a encontrar empleo en la comunidad que se ajuste a sus capacidades, intereses y habilidades. Los servicios pueden incluir un Job Developer (promotor de empleo) que ayuda con el proceso de postulación y entrevista o un Job Coach (asesor de empleo) que brinda apoyo durante el aprendizaje de las tareas de un nuevo empleo. El Job Coach también puede ayudar a desarrollar objetivos profesionales.*

Ayuda con una crisis de salud mental	Sí	No	No sé	N/C
k. ¿Necesitó ayuda como resultado de una crisis de salud mental ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Si necesitó ayuda, ¿su proveedor de salud mental le ayudó con la crisis de manera satisfactoria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Si necesitó ayuda, ¿se sintió satisfecho con la ayuda que recibió de los servicios de salud mental en su comunidad, incluidos su proveedor y cualesquiera otros programas o proveedores de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (ver definición abajo)*	Sí	No	No estoy seguro
48. Cuando comenzó a ver a su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó sobre algún antecedente de trauma* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Si experimentó un trauma*, ¿se abordaron adecuadamente los problemas relacionados con este trauma* durante su tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**El trauma es el resultado de eventos o circunstancias que fueron física o emocionalmente dañinos, o incluso potencialmente mortales, y que han afectado su capacidad para desenvolverse en la vida.*

Peer Delivered Services (servicios prestados por pares) (ver definición abajo)*	Sí	No	No estoy seguro
49. ¿Alguna vez ha usado Peer Delivered Services* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. Si ha usado Peer Delivered Services* , ¿fueron útiles estos servicios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services son servicios y apoyos basados en la comunidad proporcionados por personas semejantes que han estado bajo tratamiento y han vivido experiencias similares.*

50. ¿Tiene un empleo actualmente? (Marque una opción)

<input type="checkbox"/> a. Tengo con un empleo competitivo* en el que trabajo más de 35 horas por semana	<input type="checkbox"/> e. Estoy desempleado y buscando trabajo
<input type="checkbox"/> b. Cuento con un empleo competitivo* en el que trabajo entre 17 y 34 horas por semana	<input type="checkbox"/> f. Estoy desempleado, pero no estoy buscando trabajo
<input type="checkbox"/> c. Cuento con un empleo competitivo* en el que trabajo menos de 17 horas por semana	<input type="checkbox"/> g. Trabajo voluntario
<input type="checkbox"/> d. Trabajo independiente	<input type="checkbox"/> h. Otro

**Empleo competitivo: empleo normal en la comunidad que no está reservado para personas con discapacidades y por el cual pagan al menos un salario mínimo.*

51. ¿Cuál es su fuente de ingresos? (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. No tengo fuente de ingresos	<input type="checkbox"/> h. Pago por discapacidad para veteranos
<input type="checkbox"/> b. Empleo con sueldo	<input type="checkbox"/> i. Asistencia temporal para familias necesitadas (TANF, por sus siglas en inglés)
<input type="checkbox"/> c. Seguro de desempleo	<input type="checkbox"/> j. Seguro privado por discapacidad/Seguro de compensación para los trabajadores
<input type="checkbox"/> d. Seguridad de ingreso suplementario (SSI, por sus siglas en inglés)	<input type="checkbox"/> k. Pensión de un empleo anterior
<input type="checkbox"/> e. Seguro por discapacidad del Seguro Social (SSDI, por sus siglas en inglés)	<input type="checkbox"/> l. Pensión alimenticia para menores/pensión conyugal
<input type="checkbox"/> f. Pensión del Seguro Social	<input type="checkbox"/> m. Fondo fiduciario
<input type="checkbox"/> g. Ayuda de un familiar/amigos	<input type="checkbox"/> n. Otro

Antecedentes de arresto	Sí	No	No sé
52a. ¿Fue arrestado durante los 12 meses anteriores al inicio del tratamiento con su proveedor de servicios ambulatorios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52b. ¿Fue arrestado durante los primeros 12 meses posteriores al inicio de su atención con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52c. ¿La policía le remitió a un servicio de salud mental, como un programa de crisis o refugio, en lugar de llevarle a la cárcel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Los encuentros con la policía incluyen arrestos, persecución policíaca o traslado, por parte de la policía, a un refugio o programa de crisis. Desde que comenzó a recibir los servicios de este proveedor, sus encuentros con la policía... (*Marque una de las opciones*)

a. Disminuyeron

c. Se mantuvieron iguales

b. Aumentaron

d. No corresponde (no he tenido encuentros con la policía)

54. ¿Dónde vive actualmente? (*Marque una de las opciones*)

<input type="checkbox"/> a. Casa o apartamento propio o alquilado	<input type="checkbox"/> e. Centro de enfermería especializada
<input type="checkbox"/> b. Casa o apartamento de otra persona	<input type="checkbox"/> f. Programa de crisis
<input type="checkbox"/> c. Centro residencial para el tratamiento de abuso de sustancias	<input type="checkbox"/> g. Centro residencial para el tratamiento de la salud mental
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> h. Otro

55. ¿Ha vivido en alguno de los siguientes lugares en los últimos 12 meses?

(*Marque todas las opciones que correspondan*)

<input type="checkbox"/> a. Casa o apartamento propio o alquilado	<input type="checkbox"/> g. Hospital psiquiátrico
<input type="checkbox"/> b. Casa o apartamento de otra persona	<input type="checkbox"/> h. Programa residencial para el tratamiento de abuso de sustancias
<input type="checkbox"/> c. Programa de crisis	<input type="checkbox"/> i. Centro de enfermería especializada
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> j. Hogar o centro residencial de tratamiento
<input type="checkbox"/> e. Centro carcelario o correccional	<input type="checkbox"/> k. Otro
<input type="checkbox"/> f. Hospital médico	

56. ¿Cómo identifica su raza, etnia, afiliación tribal, país de origen o ascendencia?

57. ¿Cuál de las siguientes opciones describe su identidad racial o étnica? Marque TODO lo que corresponda.

<p>Amerindio o nativo de Alaska</p> <input type="checkbox"/> 1. Amerindio <input type="checkbox"/> 2. Nativo de Alaska <input type="checkbox"/> 3. Inuit canadiense, mestizo o naciones originarias de Canadá <input type="checkbox"/> 4. Indígena mexicano, centroamericano o sudamericano	<p>Asiático</p> <input type="checkbox"/> 9. Indoasiático <input type="checkbox"/> 10. Chino <input type="checkbox"/> 11. Filipino <input type="checkbox"/> 12. Hmong <input type="checkbox"/> 13. Japonés <input type="checkbox"/> 14. Coreano <input type="checkbox"/> 15. Laosiano <input type="checkbox"/> 16. Sudasiático <input type="checkbox"/> 17. Vietnamita <input type="checkbox"/> 18. Otro origen asiático	<p>Negro o afroamericano</p> <input type="checkbox"/> 25. Afroamericano <input type="checkbox"/> 26. Africano (negro) <input type="checkbox"/> 27. Caribeño (negro) <input type="checkbox"/> 28. Otro origen negro
<p>Hispano o latino</p> <input type="checkbox"/> 5. Hispano o latino centroamericano <input type="checkbox"/> 6. Hispano o latino mexicano <input type="checkbox"/> 7. Hispano o latino sudamericano <input type="checkbox"/> 8. Otro origen hispano o Latino	<p>Hawaiano nativo o isleño del Pacífico</p> <input type="checkbox"/> 19. Guamaniano o chamorro <input type="checkbox"/> 20. Micronesio <input type="checkbox"/> 21. Hawaiano nativo <input type="checkbox"/> 22. Samoano <input type="checkbox"/> 23. Tongano <input type="checkbox"/> 24. Otro origen isleño del Pacífico	<p>Mediorienta l o norteafricano</p> <input type="checkbox"/> 29. Norteafricano <input type="checkbox"/> 30. Mediorienta l
		<p>Blanco</p> <input type="checkbox"/> 31. Europeo oriental <input type="checkbox"/> 32. Eslavo <input type="checkbox"/> 33. Europeo occidental <input type="checkbox"/> 34. Otro origen blanco
		<p>Otras categorías</p> <input type="checkbox"/> 35. Otros (enumere) <hr/> <input type="checkbox"/> 36. No sé/desconocido <input type="checkbox"/> 37. No deseo responder/me niego a responder

58. Si seleccionó más de una identidad racial o étnica arriba, encierre en un CÍRCULO la OPCIÓN que mejor represente su raza o etnia.

59. ¿Cuál es su sexo? (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. Masculino	<input type="checkbox"/> b. Femenino	<input type="checkbox"/> c. Transgénero	<input type="checkbox"/> d. Otro
---------------------------------------	--------------------------------------	---	----------------------------------

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



To complete this survey online, go to: <https://tinyurl.com/OHASurvey2021>
Enter your Access Code: [Access Code]

- Please check this box if you do not believe this survey applies to you and/or do not wish to complete it.
- Please check this box if, for any reason, this survey is being completed by someone other than [FIRST_NAME]. Thank you.

Relationship to [FIRST_NAME]: _____

Please tell us about the residential mental health services you received between January 1, 2020 and now. If you received services from more than one provider since **January 1, 2020**, then please rate only your *most recent* residential mental health service provider.

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

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

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
23. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
24. I felt free to complain.	5	4	3	2	1	9
25. I was given information about my rights.	5	4	3	2	1	9
26. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
27. Staff told me what side effects to watch out for.	5	4	3	2	1	9
28. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
29. I, not staff, decided my treatment goals.	5	4	3	2	1	9
30. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
31. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
33. My most recent service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9

For questions 34-37, please answer for relationships with people other than your mental health providers.

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

38. How long have you received services from your most recent mental health provider?

- a. Less than 1 month
 c. 3-5 months
 e. One year or more
 b. 1-2 months
 d. 6 months to less than 1 year

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

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

39a. 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. My problem was solved.	<input type="checkbox"/> d. I had problems paying for treatment.
<input type="checkbox"/> b. Treatment was not working.	<input type="checkbox"/> e. I could not find time for treatment.
<input type="checkbox"/> c. I had problems with transportation.	<input type="checkbox"/> f. Other reason(s) (please describe):

40. Your provider may have worked with some of the providers or agencies listed below. If so, how satisfied were you with the way they worked together to help you?

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

41. “When I started receiving services from my provider, I hoped I would... (Please check all that apply)

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

42. “Since I started receiving services, I have... (Please check all that apply)

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

43. Do you have someone who gives you checkups, routine medical care, and advice?

(This might be a doctor, a nurse practitioner, or other people we call a primary care provider.) a. Yes b. No

44. My primary care provider or mental health service provider has talked to me about:

(Please check all that apply)

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

45. During the time that you were seeing your most recent residential mental health service provider, did you need any of the following services:

(Please check one answer for each question)

**Supported Housing is affordable housing that may also provide rental assistance or on-site*

Housing Services	Yes	No	Don't know	N/A
a. Did you want or need housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider or any other community mental health program offer you choices of housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were you connected to Supported Housing* or rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you receive Supported Housing* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

services such as healthcare or transportation services.

Employment Services	Yes	No	Don't know	N/A
f. Did you want or need a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you connected with Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did you receive Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment is a service that helps individuals find work in the community that matches their abilities, interests, and skills. Services might include a Job Developer who helps with the application and interview process or a Job Coach who provides support in learning the tasks of a new job. Job Coaches may also help to develop career goals.*

Assistance with a Mental Health Crisis	Yes	No	Don't know	N/A
k. Did you need assistance as the result of a mental health crisis ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If you needed assistance, did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If you needed assistance, were you satisfied with the help you got from mental health services in your community, including your provider and any other mental health programs or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (see definition below)*	Yes	No	Not sure
46. When you first started to see your most recent mental health services provider, did the provider ask you about any history of trauma* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. If you experienced trauma* , were the problems related to this trauma* adequately addressed during your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trauma results from events or circumstances that were physically or emotionally harmful or even life threatening and have affected your ability to function.*

Peer Delivered Services (see definition below)*	Yes	No	Not sure
47. Have you ever used Peer Delivered Services* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. If you have used Peer Delivered Services* , were these services helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services are community-based services and supports provided by peers who have been in treatment and have similar lived experiences.*

48. Are you currently employed? (Please check one)

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

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

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

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

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

52. 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

53. 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	

54. 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

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

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

56. 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

57. Do you feel ready for more independent living? a. Yes b. No c. Not sure

57a. If not, why? *(Please check all that apply)*

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

58. 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

Please answer questions 59-62 on the next page to tell us a little bit about yourself.

59. How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry?

60. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

<p>American Indian or Alaska Native</p> <p><input type="checkbox"/> 1. American Indian</p> <p><input type="checkbox"/> 2. Alaska Native</p> <p><input type="checkbox"/> 3. Canadian Inuit, Metis, or First Nation</p> <p><input type="checkbox"/> 4. Indigenous Mexican, Central American, or South American</p>	<p>Asian</p> <p><input type="checkbox"/> 9. Asian Indian</p> <p><input type="checkbox"/> 10. Chinese</p> <p><input type="checkbox"/> 11. Filipino/a</p> <p><input type="checkbox"/> 12. Hmong</p> <p><input type="checkbox"/> 13. Japanese</p> <p><input type="checkbox"/> 14. Korean</p> <p><input type="checkbox"/> 15. Laotian</p> <p><input type="checkbox"/> 16. South Asian</p> <p><input type="checkbox"/> 17. Vietnamese</p> <p><input type="checkbox"/> 18. Other Asian</p>	<p>Black or African American</p> <p><input type="checkbox"/> 25. African American</p> <p><input type="checkbox"/> 26. African (Black)</p> <p><input type="checkbox"/> 27. Caribbean (Black)</p> <p><input type="checkbox"/> 28. Other Black</p>
<p>Hispanic or Latino/a</p> <p><input type="checkbox"/> 5. Hispanic or Latino/a Central American</p> <p><input type="checkbox"/> 6. Hispanic or Latino/a Mexican</p> <p><input type="checkbox"/> 7. Hispanic or Latino/a South American</p> <p><input type="checkbox"/> 8. Other Hispanic or Latino/a</p>	<p>Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> 19. Guamanian or Chamorro</p> <p><input type="checkbox"/> 20. Micronesian</p> <p><input type="checkbox"/> 21. Native Hawaiian</p> <p><input type="checkbox"/> 22. Samoan</p> <p><input type="checkbox"/> 23. Tongan</p> <p><input type="checkbox"/> 24. Other Pacific Islander</p>	<p>Middle Eastern/ Northern African</p> <p><input type="checkbox"/> 29. Northern African</p> <p><input type="checkbox"/> 30. Middle Eastern</p>
		<p>White</p> <p><input type="checkbox"/> 31. Eastern European</p> <p><input type="checkbox"/> 32. Slavic</p> <p><input type="checkbox"/> 33. Western European</p> <p><input type="checkbox"/> 34. Other White</p>
		<p>Other Categories</p> <p><input type="checkbox"/> 35. Others (please list)</p> <p>_____</p> <p><input type="checkbox"/> 36. Don't know/Unknown</p> <p><input type="checkbox"/> 37. Don't want to answer/Decline</p>

61. If you selected more than one racial or ethnic identity above, please **CIRCLE** the **ONE** that best represents your racial or ethnic identity.

62. What is your gender? *(Please check all that apply)*

<input type="checkbox"/> a. Male	<input type="checkbox"/> b. Female	<input type="checkbox"/> c. Transgender	<input type="checkbox"/> d. Other
----------------------------------	------------------------------------	---	-----------------------------------

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



Identificación de la encuesta: «survey_id»

Para completar esta encuesta en línea, ingrese a:
<https://tinyurl.com/OHASurvey2021>
Introduzca su código de acceso: «access_code»

Marque esta casilla si cree que esta encuesta no se aplica a usted y / o no quiere completarla.

Marque esta casilla si, por algún motivo, alguien que no sea «nam_first» responde a esta encuesta. Gracias.

Relación con «nam_first»: _____

Infórmenos sobre los servicios residenciales de salud mental que recibió desde el 1 de enero de 2020 hasta la actualidad. Si recibió servicios de más de un proveedor desde el **1 de enero de 2020**, entonces califique solo a su proveedor de servicios residenciales de salud mental *más reciente*.

Indique si está Totalmente de acuerdo, De acuerdo, Indeciso, En desacuerdo o Totalmente en desacuerdo con cada una de las afirmaciones que encontrará a continuación. Para eso, encierre en un círculo UN número apropiado para cada afirmación.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
<i>Como resultado directo de los servicios que recibí de este proveedor...</i>						
1. Resuelvo con mayor eficacia los problemas cotidianos.	5	4	3	2	1	9
2. Me siento más capacitado para controlar mi vida.	5	4	3	2	1	9
3. Me siento más capacitado para enfrentar las crisis.	5	4	3	2	1	9
4. Me llevo mejor con mi familia.	5	4	3	2	1	9
5. Me desempeño mejor en situaciones sociales.	5	4	3	2	1	9
6. Me va mejor en los estudios o en el trabajo.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
7. Mi situación de vivienda ha mejorado.	5	4	3	2	1	9
8. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
9. Hago cosas que son más significativas para mí.	5	4	3	2	1	9
10. Me siento más capacitado para hacerme cargo de mis necesidades.	5	4	3	2	1	9
11. Me siento más capacitado para controlar las cosas cuando no salen bien.	5	4	3	2	1	9
12. Me siento más capacitado para hacer cosas que deseo hacer.	5	4	3	2	1	9
<i>Deberá responder a las siguientes afirmaciones según su experiencia con su proveedor de salud mental más reciente.</i>						
13. Me agradan los servicios que recibí aquí.	5	4	3	2	1	9
14. Aunque tuviera otras opciones, seguiría recibiendo los servicios de este centro.	5	4	3	2	1	9
15. Recomendaría este centro a un amigo o familiar.	5	4	3	2	1	9
16. La ubicación de los servicios resultó conveniente (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
17. El personal estuvo dispuesto a atenderme siempre que lo consideré necesario.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
18. El personal devolvió mis llamadas en un plazo de 24 horas.	5	4	3	2	1	9
19. Tuve los servicios a mi disposición en horarios convenientes para mí.	5	4	3	2	1	9
20. Pude obtener todos los servicios que consideré que necesitaba.	5	4	3	2	1	9
21. Pude consultar a un psiquiatra cada vez que lo deseaba.	5	4	3	2	1	9
22. El personal aquí considera que mi salud puede mejorar y que puedo recuperarme.	5	4	3	2	1	9
23. Me sentí cómodo al hacer preguntas sobre mi tratamiento y medicación.	5	4	3	2	1	9
24. Me sentí con la libertad de presentar cualquier queja.	5	4	3	2	1	9
25. Se me brindó información sobre mis derechos.	5	4	3	2	1	9
26. El personal me alentó a asumir la responsabilidad sobre la forma en que vivo mi vida.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
27. El personal me informó a qué efectos secundarios debía estar atento.	5	4	3	2	1	9
28. El personal respetó mis deseos con respecto a quiénes pueden o no recibir información sobre mi tratamiento.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
29. Yo, no el personal, decidí cuáles serían mis objetivos de tratamiento.	5	4	3	2	1	9
30. El personal se mostró respetuoso y considerado con respecto a mi origen cultural (raza, religión, idioma).	5	4	3	2	1	9
31. El personal me ayudó a obtener la información que necesitaba para que pudiera asumir el control de mi enfermedad.	5	4	3	2	1	9
32. Se me alentó a usar los programas dirigidos por consumidores (grupos de apoyo, centros sociales, líneas telefónicas para casos de crisis).	5	4	3	2	1	9
33. Mis proveedores de servicios más recientes me brindan la oportunidad de aprender habilidades que me permiten fortalecer y mantener mi bienestar.	5	4	3	2	1	9

Para las preguntas 34 a 37, responda en cuanto a las relaciones con personas que no sean sus proveedores de servicios de salud mental.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
34. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1	9
35. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1	9
36. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
37. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1	9

38. ¿Cuánto tiempo ha recibido los servicios de su proveedor de salud mental más reciente?

- a. Menos de 1 mes c. De 3 a 5 meses e. Un año o más
 b. De 1 a 2 meses d. 6 meses a menos de 1 año

39. ¿Sigue recibiendo servicios de salud mental? (Si la respuesta es Sí, vaya directamente a la pregunta 40)

- a. Sí b. No c. No sé

39a. Si ya no recibe servicios de salud mental, indique el motivo.

(Marque UN solo motivo, el más importante, por el cual haya terminado el tratamiento)

<input type="checkbox"/> a. Mi problema fue resuelto.	<input type="checkbox"/> d. Tuve problemas para pagar el tratamiento.
<input type="checkbox"/> b. El tratamiento no estaba funcionando.	<input type="checkbox"/> e. No contaba con el tiempo para realizar el tratamiento.
<input type="checkbox"/> c. Tuve problemas con el transporte.	<input type="checkbox"/> f. Otro(s) motivo(s) (describa):

40. Su proveedor puede haber trabajado con algunos de los proveedores o centros que se enumeran a continuación. Si es así, ¿qué tan satisfecho estuvo con la forma en que trabajaron juntos para ayudarlo?

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	<u>No necesité ni recibí</u> estos servicios	<u>Necesité pero no recibí</u> estos servicios
Otro proveedor de salud mental	5	4	3	2	1	9	8
Correcciones	5	4	3	2	1	9	8
Discapacidades del desarrollo	5	4	3	2	1	9	8
Proveedor de tratamiento para el consumo de drogas y alcohol	5	4	3	2	1	9	8
Servicios para ancianos y discapacitados físicos (APD, por sus siglas en inglés)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Proveedor de salud física	5	4	3	2	1	9	8
Hospitales (estatales, de cuidados agudos)	5	4	3	2	1	9	8

41. Cuando comencé a recibir los servicios de mi proveedor, “esperaba... (Marque todo lo que corresponda)

<input type="checkbox"/> a. ...sentirme más feliz”.	<input type="checkbox"/> f. ...llevarme mejor con la familia u otras personas”.
<input type="checkbox"/> b. ...sentirme menos ansioso o temeroso”.	<input type="checkbox"/> g. ...iniciar o continuar un programa de recuperación”.
<input type="checkbox"/> c. ...ser más respetuoso o responsable”.	<input type="checkbox"/> h. ...dejar o reducir el consumo de drogas o alcohol”.
<input type="checkbox"/> d. ...sentirme mejor conmigo mismo”.	<input type="checkbox"/> i. ...dejar de lastimar a otras personas”.
<input type="checkbox"/> e. ...mejorar en el trabajo o en los estudios”.	<input type="checkbox"/> j. ...dejar de lastimarme a mí mismo”.

42. Desde que comencé a recibir los servicios, “yo... (Marque todo lo que corresponda)

<input type="checkbox"/> a. ...me siento más feliz”.	<input type="checkbox"/> f. ...me llevo mejor con la familia u otras personas”.
<input type="checkbox"/> b. ...me siento menos ansioso o temeroso”.	<input type="checkbox"/> g. ...he iniciado o continuado un programa de recuperación”.
<input type="checkbox"/> c. ...me he vuelto más respetuoso o responsable”.	<input type="checkbox"/> h. ...he dejado o reducido el consumo de drogas o alcohol”.
<input type="checkbox"/> d. ...me siento mejor conmigo mismo”.	<input type="checkbox"/> i. ...he dejado de lastimar a otras personas”.
<input type="checkbox"/> e. ...he mejorado en el trabajo o en los estudios”.	<input type="checkbox"/> j. ...he dejado de lastimarme a mí mismo”.

43. ¿Cuenta con alguien que le realice chequeos, brinde atención médica de rutina y consejos? (Esta persona puede ser un médico, una enfermera practicante u otras personas a quienes llamamos un proveedor de atención primaria.) a. Sí b. No

44. Mi proveedor de atención primaria o proveedor de servicios de salud mental me ha hablado sobre: (Marque todo lo que corresponda)

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar/mantener una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cómo reducir el riesgo de presentar diabetes o cómo manejar mi diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La posibilidad de reducir los medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Se me preguntó si apostaba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Se me preguntó si consumía alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Durante el tiempo en que estuvo viendo a su proveedor de servicios residenciales de salud mental más reciente, ¿necesitó alguno de los siguientes servicios?:

(Marque una respuesta para cada pregunta)

Servicios de alojamiento	Sí	No	No sé	N/C
a. ¿Deseaba o necesitaba alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Se le ofrecieron opciones de alojamiento por parte de su proveedor de servicios u otro programa comunitario de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Estuvo conectado con Supported Housing (vivienda subvencionada)* o asistencia para la renta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Recibió los servicios de Supported Housing* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Housing: alojamiento asequible que también puede proporcionar asistencia para la renta o servicios internos, como atención médica o servicios de transporte.*

Servicios de empleo	Sí	No	No sé	N/C
f. ¿Deseaba o necesitaba un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Su proveedor de servicios trató de ayudarlo a encontrar un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Encontró un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Estuvo conectado con los servicios de Supported Employment (empleo con apoyo)*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ¿Recibió los servicios de Supported Employment*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Supported Employment:** servicio que ayuda a las personas a encontrar empleo en la comunidad que se ajuste a sus capacidades, intereses y habilidades. Los servicios pueden incluir un Job Developer (promotor de empleo) que ayuda con el proceso de postulación y entrevista o un Job Coach (asesor de empleo) que brinda apoyo durante el aprendizaje de las tareas de un nuevo empleo. El Job Coach también puede ayudar a desarrollar objetivos profesionales.*

Ayuda con una crisis de salud mental	Sí	No	No sé	N/C
k. ¿Necesitó ayuda como resultado de una crisis de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Si necesitó ayuda, ¿su proveedor de salud mental le ayudó con la crisis de manera satisfactoria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Si necesitó ayuda, ¿se sintió satisfecho con la ayuda que recibió de los servicios de salud mental en su comunidad, incluidos su proveedor y cualquier otro programa o proveedor de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (ver definición abajo)*	Sí	No	No estoy seguro
46. Cuando comenzó a ver a su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó sobre algún antecedente de trauma*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Si experimentó un trauma* , ¿se abordaron adecuadamente los problemas relacionados con este trauma* durante su tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Trauma:** resultado de eventos o circunstancias que fueron física o emocionalmente dañinos o incluso potencialmente mortales y que han afectado su capacidad para desenvolverse en la vida.*

Peer Delivered Services (servicios prestados por pares) <i>(ver definición abajo)*</i>		Sí	No	No estoy seguro
47.	¿Alguna vez ha usado Peer Delivered Services* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a.	Si usó Peer Delivered Services* , ¿fueron útiles estos servicios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services: servicios y apoyos basados en la comunidad proporcionados por personas semejantes que han estado bajo tratamiento y han vivido experiencias similares.*

48. ¿Cuenta con un empleo actualmente? (Marque uno)

<input type="checkbox"/> a.	Cuento con un empleo competitivo* en el que trabajo más de 35 horas por semana	<input type="checkbox"/> e.	Estoy desempleado y buscando trabajo
<input type="checkbox"/> b.	Cuento con un empleo competitivo* en el que trabajo entre 17 y 34 horas por semana	<input type="checkbox"/> f.	Estoy desempleado, pero no estoy buscando trabajo
<input type="checkbox"/> c.	Cuento con un empleo competitivo* en el que trabajo menos de 17 horas por semana	<input type="checkbox"/> g.	Trabajo voluntario
<input type="checkbox"/> d.	Soy autónomo	<input type="checkbox"/> h.	Otro

**Empleo competitivo: empleo normal en la comunidad que no está reservado para personas con discapacidades y por el cual pagan al menos un salario mínimo.*

49. ¿Cuál es su fuente de ingresos? (Marque todo lo que corresponda)

<input type="checkbox"/> a. No tengo fuente de ingresos	<input type="checkbox"/> h. Pago por discapacidad para veteranos
<input type="checkbox"/> b. Empleo con sueldo	<input type="checkbox"/> i. Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés)
<input type="checkbox"/> c. Seguro de desempleo	<input type="checkbox"/> j. Seguro privado por discapacidad/Seguro de compensación para los trabajadores
<input type="checkbox"/> d. Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés)	<input type="checkbox"/> k. Pensión de un empleo anterior
<input type="checkbox"/> e. Seguro por discapacidad del Seguro Social (SSDI, por sus siglas en inglés)	<input type="checkbox"/> l. Pensión alimenticia para menores/pensión conyugal
<input type="checkbox"/> f. Pensión del Seguro Social	<input type="checkbox"/> m. Fondo fiduciario
<input type="checkbox"/> g. Ayuda de un familiar/amigos	<input type="checkbox"/> n. Otro

Antecedentes de arresto		Sí	No	No sé
50a.	¿Fue arrestado durante los 12 meses anteriores al inicio del tratamiento con su proveedor de servicios residenciales de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b.	¿Fue arrestado durante los primeros 12 meses posteriores al inicio de la atención con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50c.	¿La policía le remitió a un servicio de salud mental, tal como un programa de crisis o refugio, en lugar de llevarle a la cárcel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	Los encuentros con la policía incluyen arrestos, persecución policíaca o traslado, por parte de la policía, a un refugio o programa de crisis. Desde que comenzó a recibir los servicios de este proveedor, sus encuentros con la policía... (<i>Marque uno</i>)			
	<input type="checkbox"/> a. Disminuyeron	<input type="checkbox"/> c. Se mantuvieron iguales		
	<input type="checkbox"/> b. Aumentaron	<input type="checkbox"/> d. No corresponde (no he tenido encuentros con la policía)		

52. ¿Dónde vive actualmente? (*Marque uno*)

<input type="checkbox"/> a. Casa o departamento propio o alquilado	<input type="checkbox"/> e. Centro de enfermería especializada
<input type="checkbox"/> b. Casa o departamento de otra persona	<input type="checkbox"/> f. Programa de crisis
<input type="checkbox"/> c. Centro residencial para el tratamiento de abuso de sustancias	<input type="checkbox"/> g. Centro residencial para el tratamiento de la salud mental
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> h. Otro

53. ¿Ha vivido en alguno de los siguientes lugares en los últimos 12 meses?

(*Marque todo lo que corresponda*)

<input type="checkbox"/> a. Casa o departamento propio o alquilado	<input type="checkbox"/> g. Hospital psiquiátrico
<input type="checkbox"/> b. Casa o departamento de otra persona	<input type="checkbox"/> h. Programa residencial para el tratamiento de abuso de sustancias
<input type="checkbox"/> c. Programa de crisis	<input type="checkbox"/> i. Centro de enfermería especializada
<input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar	<input type="checkbox"/> j. Hogar o centro residencial de tratamiento
<input type="checkbox"/> e. Centro carcelario o correccional	<input type="checkbox"/> k. Otro
<input type="checkbox"/> f. Hospital médico	

54. ¿Por qué está viviendo en un centro residencial? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Estoy sujeto a confinamiento civil y el condado quiere que permanezca aquí.	<input type="checkbox"/> e. Deseo recibir tratamiento para mis adicciones para que pueda mejorar.
<input type="checkbox"/> b. Mi tutor desea que permanezca aquí.	<input type="checkbox"/> f. Necesito alojamiento.
<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 cuidar de mí mismo.
<input type="checkbox"/> d. Deseo recibir tratamiento de salud mental para poder mejorar.	<input type="checkbox"/> h. Otro

55. Desde que ha estado aquí, ¿siente que ha hecho progresos en alguna de las siguientes áreas? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Salud mental (disminución de los síntomas, los medicamentos, aumento en la capacidad para enfrentar situaciones, mejora en las relaciones, permanencia fuera del hospital, disminución de las crisis, etc.)	<input type="checkbox"/> e. Salud física (identificación de las afecciones de la salud física, coordinación de citas, manejo de las afecciones de la salud física).
<input type="checkbox"/> b. Actividades de la vida cotidiana (hacer la limpieza, bañarse, cocinar, vestirse, etc.)	<input type="checkbox"/> f. Actividades sociales/recreativas (familia, amigos, pasatiempos, salidas en la comunidad, etc.)
<input type="checkbox"/> c. Cuidado personal (nutrición, ejercicio, dejar de fumar, vida espiritual, establecer un programa de recuperación, etc.)	<input type="checkbox"/> g. Consumo/abuso de sustancias (concienciación de los problemas y disminución del consumo)
<input type="checkbox"/> d. Empleo/estudios	<input type="checkbox"/> h. Administración del dinero (presupuesto, administración del propio dinero, gastar el dinero de manera adecuada, compras, etc.)

56. ¿Qué tipo de servicios recibe? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Reuniones comunitarias	<input type="checkbox"/> i. Actividades sociales/recreativas
<input type="checkbox"/> b. Apoyo con las actividades de la vida cotidiana (hacer la limpieza, bañarse, cocinar, vestirse, etc.)	<input type="checkbox"/> j. Capacitación de las habilidades, ya sea en grupo o en forma individual
<input type="checkbox"/> c. Asesoramiento/tutoría entre pares	<input type="checkbox"/> k. Asesoramiento sobre la salud física
<input type="checkbox"/> d. Capacitación de las habilidades sociales	<input type="checkbox"/> l. Asesoramiento vocacional/educativo
<input type="checkbox"/> e. Administración de los medicamentos	<input type="checkbox"/> m. Visitas psiquiátricas
<input type="checkbox"/> f. Psicoterapia individual, familiar o de grupo	<input type="checkbox"/> n. Educación y asesoramiento sobre la farmacodependencia
<input type="checkbox"/> g. Coordinación de la atención	<input type="checkbox"/> o. Evaluaciones formales sobre la salud mental o la farmacodependencia
<input type="checkbox"/> h. Planificación de la transición/alta	<input type="checkbox"/> p. Otro

57. ¿Se siente listo para una vida más independiente? a. Sí b. No c. No estoy seguro

57a. Si no es así, ¿por qué? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Mis síntomas son demasiado intensos en este momento.	<input type="checkbox"/> g. No siento que tenga el apoyo del personal.
<input type="checkbox"/> b. No sé a dónde más podría ir.	<input type="checkbox"/> h. No tengo nada planificado.
<input type="checkbox"/> c. Me preocupa pensar que si me voy, no tendré la ayuda que necesite.	<input type="checkbox"/> i. Me preocupa enfermarme de nuevo
<input type="checkbox"/> d. Me gusta estar aquí.	<input type="checkbox"/> j. No tengo las habilidades para vivir por mi cuenta.
<input type="checkbox"/> e. Tengo problemas legales que me obligan a permanecer 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

58. ¿Cuáles serían sus opciones si estuviera listo para mudarse y llevar una vida más independiente?

<input type="checkbox"/> a. No sé	<input type="checkbox"/> c. Vivir con la familia o con amigos
<input type="checkbox"/> b. Vivir en mi propio departamento o casa	<input type="checkbox"/> d. Otro

Responda las preguntas 59 a 62 de la página siguiente para contarnos un poco acerca de usted.

59. ¿Cómo identifica su raza, etnia, afiliación tribal, país de origen o ascendencia?

60. ¿Cuál de las siguientes opciones describe su identidad racial o étnica? Marque TODO lo que corresponda.

<p>Amerindio o Nativo de Alaska</p> <input type="checkbox"/> Amerindio <input type="checkbox"/> Nativo de Alaska <input type="checkbox"/> Inuit canadiense, Métis o Naciones Originarias de Canadá <input type="checkbox"/> Indígena mexicano, centroamericano o sudamericano	<p>Asiática</p> <input type="checkbox"/> Indoasiático <input type="checkbox"/> Chino <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japonés <input type="checkbox"/> Coreano <input type="checkbox"/> Laosiano <input type="checkbox"/> Sudasiático <input type="checkbox"/> Vietnamita <input type="checkbox"/> Otro Asiática	<p>De color o afroamericana</p> <input type="checkbox"/> Afroamericano <input type="checkbox"/> Africano (De color) <input type="checkbox"/> Caribeño (De color) <input type="checkbox"/> Otro de color o afroamericana
<p>Hispano o Latino</p> <input type="checkbox"/> Hispano o Latino centroamericano <input type="checkbox"/> Hispano o Latino mexicano <input type="checkbox"/> Hispano o Latino sudamericano <input type="checkbox"/> Otro Hispano o Latino	<p>Hawaiano nativo o isleño del Pacífico</p> <input type="checkbox"/> Guamaniano o Chamorro <input type="checkbox"/> Micronesio <input type="checkbox"/> Hawaiano nativo <input type="checkbox"/> Samoano <input type="checkbox"/> Tongano <input type="checkbox"/> Otro Hawaiano nativo o isleño del Pacífico	<p>Mediorienta o Norteafricana</p> <input type="checkbox"/> Norteafricano <input type="checkbox"/> Mediorienta
		<p>Blanca</p> <input type="checkbox"/> Europeo oriental <input type="checkbox"/> Eslavo <input type="checkbox"/> Europeo occidental <input type="checkbox"/> Otro Blanca
		<p>Otras categorías</p> <input type="checkbox"/> Otros (enumere) _____ <input type="checkbox"/> No sé/Desconocido <input type="checkbox"/> No deseo responder/Declino

61. Si seleccionó más de una identidad racial o étnica arriba, encierre en un CÍRCULO la OPCIÓN que mejor represente su raza o etnia.

62. ¿Cuál es su sexo? (Marque *todo lo que corresponda*)

<input type="checkbox"/> a. Masculino	<input type="checkbox"/> b. Femenino	<input type="checkbox"/> c. Transgénero	<input type="checkbox"/> d. Otro
---------------------------------------	--------------------------------------	---	----------------------------------

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

Appendix B: Survey Data Security and Quality Assurance Procedures

Comagine Health stored the electronic data for this survey in REDCap software on a secure server. Only essential team members had access to the raw data to perform data entry. Exported data files were also saved on the secure server, where access was limited. Comagine Health kept the original paper copies of the surveys in a secure location.

Data entry staff members were trained on entering the survey data, and other authorized staff checked 10% of the first 400 surveys, as accuracy was 100%, staff checked 5% of the remaining surveys to ensure consistent and correct data entry. Comagine Health maintained data quality on two tiers. First, built-in data checks in the REDCap software ensured that only valid field values could be 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.

Second, SAS analytic programs written by the data analyst used logic controls for relevant questions.

Appendix C: Weighting Explanation and Code

```
#https://rstudio-pubs-static.s3.amazonaws.com/268281_cc370bbbbbf437b8650b22d208734d1.html
#https://www.r-bloggers.com/survey-computing-your-own-post-stratification-weights-in-r/
```

```
#Import the datasets
```

```
#Be sure the datasets include the gender, race group, ethnic group, age group, and desig variables.
```

```
library(readr)
respondents <- read_csv("//filepath/adultop_dom.csv")
population <- read_csv("//filepath/adultop_pop.csv")
#sample <- read_csv("//filepath/adultop_sample.csv")
```

```
library(survey)
respondents.unwgted <- svydesign(ids =~1, data=respondents)
```

```
#getting the marginal probabilities for the variables
```

```
#These will need to be manually added in. You may need to rename the variables within the csv (or here).
```

```
#SEX
```

```
table(population$CDE_SEX)
prop.table(table(population$CDE_SEX))
# F =36322= 0.6572809
# M =18939= 0.3427191
```

```
sex_dist <- data.frame(CDE_SEX = c("F","M"),
                      Freq = nrow(respondents) * c(0.6572809,0.3427191))
```

```
#RACE
```

```
table(population$RACE_GROUP)
prop.table(table(population$RACE_GROUP))
# AMERICAN INDIAN/ALASKAN NATIVE    =947=  0.017136860
# ASIAN                               =797=  0.014422468
# BLACK                               =1416= 0.025623858
# HISPANIC                            =1877= 0.033966088
# NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER =136=  0.002461048
# OTHER                               =418=  0.007564105
# UNKNOWN                             =20167= 0.364940917
# WHITE                               =29503= 0.533884656
```

```

race_dist <- data.frame(RACE_GROUP = c("AMERICAN INDIAN/ALASKAN
NATIVE","ASIAN","BLACK","HISPANIC","NATIVE HAWAIIAN/OTHER PACIFIC
ISLANDER","OTHER","UNKNOWN","WHITE"),
  Freq = nrow(respondents) *
c(0.017136860,0.014422468,0.025623858,0.033966088,0.002461048,0.007564105,0.364940917,0.5338
84656))

```

#Ethnicity

```

table(population$ETHNIC_GROUP)
prop.table(table(population$ETHNIC_GROUP))
# HISPANIC    =2394=    0.04332169
# NOT HISPANIC =32783=   0.59323936
# UNKNOWN     =20084=   0.36343895

```

```

ETHNIC_dist <- data.frame(ETHNIC_GROUP = c("HISPANIC","NOT HISPANIC","UNKNOWN"),
  Freq = nrow(respondents) * c(0.04332169,0.59323936,0.36343895))

```

#Age Groups

```

table(population$agegrp)
prop.table(table(population$agegrp))
# "18 to 25" =10513=  0.19024267
# "26 to 64" =42735=  0.77333020
# "65+"      =2013=   0.03642714

```

```

age_dist <- data.frame(agegrp = c("18 to 25","26 to 64","65+"),
  Freq = nrow(respondents) * c(0.19024267,0.77333020,0.03642714))

```

#Urbanicity

```

table(population$desig)
prop.table(table(population$desig))
# Frontier    =603=   0.010911855
# Rural       =18010=  0.325907964
# Unknown     =501=   0.009066068
# Urban       =36147=  0.654114113

```

```

Desig_dist <- data.frame(desig = c("Frontier","Rural","Unknown","Urban"),
  Freq = nrow(respondents) * c(0.010911855,0.325907964,0.009066068,0.654114113))

```

#Calculate the weights

```

data.svy.rake <- rake(design = respondents.unwgt,
  sample.margins = list(~CDE_SEX,~desig,~ETHNIC_GROUP,~RACE_GROUP,~agegrp),
  population.margins = list(sex_dist,Desig_dist,ETHNIC_dist,race_dist,age_dist))

```

```
summary(weights(data.svy.rake))

data.svy.rake.trim <- trimWeights(data.svy.rake, lower=0.3, upper=3,
                                strict=TRUE)
summary(weights(data.svy.rake.trim))

weights <-weights(data.svy.rake.trim)
respondents_weights<-cbind(respondents,weights)

#Export
write.csv(respondents_weights, file = "//filepath/adultop_wt.csv")
```

Appendix D: CCO-Specific Results

The following table shows the percent of agree or strongly agree responses for each adult outpatient survey domain question by CCO. An asterisk (*) indicates that the result is statistically significant when compared to all other CCOs combined.

The response options were:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Table D-1. Adult Outpatient Survey: Average Domain Question Responses by CCO.

Domain	Question	CCO															
		ADVANCED HEALTH	ALLCARE	CHA	CPCCO	EOCCO	FFS/OPENCARD	HEALTH SHARE	IHN	JCC	PCS-CENTRAL	PCS-GORGE	PCS-LANE	PCS-MARION POLK	TRILLIUM	UHA	YCC
	Total responses	121	111	101	144	91	120	186	141	129	114	76	142	171	119	115	122
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	79	80	63*	74	79	72	79	81	76	78	83	73	76	79	79	86
	17. Staff were willing to see me as often as I felt it was necessary	76	75	63*	77	72	76	75	85*	62*	82	72	82	80	80	71	78
	18. Staff returned my call in 24 hours	74	74	70	74	72	72	78	79	70*	81	70	86*	83*	78	70	77
	19. Services were available at times that were good for me	77	86	70*	81	76	80	82	82	77	81	76	91*	84	85	82	80
	20. I was able to get all the services I thought I needed	68	69	64	67	75	71	67	71	70	72	61	75	77*	70	65	69
	21. I was able to see a psychiatrist when I wanted	60	60	49	60	61	65	51*	58	57	63	54	63	73*	64	59	61
Daily functioning	08. My symptoms are not bothering me as much	44	38	36	44	50	45	46	53	43	55	38	51	55*	53	43	40
	09. I do things that are more meaningful to me	48	47*	50	54	61	62	67*	58	58	60	34*	61	59	64	45*	60
	10. I am better able to take care of my needs	51*	59	59	57	61	64	67	63	61	65	53	68	59	68	50*	55
	11. I am better able to handle things when they go wrong	50	59	48	55	46	60	60	60	51	62	45	63	54	63	46	57
	12. I am better able to do things that I want to do	44	49	48	51	50	66*	54	62*	55	56	41	62*	53	51	45	57
General satisfaction	13. I like the services that I received here	75	78	71	80	78	80	77	79	80	83	72	86*	84	81	82	76
	14. If I had other choices, I would still get services from this agency	71	72	70	73	65	77	67*	80*	75	75	67	79	75	76	68	67
	15. I would recommend this agency to a friend or family member	72	75	70	73	74	80	74	77	74	80	73	87*	79	82	71	76

Domain	Question	CCO															
		ADVANCED HEALTH	ALLCARE	CHA	CPCCO	EOCCO	FFS/OPENCARD	HEALTH SHARE	IHN	JCC	PCS-CENTRAL	PCS-GORGE	PCS-LANE	PCS-MARION POLK	TRILLIUM	UHA	YCC
Outcomes	01. I deal more effectively with daily problems	60	63	51*	69	60	67	64	69	66	69	61	72*	64	67	58	57
	02. I am better able to control my life	51	60	50	60	61	57	58	70*	62	62	58	67	53*	64	51	59
	03. I am better able to deal with crisis	53	57	47*	62	50	62	68*	67	60	60	63	66	60	62	51	61
	04. I am getting along better with my family	53	57	51	56	56	64	65	61	60	55	59	64	63	65	50	52
	05. I do better in social situations	43	44	33*	36*	47	58*	49	55	41*	49	40	54	56*	55	44	49
	06. I do better in school and/or work	31*	39	38	40	48	53	50	58*	51	56	40	57	51	52	37	49
	07. My housing situation has improved	34*	39*	54	40	50	56	59*	55	47	48	48	55	47	57	44	46
	08. My symptoms are not bothering me as much	44	38	36	44	50	45	46	53	43	55	38	51	55*	53	43	40
Participation	23. I felt comfortable asking questions about my treatment and medication	74	81	70	85	76	81	80	77	78	79	72	88*	82	81	80	79
	29. I, not staff, decided my treatment goals	62	69	53*	63	71	70	72	70	77	73	74	80*	70	74	69	72
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	70	73	69	80	60*	74	80	75	78	83	75	77	78	85*	75	76
	24. I felt free to complain	72	67	67	74	65	73	68*	77	70	80	74	79	76	80	74	74
	25. I was given information about my rights	74*	84	79	85	76	82	84	83	86	84	87	88	87	85	82	84
	26. Staff encouraged me to take responsibility for how I live my life	65*	80	61*	76	79	78	71*	80	74	84*	65	79	79	80	73	80
	27. Staff told me what side effects to watch out for	65	66	68	73	64	74	68	70	61*	69	70	73	81*	82*	69	66
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	82	89	74*	84	83	83	87	89	85	87	81	91	92*	91	82	87
	30. Staff were sensitive to my cultural background (race, religion, language)	71	73	73	78	78	74	83	77	78	88*	78	80	85	85	83	83

Domain	Question	CCO															
		ADVANCED HEALTH	ALLCARE	CHA	CPCCO	EOCCO	FFS/OPENCARD	HEALTH SHARE	IHN	JCC	PCS-CENTRAL	PCS-GORGE	PCS-LANE	PCS-MARION POLK	TRILLIUM	UHA	YCC
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	69	68	70	74	71	73	74	73	70	78	66	76	77	77	71	74
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	65	65	56	68	65	71	71	63	67	70	65	72	65	69	59	79*
Social connectedness	34. I am happy with the friendships I have	58	66	55	63	55	65	68	66	60	67	55	61	62	70	56	56
	35. I have people with whom I can do enjoyable things	61	67	58	65	61	71	68	71	58*	66	61	73	69	70	59	64
	36. I feel I belong in my community	37	35	33	42	45	47	48	41	39	42	31	48	46	54*	38	43
	37. In a crisis, I would have the support I need from family or friends	70	68	50*	63	68	72	72	70	62	60	70	74	67	76*	58	69

**Indicates the result is statistically significant when compared to other CCOs or CCBHCs combined.*

Appendix E: CCBHC-Specific Results

The following table shows the percent of agree or strongly agree responses for each adult outpatient survey domain question by certified community behavioral health clinic (CCBHC). An asterisk (*) indicates that the result is statistically significant when compared to all other CCBHC's combined.

The response options were:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Table E-1. Outpatient Survey: Average Domain Question Responses by CCBHC.

Domain	Question	CCBHC											
		Cascadia Behavioral Health	Columbia Community Mental Health	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	Total responses	57	72	23	85	72	70	1310	179	7	4	23	95
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	72	77	-	59*	83	81	78	77	-	-	-	86
	17. Staff were willing to see me as often as I felt it was necessary	76	71	-	60*	67*	75	80*	61*	-	-	-	74
	18. Staff returned my call in 24 hours	71	73	-	67	70	71	81*	64*	-	-	-	70
	19. Services were available at times that were good for me	83	79	-	70*	73*	78	85*	74*	-	-	-	80
	20. I was able to get all the services I thought I needed	63	61	-	65	65	62	73*	66	-	-	-	67
	21. I was able to see a psychiatrist when I wanted	45*	53	-	45*	45*	56	64*	57	-	-	-	65
Daily functioning	08. My symptoms are not bothering me as much	35*	40	-	35	49	34	52*	34*	-	-	-	38
	09. I do things that are more meaningful to me	56	56	-	49	65	38*	61*	52	-	-	-	55
	10. I am better able to take care of my needs	54	56	-	60	69	50	63	59	-	-	-	54
	11. I am better able to handle things when they go wrong	46*	56	-	48	63	40*	59*	51	-	-	-	51
	12. I am better able to do things that I want to do	42*	50	-	49	60	40	58*	43*	-	-	-	55
General satisfaction	13. I like the services that I received here	67*	83	-	71	81	71	82*	72*	-	-	-	70
	14. If I had other choices, I would still get services from this agency	56*	71	-	70	67	64	77*	69	-	-	-	64
	15. I would recommend this agency to a friend or family member	64*	75	-	71	71	72	80*	68*	-	-	-	70
Outcomes	01. I deal more effectively with daily problems	48*	67	-	50*	70	55	68*	61	-	-	-	53*

Domain	Question	CCBHC											
		Cascadia Behavioral Health	Columbia Community Mental Health	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	02. I am better able to control my life	44*	62	-	50	64	51	62*	60	-	-	-	53
	03. I am better able to deal with crisis	62	59	-	50	69	56	63*	51*	-	-	-	60
	04. I am getting along better with my family	55	59	-	53	62	56	61	60	-	-	-	54
	05. I do better in social situations	37*	38	-	32*	53	36	53*	39*	-	-	-	48
	06. I do better in school and/or work	38	36	-	36	47	35	53*	45	-	-	-	47
	07. My housing situation has improved	45	39	-	56	56	49	52	46	-	-	-	46
	08. My symptoms are not bothering me as much	35*	40	-	35	49	34	52*	34*	-	-	-	38
Participation	23. I felt comfortable asking questions about my treatment and medication	82	82	-	68*	80	72	82*	73*	-	-	-	71
	29. I, not staff, decided my treatment goals	64	64	-	50*	78	76	73*	69	-	-	-	66
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	61*	79	-	68	85	74	78	75	-	-	-	75
	24. I felt free to complain	70	67	-	68	63*	76	78*	60*	-	-	-	70
	25. I was given information about my rights	82	84	-	79	79	86	85*	85	-	-	-	85
	26. Staff encouraged me to take responsibility for how I live my life	65*	69	-	61*	71	63*	79*	71	-	-	-	83
	27. Staff told me what side effects to watch out for	67	72	-	65	76	69	73*	57*	-	-	-	66
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	81	85	-	70*	85	81	90*	83	-	-	-	85
30. Staff were sensitive to my cultural background (race, religion, language)	80	80	-	71	77	78	82*	71*	-	-	-	77	

Domain	Question	CCBHC											
		Cascadia Behavioral Health	Columbia Community Mental Health	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	65	74	-	68	75	66	76*	64*	-	-	-	68
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	63	66	-	55*	76	64	68	60*	-	-	-	78
Social connectedness	34. I am happy with the friendships I have	57	60	-	54	74*	53	65*	61	-	-	-	56
	35. I have people with whom I can do enjoyable things	59	71	-	59	76*	60	68	63	-	-	-	60
	36. I feel I belong in my community	43	40	-	35	49	32	46*	39	-	-	-	33
	37. In a crisis, I would have the support I need from family or friends	67	64	-	52*	65	71	70*	64	-	-	-	68

**Indicates the result is statistically significant when compared to other CCOs or CCBHCs combined.*