



2021 Youth Mental Health Survey Report

Oregon Health Authority - January 2022

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Table of Contents

Index of Tables and Figures	iii
Executive Summary	1
Summary of the Youth Services Survey (YSS) Results	1
Summary of the Youth Services Survey for Families (YSSF) Results	2
Comparison of YSS and YSSF Responses	3
Introduction	4
Methodology	5
The Surveys	5
Sample	6
Survey Administration	6
Weighting and Analysis	7
Survey Limitations	8
COVID-19	8
Survey Length	8
Survey Timing	8
Youth Services Survey (YSS) Results	9
Survey Response	10
Demographics	11
Treatment Status	13
Domain Satisfaction	13
Living Situation	16
Telehealth Services	16
School	18
Law Enforcement	19
Youth Services Survey for Families (YSSF) Results	20
Survey Response	22
Demographics	23
Treatment Status	24
Domain Satisfaction	25
Expectation and Results	27
Cultural Sensitivity	28
Medical Care	29

Telehealth Services.....	29
Care Coordination	30
School	31
Crisis.....	32
Law Enforcement.....	32
Alcohol and Drugs.....	32
Trauma.....	33
Youth vs. Caregiver Satisfaction	34
Appendices	35
Appendix A: Survey forms: English and Spanish versions.....	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.....	10
Table 2. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.	12
Table 3. YSS Domain Satisfaction.	14
Table 4. MHSIP Domain Questions.....	21
Table 5. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.	23
Table 6. YSSF Domain Satisfaction.....	25
Figure 1. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.....	11
Figure 2. YSS Domain Satisfaction Trends: 2017–2021.	15
Figure 3. How satisfied were you with the virtual session(s) compared to in-person sessions?.....	17
Figure 4. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.....	22
Figure 5. YSSF Domain Satisfaction Trends: 2017–2021	26
Figure 6. 2021 Respondent Expectations of Treatment vs. Results.....	28

Executive Summary

An estimated 83,000 Oregonians received mental health services through Oregon Medicaid in 2020.¹ Approximately 25,400 of these were youth under the age of 18; of whom 24,400 (96.1%) received services only in an outpatient setting and 1,000 (3.9%) received 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 services satisfaction surveys to youth ages 14 to 17 and caregivers of children and youth under the age of 18 who have received Medicaid-funded mental health services in outpatient, psychiatric residential or psychiatric day treatment settings.

Below are highlights from the 2021 surveys, as well as trends from our comparison of the 2021 results to survey results over the previous five years.

Summary of the Youth Services Survey (YSS) Results

Statewide, 647 youth between the ages of 14 and 17 responded to the Youth Services Survey (YSS) for a response rate of 15.9%. The majority (75.3%) of respondents completed the survey online and received a \$10 gift card incentive, while the remainder completed the paper survey and returned it in a prepaid envelope.

The YSS asked questions regarding the following domains:

- Access
- Cultural sensitivity
- General satisfaction
- Participation
- Treatment outcomes

The survey also asked several additional questions regarding the respondents' living situation, school attendance, trauma and other areas. New questions related to telehealth and experiences with virtual sessions were added to the 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.

Domain Satisfaction

Youth were most satisfied in the cultural sensitivity domain (91.4%) and least satisfied with treatment outcomes (56.4%).

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.

Residence

The majority (82.2%) of youth continue to live with one or both parents while a very small number (1.4%) of respondents had been homeless or living on the streets in the last six months.

Medications

Nearly half (47.3%) of respondents were taking medication for emotional or behavioral problems. In the last five years there have been no significant trends regarding medication usage for emotional or behavioral problems from youth ages 14 to 17.

Telehealth

While only 9.9% of youth were dissatisfied with virtual sessions, 67.6% said they preferred to see their provider in person and nearly half (47.3%) found it harder to focus when using telehealth.

Summary of the Youth Services Survey for Families (YSSF) Results

A total of 1,881 caregivers of children and youth under the age of 18 responded to the Youth Services Survey for Families (YSSF) for a response rate of 17.4%. The majority (74.7%) of respondents completed the survey online and received a \$10 gift card incentive, while the remainder completed the paper survey and returned it in a prepaid envelope.

The survey asked questions regarding the following domains:

- Access
- Cultural sensitivity
- Daily functioning
- General satisfaction
- Participation
- Social connectedness
- Treatment outcomes

The survey also asked several additional questions regarding the child's living situation, school attendance, trauma, and other areas. The survey was expanded in 2020 to include questions related to telehealth services and access.

Domain Satisfaction

Caregivers were most satisfied in the cultural sensitivity domain (87.3%) and least satisfied in the treatment outcomes (61.9%) domains. In the last five years, satisfaction in both domains has had a significant downward trend ($p < 0.01$).

Treatment Expectations vs. Results

When comparing caregivers' expectations of the results of treatment vs the achieved results of treatment:

- 62.4% felt the youth had “become less anxious or fearful”
- 61.6% felt they had “become happier”
- 61.2% felt they were “getting along better with family”
- 60.0% felt they were “feeling better about themselves”

Medications

Over one-third (34.0%) of caregivers of youth ages 0-17 reported their child had been prescribed psychotropic medications. When asked if they felt the medication helped their child, 73.1% felt that it had.

Telehealth

The majority (78.7%) of caregivers reported that their child had one or more virtual (phone or video) sessions with their mental health provider. Prior to the last 12 months, 39.3% of youth had a virtual session with any provider.

Crisis

One in five caregivers (20.2%) reported that they or their child needed assistance as a result of a mental health crisis and 62.8% of those were satisfied with the assistance their child's mental health provider provided.

Comparison of YSS and YSSF Responses

Pairs of youth and caregiver respondents from the same household were matched and their satisfaction across domains and different questions were compared. Youth reported higher levels of satisfaction in the cultural sensitivity domain when compared to their caregivers while there was no statistically significant difference in the other four domains that both surveys had in common.

See the Youth vs. Caregiver Satisfaction section for more.



Introduction

Patient feedback on their experience of care is a critical component of quality improvement. The Mental Health Statistics Improvement Program (MHSIP) designed and validated youth and family surveys to measure youth and family perceptions of the quality and efficiency² of youth’s mental health services.³ The National Association of State Mental Health Program Directors has endorsed Version 1.2 of the survey, which is the version OHA adapted.

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 Appendix D and E. 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 YSS has been validated by the MHSIP for youth ages 14 to 17 who are receiving mental health services.⁴ The YSSF has been validated for caregivers of youth ages 0 to 17 who are receiving mental health services.

The 21 endorsed MHSIP questions were slightly different in the two surveys, and grouped into seven domains:

- Access
- Cultural sensitivity
- Daily functioning (YSSF only)
- General satisfaction
- Participation
- Social connectedness (YSSF only)
- Treatment outcomes

⁴ The YSS-F is endorsed by the National Association of State Mental Health Program Directors.

OHA expanded both the youth and family surveys by:

- Including in the survey population the families of children and youth who received services in psychiatric residential and psychiatric day treatment facilities
- Adding questions about the coordination of services
- Adding questions about telehealth
- Adding questions about school attendance, arrest history, and use of alcohol or drugs
- Adding a “not applicable” option for the MHSIP questions

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”

Appendix A presents English and Spanish versions of the surveys.

Sample

The YSSF was sent to a sample of caregivers (n=12,214) whose children 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 (MMIS). Enrollees who were 17 years of age or younger and had two or more mental health service encounters in that time frame in an outpatient, day treatment, or residential setting were eligible for inclusion in the survey sample.

The YSS was sent to all youth ages 14–17 who were included in the YSSF sample (n=4,663).

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 previous samples. OHA made every effort to include at least 500 members from each CCO in the sample, and at least 300 members from each CCBHC. For smaller CCOs or CCBHCs that did not serve 500 members, 100% of those member populations were included in the sample.

Survey Administration

Each caregiver and youth ages 14–17 received up to three letters by U.S. mail encouraging survey completion. For families with a YSS-eligible youth, the caregiver received the YSSF and the youth received the YSS. Comagine Health mailed letters to eligible youth and families in May 2021 informing them about the survey. The letters instructed recipients 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. All survey participants were offered a \$10 Starbucks or Amazon gift card as an incentive for completing the online version of the survey.

The letters and surveys were sent in both English and Spanish, depending on the youth's language preference identified in the state 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.

After filtering out incorrect addresses, respondents who had already completed a survey online, and those who requested to opt out, Comagine Health mailed a follow-up letter and paper survey form to non-respondents in June 2021. Comagine Health mailed a second follow-up letter and paper survey form to non-respondents in July or August. Each time, recipients were offered the incentive 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 and email address.

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 youth under 18 years of age receiving Medicaid-funded mental health services with at least two encounters, and the subset of those ages 14 to 17 years.

Although caregivers completed the YSSF, weighting was performed based on the youth's characteristics for both the YSS and YSSF, not the caregivers' characteristics.

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 item 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 only the fourth year that results have been weighted; therefore, weighted trending is unavailable because trending requires five years of data. Weights have been applied to all single-year frequency tables.

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.

See Appendix C for a full explanation of our weighting methodology and R program code used to weight the YSSF results.

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 the Oregon lockdowns in March 2020. 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 deter some potential respondents, especially those with mental or cognitive challenges. The YSS is six pages, and the YSSF is 11 pages. Additionally, mental or cognitive challenges may have affected the respondents' ability to understand and respond accurately to some questions. 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, 31.2% of YSS respondents and 34.9% of YSSF respondents indicated that the youth was no longer receiving care at 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 effected both the YSS (2.3%) and YSSF (3.2%) with a small portion of the 2020 responses coming 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.



Youth Services Survey (YSS) Results

Statewide, 647 youth between the ages of 14 and 17 responded to this survey for a response rate of 15.9%. This was the lowest response rate in the last five years. Previous response rates ranged from 17.1% (2019) to 23.3% (2017). The YSS asked questions regarding the following domains:

- Access
- Cultural sensitivity
- General satisfaction
- Participation
- Treatment outcomes

Table 1 lists the questions by domain.

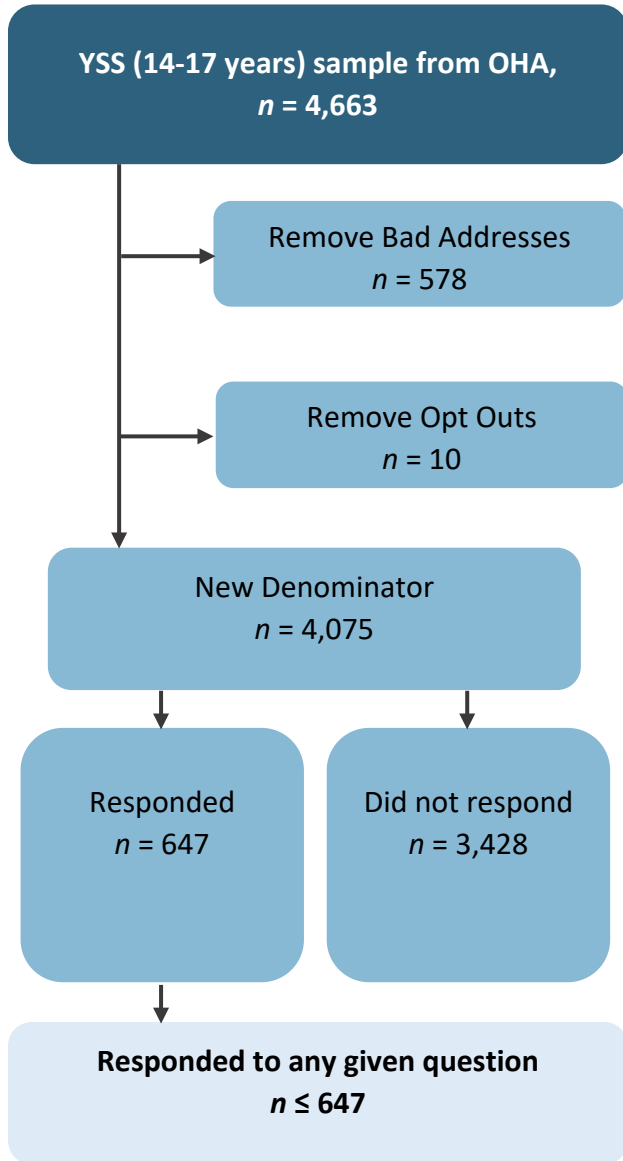
Table 1. MHSIP Domain Questions.

Domain	Questions
Access	The location of the services was convenient
	Services were available at times that were convenient for me
Cultural sensitivity	Staff treated me with respect
	Staff respected my family's religious/spiritual beliefs
	Staff spoke with me in a way that I understood
	Staff was sensitive to my cultural/ethnic background
General satisfaction	I am satisfied with the services I received
	The people helping me stuck with me no matter what
	I felt I had someone to talk to when I was troubled
	I received services that were right for me
	I got help I wanted
	I got as much help as I needed
Participation	I helped to choose my services
	I helped to choose my treatment goals
	I participated in my own treatment
Treatment outcomes	I am better at handling daily life
	I get along better with family members
	I get along better with friends and other people
	I am doing better in school and/or work
	I am better able to cope when things go wrong
	I am satisfied with my family life right now

Survey Response

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.



Demographics

There were 647 youth ages 14 to 17 years who returned a survey with at least one question answered. Self-reported race and gender of respondents are summarized in Table 2, along with state-identified ethnicity, age and urban or rural location. Most respondents (75.3%) completed the survey online.

Table 2. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.

Demographic Characteristics		Respondents
Race	American Indian or Alaskan Native	6%
	Asian	3%
	Black or African American	3%
	Hispanic	16%
	Multiracial	5%
	Native Hawaiian or Other Pacific Islander	1%
	White	52%
	Other*	1%
	Unknown**	14%
Ethnicity	Hispanic or Latino	9%
	Not Hispanic or Latino	47%
	Unknown	43%
Gender	Female	42%
	Male	37%
	Transgender	19%
	Other	8%
Age	14 to 15	53%
	16 to 17	47%
Location	Urban	43%
	Rural	54%
	Frontier	3%
	Unknown	0.2%

*“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:

- 63.7 % of respondents identified as “white”
- 41.1% 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
- 19.2% 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, 25.7% indicated they fit this designation.

Treatment Status

At the time of the survey, 68.8% of respondents were still receiving mental health services. The length of time youth survey respondents reported receiving services from their most recent provider was:

- 54.3% for one year or more
- 21.5% for six months to less than one year
- 11.6% for 3–5 months
- 7.1% for 1–2 months
- 5.4% had received services for less than one month

When analyzing only those respondents who were no longer receiving treatment, they reported seeing their last provider for:

- 34.9% for one year or more
- 25.9% for six months to less than one year
- 20.9% for 3–5 months
- 13.1% for 1–2 months
- 5.2% had received services for less than one month

Domain Satisfaction

Satisfaction was highest in the cultural sensitivity domain (91.4%) and lowest in the treatment outcomes (56.4%) domain. Table 3 summarizes statewide domain satisfaction. Domain satisfaction according to CCO and CCBHC are presented in Appendix D and E, respectively.

Table 3. YSS Domain Satisfaction.

Domain	Satisfied
Access	71.5%
Cultural sensitivity	91.4%
General satisfaction	71.9%
Participation	76.4%
Treatment outcomes	56.4%

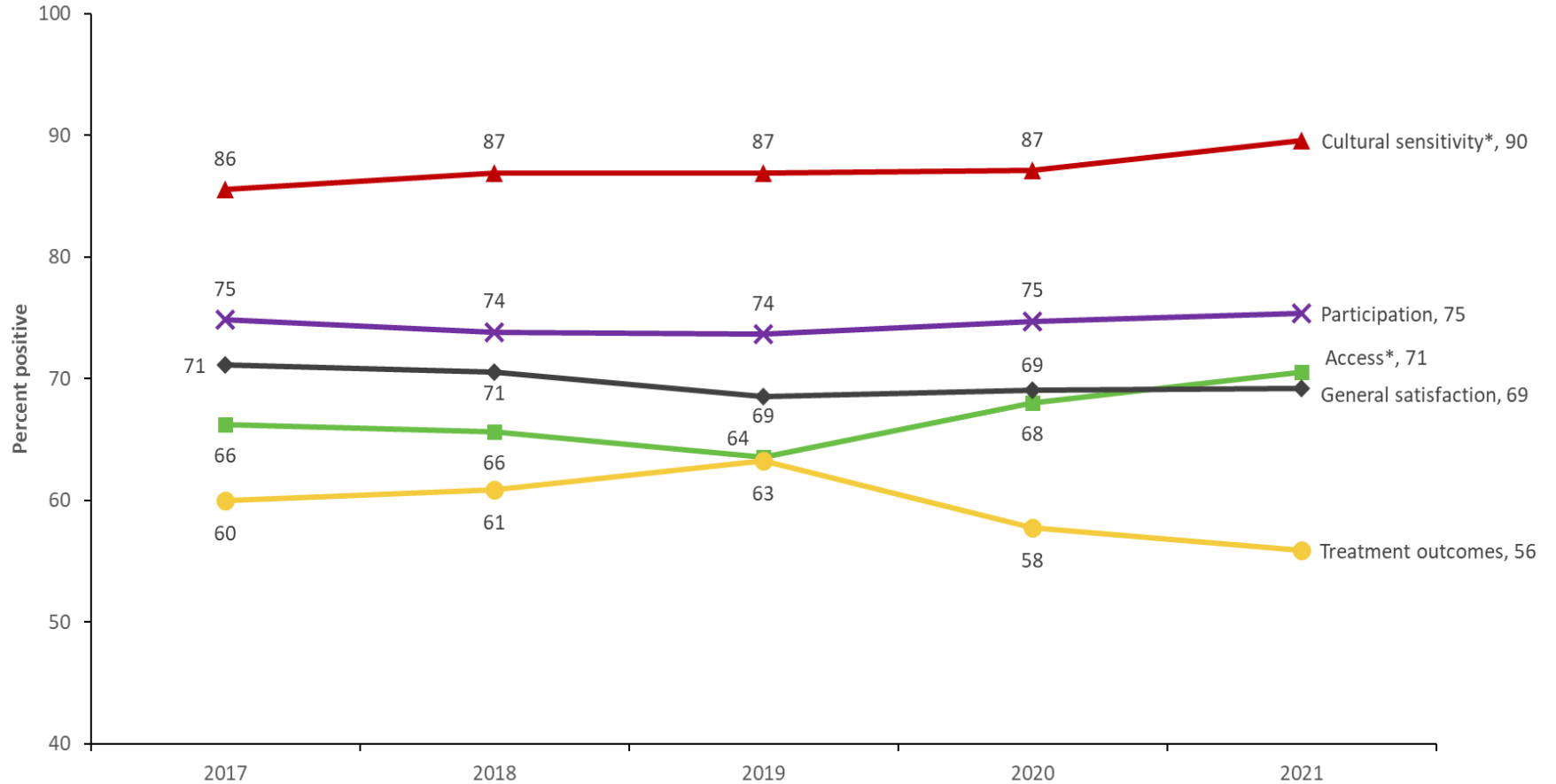
In the last five years, there has been a significant upward trend both the access and cultural sensitivity ($p<0.01$) domains.

Those identified as English-speaking according to Medicaid identified language preference showed a significant upward trend in the cultural sensitivity domain and a significant downward trend in treatment outcomes. There were no significant trends for those who were identified as speaking Spanish or another language.

Respondents who used telehealth at least once were significantly more satisfied in the domains of access, cultural sensitivity, general satisfaction, and participation (all, $p<0.01$) when compared to those who did not have any virtual visits.

Figure 2 summarizes domain trends from 2017 to 2021.

Figure 2. YSS Domain Satisfaction Trends: 2017–2021.



**Indicates a statistically significant upward or downward trend ($p \leq 0.05$) 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 (2.3%), but care should be taken when interpreting trending.*

Living Situation

In 2021, most youth (82.2%) lived with one or both parents. In the last six months:

- 20.4% had lived with another family member
- 5.0% had lived in a foster home
- 2.6% had lived in a residential treatment center
- 1.4% had been homeless or living on the streets
- 0.9% had lived in a therapeutic foster home

Respondents could select more than one option. There were no significant trends related to current, or past, living situations. 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.

Medical Care

Regular and reliable medical care is an important aspect for overall health. In the last year, 63.1% of youth had seen a medical doctor or nurse in a clinic or office either for a health check-up or because they were sick, 4.4% had only seen a medical provider in a hospital emergency room, and 9.9% couldn't remember. Over one-fifth (22.6%) had not seen a medical doctor or nurse in the last year.

Since 2017, there has been a significant downward ($p < 0.01$) trend in youth who had been to a clinic or medical office in the last year. The COVID-19 pandemic has affected healthcare utilization across the nation, it is unknown if this is the primary driver for this decline in healthcare visits among youth. It should be noted that respondents who had a telehealth visit may, or may not, have considered it equivalent to a doctor visit in a clinic or medical office. Regardless of the reason, it is undeniable that seeing a trusted healthcare provider in person is important, especially amongst youth ages 14-17.

Youth were asked about medications for emotional or behavioral problems: 47.3% were currently taking medication; of those, 89.9% reported that the doctor or nurse had told them what side effects to watch for. There were no significant trends regarding utilization of medication for emotional or behavioral problems.

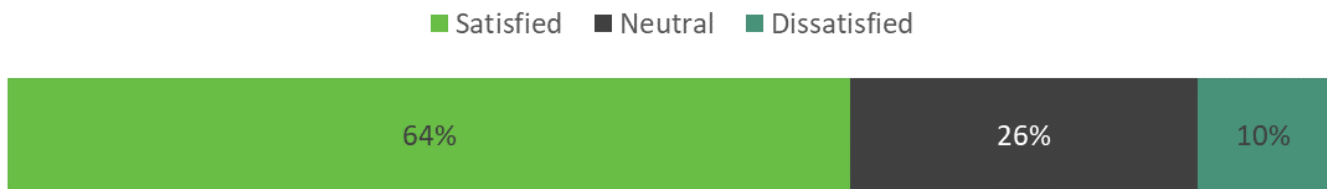
In the last five years, there has been a significant downward ($p < 0.01$) trend in youth who had been to a clinic or medical office in the last year.

Telehealth Services

The COVID-19 pandemic necessitated restrictions on face-to-face services for many mental health providers. While Oregon Medicaid already offered coverage for telehealth services, resources and coverage were expanded in response to the pandemic. Over three-quarters (76.4%) of youth respondents had a virtual (video or phone) session with their mental health provider in the last year. Prior to the last year, over half (51.3%) of respondents had ever had a virtual session with any type of

provider. Unsurprisingly, since 2020 there was a significant upward trend ($p < 0.01$) in both those who used telehealth services with their provider in the last year and prior to the last 12 months.

Figure 3. How satisfied were you with the virtual session(s) compared to in-person sessions?



Nearly two-thirds (63.9%) of youth respondents reported being either satisfied or strongly satisfied using virtual sessions when compared to in-person sessions. While there were no statistical trends in the last two years, when comparing the satisfaction among different demographics some differences do emerge. Respondents who self-identified as a non-white race were significantly more satisfied than those of a white or unidentified race. This trend was also present amongst adults in the MHSIP outpatient survey.⁵

Respondents who had virtual sessions had the option to choose strongly disagree, disagree, neutral, agree or strongly agree to the following statements.

Respondents agreed or strongly agreed with the following statements:

- 67.6% stated “I prefer seeing my provider in-person”
- 44.9% stated “I liked not traveling to appointments”
- 24.4% stated “Privacy in virtual sessions was a concern for me”

While only a few (9.9%) respondents were dissatisfied with virtual sessions, nearly half (47.3%) disagreed with the statement, “It was easier for me to focus in the virtual session(s).” Nearly a third (30.5%) disagreed with the statement “I had lower anxiety around my virtual session(s)” and almost the same number (30.4%) agreed with the statement “I was less comfortable talking to my provider virtually.”

Respondents who self-identified as men were significantly ($p < 0.01$) more likely to find it easier to focus during virtual sessions and to be more comfortable talking to their provider virtually.

When giving their reasons for not using telehealth, urban respondents were less likely to say they preferred to see their provider in person and rural respondents were more likely ($p < 0.01$) to report that their provider did not offer virtual visits.

⁵ Comagine Health, Oregon Health Authority. 2021 Adult MHSIP Report.

Respondents who self-identified as men were significantly ($p<0.01$) more likely to find it easier to focus during virtual sessions. Those who self-identified as “other” for their gender were significantly ($p<0.01$) more concerned about privacy during virtual sessions.

This data highlights that youth ages 14-17 have mixed feelings regarding virtual sessions. While telehealth offers convenience and flexibility, there are other factors that respondents value and consider important to their treatment progress. However, the social distancing measures enacted due to the COVID-19 pandemic may be influencing respondents’ perceptions of virtual sessions. Many schools only offered virtual schooling for the 2020 school year and others were not fully open during the survey period in 2021. The influence from the lack of in-person school and socialization options had on youths’ preferences is unknown and should be evaluated further in future surveys.

Among those who had not had a virtual session in the last 12 months, 43.9% preferred to see their provider in person and 19.4% were unaware that virtual sessions were available. Some (9.0%) youth did not have a provider who offered virtual sessions while 3.7% did not have the technology (phone, computer or internet) to access virtual sessions. Respondents could select more than one reason for not having virtual sessions. Additionally, 31.6% listed “other” as their reason for not utilizing virtual sessions implying that there are other factors influencing their decision beyond those included in this survey.

School

Mental health can influence school attendance. Most Oregon public schools provided either entirely virtual schooling or hybrid programs during 2020 and some in 2021. Youth respondents reported the following absences during their last month of school:

- 12.8% for more than 10 days
- 6.1% for 6 to 10 days
- 11.0% for 3 to 5 days
- 8.3% for 2 days
- 32.4% for 1 day or less
- 12.5% Not applicable/not in school and
- 16.9% Do not remember

Since 2017, there have been significant downward trends in respondents who reported not being in school for each category shorter than 10 days (2 days, 3 to 5 days, 6 to 10 days; all $p<0.01$). During that same period, there was a significant upward trend ($p<0.01$) in youth who replied, “not applicable/not in school” or “do not remember.” The YSS does not ask why a youth was not in school, but the YSSF expands on this section.

Law Enforcement

Negative interactions with law enforcement as a youth can have lifelong effects. In the last month, 0.7% of respondents reported being arrested by the police and 1.0% of youth respondents reported going to court for something they did. There has been a significant downward trend over the last five years in respondents who had been to court during the last month. The “last month” timeframe refers to the time the survey was completed, which was between late spring and early autumn.

Since 2017, there had been a significant downward trend in youth who had been to court during the last month.



Youth Services Survey for Families (YSSF) Results

A total of 1,881 caregivers of children and youth under the age of 18 responded to the 2021 YSSF for a response rate of 17.4%. The 2021 response rate was lower than the previous four year, which had rates ranging from 22.1% (2020) to 23.4% (2018).

Most respondents (74.7%) completed the survey online.

The YSSF asked questions regarding the following domains:

- Access
- Cultural sensitivity
- Daily functioning
- General satisfaction
- Participation
- Social connectedness
- Treatment outcomes

Table 4 lists the questions by domain.

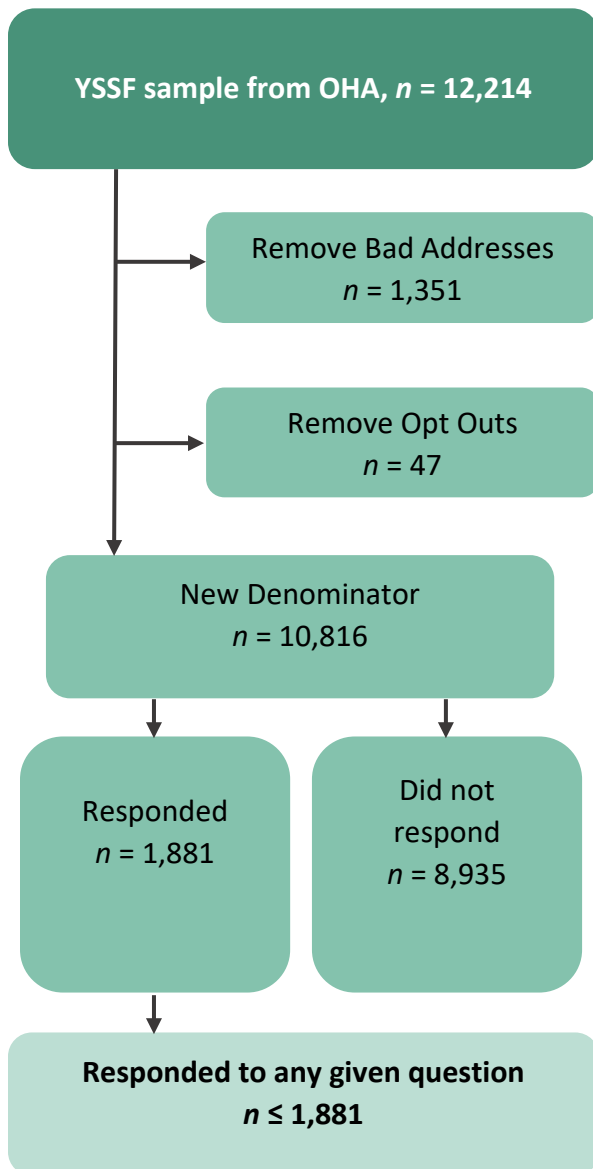
Table 4. MHSIP Domain Questions.

Domain	Questions
Access	The location of services was convenient for us
	Services were available at times that were convenient for us
Cultural Sensitivity	Staff treated me with respect
	Staff respected my family's religious/spiritual beliefs
	Staff spoke with me in a way that I understood
	Staff were sensitive to my cultural/ethnic background
Daily Functioning	My child is handling daily life better
	My child is getting along better with family members
	My child is getting along better with friends and other people
	My child is doing better in school and/or at work
	My child is better able to cope when things go wrong
	My child is better able to do the things he or she wants to do
General Satisfaction	I have been satisfied with the services my child receives
	The people helping my child stuck with us no matter what
	I felt my child had someone to talk to when he or she was troubled
	The services my child and/or family received were right for us
	My family got the help we wanted for my child
	My family got as much help as we needed for my child
Outcomes	My child is handling daily life better
	My child is getting along better with family members
	My child is getting along better with friends and other people
	My child is doing better in school and/or at work
	My child is better able to cope when things go wrong
	I am more satisfied with our family life
Participation	I helped to choose my child's services
	I helped to choose my child's treatment goals
	I participated in my child's treatment
Social Connectedness	I know people who will listen and understand me when I need to talk
	I have people that I am comfortable talking to about private things
	I have people that I am comfortable talking with about my child's problems
	I have people with whom I can do enjoyable things
	In a crisis, I would have the support I need from family or friends
	I have more than one friend
	I am happy with the friendships I have

Survey Response

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 4 for details.

Figure 4. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.



Demographics

There were 1,881 caregivers of youth under 18 who returned a survey with at least one question answered. Guardian-reported race and gender of the children of respondents are summarized in Table 5, along with state-identified 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	1%
	Black or African American	3%
	Hispanic	13%
	Multiracial	6%
	Native Hawaiian or Other Pacific Islander	0.2%
	White	59%
	Other*	1%
	Unknown**	15%
Ethnicity	Hispanic or Latino	9%
	Not Hispanic or Latino	49%
	Unknown	42%
Gender	Female	44%
	Male	48%
	Transgender	7%
	Other	2%
Age	0 to 5	5%
	6 to 12	50%
	13 to 17	45%
Location	Urban	41%
	Rural	55%
	Frontier	3%
	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 their child with and allowed them to select multiple options. In response to this:

- 68.2% of respondents identified as “white”
- 31.8% 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
- 18.2% 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, 19.0% indicated they fit this designation.

Treatment Status

At the time of the survey, 62.1% of respondents said their child was still receiving mental health services. Among those whose child was no longer receiving services:

- 46.7% reported that their child no longer needed treatment
- 12.1% reported that treatment was not working as well as expected
- 8.4% reported that treatment was no longer possible due to problems unrelated to treatment effectiveness
- 32.8% reported “other” reasons

Over the last three years, there have been no significant trends regarding whether children were or were not receiving services at the time of the survey. However, there has been a significant downward trend in respondents reporting that their child is no longer receiving services because the treatment was not working as well as expected. Respondents listing “other” and describing their reason for discontinuing treatment has had a significant upward trend ($p < 0.01$), which suggests that youth are stopping treatment for reasons beyond those highlighted in this survey.

In the last three years, there has been a significant upward trend ($p < 0.01$) in youth receiving treatment for more than one year.

While there were no significant trends related to whether youth were still receiving services, there has been an increase in the length of time they were in treatment. Those who had stopped treatment reported the following treatment lengths:

- 31.8% for one year or more
- 30.4% for 6 months to less than 1 year
- 19.9% for 3-5 months
- 11.5% for 1-2 months
- 6.3% for less than 1 month

Since 2019, there has been a significant upward trend ($p < 0.01$) in youth receiving treatment for one year or more with a significant downward trend ($p < 0.01$) in all other treatment durations with the exception of 1-2 months which had no significant change.

Domain Satisfaction

Satisfaction was highest in the cultural sensitivity domain (87.3%) and lowest in the treatment outcomes (61.9%) and daily functioning (62.1%).

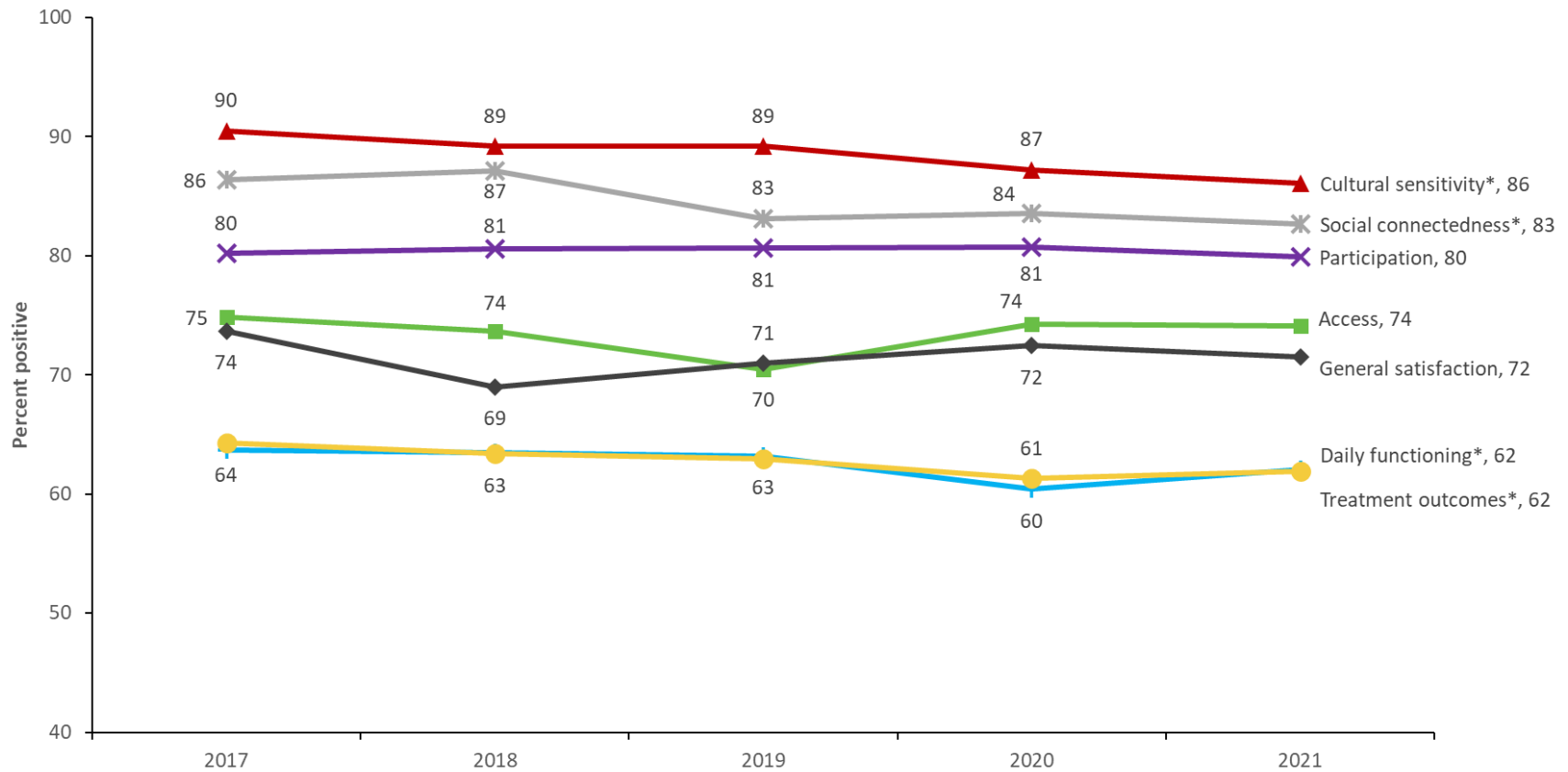
Table 6 summarizes statewide domain satisfaction.

Table 6. YSSF Domain Satisfaction.

Domain	Satisfied
Access	74.5%
Cultural sensitivity	87.3%
Daily functioning	62.1%
General satisfaction	72.2%
Participation	80.0%
Social connectedness	83.0%
Treatment outcomes	61.9%

Figure 5 shows trends in domain satisfaction from 2017 through 2021. Domain satisfaction according to CCO and CCBHC are presented in Appendix D and E, respectively.

Figure 5. YSSF Domain Satisfaction Trends: 2017–2021



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

***2020 results included respondents from provider types who were not included in other survey years. Responses from these provider types was minimal (3.2%), but care should be taken when interpreting trending.*

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

As shown in Figure 5, several trends can be seen in domain satisfaction. Since 2017, caregivers' satisfaction with the social connectedness, cultural sensitivity and treatment outcomes have all trended significantly downward ($p<0.01$). Satisfaction with daily functioning has shown a significant downward trend as well.

When analyzing various demographics, significant trends and differences between groups can be seen. Since 2017, caregivers of children ages 0 to 5 were the only group to show a significant downward trend in the domains of general satisfaction and treatment outcomes ($p<0.01$). While caregivers of youth 6 to 12 have been significantly more satisfied in the domains of cultural sensitivity ($p<0.01$), daily functioning, participation ($p<0.01$), social connectedness ($p<0.01$) and treatment outcomes ($p<0.01$) than guardians of the other age groups combined.

During the last five years, caregivers of children ages 0 to 5 were the only group to show a significant downward trend in the domains of general satisfaction and treatment outcomes ($p<0.01$).

When analyzing youth in outpatient treatment, they showed significant downward trends in the social connectedness ($p<0.01$), cultural sensitivity ($p<0.01$), daily functioning and treatment outcome domains. Youth in day treatment or residential services had no significant trends in any of the seven domains.

When isolating the domain satisfaction responses by response type, paper vs. online, respondents who used the online platform were significantly less satisfied in the domains of access and general satisfaction than those who returned a paper survey.

Guardians who identified their child as being of another gender than the options included in the survey were significantly less satisfied in the domain of cultural sensitivity ($p<0.01$), daily functioning, participation ($p<0.01$), social connectedness ($p<0.01$), and treatment outcomes than those identified as male, female or transgender.

When comparing self-identified racial groups, those from a non-white race, according to MMIS categories, were significantly more satisfied in cultural sensitivity, daily functioning, general satisfaction ($p<0.01$), and treatment outcomes than those of white or undisclosed racial groups.

Guardians with youth who were identified as Spanish-speaking were significantly more satisfied across five of the seven domains than those who spoke English or another language (access, cultural sensitivity, daily functioning, general satisfaction and treatment outcomes (all, $p<0.01$)).

Expectation and Results

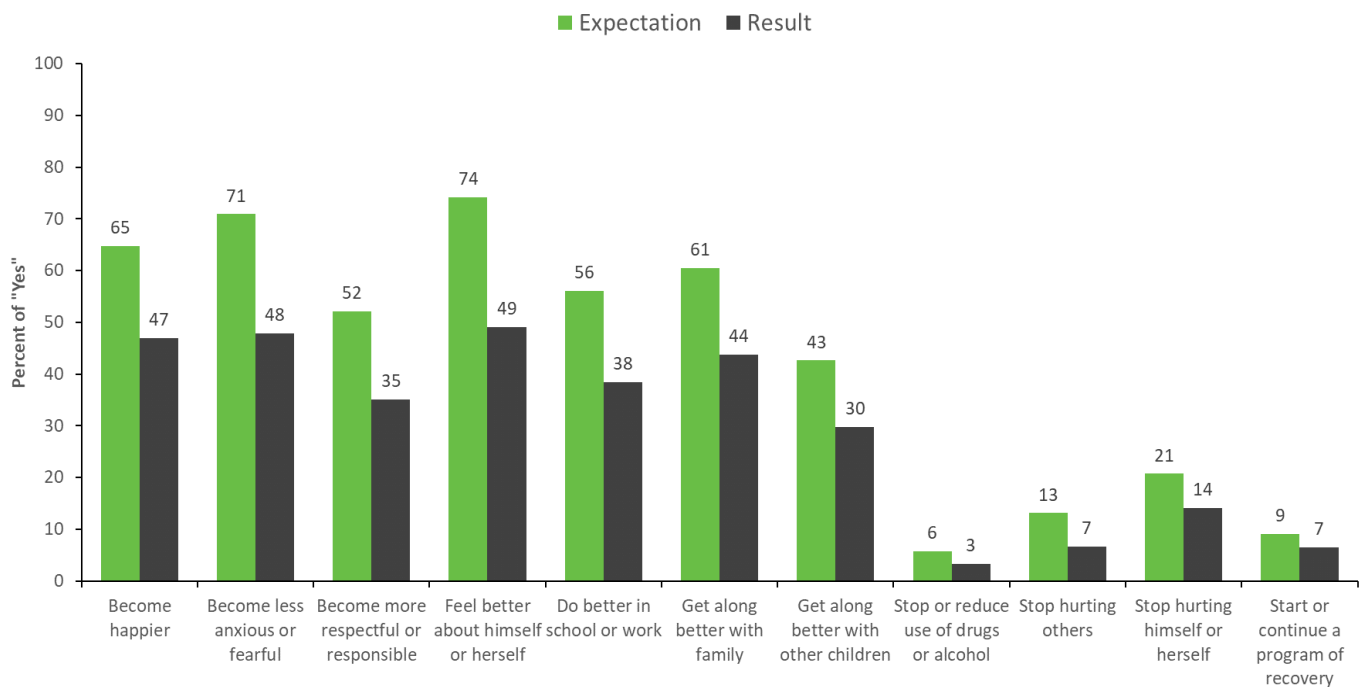
Caregivers' most frequently reported expectations of their child's mental health treatment were for their child to:

- Feel better about themselves (74.2%)
- Become less anxious or fearful (70.9%)

- Become happier (64.7%)
- Get along better with family (60.5%)

The above were also the most commonly reported results of treatment with nearly half of respondents believing that that the youth had “been feeling better about [themselves]” (49.1%), “become less anxious or fearful” (47.9%), “become happier” (46.9%) and “been getting along better with family (43.8%). Figure 6 summarizes expectations and results of mental health services.

Figure 6. 2021 Respondent Expectations of Treatment vs. Results.



In the last five years, there has been a significant upward trend in youth who achieved their caregivers’ expectations of treatment and became more respectful or responsible, felt better about themselves, and got along better with other children. Those who stopped hurting others also had a significant upward trend ($p < 0.01$) since 2017.

Cultural Sensitivity

Caregivers were asked about the cultural sensitivity of their child’s mental health provider. Respondents thought their child’s provider:

- Communicated effectively in the child’s primary language (82.8%)
- Communicated effectively in the caregiver’s primary language (81.5%)
- Considered the child’s cultural values (71.5%)
- Considered the caregiver’s cultural values in their child’s care (69.5%)

Over one-quarter of caregivers reported not knowing if their child's culture (25.0%) or their culture (26.3%) was considered during their treatment, while others reported not knowing if their mental health service person considered their child's language (15.0%) or their language (16.1%).

Medical Care

Among additional components, a child's overall health includes both their physical health and mental health. Poor physical health can lead to, or exacerbate, mental health issues and is especially concerning in children age 0-17. Over half (62.3%) of caregivers rated their child's general health as excellent or very good with 28.2% reporting their child's general health was good. Some children (8.6%) had fair health while even less (0.9%) were considered in poor health. Since 2017, there has been a significant upward trend ($p < 0.01$) in youth considered to be in excellent health by their caregiver.

The majority (94.3%) of caregivers reported having a medical practitioner who provided check-ups and routine medical care, and 62.3% rated their child's general health as excellent or very good.

Having a primary health care provider or other practitioner who provides check-ups, routine medical care and advice is an important part of maintaining good health, and the majority (94.3%) of caregivers reported having one for their child. There has been a significant upward trend in caregivers reporting their child had a medical practitioner.

Over one-third of respondents (34.0%) reported that psychotropic medications were prescribed for their child while they were receiving treatment from their mental health provider. Since 2017, there has been a significant upward trend in children being prescribed psychotropic medications.

Among those whose child was prescribed psychotropic medications, 95.3% of caregivers understood the benefits and side effects of the medication and 73.1% thought the medications had helped their child.

Telehealth Services

The COVID-19 pandemic necessitated restrictions on face-to-face services for many mental health providers. While Oregon Medicaid already offered coverage for telehealth services, resources and coverage were expanded in response to the pandemic. The majority (78.7%) of caregivers reported that their child had one or more virtual (phone or video) sessions with their mental health provider. Prior to the last 12 months, 39.3% of youth had a virtual session with any provider.

Caregivers agreed or strongly agreed with the following statements:

- 63.5% stated "I liked not traveling to their appointments."
- 57.6% stated "I preferred that my child see their provider in person."
- 61.3% stated "It was easier to schedule appointments for virtual sessions."

- 61.9% stated “Arranging childcare was easier for virtual sessions.”
- 18.4% stated “My child’s privacy in virtual sessions was a concern for me.”

Respondents were caregivers for youth ages 0-17, and there were significant variations in telehealth satisfaction and usage when comparing age groups. Youth aged 13 to 17 were significantly more likely to have had telehealth session than those who were younger. Caregivers of children ages 0 to 5 were significantly more likely ($p<0.01$) to prefer their child see their provider in person.

Caregivers of Spanish-speaking children were significantly less likely to have had a telehealth session in the last year, although they were significantly more likely to have had a telehealth session prior to the last 12 months ($p<0.01$). They were also significantly more likely to prefer their child see their provider in person and have privacy concerns related to telehealth (both, $p<0.01$) than respondents whose child spoke English or another language. However, they also responded significantly more favorably to statements about finding it easier to schedule virtual appointment and arrange childcare (both, $p<0.01$).

Over one in five (21.3%) caregivers reported that their child had not had a virtual session with their mental health provider in the last 12 months. Unsurprisingly, there was a significant downward trend ($p<0.01$) in youth who had not had a virtual session in the last 12 months when compared to those in 2020. When asked why, caregivers stated:

- 45.6% preferred their child see their provider in person
- 16.0% were not aware that virtual sessions were available
- 11.7% providers did not offer virtual sessions
- 3.4% did not have the technology to access virtual sessions (phone, computer, or internet)
- 3.0% had privacy concern about my child using virtual sessions

Respondents could select more than one reason for not using virtual sessions and nearly one-third (33.1%) selected “other” and described their reason for not using this service. The increased utilization of telehealth over the last two years is still new to many respondents and their preferences and comfort levels regarding virtual sessions may change over time.

Care Coordination

The Children’s System of Care Wraparound initiative is a comprehensive service coordination program offered by all CCOs. Only 11.4% of caregivers reported that their child was served under this system with 25.3% were unsure.

When separating respondents by those whose child was currently a CCO member ($n=1,721$) from those whose child was not currently a CCO member ($n=130$), there was a difference between the two groups. When analyzing only CCO members, 10.8% of youth used wraparound services, but 26.0% did not know if they had used this service. However, when analyzing only those youth who were non-CCO members, 19.4% reported using the wraparound services and 15.8% did not know if they had used this service. Since wraparound services are not available to non-CCO members, this data may imply that

either respondents switched between utilizing the CCO and fee-for-service payment method during this time frame or were confused about the services they received.

Satisfaction with the care coordination between the child's mental health provider and other providers was consistently high, ranging from 95.2% satisfied with the coordination of care with their child's doctor, nurse or other health care provider, to 79.3% satisfied with their local juvenile justice department. While most of these levels have shown no significant changes, satisfaction with coordination with the child's doctor, nurse or other health care provider and the Oregon Youth Authority has had a significant upward trend over the last five years. However, there has been a significant downward trend in coordination with child welfare workers since 2017, although overall satisfaction remains at 83.0%.

School

Poor mental health can lead to disciplinary action and low school attendance. Most caregivers (85.7%) reported that their child attended a public or private school during the time they were being served by a mental health provider. The children of 9.6% of respondents had been suspended or expelled during the 12 months before they began seeing a mental health provider, while 5.3% of caregivers reported their child had been suspended or expelled in the first 12 months after they began seeing a mental health provider.

Since 2017, there had been a significant downward trend in children being suspended either before or after they began treatment (both, $p < 0.01$).

Over the last five years, there has been a significant downward trend ($p < 0.01$) in caregivers reporting that the number of days their child had been in school was less than before receiving mental health services, with only 7.4% reporting this in 2021. The number of caregivers who reported that their child has been in school a greater number of days than before they began receiving mental health services has trended downward ($p < 0.01$) since 2017. During this time, those to whom this question does not apply has had a significant upward trend ($p < 0.01$).

Common responses from caregivers who said questions about attendance did not apply to their child were:

- 79.6% said they did not have a problem with attendance before starting services
- 2.6% said they were homeschooled
- 0.9% said they were too young to attend school

A few children had dropped out of school (2.3%) or been expelled (0.6%).

Crisis

One in five caregivers (20.2%) reported that they or their child needed assistance as a result of a mental health crisis. Among these, 62.8% were satisfied with the way their child's mental health provider assisted them with the crisis, while 15.1% received care from another source. Respondents were not asked to specify the other source.

Over the last five years, the percentage of respondents who reported that they were satisfied with the way their child's most recent mental health provider assisted them has trended significantly downward ($p<0.01$). There has also been a significant upwards trend in those who received assistance from another source during their child's crisis.

Law Enforcement

Caregivers were asked whether their child had ever had an encounter with the police and 10.4% said that they had. When considering only those children who had encounters with police before treatment, 60.4% had decreased their encounters after receiving mental health services.

Since 2017, the number of children who have had encounters with police has shown a significant downward trend ($p<0.01$). Of those who had ever encountered police, there has been a significant downward trend ($p<0.01$) in those whose encounters with police had gone down after treatment.

One goal of mental health services is to prevent arrests. Of caregivers:

- 9.8% reported their child had been arrested in the 12 months before starting treatment
- 6.0% reported that their child had been arrested in the 12 months after starting treatment

The percentage of respondents whose child had been arrested before starting treatment has trended significantly upward ($p<0.01$), as has the percent of respondents whose child had been arrested after starting treatment ($p<0.01$).

In the last five years, there has been a significant downward trend ($p<0.01$) in the number of children who have had encounters with police.

Alcohol and Drugs

Few caregivers (8.9%) believed that their child either has used, or now uses, alcohol or drugs. Among those who believed their child had ever used alcohol or drugs, 37.3% said their child received treatment or other help for an alcohol or drug use problem, and of those 57.7% said the treatment or other help provided what their child needed.

In the last five years, the percentage of respondents who believed that their child has used, or now uses, alcohol or drugs has trended significantly downward ($p<0.01$). While there were no significant trends regarding an increase or decrease in the number of youths whose caregiver reported they had received treatment, there has been a significant upward trend ($p<0.01$) in who felt the treatment they received provided what they needed.

Trauma

Trauma experienced as a child can lead to lifelong physical, mental and behavioral difficulties. Addressing these events with children can be especially challenging, but is an important part of providing the necessary support to encourage healthy growth. Nearly two-thirds of caregivers (66.1%) reported that their child's mental health services provider had asked about the child's history of trauma when the child first started seeing them, while 47.9% said that problems related to their child's trauma had been adequately addressed during treatment.



Youth vs. Caregiver Satisfaction

We matched pairs of youth and caregiver respondents from the same household then compared satisfaction across domains and different questions.

Youth reported higher levels of satisfaction in the cultural sensitivity domain when compared to their caregivers while there was no statistically significant difference in the other four domains.

Those who completed the YSS were significantly more likely to respond positively to following statements than the corresponding statements by their caregivers:

- “Staff respected by family’s religious/spiritual beliefs.” ($p < 0.01$)
- “The people helping me stuck with me no matter what.”
- “I helped to choose my treatment goals.” ($p < 0.01$)
- “I participated in my own treatment.” ($p < 0.01$)

Those who completed the YSSF were significantly more likely to respond positively to following statements than their child was to their correlating statements:

- “They are better at handling daily life.”
- “They get along better with family members.” ($p < 0.01$)
- “They are satisfied with their family life right now.”



Appendices

Appendix A: Survey forms: English and Spanish versions.....	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:

- YSS – English version
- YSS – Spanish version
- YSSF – English version
- YSSF – Spanish version



HEALTH SYSTEMS DIVISION
YOUTH SERVICES SURVEY

Kate Brown, Governor



Survey ID: [Survey_ID]

Please note: this survey is to be filled out only by youth who received services when they were between the ages of 14 and 17. A separate survey is sent to parents and caregivers.

**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.

Note: This survey is being mailed to thousands of youth who received mental health services under the Oregon Health Plan **between January 1, 2020 and now**. *The same survey is mailed to all youth, so some questions may not apply to you*, such as foster care or encounters with the law; we include them because it is important for DHS to understand how youth in Oregon might benefit from supports and services other than, or in addition to, mental health services. Please skip any questions that seem inappropriate to you. Your answers are completely confidential (private) and will not be shared with your health care providers or with any authorities. Your answers will not affect any benefits that you are receiving or might receive.

We would like to know what you think about the mental health services you received between **January 1, 2020 and now**. If you received mental health services from more than one provider, then **please rate only your most recent provider**.

Please tell us how much you agree or disagree with each statement below by circling ONE number after each statement. If the statement is about something you haven't experienced, circle the 9 to indicate it doesn't apply to you. **AGAIN, these statements refer ONLY to your MOST RECENT mental health service provider.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. I am satisfied with the services I received.	5	4	3	2	1	9
2. I helped to choose my services.	5	4	3	2	1	9
3. I helped to choose my treatment goals.	5	4	3	2	1	9
4. The people helping me stuck with me no matter what.	5	4	3	2	1	9
5. I felt I had someone to talk to when I was troubled.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
6. I participated in my own treatment.	5	4	3	2	1	9
7. I received services that were right for me.	5	4	3	2	1	9
8. The location of the services was convenient.	5	4	3	2	1	9
9. Services were available at times that were convenient for me.	5	4	3	2	1	9
10. I got the help I wanted.	5	4	3	2	1	9
11. I got as much help as I needed.	5	4	3	2	1	9
12. Staff treated me with respect.	5	4	3	2	1	9
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1	9
14. Staff spoke with me in a way that I understood.	5	4	3	2	1	9
15. Staff was sensitive to my cultural/ethnic background.	5	4	3	2	1	9
AS A DIRECT RESULT OF SERVICES I RECEIVED:						
16. I am better at handling daily life.	5	4	3	2	1	9
17. I get along better with family members.	5	4	3	2	1	9
18. I get along better with friends and other people.	5	4	3	2	1	9
19. I am doing better in school and/or work.	5	4	3	2	1	9
20. I am better able to cope when things go wrong.	5	4	3	2	1	9
21. I am satisfied with my family life right now.	5	4	3	2	1	9

22. What has been the most helpful thing about the services you received over the last 6 months? _____

23. What would improve services here? _____

Please answer the following questions to let us know how you are doing.

24. How long did you receive services from this provider?

<input type="checkbox"/> a. Less than 1 month	<input type="checkbox"/> c. 3-5 months	<input type="checkbox"/> e. One year or more
<input type="checkbox"/> b. 1-2 months	<input type="checkbox"/> d. 6 months to less than 1 year	

25. Are you still getting services from this provider?

- a. Yes b. No

26. Are you currently living with one or both parents?

- a. Yes b. No

27. Have you lived in any of the following places in the last 6 months?

(Please check all that apply)

<input type="checkbox"/> a. With one or both parents	<input type="checkbox"/> h. Residential treatment center
<input type="checkbox"/> b. With another family member	<input type="checkbox"/> i. Hospital
<input type="checkbox"/> c. Foster home	<input type="checkbox"/> j. Local jail or detention facility
<input type="checkbox"/> d. Therapeutic foster home	<input type="checkbox"/> k. State correctional facility
<input type="checkbox"/> e. Crisis shelter	<input type="checkbox"/> l. Runaway/homeless/on the streets
<input type="checkbox"/> f. Homeless shelter	<input type="checkbox"/> m. Other (please describe):
<input type="checkbox"/> g. Group home	

28. In the last year, did you see a medical doctor (or nurse) for a health check up or because you were sick? *(Please check one)*

<input type="checkbox"/> a. Yes, in a clinic or office	<input type="checkbox"/> c. No
<input type="checkbox"/> b. Yes, but only in a hospital emergency room	<input type="checkbox"/> d. Don't know / don't remember

Medication	Yes	No
29. Are you on medication for emotional/behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>
29a. If yes, did the doctor/nurse tell you what side effects to watch for?	<input type="checkbox"/>	<input type="checkbox"/>

Arrest History	Yes	No	Don't know/don't remember
30. In the last month, have you been arrested by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. In the last month, did you go to court for something you did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How often were you absent from school during the last month of the school year?

<input type="checkbox"/> a. 1 day or less	<input type="checkbox"/> e. More than 10 days
<input type="checkbox"/> b. 2 days	<input type="checkbox"/> f. Not applicable/not in school
<input type="checkbox"/> c. 3 to 5 days	<input type="checkbox"/> g. Do not remember
<input type="checkbox"/> d. 6 to 10 days	

33. In the past 12 months, have you had a virtual (video or phone) session with your mental health provider? (If not, skip to question 33c).

- a. Yes b. No

33a. 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

33b. 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. I had lower anxiety around my virtual session(s).	5	4	3	2	1	9
d. It was easier for me to focus in the virtual session(s).	5	4	3	2	1	9
e. I was less comfortable talking to my provider virtually.	5	4	3	2	1	9
f. Privacy in virtual sessions was a concern for me.	5	4	3	2	1	9
g. Other (please describe):						

33c. 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. My parent or guardian had concerns about using virtual sessions
- g. Other reason (please describe):

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

- a. Yes
- b. No

Please answer the following questions to let us know a little about you.

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

36. 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

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

38. 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
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39. Your Birth Date: _____

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



Identificación de la encuesta: [Survey_ID]

Tenga en cuenta que: esta encuesta solo deben responderla aquellos jóvenes que recibieron servicios entre los 14 y los 17 años de edad. A los padres y los cuidadores se les envía una encuesta aparte.

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.

Nota: Esta encuesta se les envía a miles de jóvenes que han recibido servicios de salud mental bajo el Plan de Salud de Oregon **entre el 1 de enero de 2020 y la actualidad**. A todos los jóvenes se les envía la misma encuesta, por lo tanto, es posible que algunas preguntas no sean aplicables en su caso, como cuidados de acogida o encuentros con la ley; los incluimos porque para el DHS es importante entender de qué manera los jóvenes de Oregon podrían beneficiarse con servicios y apoyo distintos a los servicios de salud mental o que se sumen a los de salud mental. Omita aquellas preguntas que le parezcan inapropiadas. Sus respuestas son absolutamente confidenciales (privadas) y no las compartiremos con sus proveedores de atención de la salud ni con ninguna autoridad. Sus respuestas no afectarán los beneficios que recibe o que podría recibir.

Nos gustaría saber qué es lo que piensa sobre los servicios de salud mental que recibió entre el **1 de enero de 2020 y ahora**. Si desde enero de 2020 hasta ahora ha recibido servicios de más de un proveedor, **califique solo a su proveedor más reciente**.

Indíquenos qué tan de acuerdo o en desacuerdo está con cada una de las afirmaciones que aparecen abajo. Para eso, encierre en un círculo UNO de los números que están después de cada afirmación. Si la afirmación se refiere a algo que no tiene que ver con usted, encierre en un círculo el “9” para indicar que no aplica a usted. **UNA VEZ MÁS: estas afirmaciones SOLO se refieren a su proveedor de servicios de salud mental MÁS RECIENTE.**

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
1. Estoy satisfecho con los servicios que recibí.	5	4	3	2	1	9
2. Yo participé en la elección de mis servicios.	5	4	3	2	1	9
3. Yo participé en la elección de mis objetivos de tratamiento.	5	4	3	2	1	9
4. Las personas que me ayudaron estuvieron junto a mí sin que importara qué pasara.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
5. Sentí que tenía alguien con quien hablar cuando tenía problemas.	5	4	3	2	1	9
6. Yo participé en mi propio tratamiento.	5	4	3	2	1	9
7. Recibí servicios que fueron adecuados para mí.	5	4	3	2	1	9
8. La ubicación de los servicios fue conveniente.	5	4	3	2	1	9
9. Los servicios estuvieron disponibles en horarios convenientes para mí.	5	4	3	2	1	9
10. Obtuve la ayuda que buscaba.	5	4	3	2	1	9
11. Obtuve tanta ayuda como necesitaba.	5	4	3	2	1	9
12. El personal me trató con respeto.	5	4	3	2	1	9
13. El personal respetó las creencias religiosas/espirituales de mi familia.	5	4	3	2	1	9
14. El personal habló conmigo de una manera que yo pudiera entender.	5	4	3	2	1	9
15. El personal se mostró respetuoso y considerado respecto de mi origen cultural/étnico.	5	4	3	2	1	9
COMO RESULTADO DIRECTO DE LOS SERVICIOS QUE RECIBÍ:						
16. Me manejo mejor en mi vida cotidiana.	5	4	3	2	1	9
17. Me llevo mejor con mis familiares.	5	4	3	2	1	9
18. Me llevo mejor con mis amigos y con otras personas.	5	4	3	2	1	9
19. Me va mejor en la escuela o en el trabajo.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
20. Me siento más capacitado para salir adelante cuando las cosas no salen bien.	5	4	3	2	1	9
21. En este momento estoy satisfecho con mi vida familiar.	5	4	3	2	1	9

22. ¿Qué fue lo que más le ayudó de los servicios que recibió en los últimos 6 meses?

23. ¿Qué cree que mejoraría los servicios aquí? _____

Responda las siguientes preguntas para hacernos saber cómo marcha todo con usted.

24. ¿Por cuánto tiempo recibió servicios de este proveedor?

<input type="checkbox"/> a. Menos de 1 mes	<input type="checkbox"/> c. De 3 a 5 meses	<input type="checkbox"/> e. Un año o más
<input type="checkbox"/> b. De 1 a 2 meses	<input type="checkbox"/> d. 6 meses a menos de 1 año	

25. ¿Continúa recibiendo servicios de este proveedor?

- a. Sí b. No

26. ¿Vive actualmente con uno de sus padres o con ambos?

- a. Sí b. No

27. ¿Ha vivido en alguno de los siguientes lugares en los últimos 6 meses?

(Marca *todas las opciones que correspondan*)

<input type="checkbox"/> a. Con uno o ambos padres	<input type="checkbox"/> h. En un centro residencial de tratamiento
<input type="checkbox"/> b. Con otro familiar	<input type="checkbox"/> i. En un hospital
<input type="checkbox"/> c. En un hogar de acogida	<input type="checkbox"/> j. En la prisión local o en un centro de detención
<input type="checkbox"/> d. En un hogar de acogida terapéutico	<input type="checkbox"/> k. En un centro correccional estatal
<input type="checkbox"/> e. En un refugio para momentos de crisis	<input type="checkbox"/> l. Como fugitivo, sin hogar o en la calle
<input type="checkbox"/> f. En un refugio para personas sin hogar	<input type="checkbox"/> m. Otro (describa):
<input type="checkbox"/> g. En un hogar grupal	

28. En el último año, ¿vio a un médico (o enfermero) para hacerse un control de salud o porque estaba enfermo? (Marca una sola opción)

<input type="checkbox"/> a. Sí, en una clínica o consultorio	<input type="checkbox"/> c. No
<input type="checkbox"/> b. Sí, pero solo en la sala de emergencias de un hospital	<input type="checkbox"/> d. No lo sé/no me acuerdo

Medicamentos		Sí	No
29.	¿Está tomando medicamentos por problemas emocionales o de conducta?	<input type="checkbox"/>	<input type="checkbox"/>
29a.	Si su respuesta fue Sí, ¿le explicó el médico o el enfermero de qué efectos secundarios debía estar atento?	<input type="checkbox"/>	<input type="checkbox"/>

Antecedentes de arresto		Sí	No	No lo sé/no me acuerdo
30.	¿Fue arrestado por la policía en el último mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	¿Fue a la corte en el último mes por algo que hizo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. ¿Con qué frecuencia faltó a la escuela en el último mes?

<input type="checkbox"/> a. 1 día o menos	<input type="checkbox"/> e. Más de 10 días
<input type="checkbox"/> b. 2 días	<input type="checkbox"/> f. No corresponde/no asisto a la escuela
<input type="checkbox"/> c. De 3 a 5 días	<input type="checkbox"/> g. No me acuerdo
<input type="checkbox"/> d. De 6 a 10 días	

33. 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 33c).

- a. Sí b. No

33a. ¿Qué tan satisfecho estuvo con las sesiones virtuales en comparación con las sesiones en persona?

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

33b. ¿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. Me sentía con menos ansiedad en torno a mi(s) sesión/sesiones virtual(es).	5	4	3	2	1	9
d. Me resultó más fácil concentrarme en la(s) sesión/sesiones virtual(es).	5	4	3	2	1	9
e. Me sentía menos cómodo hablando con mi proveedor de manera virtual.	5	4	3	2	1	9
f. La privacidad en las sesiones virtuales fue una inquietud para mí.	5	4	3	2	1	9
g. Otra (describa):						

33c. ¿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. Mi padre/madre o tutor tenía inquietudes sobre el uso de sesiones virtuales.
- g. Otro motivo (describa)

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

- a. Sí
- b. No

Responda las siguientes preguntas para hacernos saber un poco sobre usted.

35. ¿Cómo define su raza, etnia, afiliación tribal, país de origen o ascendencia?

36. ¿Cuál de las siguientes opciones describe su identidad racial o étnica? Marca **TODAS LAS OPCIONES** que correspondan.

<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 o norteafricano</p> <input type="checkbox"/> 29. Norteafricano <input type="checkbox"/> 30. Mediorienta
		<p>Blanco</p> <input type="checkbox"/> 31. Europeo oriental <input type="checkbox"/> 32. Esloveno <input type="checkbox"/> 33. Europeo occidental <input type="checkbox"/> 34. Otro
		<p>Otras categorías</p> <input type="checkbox"/> 35. Otros (enumere) _____ <input type="checkbox"/> 36. No sé/desconocido <input type="checkbox"/> 37. No deseo responder/me niego a responder

37. Si seleccionó más de una identidad racial o étnica arriba, encierra en un **CÍRCULO** la **OPCIÓN** que mejor represente tu identidad racial o étnica.

38. ¿Cuál es tu sexo? (Marca *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
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39. Su fecha de nacimiento: _____

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



HEALTH SYSTEMS DIVISION
YOUTH SERVICES SURVEY FOR FAMILIES

Kate Brown, Governor



Study ID: [Survey_ID]

Child's Name: [First_Name]

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 your child and/or do not wish to complete it.

This survey is being mailed to the parents or caregivers of thousands of children who may have received publicly funded mental health services in Oregon last year.

Please help us by answering some questions about the mental health services your child [FIRST NAME] received between January 1, 2020 and now. If your child was between the ages of 14 and 17 when they received services, they may also receive a similar survey to complete.

If your child has received services from more than one provider, please rate your child's *most recent* mental health services provider.

Please note that because the same survey is mailed to all parents/caregivers, some questions may not apply to your child. Difficult topics like drug/alcohol use, educational challenges, or legal concerns, are included in order to learn from families what services should be available when families ask for assistance. It is OK to skip any question you are not comfortable answering.

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
The child's parent or caregiver made most of the treatment decisions, including decisions about the treatment plan and goals.	5	4	3	2	1
1. I have been satisfied with the services my child receives.	5	4	3	2	1
2. I helped to choose my child's services.	5	4	3	2	1
3. I helped to choose my child's treatment goals.	5	4	3	2	1

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. The people helping my child stuck with us no matter what.	5	4	3	2	1
5. I felt my child had someone to talk to when he or she was troubled.	5	4	3	2	1
6. I participated in my child's treatment.	5	4	3	2	1
7. The services my child and/or family received were right for us.	5	4	3	2	1
8. The location of services was convenient for us.	5	4	3	2	1
9. Services were available at times that were convenient for us.	5	4	3	2	1
10. My family got the help we wanted for my child.	5	4	3	2	1
11. My family got as much help as we needed for my child.	5	4	3	2	1
12. Staff treated me with respect.	5	4	3	2	1
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1
14. Staff spoke with me in a way that I understood.	5	4	3	2	1
15. Staff were sensitive to my cultural/ethnic background.	5	4	3	2	1
<i>AS A DIRECT RESULT OF THE MENTAL HEALTH SERVICES MY CHILD RECEIVED:</i>					
16. My child is handling daily life better.	5	4	3	2	1
17. My child is getting along better with family members.	5	4	3	2	1
18. My child is getting along better with friends and other people.	5	4	3	2	1
19. My child is doing better in school and/or at work.	5	4	3	2	1
20. My child is better able to cope when things go wrong.	5	4	3	2	1

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

30. How long has your child received services from their most recent mental health provider?

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

31. Is your child still receiving mental health services? (If yes, skip to question 32)

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

31a. If your child is no longer receiving mental health services, then why?

(Please check the ONE major reason why treatment ended)

<input type="checkbox"/> a. My child no longer needed treatment.
<input type="checkbox"/> b. Treatment was not working as well as expected.
<input type="checkbox"/> c. Treatment was no longer possible due to problems unrelated to treatment effectiveness, e.g. transportation, cost, etc.
<input type="checkbox"/> d. Other (please describe):

32. In the past 12 months, has your child had a virtual (video or phone) session with their mental health provider? (If not, skip to question 32b).

- a. Yes b. No

32a. How strongly do you agree or disagree with the following statements about your experiences during your child’s virtual sessions with their provider?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
a. I liked not traveling to their appointments.	5	4	3	2	1	9
b. I preferred that my child see their provider in-person.	5	4	3	2	1	9
c. It was easier to schedule appointments for virtual sessions.	5	4	3	2	1	9
d. Arranging childcare was easier for virtual sessions.	5	4	3	2	1	9
e. My child’s privacy in virtual sessions was a concern for me.	5	4	3	2	1	9
f. Other (please describe):						

32b. What were the reasons your child has 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 that my child see their provider in person
 c. My child’s provider did not offer virtual sessions
 d. We didn’t have the technology to access virtual sessions (access to a phone, computer, or internet)
 e. I had privacy concerns about my child using virtual sessions
 f. Other reason (please describe):

33. Prior to the past 12 months, has your child ever had a virtual (video or phone) session with any provider?

- a. Yes b. No

34. Was your child served under the System of Care/Wraparound* process?

If you are not sure, please refer to the description below.

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

Wraparound is for youth 0 to 17 years old who have been involved with two or more child serving systems. Youth and families in Wraparound have a **Care Coordinator or Facilitator, a Youth or Family Partner, and a Child and Family Team. The Child and Family Team meets regularly to review, plan, and guide the youth's progress.*

35. Your child's 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 your child? Please mark only one response for each provider type listed.

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not receive services
a. Another mental health provider	5	4	3	2	1	9
b. Child Welfare worker	5	4	3	2	1	9
c. Oregon Youth Authority	5	4	3	2	1	9
d. Local Juvenile Justice department	5	4	3	2	1	9
e. Special Education teacher	5	4	3	2	1	9
f. Developmental Disabilities worker	5	4	3	2	1	9
g. Alcohol or drug treatment provider	5	4	3	2	1	9
h. Doctor, nurse, or other health care provider	5	4	3	2	1	9

If you checked 'Dissatisfied' or 'Strongly Dissatisfied' for any of the providers above, please answer question 35b; otherwise skip to question 36.

35a. If you selected that you were Dissatisfied or Strongly Dissatisfied with the way your child’s most recent mental health services provider worked with any of the provider(s) listed above, please tell us why. (Please check all that apply)

<input type="checkbox"/> a. Mental health provider did not tell me about other services that were available.
<input type="checkbox"/> b. Mental health provider did not contact other provider(s) to help child get services.
<input type="checkbox"/> c. Other service provider(s) did not respond when contacted by mental health provider.
<input type="checkbox"/> d. Providers did not talk or share information with each other.
<input type="checkbox"/> e. Providers did not include me in treatment planning.
<input type="checkbox"/> f. Lack of coordination between providers caused delays in my child getting treatment.
<input type="checkbox"/> g. Other (please describe):

36. “When my child started receiving services from this provider, I expected that my child would... (Please check all that apply)

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

37. “After receiving services from this provider, my child has... (Please check all that apply)

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

38. Did you feel that your child’s most recent mental health service person considered...

	Yes	No	Don’t Know
a. My child’s culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child’s language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Would you say that your child’s general health is:

<input type="checkbox"/> a. Excellent	<input type="checkbox"/> b. Very good	<input type="checkbox"/> c. Good	<input type="checkbox"/> d. Fair	<input type="checkbox"/> e. Poor
---------------------------------------	---------------------------------------	----------------------------------	----------------------------------	----------------------------------

40. Does your child have a primary health care provider or other practitioner who provides check-ups, routine medical care and advice?

- a. Yes b. No c. Don’t know

Psychotropic Medications (Medicines that change thinking or feeling)		Yes	No	Don't know
41.	Were these types of medicines given to your child while receiving treatment from his or her recent mental health services provider? <i>(If "No," skip to question 42)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41a.	If so, did you understand the benefits and side effects of these medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41b.	Overall, have these medications helped your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. During the time your child was served by his or her most recent mental health services provider, did your child attend a public or private school?

- a. Yes b. No *(If "No," skip to question 46)* c. Don't know

School Suspensions/Expulsions		Yes	No	Don't know
43.	Was your child suspended or expelled from school during the 12 months BEFORE he or she began seeing his or her most recent mental health services provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Was your child suspended or expelled from school in the first 12 months AFTER he or she began seeing his or her most recent mental health services provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Since my child started to receive mental health services from this provider, the number of days my child has been in school is...

(Select one from a-d)

<input type="checkbox"/> a. More than before	<input type="checkbox"/> b. About the same as before	<input type="checkbox"/> c. Less than before
<input type="checkbox"/> d. Does not apply <i>(Please select the main reason why this does not apply)</i>		
<input type="checkbox"/> i. Child did not have a problem with attendance before starting services		
<input type="checkbox"/> ii. Child is too young to be in school		
<input type="checkbox"/> iii. Child was expelled from school		
<input type="checkbox"/> iv. Child is home schooled		
<input type="checkbox"/> v. Child dropped out of school		
<input type="checkbox"/> vi. Other <i>(please describe)</i> :		

46. During the time your child was seeing his or her most recent mental health service provider, did you or your child need assistance as the result of a mental health crisis?

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

46a. If so, are you satisfied with the way your child's most recent mental health provider assisted you with this crisis?

- a. Yes b. No c. Don't know
 d. Received assistance from another source

47. Has your child ever had an encounter with the police? Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program.

- a. Yes b. No (*If "No," skip to question 49a*) c. Uncertain

48. Since your child began to receive mental health services from this provider, have his or her encounters with the police...

- a. Gone down b. Gone up c. Stayed the same

Arrests		Yes	No	Don't know
48a.	Was your child arrested in the 12 months <i>BEFORE</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b.	Was your child arrested in the first 12 months <i>AFTER</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol/Drugs		Yes	No	Uncertain
49a.	Do you believe that your child either has used or now uses alcohol or drugs? (<i>If no, skip to question 50a</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49b.	If yes, has your child received treatment or other help for an alcohol or drug use problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49c.	If yes, did the treatment or other help provide what he or she needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (<i>see definition below</i>)*	Yes	No	Uncertain
50a. When your child first began seeing his or her most recent mental health services provider, did the provider ask if your child has a history of trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b. If your child has experienced serious trauma *, were problems related to this trauma* adequately addressed during 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.*

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

<input type="checkbox"/> a. 0 times	<input type="checkbox"/> d. 6 or more times
<input type="checkbox"/> b. 1 to 2 times	<input type="checkbox"/> e. Don't know
<input type="checkbox"/> c. 3 to 5 times	

52. How do you identify your child’s race, ethnicity, tribal affiliation, country of origin or ancestry?

53. Which of the following describes your child’s 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>

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

55. What is your child’s 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
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Thank you for your time and cooperation in completing this questionnaire!



HEALTH SYSTEMS DIVISION
ENCUESTA PARA LAS FAMILIAS SOBRE LOS
SERVICIOS PARA LOS JÓVENES

Kate Brown, Gobernadora



Identificación del estudio: [Survey_ID]

Nombre del niño: [First_Name]

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 su niño y/o no quiere completarla.

Esta encuesta se les envía por correo a los padres o cuidadores de miles de niños que pueden haber recibido servicios de salud mental públicamente financiados en Oregon el año pasado. **Ayúdenos respondiendo algunas preguntas sobre los servicios de salud mental que su hijo/a [FIRST_NAME] recibió desde el 1 de enero de 2020 hasta la actualidad.** Si su hijo/a tenía entre 14 y 17 años de edad cuando recibió estos servicios, también puede recibir una encuesta similar para completar.

Si su hijo/a ha recibido servicios de más de un proveedor, califique al proveedor de servicios de salud mental *más reciente* de su hijo/a.

Tenga en cuenta que, dado que se envía la misma encuesta a todos los padres/cuidadores, es posible que algunas preguntas no sean aplicables a su hijo/a. Se incluyen temas delicados, como consumo de drogas/alcohol, problemas educativos o problemas legales, a fin de obtener de las familias información sobre qué servicios deberían estar disponibles si solicitan ayuda. No hay problema si omite responder cualquier pregunta que le haga sentir incómodo.

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
El padre/la madre o el cuidador del niño tomaron la mayoría de las decisiones sobre el tratamiento, incluidas aquellas sobre el plan y los objetivos del tratamiento.	5	4	3	2	1
1. Me siento satisfecho con los servicios que recibe mi hijo/a.	5	4	3	2	1
2. Participé en la elección de los servicios de mi hijo/a.	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
3. Participé en la elección de los objetivos de tratamiento de mi hijo/a.	5	4	3	2	1
4. Las personas que ayudaron a mi hijo/a permanecieron junto a nosotros sin importar qué.	5	4	3	2	1
5. Sentí que mi hijo/a tenía a alguien con quien hablar cuando le aquejaban problemas.	5	4	3	2	1
6. Participé en el tratamiento de mi hijo/a.	5	4	3	2	1
7. Los servicios que recibió mi hijo/a o mi familia fueron los adecuados para nosotros.	5	4	3	2	1
8. La ubicación de los servicios fue conveniente para nosotros.	5	4	3	2	1
9. Los servicios estuvieron disponibles en horarios que fueron convenientes para nosotros.	5	4	3	2	1
10. Mi familia recibió la ayuda que deseábamos para mi hijo/a.	5	4	3	2	1
11. Mi familia recibió toda la ayuda que necesitábamos para mi hijo/a.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas/espirituales de mi familia.	5	4	3	2	1
14. El personal habló conmigo de una manera que yo pudiera entender.	5	4	3	2	1
15. El personal se mostró respetuoso y considerado con respecto a mi origen cultural/étnico.	5	4	3	2	1
COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBIÓ MI HIJO/A:					
16. Mi hijo/a se maneja mejor en su vida cotidiana.	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
17. Mi hijo/a se lleva mejor con la familia.	5	4	3	2	1
18. Mi hijo/a se lleva mejor con sus amigos y con otras personas.	5	4	3	2	1
19. A mi hijo/a le va mejor en los estudios o en el trabajo.	5	4	3	2	1
20. Mi hijo/a se siente más capacitado para salir adelante cuando las cosas van mal.	5	4	3	2	1
21. Mi hijo/a se siente capacitado para hacer las cosas que desea hacer.	5	4	3	2	1
22. Me siento más satisfecho con nuestra vida familiar.	5	4	3	2	1
<i>ADEMÁS DE LOS PROVEEDORES DE SERVICIOS DE SALUD MENTAL DE MI HIJO/A...</i>					
23. Conozco personas que me escucharán y entenderán cuando necesite conversar.	5	4	3	2	1
24. Cuento con personas con las que me siento cómodo hablando de cosas privadas.	5	4	3	2	1
25. Cuento con personas con las que me siento cómodo hablando sobre los problemas de mi hijo/a.	5	4	3	2	1
26. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1
27. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1

30. ¿Por cuánto tiempo ha recibido su hijo/a los servicios de su proveedor de salud mental más reciente?

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

31. ¿Su hijo/a sigue recibiendo servicios de salud mental? (Si la respuesta es Sí, vaya directamente a la pregunta 32)

- a. Sí b. No c. No sé

31a. Si su hijo/a ya no recibe servicios de salud mental, ¿cuál es el motivo? (Marque UN solo motivo, el más importante, por el cual terminó el tratamiento)

<input type="checkbox"/> a. Mi hijo/a ya no necesitaba el tratamiento.
<input type="checkbox"/> b. El tratamiento no estaba funcionando tan bien como se esperaba.
<input type="checkbox"/> c. El tratamiento ya no era posible debido a problemas no relacionados con la eficacia del tratamiento, por ejemplo, transporte, costo, etc.
<input type="checkbox"/> d. Otro (describa):

32. En los últimos 12 meses, ¿su hijo/a 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 32b).

- a. Sí b. No

32a. ¿Qué tan de acuerdo o en desacuerdo está con las siguientes afirmaciones sobre sus experiencias durante las sesiones virtuales de su hijo/a con su proveedor?

	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 que mi hijo/a recibiera atención de su proveedor en persona.	5	4	3	2	1	9
c. Fue más fácil programar citas para sesiones virtuales.	5	4	3	2	1	9
d. Fue más fácil organizar el cuidado infantil para las sesiones virtuales.	5	4	3	2	1	9
e. La privacidad de mi hijo/a en las sesiones virtuales fue una inquietud para mí.	5	4	3	2	1	9
f. Otro (describa):						

32b. ¿Cuáles han sido los motivos por los que su hijo/a 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 que mi hijo/a recibiera atención de su proveedor en persona.
- c. El proveedor de mi hijo/a 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 por parte de mi hijo.
- f. Otro motivo (describa)

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

- a. Sí b. No

34. ¿Su hijo/a fue atendido bajo el Sistema de atención o proceso integrador Wraparound*?

Si no está seguro, consulte la descripción más abajo.

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> a. Sí | <input type="checkbox"/> b. No | <input type="checkbox"/> c. No sé |
|--------------------------------|--------------------------------|-----------------------------------|

Wraparound: proceso para niños y jóvenes de 0 a 17 años que han estado involucrados con dos o más sistemas de atención infantil. Los jóvenes y las familias en Wraparound cuentan con un **Coordinador o Facilitador de atención, un **Compañero para los jóvenes o la familia** y un **Equipo infantil y familiar**. El equipo infantil y familiar se reúne regularmente para revisar, planificar y guiar el progreso de los jóvenes.*

35. El proveedor de su hijo/a 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 ayudar a su hijo/a? Marque solo una respuesta para cada tipo de proveedor enumerado.

	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	No recibió servicios
a. Otro proveedor de salud mental	5	4	3	2	1	9
b. Un trabajador de Bienestar Infantil	5	4	3	2	1	9
c. Autoridad Juvenil de Oregon	5	4	3	2	1	9

	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	No recibió servicios
d. Departamento de Justicia Juvenil Local	5	4	3	2	1	9
e. Maestro de educación especial	5	4	3	2	1	9
f. Trabajador de Discapacidades del desarrollo	5	4	3	2	1	9
g. Proveedor de tratamiento para el consumo de alcohol o drogas	5	4	3	2	1	9
h. Médico, enfermera u otro proveedor de atención médica	5	4	3	2	1	9

Si marcó “Insatisfecho” o “Totalmente insatisfecho” para alguno de los proveedores mencionados anteriormente, responda la pregunta 35b; de lo contrario, vaya directamente a la pregunta 36.

35a. Si seleccionó que estaba Insatisfecho o Totalmente insatisfecho con la forma en que el proveedor de servicios de salud mental más reciente de su hijo/a trabajó con cualquiera de los proveedores mencionados anteriormente, indíquenos el motivo. (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. El proveedor de salud mental no me informó sobre otros servicios que estuvieran disponibles.
<input type="checkbox"/> b. El proveedor de salud mental no se comunicó con otros proveedores para ayudar a que mi hijo/a obtuviera los servicios.
<input type="checkbox"/> c. Los otros proveedores de servicios no respondieron cuando fueron contactados por el proveedor de salud mental.
<input type="checkbox"/> d. Los proveedores no hablaron ni compartieron información entre sí.
<input type="checkbox"/> e. Los proveedores no me incluyeron en la planificación del tratamiento.
<input type="checkbox"/> f. La falta de coordinación entre los proveedores provocó demoras para que mi hijo/a recibiera tratamiento.
<input type="checkbox"/> g. Otro (describa):

36. Cuando mi hijo/a comenzó a recibir servicios de este proveedor, “esperaba que mi hijo/a... (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. ...se sintiera más feliz”.	<input type="checkbox"/> g. ...se llevara mejor con otros niños”.
<input type="checkbox"/> b. ...se sintiera menos ansioso o temeroso”.	<input type="checkbox"/> h. ...dejara o redujera el consumo de drogas o alcohol”.
<input type="checkbox"/> c. ...se volviera más respetuoso o responsable”.	<input type="checkbox"/> i. ...dejara de lastimar a otras personas”.
<input type="checkbox"/> d. ...se sintiera mejor consigo mismo(a)”.	<input type="checkbox"/> j. ...dejara de lastimarse a sí mismo(a)”.
<input type="checkbox"/> e. ... mejorara en el trabajo o la escuela”.	<input type="checkbox"/> k. ...iniciara o continuara un programa de recuperación”.
<input type="checkbox"/> f. ...se llevara mejor con la familia”.	

37. Después de recibir los servicios de este proveedor, “mi hijo/a... (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. ...se ha sentido más feliz”.	<input type="checkbox"/> g. ...se lleva mejor con otros niños”.
<input type="checkbox"/> b. ...se siente menos ansioso o temeroso”.	<input type="checkbox"/> h. ...ha dejado o reducido el consumo de drogas o alcohol”.
<input type="checkbox"/> c. ...se ha vuelto más respetuoso o responsable”.	<input type="checkbox"/> i. ...ha dejado de lastimar a otras personas”.
<input type="checkbox"/> d. ...se siente mejor consigo mismo(a)”.	<input type="checkbox"/> j. ...ha dejado de lastimarse a sí mismo(a)”.
<input type="checkbox"/> e. ...ha mejorado en el trabajo o la escuela”.	<input type="checkbox"/> k. ...ha iniciado o continuado un programa de recuperación”.
<input type="checkbox"/> f. ...se lleva mejor con la familia”.	

38. ¿Sintió que el proveedor de servicios de salud mental más reciente de su hijo/a tuvo en consideración los siguientes puntos?

	Sí	No	No sé
a. La cultura de mi hijo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mi cultura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. El idioma de mi hijo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mi idioma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. ¿Diría usted que la salud general de su hijo/a es como se indica a continuación?

<input type="checkbox"/> a. Excelente	<input type="checkbox"/> b. Muy buena	<input type="checkbox"/> c. Buena	<input type="checkbox"/> d. Regular	<input type="checkbox"/> e. Mala
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40. ¿Su hijo/a cuenta con un proveedor de atención primaria u otro profesional que le realice chequeos, le brinde atención médica de rutina y asesoramiento?

- a. Sí b. No c. No sé

Medicamentos psicotrópicos (Medicamentos que cambian el pensamiento o los sentimientos)	Sí	No	No sé
41. ¿Se le administró estos tipos de medicamentos a su hijo/a mientras recibía tratamiento de su proveedor de servicios de salud mental más reciente? <i>(Si la respuesta es “No”, vaya directamente a la pregunta 42).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41a. Si fue así, ¿entendió los beneficios y efectos secundarios de estos medicamentos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41b. En general, ¿ayudaron estos medicamentos a su hijo/a?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Durante el tiempo en que su hijo/a fue atendido por su proveedor de servicios de salud mental más reciente, ¿asistió su hijo/a a una escuela pública o privada?

- a. Sí b. No *(Si la respuesta es “No”, vaya directamente a la pregunta 46)*
 c. No sé

Suspensiones/expulsiones de la escuela	Sí	No	No sé
43. ¿Fue su hijo/a suspendido o expulsado de la escuela en los 12 meses ANTERIORES al inicio de su atención con su proveedor de servicios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. ¿Fue su hijo/a suspendido o expulsado de la escuela en los primeros 12 meses POSTERIORES al inicio de su atención con su proveedor de servicios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Desde que mi hijo/a comenzó a recibir los servicios de salud mental de este proveedor, la cantidad de días que mi hijo/a ha asistido a la escuela es...

(Seleccione uno de a-d)

<input type="checkbox"/> a. Más que antes	<input type="checkbox"/> b. Casi la misma cantidad que antes	<input type="checkbox"/> c. Menos que antes
<input type="checkbox"/> d. No corresponde <i>(Seleccione el motivo principal por el que no corresponde)</i>		
<input type="checkbox"/> i. El niño/la niña no tenía problemas de asistencia antes de comenzar a recibir los servicios		
<input type="checkbox"/> ii. El niño/la niña es demasiado pequeño(a) para ir a la escuela		
<input type="checkbox"/> iii. El niño/la niña fue expulsado(a) de la escuela		
<input type="checkbox"/> iv. El niño/la niña recibe educación en el hogar		
<input type="checkbox"/> v. El niño/la niña abandonó la escuela		
<input type="checkbox"/> vi. Otro <i>(describa):</i>		

46. Durante el tiempo en que su hijo/a era atendido por su proveedor de servicios de salud mental más reciente, ¿necesitó usted o su hijo/a ayuda a causa de una crisis de salud mental?

- a. Sí b. No c. No sé

46a. Si fue así, ¿está satisfecho con la forma en que el proveedor de salud mental más reciente de su hijo/a les ayudó con esta crisis?

- a. Sí b. No c. No sé
 d. Recibió ayuda de otra fuente

47. ¿Su hijo/a ha tenido algún encuentro con la policía? Los encuentros con la policía incluyen arrestos, persecución policíaca o traslado, por parte de la policía, a un refugio o programa de crisis.

- a. Sí b. No *(Si la respuesta es “No”, vaya directamente a la pregunta 49a)*
 c. No estoy seguro

48. Desde que su hijo/a comenzó a recibir los servicios de salud mental de este proveedor, los encuentros de su hijo/a con la policía han...

- a. Disminuido b. Aumentado c. Se mantuvieron iguales

Arrestos		Sí	No	No sé
48a.	¿Fue su hijo/a arrestado(a) en los 12 meses ANTERIORES al inicio del tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b.	¿Fue su hijo/a arrestado(a) en los primeros 12 meses POSTERIORES al inicio del tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol/Drogas	Sí	No	No estoy seguro
49a. ¿Cree que su hijo/a ha consumido o consume actualmente alcohol o drogas? <i>(Si la respuesta es No, vaya directamente a la pregunta 50a)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49b. Si la respuesta es Sí, ¿su hijo/a ha recibido tratamiento u otra ayuda por un problema de consumo de alcohol o drogas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49c. Si la respuesta es Sí, ¿el tratamiento u otra ayuda proporcionaron lo que él o ella necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (ver definición abajo)*	Sí	No	No estoy seguro
50a. Cuando su hijo/a comenzó a recibir atención de su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó si su hijo/a tenía antecedentes de trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b. Si su hijo/a ha sufrido un trauma * grave, ¿se abordaron adecuadamente los problemas relacionados con este trauma* durante el 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.

51. En los últimos 3 años, ¿cuántas veces ha cambiado su hijo/a de lugar de residencia (por ejemplo, se mudó de una casa a otra, o se mudó de un hogar a un centro residencial de tratamiento)?

<input type="checkbox"/> a. 0 veces	<input type="checkbox"/> d. 6 o más veces
<input type="checkbox"/> b. De 1 a 2 veces	<input type="checkbox"/> e. No sé
<input type="checkbox"/> c. De 3 a 5 veces	

52. ¿Cómo define la raza, etnia, afiliación tribal, país de origen o ascendencia de su hijo/a?

53. ¿Cuál de las siguientes opciones describe la identidad racial o étnica de su hijo/a? (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. Es lavo <input type="checkbox"/> 33. Europeo occidental <input type="checkbox"/> 34. Otro origen blanco
		<p>Otras categorías</p> <input type="checkbox"/> 35. Otros (enumere) <input type="checkbox"/> 36. No sé/desconocido <input type="checkbox"/> 37. No deseo responder/ me niego a responder

54. Si seleccionó más de una identidad racial o étnica arriba, encierre en un **CÍRCULO** la **OPCIÓN** que mejor represente la identidad racial o étnica de su hijo/a.

55. ¿Cuál es el sexo de su hijo/a? (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!

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/yssf_dom.csv")
population <- read_csv("//filepath/yssf_pop.csv")
#sample <- read_csv("//filepath/yssf_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 =13397= 0.5265288
# M =12047= 0.4734712
```

```
sex_dist <- data.frame(CDE_SEX = c("F","M"),
                      Freq = nrow(respondents) * c(0.5265288,0.4734712))
```

```
#RACE
```

```
table(population$RACE_GROUP)
prop.table(table(population$RACE_GROUP))
# AMERICAN INDIAN/ALASKAN NATIVE    =620=  0.024367238
# ASIAN                               =153=  0.006013205
# BLACK                               =600=  0.023581198
# HISPANIC                            =1469=  0.057734633
# NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER =61=  0.002397422
# OTHER                               =175=  0.006877849
# UNKNOWN                             =11254= 0.442304669
# WHITE                               =11112= 0.436723786
```

```
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(0.024367238,0.006013205,0.023581198,0.057734633,0.002397422,0.006877849,0.442304669,0.4367
23786))

```

#Ethnicity

```

table(population$ETHNIC_GROUP)
prop.table(table(population$ETHNIC_GROUP))
# HISPANIC    =2555= 0.1004166
# NOT HISPANIC =11837= 0.4652177
# UNKNOWN     =11052= 0.4343657

```

```

ETHNIC_dist <- data.frame(ETHNIC_GROUP = c("HISPANIC","NOT HISPANIC","UNKNOWN"),
      Freq = nrow(respondents) * c(0.1004166,0.4652177,0.4343657))

```

#Age Groups

```

table(population$agegrp)
prop.table(table(population$agegrp))
# "0 to 5"    =1475= 0.05797044
# "13 to 17"  =11850= 0.46572866
# "6 to 12"   =12119= 0.47630090

```

```

age_dist <- data.frame(agegrp = c("0 to 5","13 to 17","6 to 12"),
      Freq = nrow(respondents) * c(0.05797044,0.46572866,0.47630090))

```

#Urbanicity

```

table(population$desig)
prop.table(table(population$desig))
# Frontier    =405= 0.025069578
# Rural       =9975= 0.379883929
# Unknown     =215= 0.004789541
# Urban       =14849= 0.590256952

```

```

Desig_dist <- data.frame(desig = c("Frontier","Rural","Unknown","Urban"),
      Freq = nrow(respondents) * c(0.025069578,0.379883929,0.004789541,0.590256952))

```

#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/yssf_wt.csv")
```

Appendix D: CCO-Specific Results

The following table shows the percent of agree or strongly agree responses for each survey domain question by CCO (YSS, Table E-1; YSSF, Table E-2). An asterisk (*) indicates that the result is statistically significant when compared to all other CCO's combined.

The response options were:

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

Table D-1. YSS: 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	YCCO
	Total responses	19	39	38	36	21	48	76	48	31	39	13	46	62	30	40	54
Access	08. The location of the services was convenient	-	70	84	68	-	72	78	79	86	88	-	86	81	-	82	79
	09. Services were available at times that were convenient for me	-	72	77	74	-	85	82	69	73	72	-	93*	76	-	72	74
Cultural sensitivity	12. Staff treated me with respect	-	93	84	88	-	94	89	94	87	96	-	96	91	-	79*	87
	13. Staff respected my family's religious/spiritual beliefs	-	91	91	89	-	91	94	97	90	97	-	91	88	-	93	93
	14. Staff spoke with me in a way that I understood	-	91	88	91	-	92	95	88	89	97	-	91	93	-	86	90
	15. Staff was sensitive to my cultural/ethnic background	-	88	83	84	-	90	84	86	83	74	-	85	75	-	77	89
General satisfaction	01. I am satisfied with the services I received	-	65	70	75	-	84	72	84	81	85	-	85	84	-	68	77
	04. The people helping me stuck with me no matter what	-	79	74	70	-	78	66*	78	75	87	-	86	80	-	67	78
	05. I felt I had someone to talk to when I was troubled	-	66	70	66	-	84	68	66	75	85	-	79	77	-	72	77
	07. I received services that were right for me	-	56*	72	72	-	89*	73	73	67	88	-	83	82	-	74	79
	10. I got help I wanted	-	65	67	61	-	77	68	68	60	84	-	85*	75	-	53*	77
	11. I got as much help as I needed	-	65	45*	54	-	71	66	73	67	82*	-	77	59	-	54	62
Treatment outcomes	16. I am better at handling daily life	-	60	58	65	-	64	62	69	54	68	-	68	57	-	53	68
	17. I get along better with family members	-	52	62	69	-	64	57	55	65	54	-	48	55	-	55	54

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	YCCO
	18. I get along better with friends and other people	-	52	77	72	-	70	67	68	70	65	-	57	61	-	62	72
	19. I am doing better in school and/or work	-	52	59	59	-	59	56	54	55	52	-	55	62	-	42	53
	20. I am better able to cope when things go wrong	-	60	55	65	-	67	56	60	62	81*	-	61	62	-	53	62
	21. I am satisfied with my family life right now	-	57	60	64	-	66	50	56	59	59	-	55	64	-	44	54
Participation	02. I helped to choose my services	-	59	65	61	-	63	57*	73	71	74	-	76	54*	-	59	75
	03. I helped to choose my treatment goals	-	81	81	87	-	73	79	69	80	82	-	82	73	-	68	81
	06. I participated in my own treatment	-	80	87	75	-	88	80	86	79	88	-	93*	88	-	69*	78

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

Table D-2. YSSF: 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	YCCO
	Total responses	81	103	100	125	74	131	199	136	125	128	61	112	163	82	123	135
Access	08. The location of services was convenient for us	75	78	81	79	81	80	81	79	84	82	93*	84	79	67*	76	85
	09. Services were available at times that were convenient for us	73	72	82	69	76	78	81	79	75	82	79	79	76	74	67*	78
Cultural sensitivity	12. Staff treated me with respect	86	79*	93	79*	92	94	92	93	93	91	88	93	88	97*	81*	90
	13. Staff respected my family's religious/spiritual beliefs	81	74*	85	71*	83	82	86	83	88	78	76	81	87	88	72*	83
	14. Staff spoke with me in a way that I understood	95	87	93	82*	93	93	93	93	93	94	96	96	89	95	87	93
	15. Staff were sensitive to my cultural/ethnic background	73	74	83	71*	87	83	82	81	81	83	79	83	85	87	69*	79
Daily functioning	16. My child is handling daily life better	66	68	71	60	63	65	70	65	67	77*	76	65	64	70	62	69
	17. My child is getting along better with family members	63	62	73	61	63	59	69	65	62	74*	71	62	63	71	65	68
	18. My child is getting along better with friends and other people	67	58	70	60	65	65	69	57*	61	75*	83*	59	64	71	61	69
	19. My child is doing better in school and/or at work	63	53	71*	56	63	59	60	55	56	70*	61	56	57	63	54	57
	20. My child is better able to cope when things go wrong	58	55	63	59	58	61	64	63	58	65	66	60	53*	62	54	60
	21. My child is better able to do the things he or she wants to do	67	62	73	59	64	67	64	61	65	71	70	58	58	65	65	65
General satisfaction	01. I have been satisfied with the services my child receives	73	70	76	64*	79	78	77	77	75	82	82	85*	74	87*	62*	74
	04. The people helping my child stuck with us no matter what	73	73	77	62*	74	78	74	71	78	82*	79	69	76	81	72	81

Domain	Question	CCO															
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS/OpenCard	Health Share	IHN	JCC	PCS-CENTRAL	PCS-GORGE	PCS-LANE	PCS-IMARION POLK	TRILLIUM	UHA	YCCO
	05. I felt my child had someone to talk to when he or she was troubled	73	76	78	66*	70	71	79	68*	73	80	76	81	82*	83	62*	77
	07. The services my child and/or family received were right for us	71	65	75	65*	77	75	79*	71	72	82*	78	78	74	81	58*	71
	10. My family got the help we wanted for my child	63	60	70	60	75	74	75*	67	64	77	72	73	67	73	57*	69
	11. My family got as much help as we needed for my child	63	53	63	53*	68	66	73*	60	63	66	62	61	63	66	46*	65
Treatment outcomes	16. My child is handling daily life better	66	68	71	60	63	65	70	65	67	77*	76	65	64	70	62	69
	17. My child is getting along better with family members	63	62	73	61	63	59	69	65	62	74*	71	62	63	71	65	68
	18. My child is getting along better with friends and other people	67	58	70	60	65	65	69	57*	61	75*	83*	59	64	71	61	69
	19. My child is doing better in school and/or at work	63	53	71*	56	63	59	60	55	56	70*	61	56	57	63	54	57
	20. My child is better able to cope when things go wrong	58	55	63	59	58	61	64	63	58	65	66	60	53*	62	54	60
	22. I am more satisfied with our family life	63	65	69	59	64	62	62	65	60	69	73	59	61	72	58	64
Participation	02. I helped to choose my child's services	75	72	78	75	76	82	77	82	84	84	76	86*	78	84	72	82
	03. I helped to choose my child's treatment goals	71	68	75	72	73	82	73	81	73	77	76	74	80	73	65*	80
	06. I participated in my child's treatment	77	78	75	77	79	88	78	88*	76	82	78	88*	81	84	80	81
Social connectedness	23. I know people who will listen and understand me when I need to talk	76	73	83	81	86	81	79	74*	79	92*	81	83	75	88	75	77
	24. I have people that I am comfortable talking to about private things	76	70*	80	78	84	82	81	73*	77	89*	85	91*	81	83	74	83
	25. I have people that I am comfortable talking with about my child's problems	82	73*	86	79	87	85	82	77*	81	88	87	89*	81	90	78	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	YCCO
	26. I have people with whom I can do enjoyable things	81	73*	91	79	87	86	84	83	81	91*	83	84	77*	82	79	82
	27. In a crisis, I would have the support I need from family or friends	82	80	76	74*	93*	86	84	80	83	89*	88	85	79	79	72*	85
	28. I have more than one friend	78	73	75	77	81	86*	81	78	75	87*	87	73	74	75	70	76
	29. I am happy with the friendships I have	76	74	75	81	86	84	80	80	79	84	79	79	83	82	73	79

**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 survey domain question by certified community behavioral health clinic (CCBHC); YSS, Table E-1; YSSF, Table E-2.

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. YSS: 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	Yamhill Co Mental Health
Total responses		17	25	4	32	30	6	425	56	43
Access	08. The location of the services was convenient	-	-	-	78	-	-	81	72	73
	09. Services were available at times that were convenient for me	-	-	-	74	-	-	79	75	71
Cultural sensitivity	12. Staff treated me with respect	-	-	-	80	-	-	92	88	86
	13. Staff respected my family's religious/spiritual beliefs	-	-	-	88	-	-	93	86	90
	14. Staff spoke with me in a way that I understood	-	-	-	85	-	-	92	86	88
	15. Staff was sensitive to my cultural/ethnic background	-	-	-	78	-	-	83	89	86
General satisfaction	01. I am satisfied with the services I received	-	-	-	67	-	-	83*	71	68
	04. The people helping me stuck with me no matter what	-	-	-	71	-	-	81*	75	68
	05. I felt I had someone to talk to when I was troubled	-	-	-	69	-	-	75	72	72
	07. I received services that were right for me	-	-	-	74	-	-	80*	60*	73
	10. I got help I wanted	-	-	-	63	-	-	74*	57*	64
	11. I got as much help as I needed	-	-	-	43*	-	-	69*	66	60

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	Yamhill Co Mental Health
Treatment outcomes	16. I am better at handling daily life	-	-	-	45	-	-	67*	57	56
	17. I get along better with family members	-	-	-	59	-	-	58	57	48
	18. I get along better with friends and other people	-	-	-	75	-	-	66	62	70
	19. I am doing better in school and/or work	-	-	-	50	-	-	55	54	59
	20. I am better able to cope when things go wrong	-	-	-	59	-	-	63	61	55
	21. I am satisfied with my family life right now	-	-	-	60	-	-	59	58	45
Participation	02. I helped to choose my services	-	-	-	64	-	-	69*	62	67
	03. I helped to choose my treatment goals	-	-	-	80	-	-	79	76	72
	06. I participated in my own treatment	-	-	-	87	-	-	87*	79	70*

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

Table E-2. YSSF: 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	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	Total responses	60	59	2	70	82	51	1278	162	2	10	98
Access	08. The location of services was convenient for us	81	66*	-	79	79	96*	80	80	-	-	86
	09. Services were available at times that were convenient for us	70	57*	-	80	84	77	78	75	-	-	70
Cultural sensitivity	12. Staff treated me with respect	86	71*	-	91	88	87	92*	86	-	-	89
	13. Staff respected my family's religious/spiritual beliefs	83	66*	-	81	84	76	84	79	-	-	79
	14. Staff spoke with me in a way that I understood	91	73*	-	91	85*	97	94*	88	-	-	96
	15. Staff were sensitive to my cultural/ethnic background	81	63*	-	77	78	80	83*	75	-	-	79
Daily functioning	16. My child is handling daily life better	65	49*	-	60	64	74	68	70	-	-	65
	17. My child is getting along better with family members	57	58	-	70	71	69	66	64	-	-	58
	18. My child is getting along better with friends and other people	66	57	-	62	67	83*	65	63	-	-	68
	19. My child is doing better in school and/or at work	55	50	-	63	59	53	60	58	-	-	52
	20. My child is better able to cope when things go wrong	57	54	-	58	62	60	61	60	-	-	58

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	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	21. My child is better able to do the things he or she wants to do	54	55	-	68	62	68	64	68	-	-	64
General satisfaction	01. I have been satisfied with the services my child receives	73	54*	-	74	72	82	78*	76	-	-	71
	04. The people helping my child stuck with us no matter what	69	55*	-	76	67*	82	77*	78	-	-	73
	05. I felt my child had someone to talk to when he or she was troubled	68	60*	-	73	73	75	77	76	-	-	78
	07. The services my child and/or family received were right for us	77	57*	-	73	70	73	75	71	-	-	72
	10. My family got the help we wanted for my child	68	52*	-	68	68	72	71	67	-	-	67
	11. My family got as much help as we needed for my child	65	44*	-	63	67	61	64	62	-	-	62
Treatment outcomes	16. My child is handling daily life better	65	49*	-	60	64	74	68	70	-	-	65
	17. My child is getting along better with family members	57	58	-	70	71	69	66	64	-	-	58
	18. My child is getting along better with friends and other people	66	57	-	62	67	83*	65	63	-	-	68
	19. My child is doing better in school and/or at work	55	50	-	63	59	53	60	58	-	-	52
	20. My child is better able to cope when things go wrong	57	54	-	58	62	60	61	60	-	-	58

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	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	22. I am more satisfied with our family life	52*	53	-	61	63	71	64	65	-	-	62
Participation	02. I helped to choose my child's services	76	68*	-	74	75	77	82*	77	-	-	72
	03. I helped to choose my child's treatment goals	64*	65	-	74	75	77	77*	70	-	-	70
	06. I participated in my child's treatment	72*	75	-	66*	77	77	84*	75*	-	-	78
Social connectedness	23. I know people who will listen and understand me when I need to talk	73	78	-	78	79	77	81	78	-	-	84
	24. I have people that I am comfortable talking to about private things	78	72	-	75	81	82	81	76	-	-	88
	25. I have people that I am comfortable talking with about my child's problems	87	68*	-	85	80	83	83	79	-	-	85
	26. I have people with whom I can do enjoyable things	87	74	-	89	82	85	83	78	-	-	85
	27. In a crisis, I would have the support I need from family or friends	85	73	-	73	81	86	83	80	-	-	83
	28. I have more than one friend	83	72	-	72	82	85	78	76	-	-	81
	29. I am happy with the friendships I have	80	75	-	73	84	76	80	79	-	-	80

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