

2023 Adult Mental Health Statistics Improvement Program Survey Report

November 2024



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Executive Summary

An estimated 96,000 Oregonians received mental health services through Oregon Medicaid in 2022. Approximately 69,000 of these were adults ages 18 years or older, with 67,300 (97.3%) receiving services only in an outpatient setting and 1,850 (2.7%) receiving services in a residential setting.

In 2023, the Oregon Health Authority (OHA) contracted with Market Decisions Research (MDR) to administer mental health service satisfaction surveys to adults who received Medicaid-funded mental health services in outpatient, adult foster care, or residential treatment settings. The goal of these surveys is to ensure these services meet the needs of Oregonians as well as to meet federal requirements outlined around state-funded mental health services.

Two versions of the survey were distributed among Oregonian adults: an Adult Outpatient Survey, for those adults who received their mental health services in outpatient treatment settings; and an Adult Residential Survey, for those adults who received their mental health services in residential treatment settings. These surveys shared similar questions contained under the following domain areas:

- Access to Service
- Daily Functioning
- General Satisfaction
- Participation in Treatment
- Quality/Appropriateness
- Social Connectedness
- Perceptions of Outcomes

Both Adult surveys also included supplementary questions regarding additional areas of particular interest, including but not limited to housing, employment, trauma, and others. New questions related to telehealth services and experiences with virtual sessions were added to the Adult Outpatient survey in response to the COVID-19 pandemic in previous administrations of the survey – these were retained for the 2023 administration.

Summary of Outpatient Results

Statewide 4,102 adults responded to the 2023 outpatient survey for a response rate of 13%. The majority (55%) completed the survey online, with the remaining 45% completing the survey either over the phone (34%) or via a pen and paper instrument (PAPI) (11%). All respondents who completed the survey were offered a \$10 virtual gift card as a thanks for their time and effort.

Domain Satisfaction

Respondents were most satisfied in the domain of Quality/Appropriateness (84%) and were least satisfied in the domain of Perceptions of Outcomes (64%). Satisfaction increased across all seven domain areas from 2022 to 2023.

Treatment Status

Most respondents (75%) were still receiving mental health services at the time of this survey. Of those who were no longer receiving services, 27% reported that their treatment ended because their problem was solved, and they no longer needed the treatment. Other top reasons for no longer receiving services included that the treatment was not working (11%), and respondents were unable to find time for treatment (11%).

Care Providers

Most respondents (83%) said that they have someone who gives them checkups, routine medical care, and advice. Nearly half of the respondents (49%) reported that both their primary care and mental health providers asked them about whether they use alcohol or other drugs.

Expectations and Results

The most frequently reported expectations of receiving mental health services were to become less anxious or fearful (85%), to feel better about oneself (82%), and to become happier (77%). Although the results did not match expectations, 72% said they became less anxious or fearful, 72% said they felt better about themselves, and 71% said they became happier since receiving services.

Telehealth

More than three quarters of respondents (76%) have had a virtual session with their mental health provider in the past 12 months and 77% reported that they were satisfied with the virtual sessions compared to in-person sessions. Many respondents agreed that it was easier to schedule appointments for virtual sessions (69%) and that they liked not traveling to appointments (75%). Of those who did not participate in telehealth services in the past 12 months, 72% said it was because they preferred to see their provider in person.

Crisis and Trauma

Most respondents (84%) reported that their provider asked about any history of trauma when they first started receiving services. Of those, 83% said that the problems related to this trauma were adequately addressed during their treatment. Among respondents, 34% indicated that they needed assistance as the result of a mental health crisis and more than four fifths (82%) said that their provider assisted them with the crisis in a satisfactory manner.

Summary of Residential Results

Statewide, 256 adults responded to the 2023 Residential survey for a response rate of 16%. The majority (64%) completed the survey online, with the remaining 36% completing the survey either over the phone (33%) or via a pen and paper instrument (PAPI) (2%). All respondents who completed the survey were offered a \$10 virtual gift card as a thanks for their time and effort.

Domain Satisfaction

Respondents were most satisfied in the domain of Quality/Appropriateness (76%). They were least satisfied in the domain of Participation in Treatment (60%). The only domain areas that improved their level of satisfaction from 2022 to 2023 were General Satisfaction, Quality/Appropriateness, and Daily Functioning.

Reasons for Residential Treatment

Nearly all respondents (94%) indicated that they are still receiving mental health services. The top reasons respondents provided for why they are living in a residential facility were: “I want mental health treatment so I can get better” (37%), “I need help

taking care of myself” (27%), “I am under the jurisdiction of the Psychiatric Security Review Board, or I have other legal requirements” (24%), or “I need housing” (24%).

Progress in Treatment

Almost two thirds (64%) of respondents felt that they have made progress with their mental health since being in a residential facility but only 24% reported that they made progress with any substance use or abuse. When asked if they felt ready for more independent living, 71% said “yes” and of those who said “no,” nearly half (48%) said that their symptoms are too bad right now.

Expectations and Results

The most frequently reported expectations of mental health services were to become happier (71%), to become less anxious or fearful (69%), and to feel better about oneself (69%). Although the results did not match expectations precisely, 65% said they became happier, 62% said they became less anxious or fearful, and 66% said they feel better about themselves since they started receiving services.

Crisis and Trauma

Most respondents (71%) reported that their provider asked them about any history of trauma when they first started receiving mental health services and 82% said that problems related to this trauma were adequately addressed during their treatment. Over half (51%) of the survey respondents indicated that they needed assistance as the result of a mental health crisis and of those, 88% said their mental health provider assisted them with the crisis in a satisfactory manner.

Introduction

The Oregon Health Authority (OHA) has administered Version 1.2 of the Mental Health Statistics Improvement Program (MHSIP) since 2006. This program was designed and validated to measure adults’ perceptions of the quality and efficiency¹ of their mental

¹ 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.

health services² and has been endorsed by the National Association of State Mental Health Program Directors. This annual survey is administered to adults receiving Medicaid funded mental health services in both outpatient and residential settings, with setting specific versions of the survey providing avenues for setting specific feedback on the quality and effectiveness of care. This patient feedback has become an important part of OHA's mission to improve quality and health outcomes in populations experiencing mental health difficulties. Results are designed to be action-oriented and patient focused, allowing OHA to immediately utilize domain and metric scores to design and implement policies at the state level to help support its citizens.

Methodology

The Surveys

The Adult Residential Survey contained 58 questions or question sets consisting of multiple part questions. The Adult Outpatient Survey contained 61 questions or question sets consisting of multiple part questions. Across the two surveys a majority (36) of core questions are identical and grouped into domains to measure the quality of specific items. These domains consist of the following:

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

See Table 1 for a full list of questions associated with each Domain. OHA also expanded question sets across both surveys to better cover topics or areas of interest in the 2023 survey. The outpatient survey was expanded with additional questions around the availability and experiences with using telehealth services. The residential survey was expanded with additional questions around reasons and experiences for living within a residential facility, as well as progress and readiness for independent living.

² 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.

Both surveys had additional questions added on the following topics:

- Treatment status, expectations, and actual results
- Presence of primary care providers or PCPs
- Service coordination between service providers with the respondent as a shared client
- Types of topics doctors or mental health care providers may have discussed during appointments, for example smoking or weight loss.
- Assistance by mental health providers during mental health crises.
- Arrest histories before and after treatment
- Assistance by mental health providers obtaining housing and employment
- Trauma
- Current employment status and income
- Current and recent residence

Table 1. MHSIP Domain Questions

Domain	Corresponding Questions
Access to Service	The location of services was convenient.
	Staff were willing to see me as often as I felt it was necessary.
	Staff returned my call in 24 hours.
	Services were available at times that were good for me.
	I was able to get all the services I thought I needed.
	I was able to see a psychiatrist when I wanted.
Daily Functioning	My symptoms are not bothering me as much.
	I do things that are more meaningful to me.
	I am better able to take care of my needs.
	I am better able to handle things when they go wrong.
	I am better able to do things that I want to do.
General Satisfaction	I like the services that I received here.
	If I had other choices, I would still get services from this agency.
	I would recommend this agency to a friend or family member.
Participation	I felt comfortable asking questions about my treatment and medication.

	I, not staff, decided my treatment goals.
Quality/ Appropriateness	Staff here believe my health can improve and I can recover.
	I felt free to complain.
	I was given information about my rights.
	Staff encouraged me to take responsibility for how I live my life.
	Staff told me what side effects to watch out for.
	Staff respected my wishes about who is and who is not to be given information about my treatment.
	Staff were sensitive to my cultural background.
	I was encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phone line.
	My most recent service providers give me opportunities to learn skills that allow me to strengthen and maintain my wellness.
Social Connectedness	I am happy with the friendships I have.
	I have people with whom I can do enjoyable things.
	I feel I belong in my community.
	In a crisis, I would have the support I need from family or friends.
Perceptions of Outcomes	I deal more effectively with daily problems.
	I am better able to control my life.
	I am better able to deal with crisis.
	I am getting along better with my family.
	I do better in social situations.
	I do better in school and/or work.
	My housing situation has improved.

Sample

The Outpatient Survey was sent to a sample population of 30,400 adults who were identified by encounter data from OHA's Medicaid Management Information System as having received Medicaid funded mental health services in an outpatient setting from January 1st, 2022, through December 31st, 2022. Respondents were eligible for sampling based on an age criterion (>18 years of age) and a baseline number of service encounters across the calendar year (>1).

The Residential Survey was sent to a population of 1569 adults (>18 years of age) who were identified through the same process as having received at least one day of treatment in a residential or adult foster care facility. This categorization overrode the presence of experiences with outpatient care – that is, for respondents who qualified for inclusion in both surveys, MDR and OHA classified them into the residential population.

OHA drew the sampling frame and provided it to MDR on May 15th, 2023 – including an oversample of minority race and ethnic populations to ensure representation. Additional strictures on the sampling frame included goals to include enough adults from each extant CCO to best reach participation goals to allow for provider-by-provider reporting of results.

Survey Administration

The survey administration was broken out into a tiered system of data collection modes and methods, based on survey type and the availability of contact information from the drawn sample. MDR designed and implemented a multi-mode data collection methodology, including an online, pen-and-paper instrument (PAPI), and a telephone version of each of the two adult surveys.

Sample was separated into six tranches, titled “Batch 1” through “Batch 6”.

Batch 1 consisted of individuals designated as “hard to reach” with adult residential respondents, paired members of the YSSF and YSS surveys, Spanish language flagged respondents; however, all surveys in 2023 were conducted in English. In addition, to reach a set number of individuals a random sample of both adult outpatient and YSSF respondents were included. For this batch, data collection consisted of an initial invitation letter was mailed to all respondents with usable mailing addresses, inviting them to complete the survey online, providing information about the survey and its purpose, and informing them of the reward for completing the survey. Next, after reassigning the adult residential population to Batch 4 due to a reevaluation of the efficacy of phone outreach, all remaining non-responders were sent a follow up reminder letter approximately two weeks later, stressing the importance of the survey and participation as well as providing a timeframe that responses would be accepted. Approximately two weeks later non-responders were sent a pen and paper instrument (PAPI) mail packet containing a letter outlining the purpose of the study, the survey instrument itself, and a pre-paid postage return envelope. At the same time, all non-respondents with working phone numbers were moved into phone data collection,

consisting of telephone calls stressing the importance of the survey and providing the option to complete the survey over the phone.

Batch 2 consisted of a round of randomly sampled adult outpatient and YSSF respondents and followed a similar data collection schedule as Batch 1 – first an invitation letter, then reminder letter, followed by phone outreach and eventually a PAPI.

Batch 3 also consisted of randomly sampled adult outpatient and YSSF respondents, however rather than following the push to web method outlined earlier, these respondents were designated for immediate phone outreach, then after approximately a month of calling were sent into a mail cycle consisting of an invitation/reminder letter and then a single PAPI packet.

Batch 4 consisted of all records across all surveys without a valid phone number. After an initial mailing in Batch 1, all adult residential respondents were moved to this batch. Due to the lack of phone numbers for outreach, the data collection for this batch consisted solely of mail materials – first a push to web invitation letter, then a reminder sent two weeks later, then a PAPI packet, and finally a second PAPI packet after another three weeks.

Batch 5 consisted of only adult outpatient respondents, and the data collection mode consisted of only telephone outreach.

Batch 6 consisted of a random sample of adult outpatient, YSSF/YSS pairs, and YSSF respondents, and entered data collection last among all batches. The goal of this batch was working to reaching response goals for specific CCOs – the methodology of data collection consisted of a push-to-web invitation letter, a reminder/follow-up letter, and then phone outreach.

Data collection took place from July 5th, 2023 through October 15th, 2023.

Weighting and Analysis

The data were weighted to reflect the sampling design and to normalize the data to the target population of clients. This involved calculating design weights which factored in sampling and non-response and raking adjustments.

The design weight is the inverse of the probability of selection within each of the sampling strata divided by the response within the survey strata:

$$(N/n)*(1/r)$$

Where N is the total population within the strata, n is the number of sample records drawn within the sampling strata and r is the survey response. After weighing, all completed surveys have a positive design weight while sampled records that did not respond have a design weight of zero.

The sampling strata were defined by the following:

- The type of survey (Adult Outpatient, Adult Residential, YSSF only – cases where the child is under 14, and YSSF/YSS pairs – cases where the child is 14 and older and both the parent and child were asked to complete the survey).
- CCO providing services to the client

Raking Adjustments

Raking adjustments are made to normalize the data set to the population based on demographic characteristics. This is done because a sample does not perfectly match the actual population distribution based on their known demographic characteristics. The variables used in raking adjustments are selected based on characteristics that are available for the population and believed to be important to the topic. For the MHSIP surveys, weighting was limited to variables provided in the sample file since these represent the variables available for the entire population.

- Type of survey
 - Adult Outpatient
 - Adult residential
 - YSSF (parent)
 - YSS (child)
- Age of Client
- Sex of Client
- CCO where client received services rather than region of the state

In 2023, MDR did not have sufficient responses to the REALD series of demographic questions to allow for wholesale weighting by race and/or ethnicity, along with missing sample file categorization information.

Computing Domain Scores

MDR followed the rules for computing domain scores outlined by SAMHSA in their URS Table Instructions:

1. Domain scores should only be calculated using surveys that had 2/3 or more of the items complete for that domain.
2. The score should report the number of “positive” responses and the total number of responses for each domain.
3. Confidence levels should be calculated for each domain, since each domain may have a different number of valid responses. Confidence intervals should be reported at the 95% level.
4. In reporting each domain score, include only surveys with at least 2/3 of the domain items completed. Same as step one.
5. Recode ratings of “not applicable” as missing values. MDR will include those indicating DK or REF as missing.
6. Count the number of respondents with mean scores greater than 3.5 (note the cut-off score of 3.5 is based on the recommended coding of responses where strongly agree is 5).
7. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Survey Limitations

The 2023 administration retains many of the same limitations that previous iterations of the patient experience surveys carried. For questions outside of the standard MHSIP domain portions of the survey, validation remains at a different level of standard than those of the MHSIP domains. These OHA specific questions were implemented to better

inform state-level policy and developments in areas of interest. Their presence, however, may impact the validity of the preceding MHSIP items to an unknown level.

Survey Length

The length of the survey, regardless of mode, may have been a barrier to some potential respondents – especially those who may have individual or cognitive challenges. Those same challenges may have also affected a respondent's ability to clearly understand and provide accurate responses to some questions. For individuals who may have needed assistance, caregivers or other individuals were allowed to provide support through the process and their involvement was recorded at the start of the survey instrument. The addition of a third party may influence an individual's responses, in unexpected ways, however.

Survey Timing

The survey asked questions about services received between January through December of 2022, and with the slightly delayed fielding of data collection respondents could have been providing feedback on care received over 12 months prior. This gap between service and evaluation may serve as a point of injection for recall bias or other artifacts that might influence individual results. While this is an accepted cost of fielding data collection after the close of the calendar year and has been present in the survey through previous iterations, for the 2023 survey it may have been exacerbated by the late start of data collection in summer of 2023.

Outpatient Survey

Response Rate

The outpatient survey was fielded among adults aged 18 and older who received Medicaid-funded mental health services in an outpatient setting. Adults who received mental health services in a residential setting were instead eligible to participate in the residential survey. The survey was offered to 30,400 adults who had received services between January 1, 2022 through December 31st, 2022.

In 2023, 4,102 adults returned a usable outpatient survey, in this case defined as a survey where all questions aside from the REALD demographic questions were answered, for a response rate of 13%. Most respondents (55%) completed the survey online, while 34% of respondents completed the survey over the phone and the

remaining 11% completed a paper copy of the survey. Respondents who completed the survey online or via pen and paper were eligible for a \$10 digital gift card.

The sample was screened before any mailings were sent using the National Change of Address system. In addition, undeliverable or unusable addresses identified by returned mail were flagged in the overall sample. Individuals with bad addresses listed in their MMIS enrollment data or with bad addresses flagged through the aforementioned avenues were not immediately disqualified from participation – instead they were provided with an alternate modes of survey completion – via phone for individuals with associated phone numbers. Only after an individual had an identified bad address and a bad phone number were they removed from the data collection process.

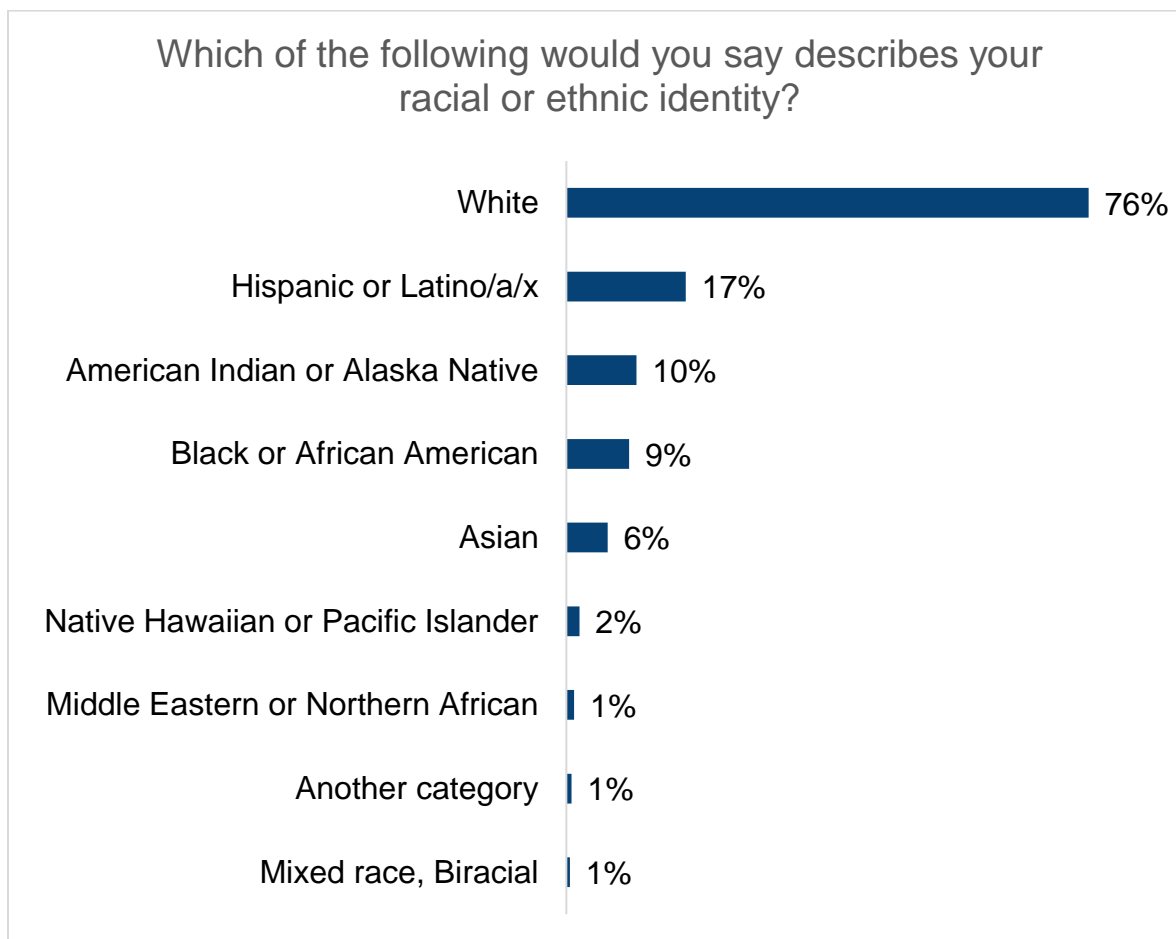
Individuals were also able to opt-out of the survey process by calling or emailing the Project Manager at MDR, or by informing a phone interviewer of their desire to be removed from data collection over the course of telephone outreach.

As with most multi-mode surveys, the possibility of a respondent completing a survey in two or more separate modes was real. In cases where respondents completed surveys in multiple modes, duplicate surveys were omitted, with the criteria of completeness followed by date of completion serving to designate which completed survey was retained.

Demographics

The following figures summarize respondents' self-reported race and ethnicity³ as well as gender, sexual orientation and identity, age, location, spoken language, and other demographic questions regarding difficulties with their health and daily activities.

Figure 1. Race/Ethnicity

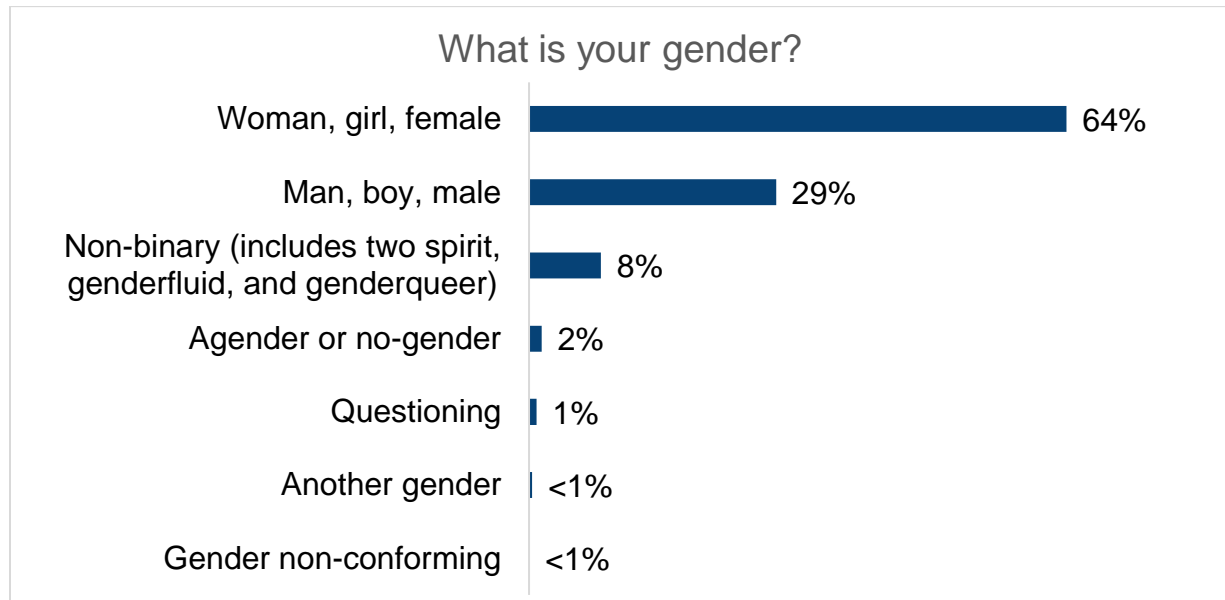


Adult Outpatient, 2023

See Appendix A on page 101 for a detailed disaggregated race table of Adult Outpatient respondents.

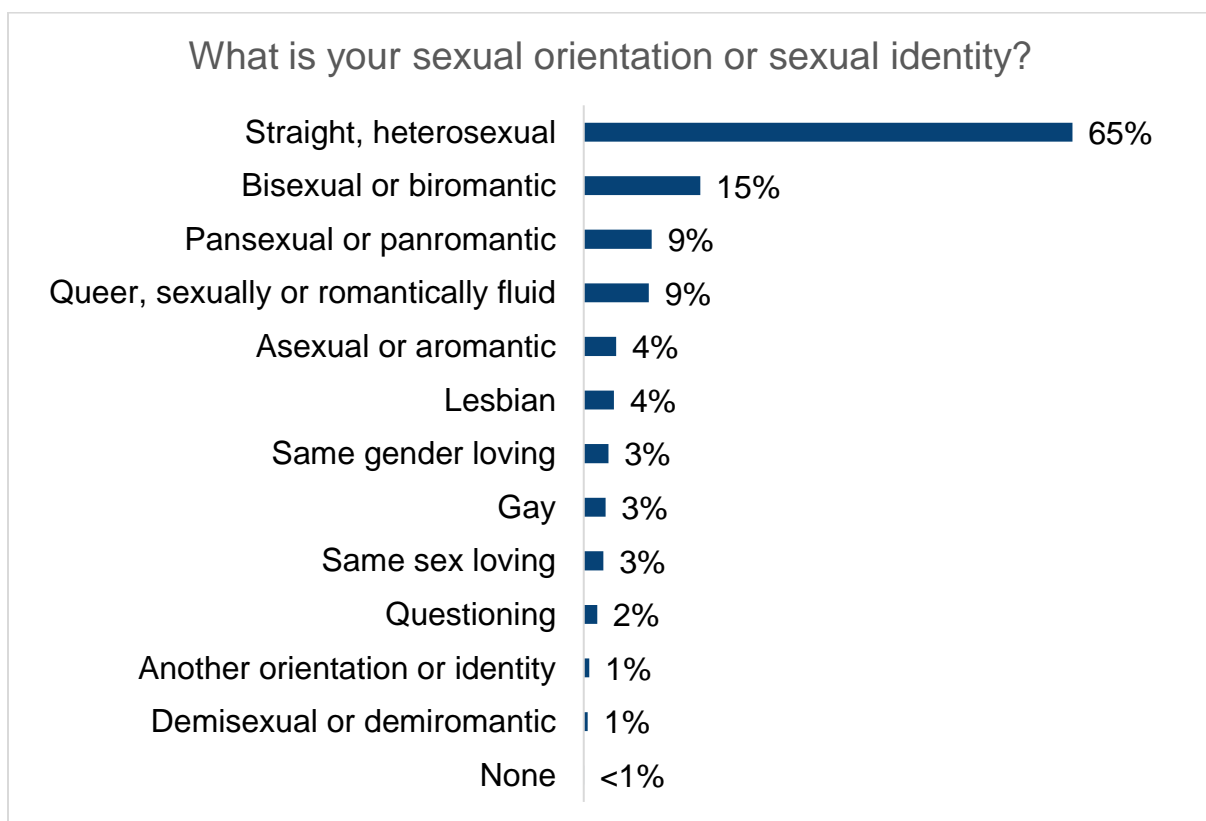
³ Race and ethnicity data were collected using OHA's REALD and SOGI standards. More information on REALD and SOGI data can be found at <https://www.oregon.gov/oha/EI/Pages/Demographics.aspx>

Figure 2. Gender



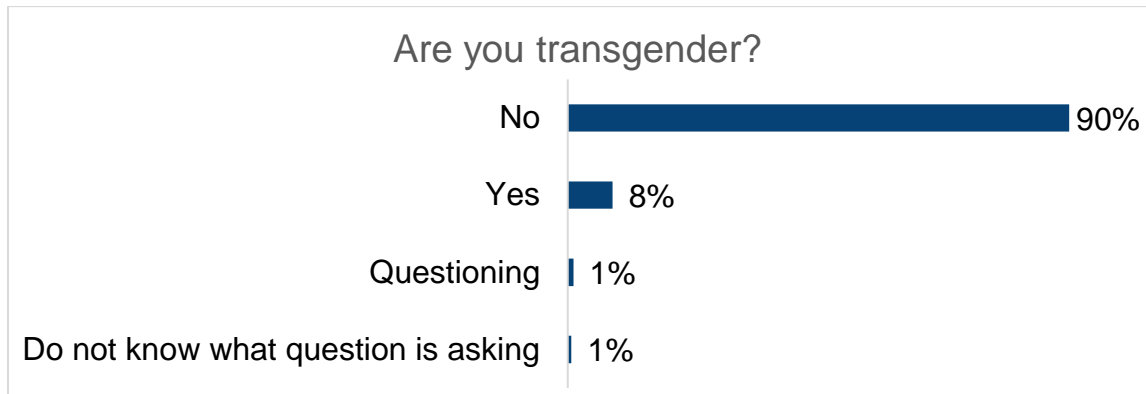
Adult Outpatient, 2023

Figure 3. Orientation/Identity



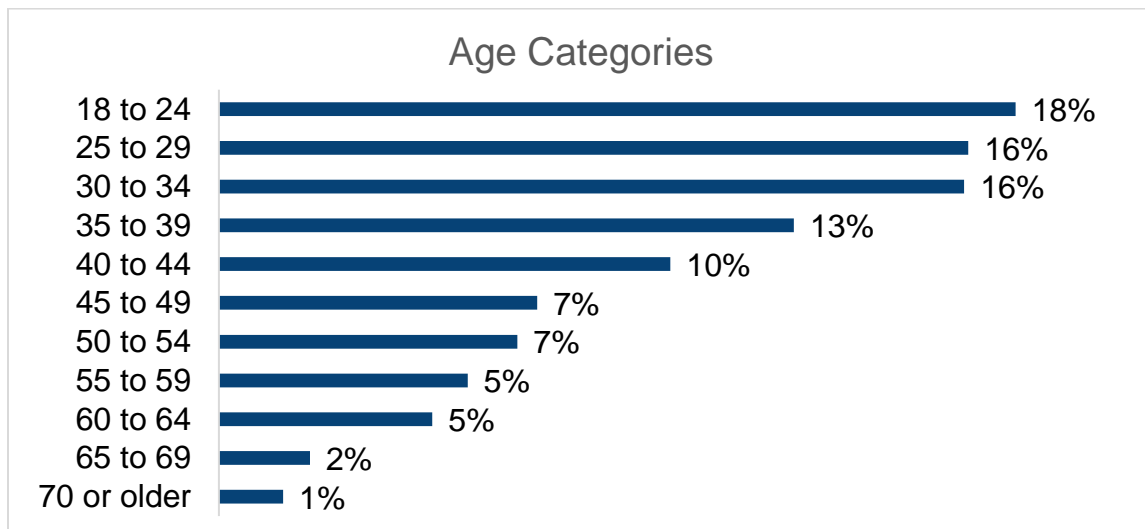
Adult Outpatient, 2023

Figure 4. Transgender



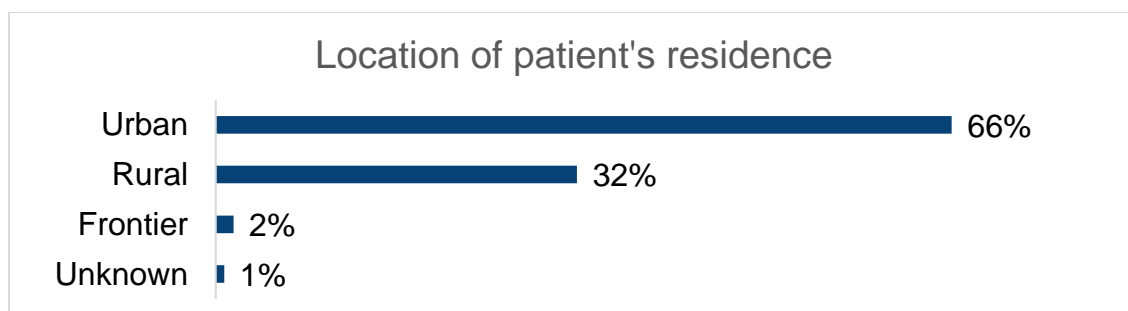
Adult Outpatient, 2023

Figure 5. Age Categories



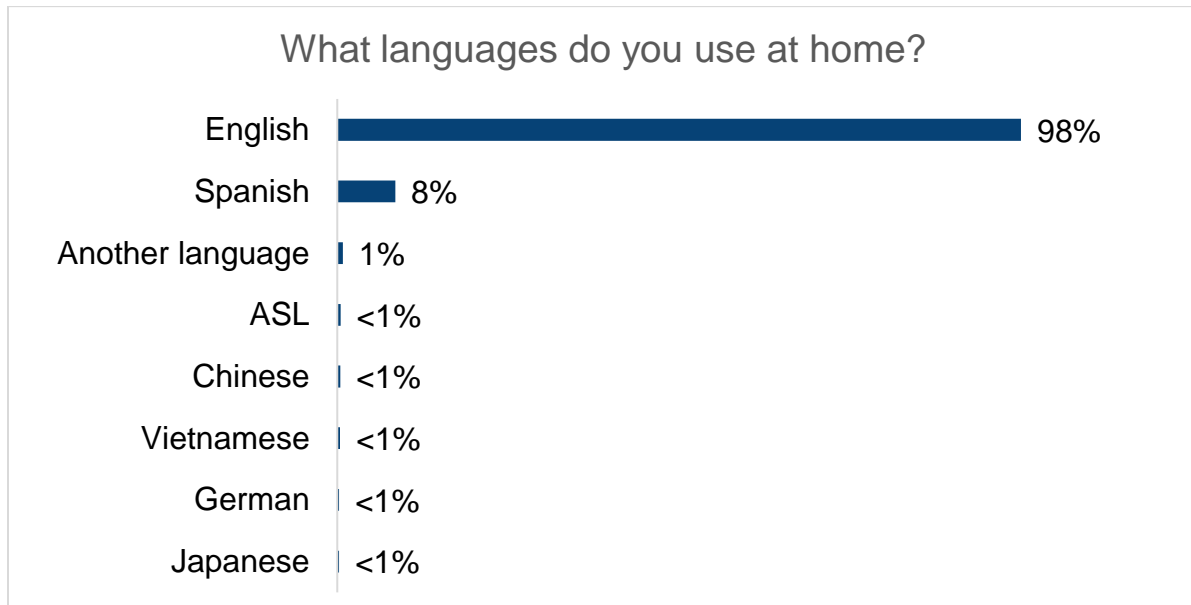
Adult Outpatient, 2023

Figure 6. Location



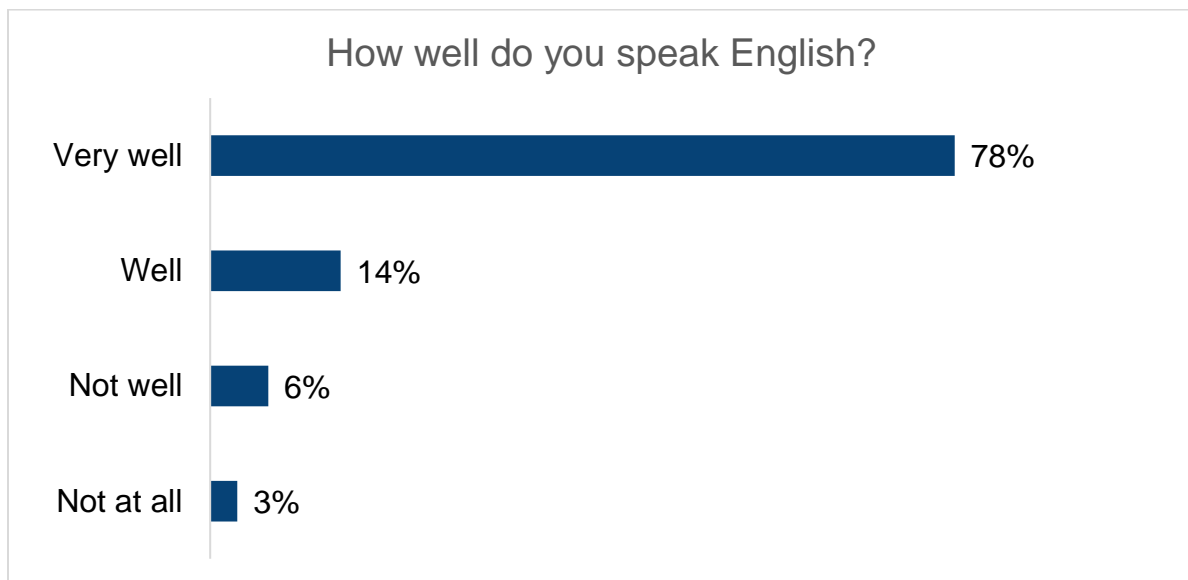
Adult Outpatient, 2023

Figure 7. Language



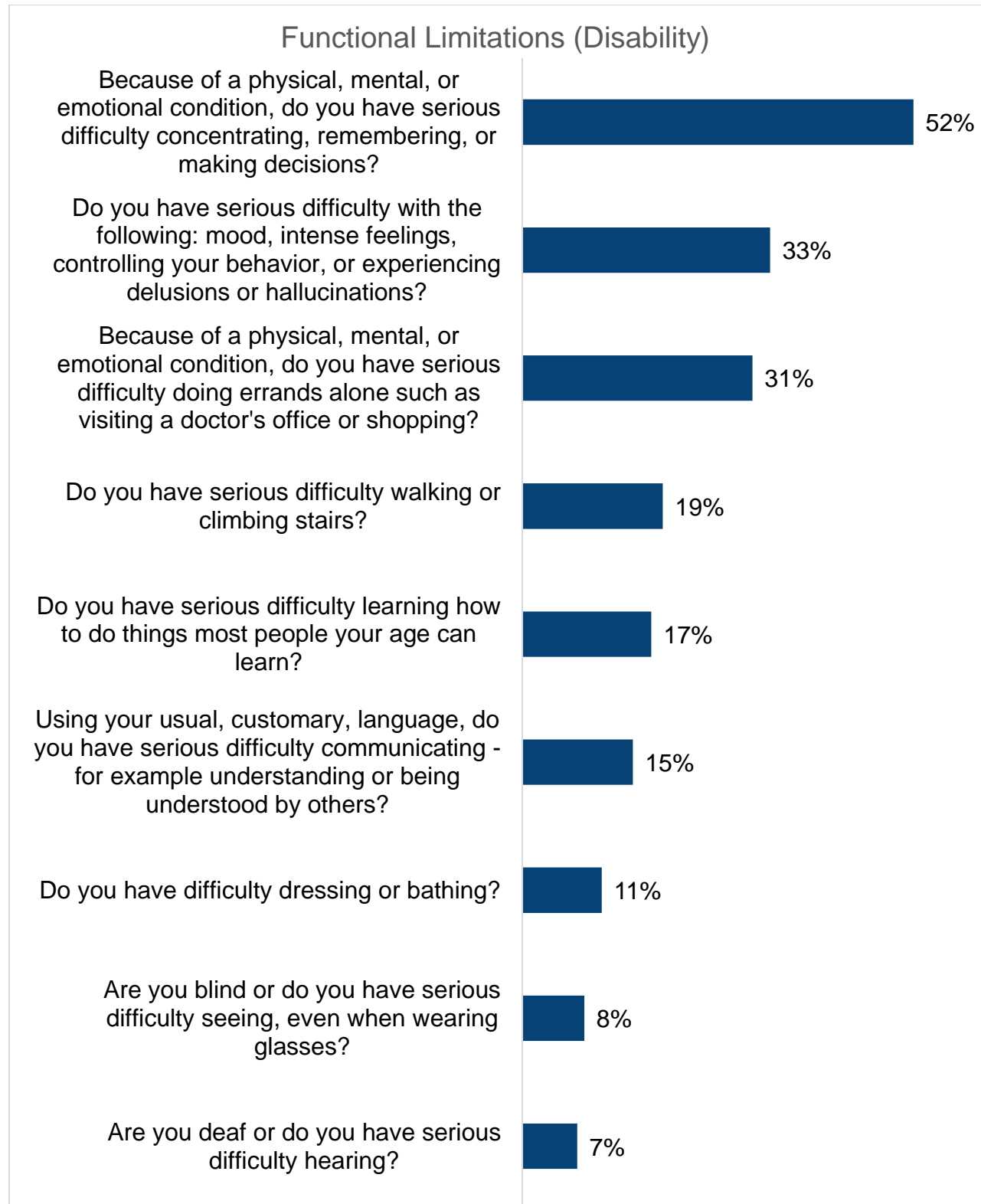
Adult Outpatient, 2023

Figure 8. English-speaking



Adult Outpatient, 2023

Figure 9. Functional Limitations (Disability)



Adult Outpatient, 2023

Outpatient Survey Results

Domain Satisfaction

Table 2 summarizes statewide satisfaction across seven domain areas. Questions from each domain can be found in Table 1.

Table 2. Outpatient Survey Domain Satisfaction, 2023.

Domain	Positive Response (%)
Access to Services	76%
Daily Functioning	67%
General Satisfaction	82%
Participation in Treatment	77%
Quality/Appropriateness	84%
Social Connectedness	65%
Perceptions of Outcomes	64%

Respondents are asked how strongly they agree or disagree with the statements included in each domain and the data is reported as “satisfaction” for those who gave a positive response of Strongly Agree or Agree. Respondents were most satisfied in the domains of Quality/Appropriateness (84%), General Satisfaction (82%), and Participation in Treatment (77%). They were least satisfied in the domains of Perceptions of Outcomes (64%) and Social Connectedness (65%).

Results for 2023 are compared between demographic respondent groups, where relevant, to determine if there are statistically significant differences between them at a 95% confidence level. Trending results for 2019-2023 are compared between years to determine if there are statistically significant differences between them at a 95% confidence level, where applicable. Instances of significant differences are notated in the chart with a ‘*’ character next to the percentage.

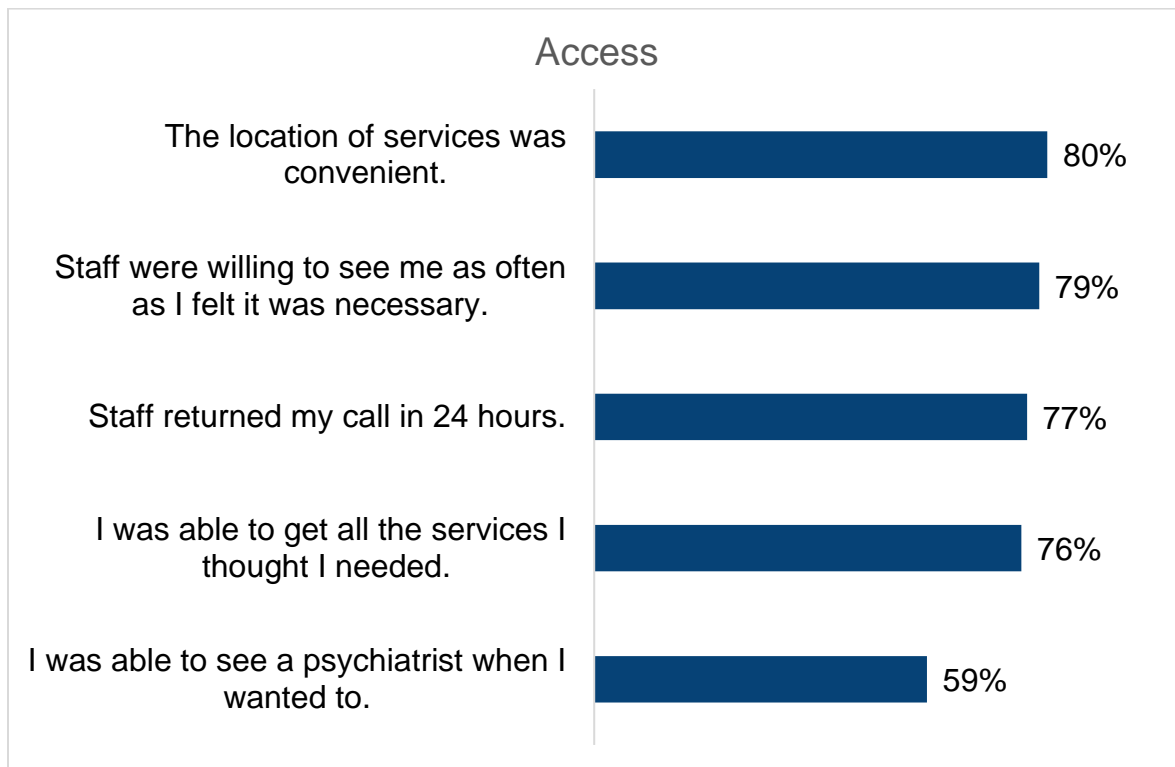
The following sections present data at the statewide level. Data compendiums available on OHA's MHSIP website include survey results by several demographic, regional, or

CCO variables. Individual infographic reports are also available for each CCO on OHA's website.

Access to Services

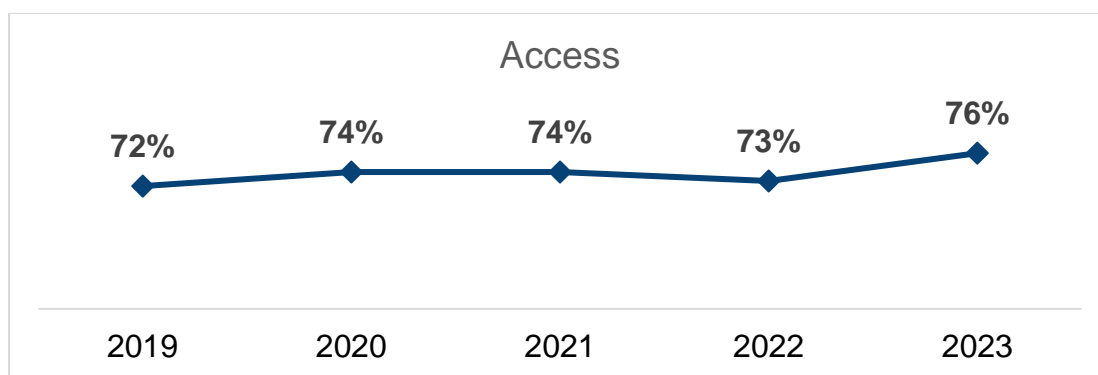
The following set of domain questions were presented to survey respondents:

- **The location of the services was convenient.**
- **Staff were willing to see me as often as I felt it was necessary.**
- **Staff returned my call in 24 hours.**
- **I was able to get all the services I thought I needed.**
- **I was able to see a psychiatrist when I wanted.**
- **Services were available at times that were good for me.**



Adult Outpatient, 2023

Four fifths (80%) of survey respondents said that the location of services was convenient for them. Similar percentages of respondents said that staff were willing to see them as often as they felt was necessary (79%), staff returned their call in 24 hours (77%), and they were able to get all the services they thought they needed (76%). Less than two thirds (59%) said they were able to see a psychiatrist when they wanted to.



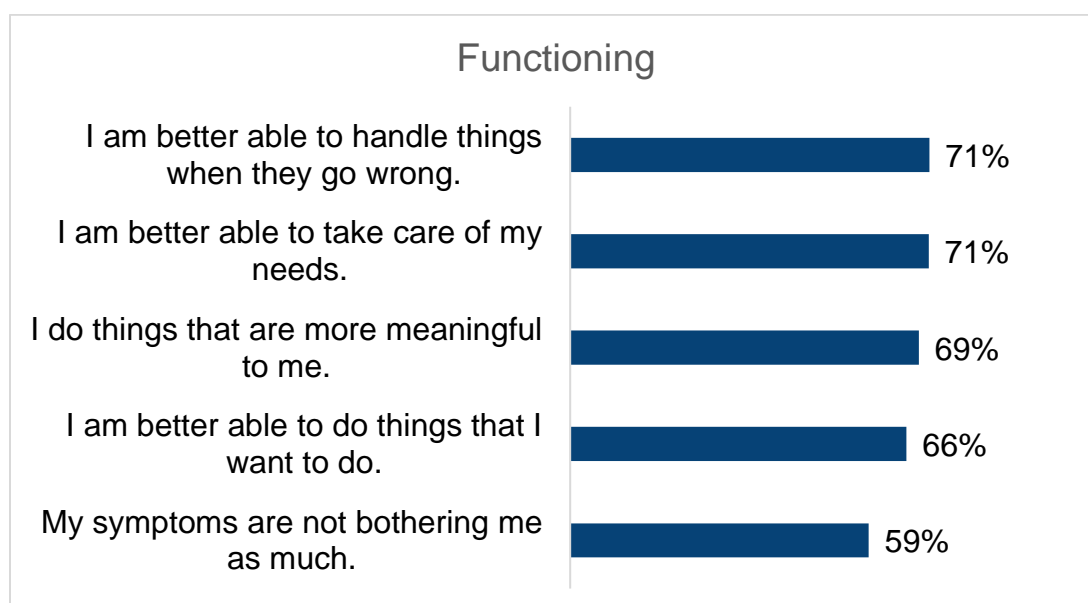
Adult Outpatient, 2019 to 2023

Satisfaction in the Access to Services domain has remained relatively stable over the last five years but appears to be improving in 2023.

Daily Functioning

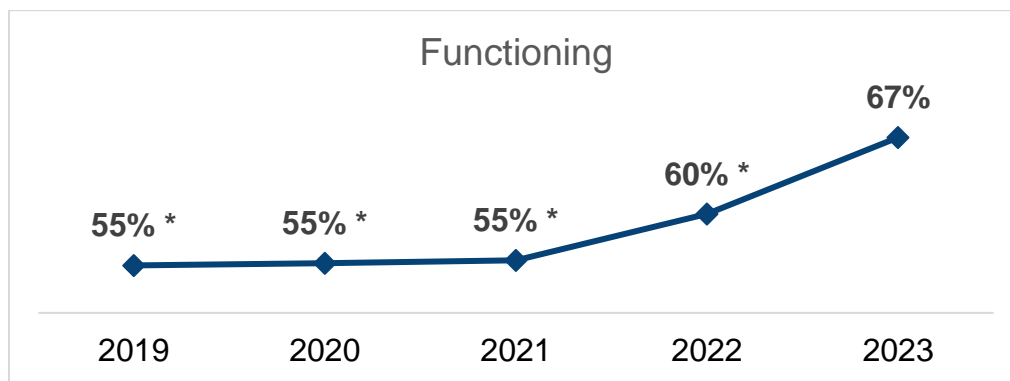
The following set of domain questions were presented to survey respondents:

- **My symptoms are not bothering me as much.**
- **I do things that are more meaningful to me.**
- **I am better able to take care of my needs.**
- **I am better able to handle things when they go wrong.**
- **I am better able to do things that I want to do.**



Just under three quarters of respondents said that they are better able to handle things when they go wrong (71%) and they are better able to take care of their needs (71%). Just over two thirds (69%) said that they do things that are more meaningful to them. However, less than two thirds (59%) said that their symptoms are not bothering them as much.

Those respondents who indicated they were 65 years old or older were significantly less likely to provide a positive response (about 55%) within the Daily Functioning domain as compared to overall (67%). Contrarily, those who indicated they were between the ages of 30 and 34 years old were significantly more likely to provide a positive response (about 75%) in this domain area as compared to overall (67%).



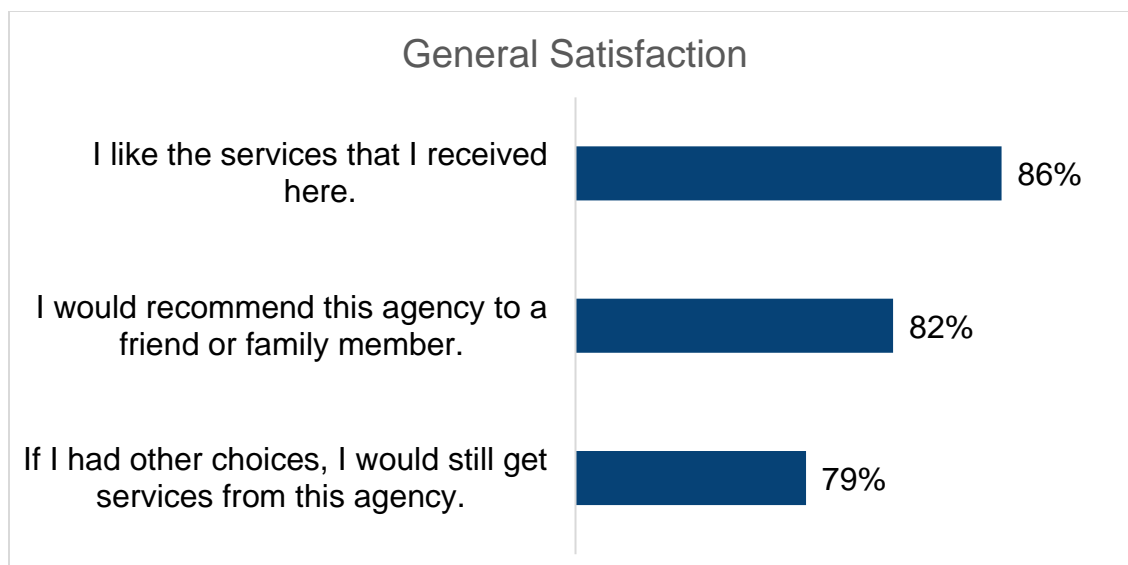
Adult Outpatient, 2019 to 2023

Satisfaction in the Daily Functioning domain was consistently low through 2021; since then, however, it has begun to trend upward with a recent high of 67% in 2023. All prior years' values were significantly lower than the overall in 2023.

General Satisfaction

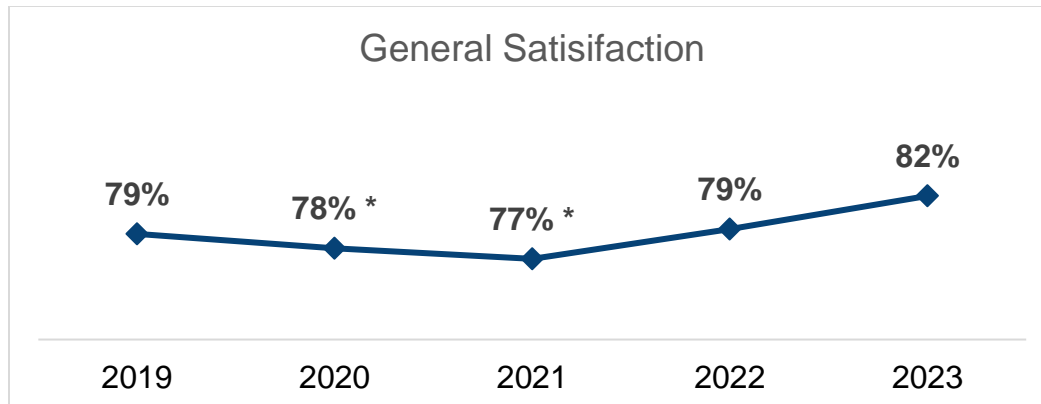
The following set of domain questions were presented to survey respondents:

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



Adult Outpatient, 2023

Most respondents (86%) said they liked the services they received here. Just over four fifths (82%) reported that they would recommend this agency to a friend or family member. Over three quarters (79%) said that if they had other choices, they would still get services from this agency.



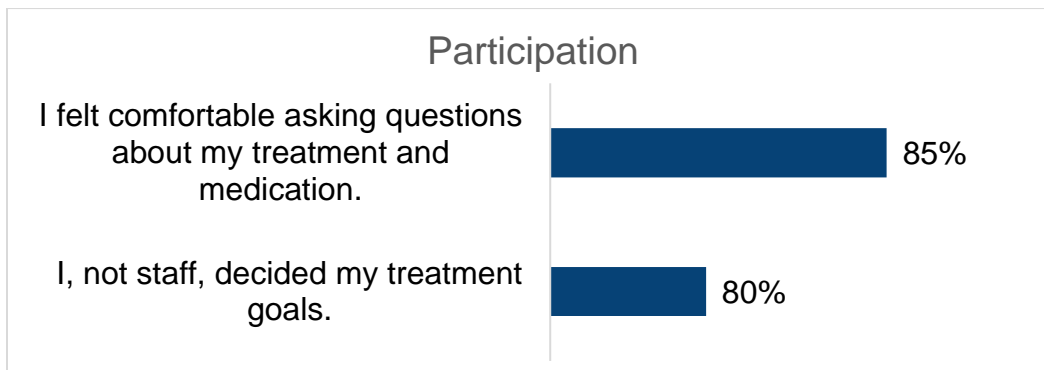
Adult Outpatient, 2019 to 2023

Satisfaction in the General Satisfaction domain has remained relatively stable in the past five years and appears to be on an upward trend since 2021 with a recent high of 82% in 2023. Values in 2020 and 2021 are significantly lower than the overall in 2023.

Participation in Treatment

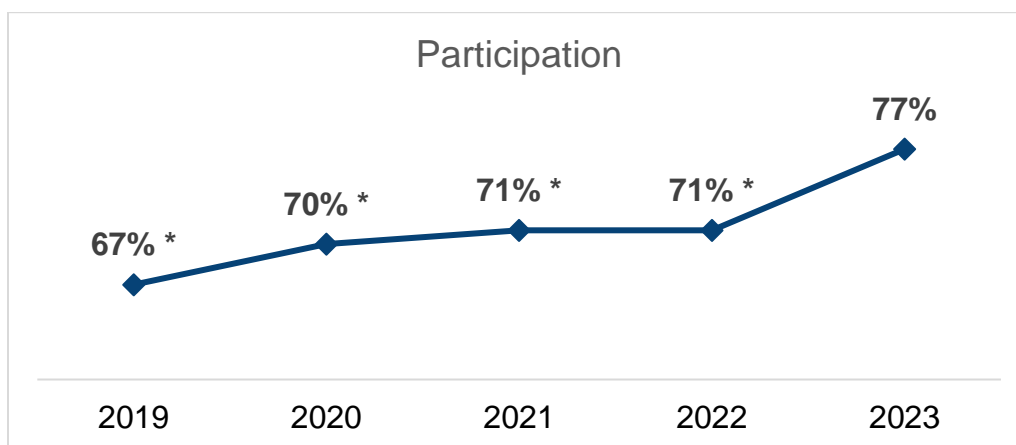
The following set of domain questions were presented to survey respondents:

- **I felt comfortable asking questions about my treatment and medication.**
- **I, not the staff, decided my treatment goals.**



Adult Outpatient, 2023

More than four fifths (85%) of respondents said they felt comfortable asking questions about their treatment and medication. Over three quarters (80%) said that they, not staff, decided their treatment goals.



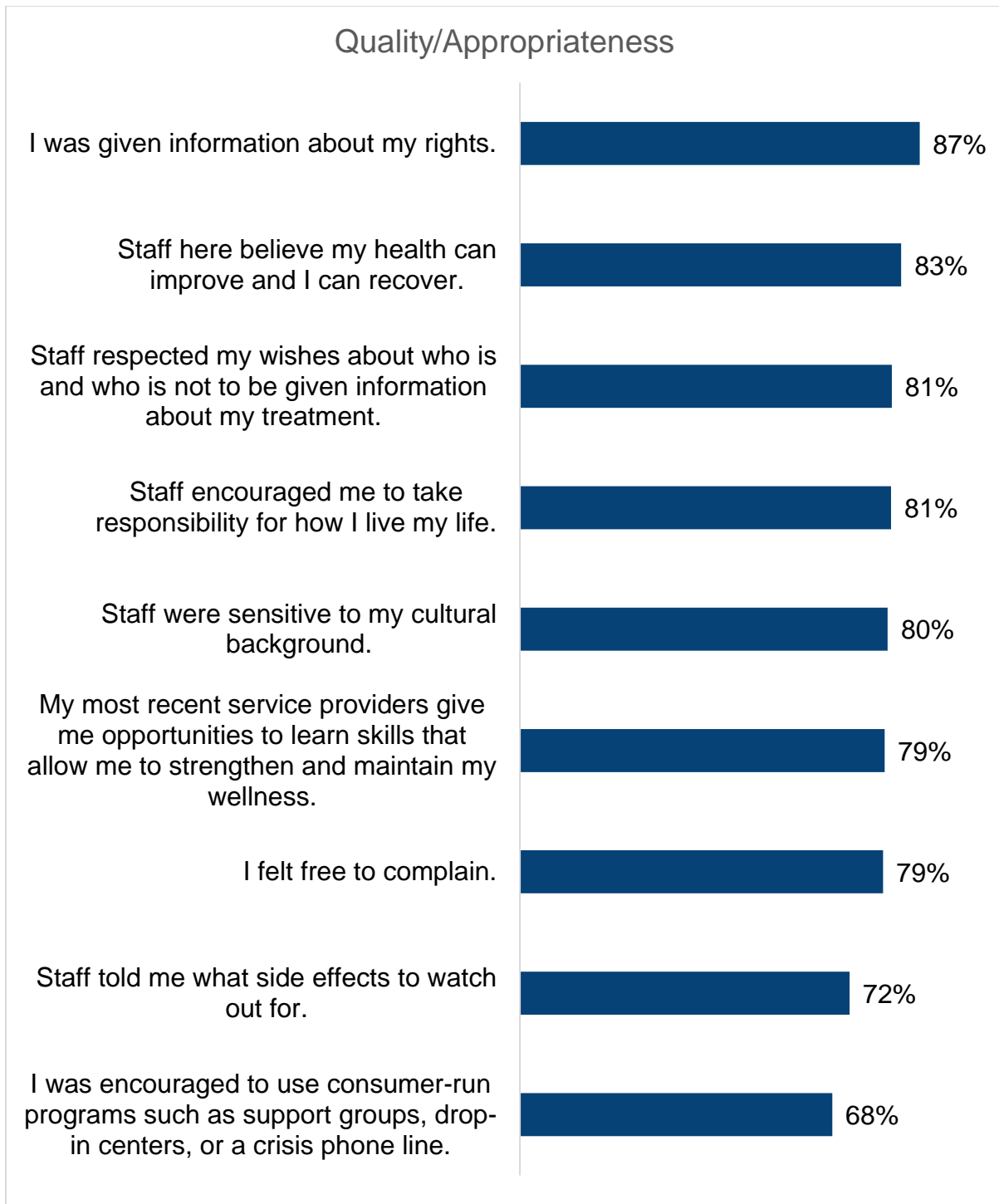
Adult Outpatient, 2019 to 2023

Satisfaction in the Participation domain experienced a sizeable increase to 77% in 2023 after trending slightly upward for several years prior. All prior years' values were significantly lower than the overall in 2023.

Quality/Appropriateness

The following set of domain questions were presented to survey respondents:

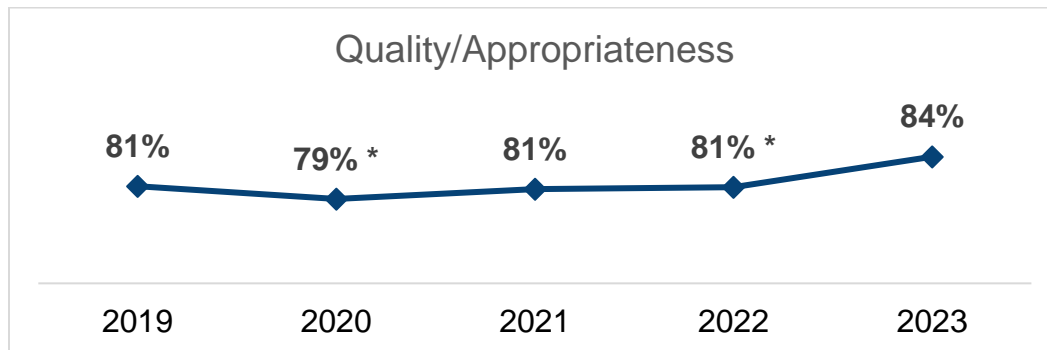
- **Staff here believe my health can improve and I can recover.**
- **I felt free to complain.**
- **I was given information about my rights.**
- **Staff encouraged me to take responsibility for how I live my life.**
- **Staff told me what side effects to watch out for.**
- **Staff respected my wishes about who is and who is not to be given information about my treatment.**
- **Staff were sensitive to my cultural background.**
- **I was encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phone line.**
- **My most recent service providers give me opportunities to learn skills that allow me to strengthen and maintain my wellness.**



Adult Outpatient, 2023

Most survey respondents (90%) reported that staff respected their wishes about who is and who is not to be given information about their treatment. Over four fifths (83%) agreed that staff believed their health can improve and that they can recover. However,

only slightly more than two thirds (68%) said they were encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phoneline.



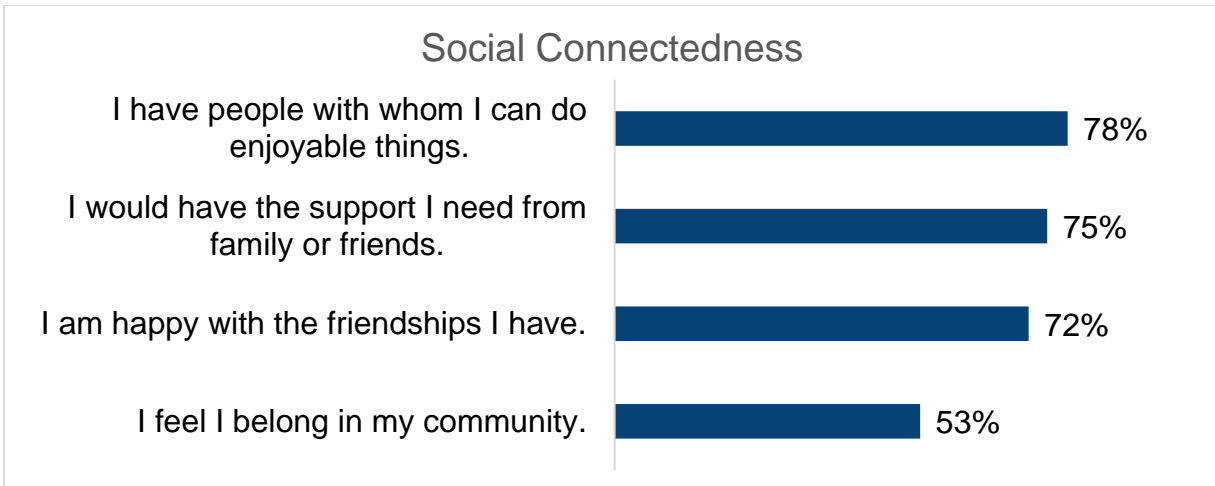
Adult Outpatient, 2019 to 2023

Satisfaction in the Quality/Appropriateness domain has fluctuated very little over time but reached a recent historic high of 84% in 2023. The domain values in 2020 and 2022 were significantly lower than the overall in 2023.

Social Connectedness

The following set of domain questions were presented to survey respondents:

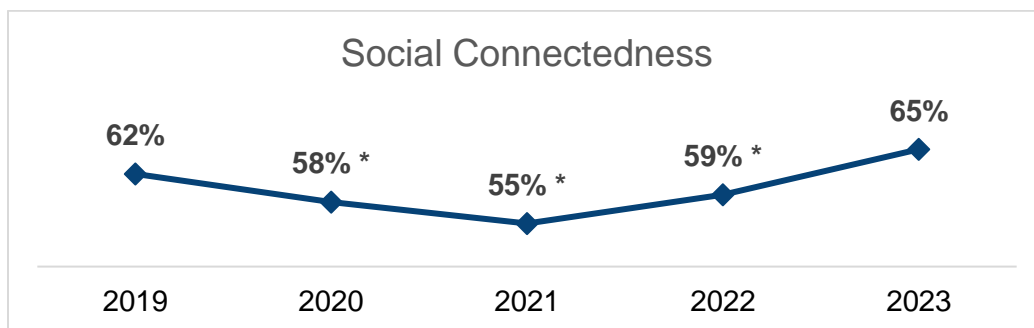
- **I am happy with the friendships I have.**
- **I have people with whom I can do enjoyable things.**
- **I feel I belong in my community.**
- **In a crisis, I would have the support I need from family or friends.**



Adult Outpatient, 2023

Almost four fifths of respondents (78%) reported that they have people with whom they can do enjoyable things. Three quarters (75%) said they would have the support they need from family or friends. However, only slightly more than half (53%) said they feel they belong in their community.

Respondents who indicated they were between the ages of 50 to 54 years old were significantly less likely (53%) to provide a positive response within the Social Connectedness domain as compared to overall (about 65%).



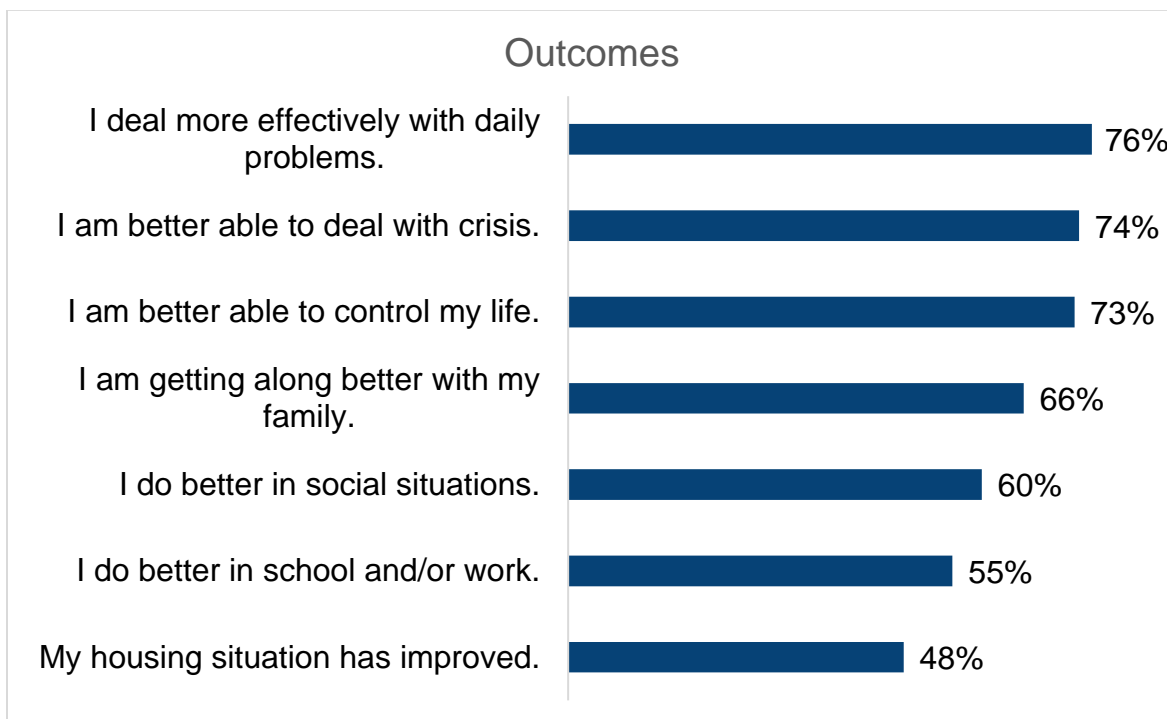
Adult Outpatient, 2019 to 2023

Satisfaction in the Social Connectedness domain had been trending downward since 2019; however, since 2021 it has been trending upward with a recent high of 65% in 2023. Values in 2020, 2021, and 2022 were significantly lower than the overall in 2023.

Perceptions of Outcomes

The following set of domain questions were presented to survey respondents:

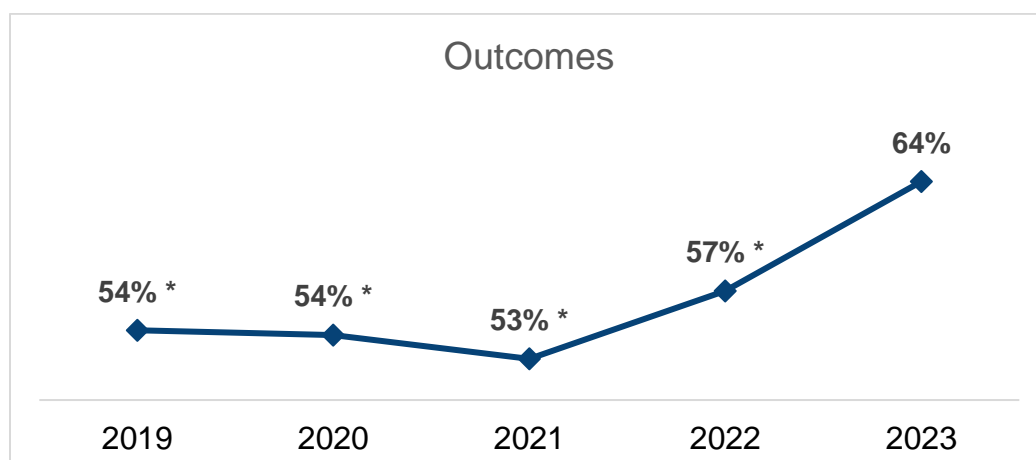
- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My housing situation has improved.



Adult Outpatient, 2023

More than three quarters (76%) of respondents said they deal more effectively with daily problems. Just less than three quarters (74%) reported that they are better able to deal with crisis. Only slightly more than half (55%) said they do better in school or work and less than half (48%) said that their housing situation has improved.

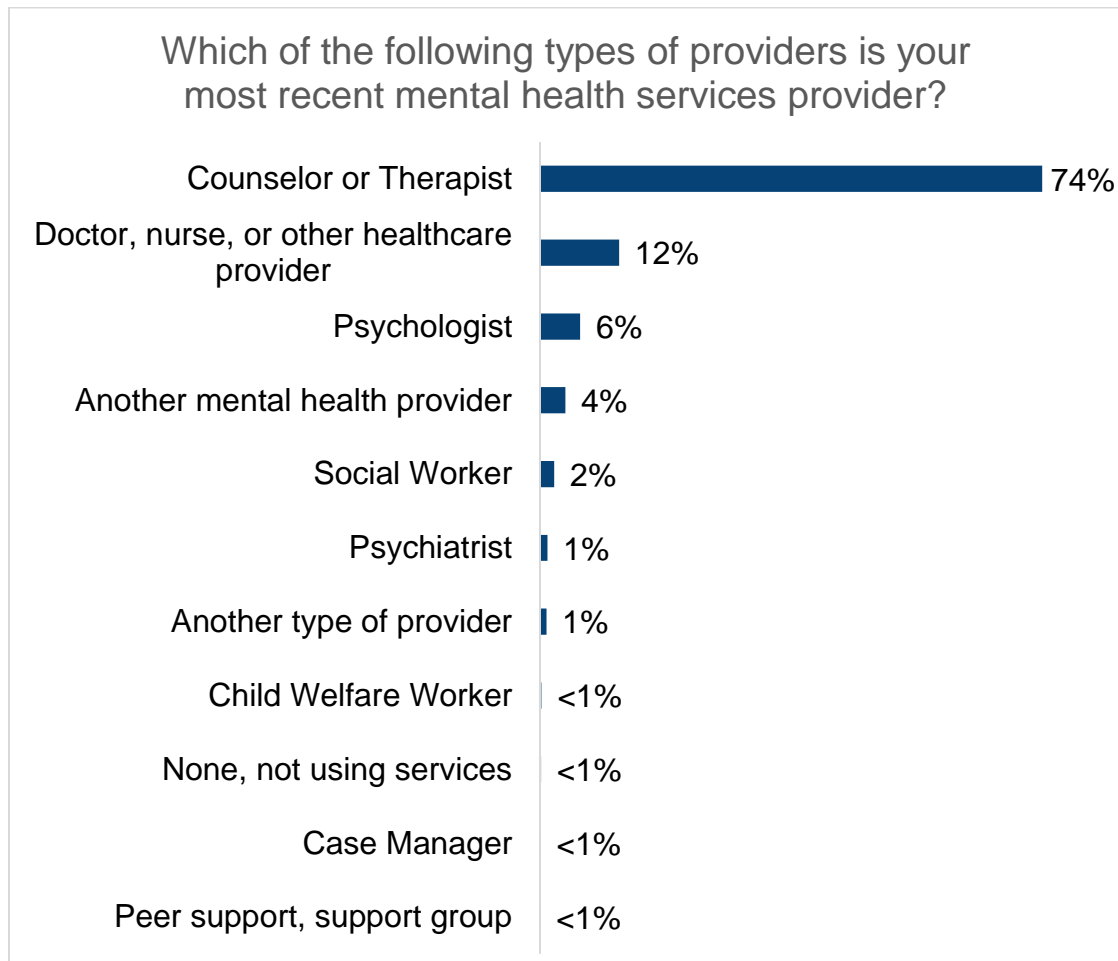
Respondents who indicated they were between the ages of 30 to 34 years old were significantly more likely to provide a positive response (about 72%) in the Perceptions of Outcomes domain as compared to overall (about 64%).



Adult Outpatient, 2019 to 2023

Satisfaction in the Perceptions of Outcomes domain has remained low in prior years but appears to be experiencing an upward trend with a recent high of 64% in 2023. All prior years' values were significantly lower than the overall in 2023.

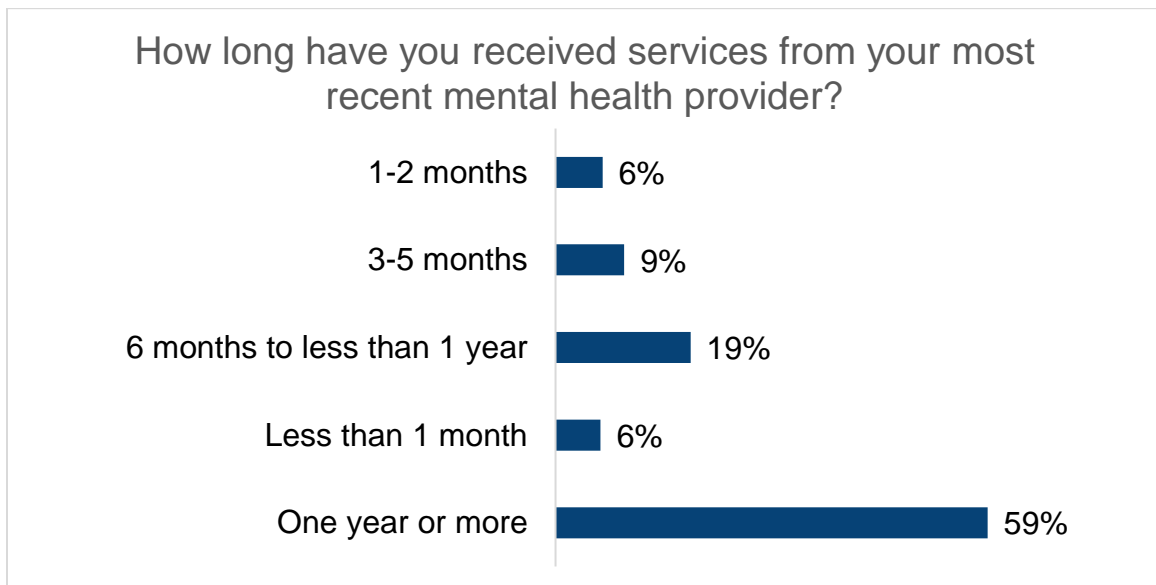
Treatment Status



Adult Outpatient, 2023

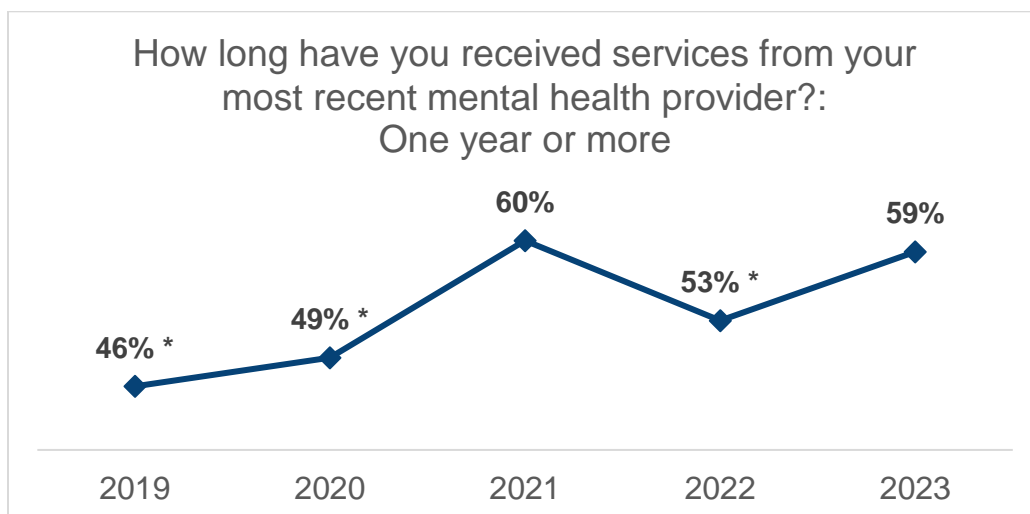
Almost three quarters (74%) of respondents said that a counselor or therapist is their most recent type of mental health services provider. Less than one fifth (12%) said that their most recent mental health provider is a doctor, nurse, or other healthcare provider. Only 6% said that a psychologist is their most recent mental health provider.

Although most respondents said their most recent mental health provider was a counselor or therapist, those respondents who indicated that they were at least 65 years old or older were significantly less likely to report that their most recent provider was a counselor or therapist (about 64%) as compared to overall (74%). However, respondents who self-reported as Hispanic or Latino/a/x were significantly more likely to report that their most recent provider was a counselor or therapist (83%) as compared to others overall (74%).



Adult Outpatient, 2023

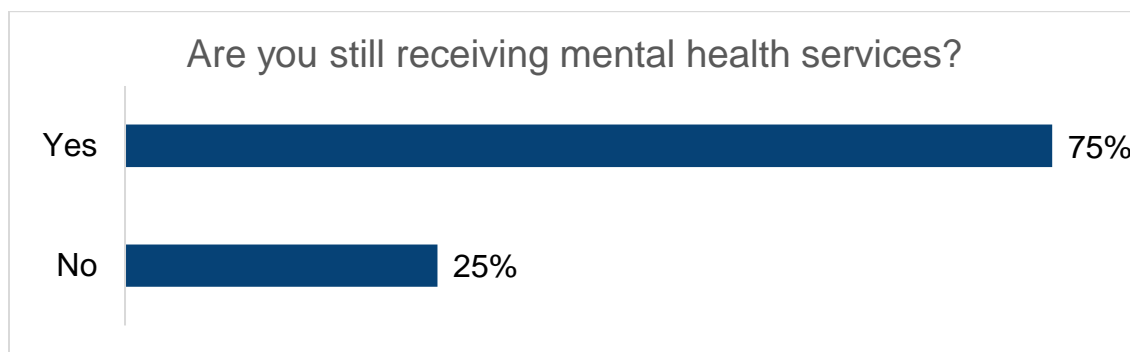
Over half (59%) reported that they have received services from their most recent mental health provider for one year or more. Just under one fifth (19%) said they have received services for at least six months but less than one year and only 6% have received services for less than one month.



Adult Outpatient, 2019 to 2023

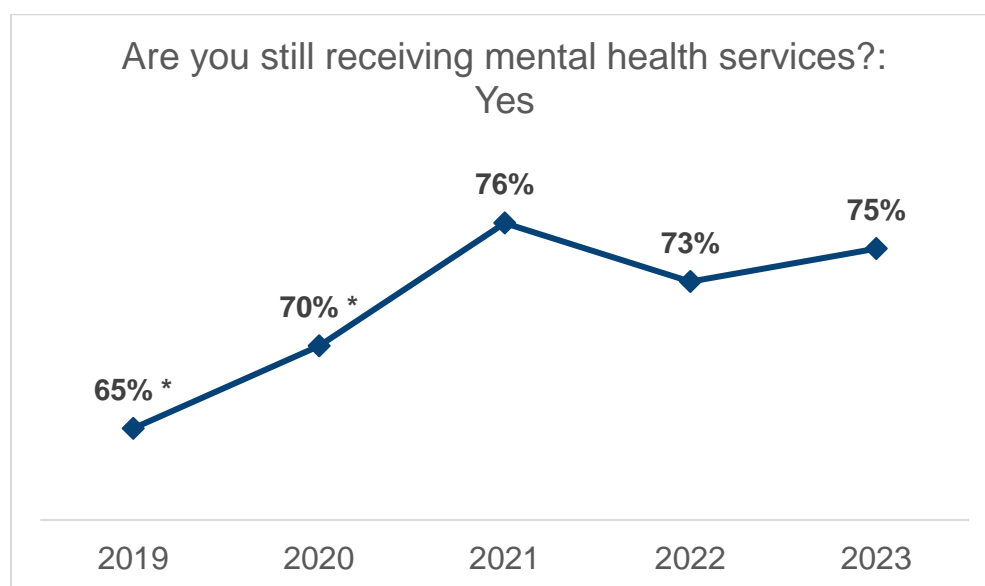
The proportion of respondents indicating that they have received services from their provider for one year or more appears to be increasing over time despite decreasing in

2022. The values in 2019, 2020, and 2022 are significantly lower than the overall in 2023.



Adult Outpatient, 2023

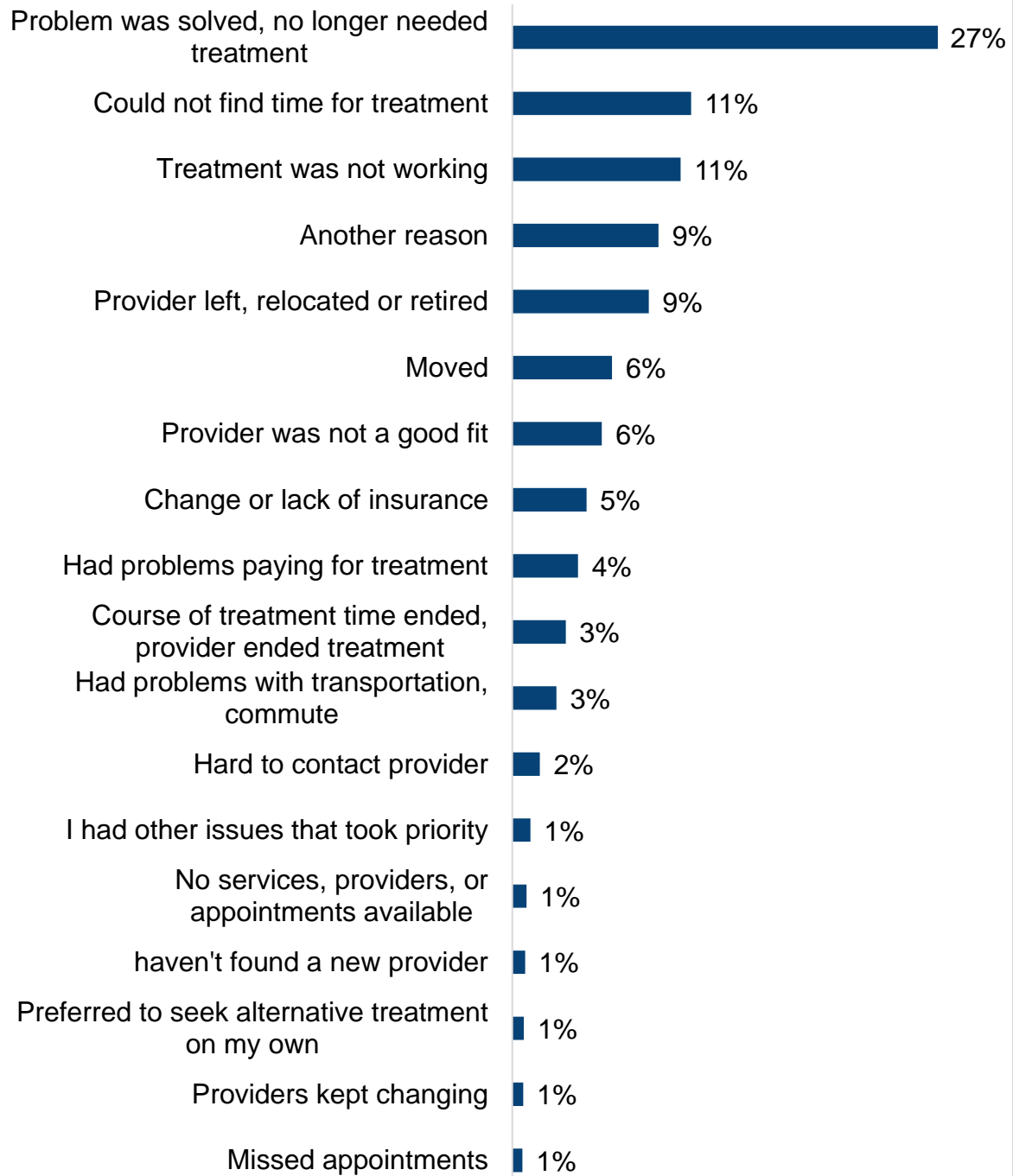
Three quarters (75%) of respondents said they are still receiving mental health services. Respondents between the ages of 50 to 54 years old were more likely (about 82%) and respondents between the ages of 18 to 24 were less likely (about 64%) to still be receiving mental health services as compared to others overall (75%).



Adult Outpatient, 2019 to 2023

The proportion of respondents reporting that they are still receiving mental health services appears to be trending upward despite a small decrease in 2022. The values from 2019 and 2020 are significantly lower than the overall in 2023.

Which of the following reasons is the major reason why your treatment has ended?



Adult Outpatient, 2023

More than one quarter (27%) of respondents reported that the major reason why their treatment ended was because their problem was solved, and they no longer needed treatment. Other top responses include being unable to find time for treatment (11%), the treatment was not working (11%), or their provider left, relocated, or retired (9%).

Expectations and Results

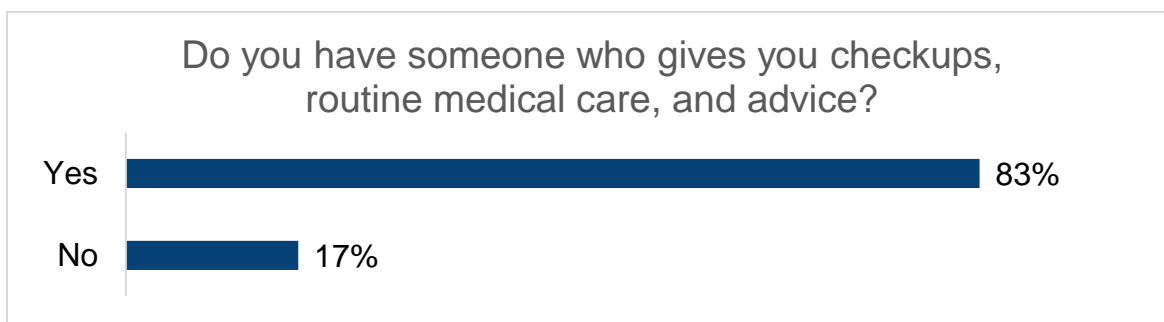


Adult Outpatient, 2023

More than four fifths (85%) of respondents expected that they would become less anxious or fearful when they started receiving services from their provider. However, less than three quarters (72%) reported becoming less anxious or fearful since receiving

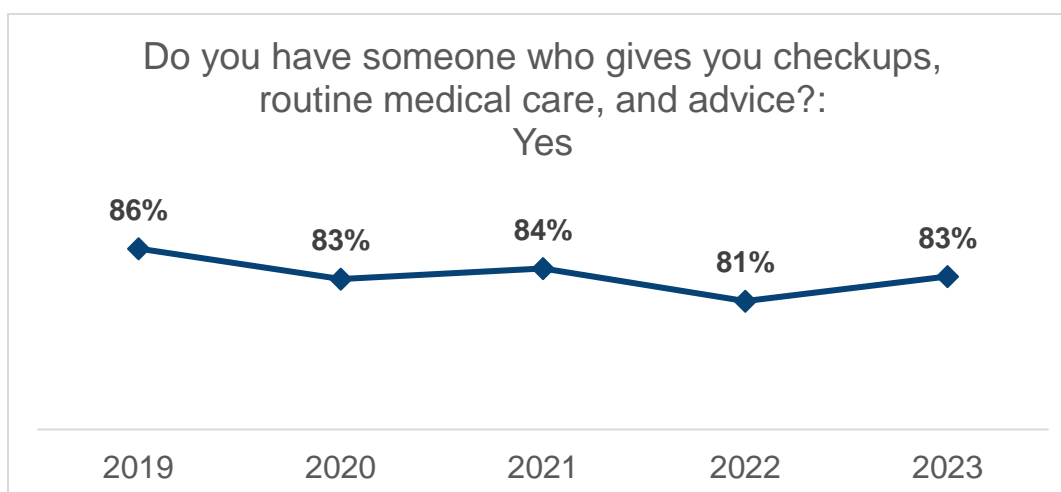
services. Similarly, just over three quarters (82%) of respondents expected to feel better about themselves but less than three quarters (72%) reported feeling better about themselves since they started receiving services. Less than half (44%) of the respondents expected to become more respectful or responsible, but more than half (54%) reported that they became more respectful or responsible since they started receiving services.

Care Providers



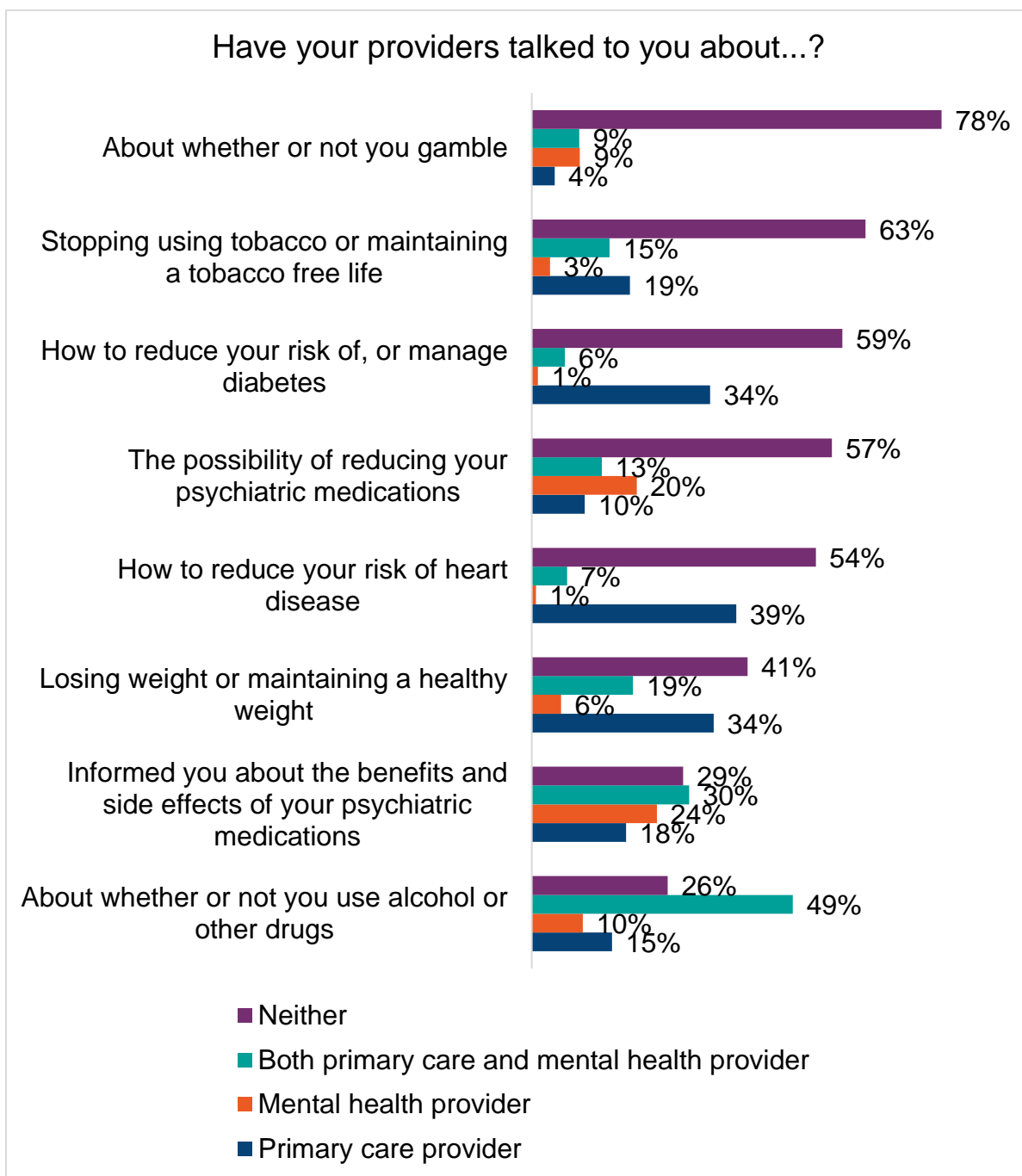
Adult Outpatient, 2023

More than four fifths (83%) of respondents said they have someone who gives them routine medical care. Older respondents, particularly those 65 years old or older, were more likely (about 97%) to indicate that they have someone who gives them checkups, routine medical care, and advice as compared to overall (83%).



Adult Outpatient, 2019 to 2023

The proportion of respondents who agreed that they have someone who gives them checkups or other routine medical care and advice has remained relatively high over time and increased to 83% in 2023.

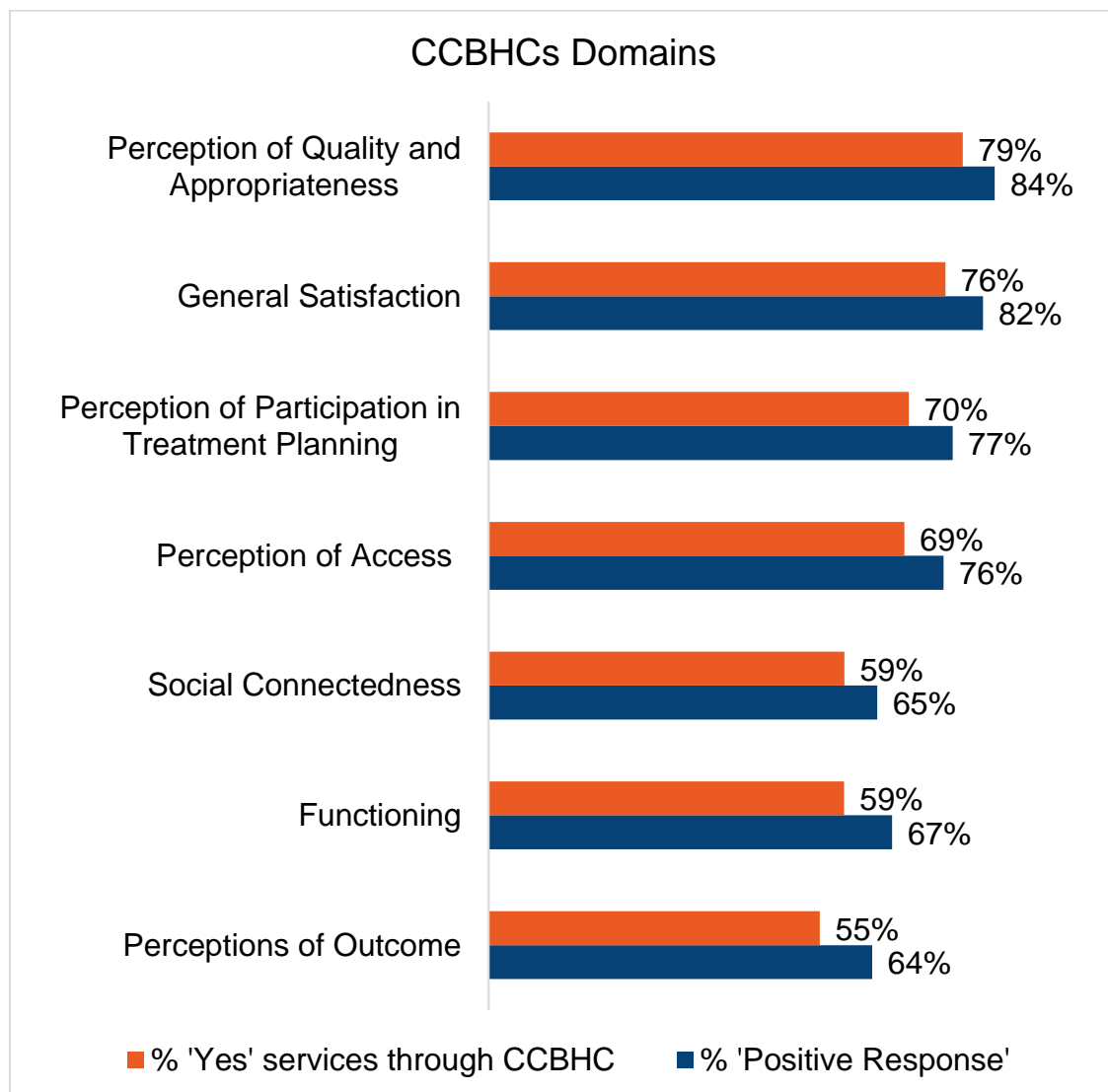


Adult Outpatient, 2023

More than three quarters (78%) of respondents indicated that neither their primary care provider nor their mental health provider talked to them about whether they gamble.

Almost two thirds (63%) said neither provider talked to them about stopping their use of tobacco or maintaining a tobacco free life. Just under two thirds (59%) reported that neither provider talked to them about how to reduce their risk or manage their diabetes. Slightly more than half (54%) said neither provider talked to them about how to reduce their risk of heart disease. However, almost half (49%) said that both their primary care provider and mental health provider asked about whether they use alcohol or other drugs.

Certified Community Behavioral Health Clinics (CCBHCs)

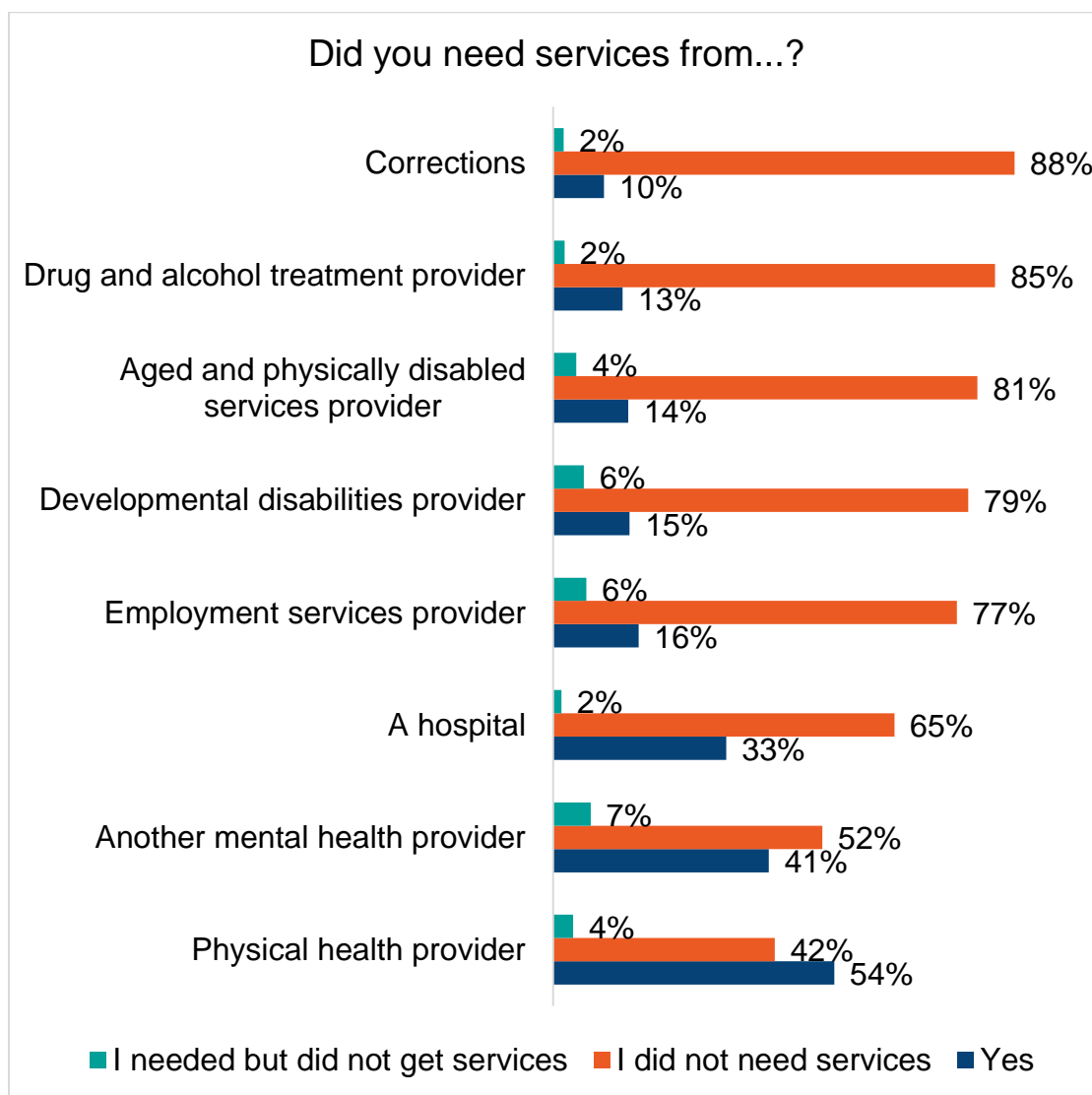


Adult Outpatient, 2023

Most survey respondents reported high levels of satisfaction within the Certified Community Behavioral Health Clinics (CCBHCs) domains of Perception of Quality and

Appropriateness (84%) and General Satisfaction (82%). However, less than two thirds said they were satisfied within the domain area of Social Connectedness (59%) and Daily Functioning (59%).

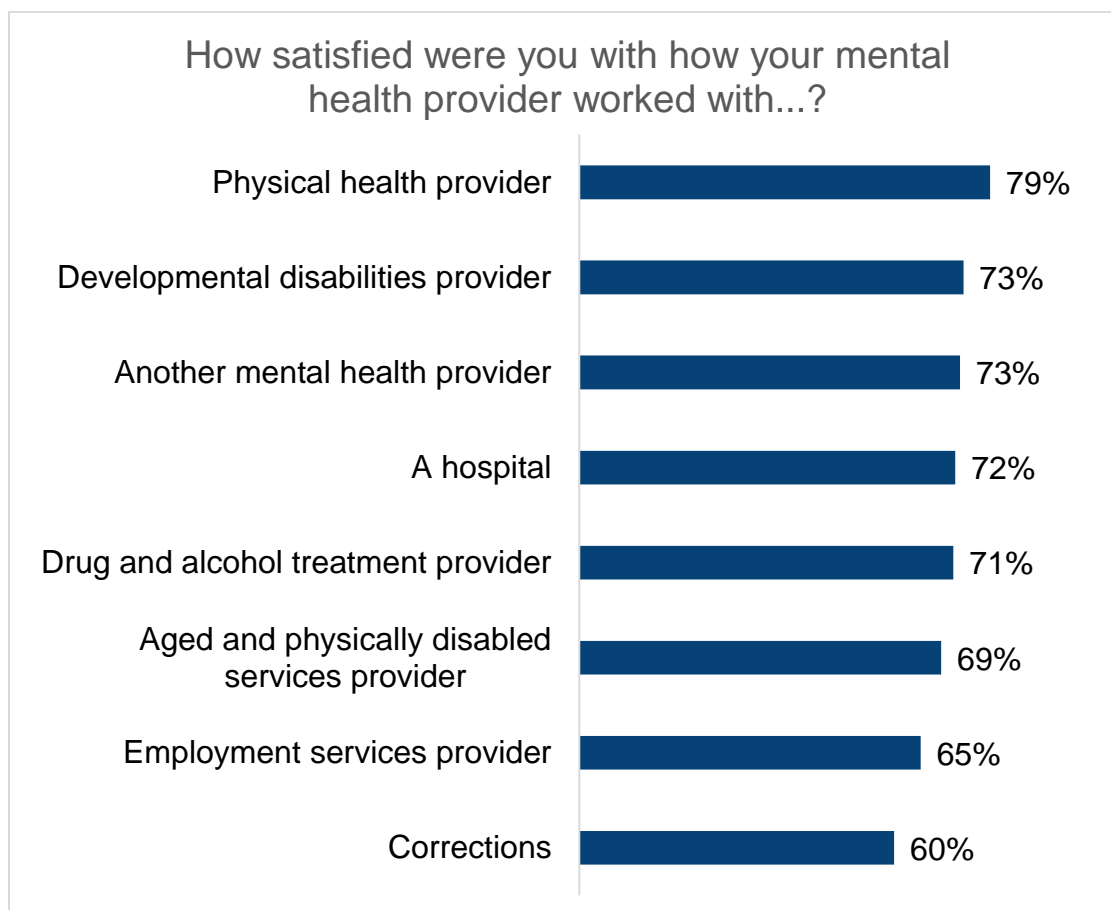
Coordination of Care



Adult Outpatient, 2023

Most survey respondents did not need services from Corrections (88%) or a drug and alcohol treatment provider (85%). One third (33%) of respondents said they needed services from a hospital. More than half (54%) said they needed services from a physical health provider and a little less than half (41%) said they needed services from another mental health provider. Only 7% of respondents said they needed services from another mental health provider but did not receive these services.

Respondents who indicated residing in a frontier location were significantly more likely (44%) to report needing services at a hospital as compared to those in other locations overall (about 33%).

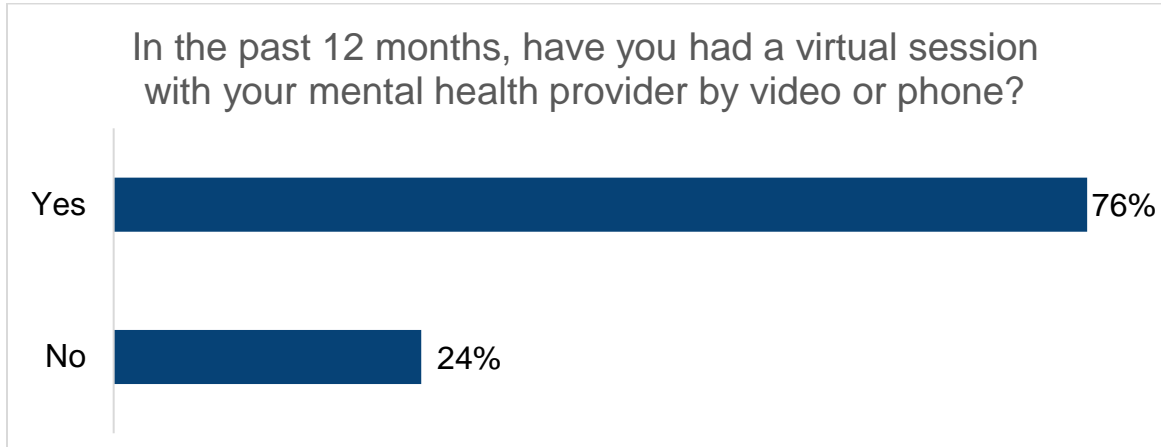


Adult Outpatient, 2023

Nearly three quarters (72%) of respondents reported that they were satisfied with how their mental health provider worked with a hospital. Just over three quarters (79%) of respondents said that they were satisfied with how their mental health provider worked with a physical health provider and just under three quarters (73%) said they were satisfied with how their mental health provider worked with another mental health provider.

Respondents identifying as Asian were significantly less likely to report being extremely satisfied with how their mental health provider worked with a physical health provider (about 12%) as compared to other racial groups overall (about 34%).

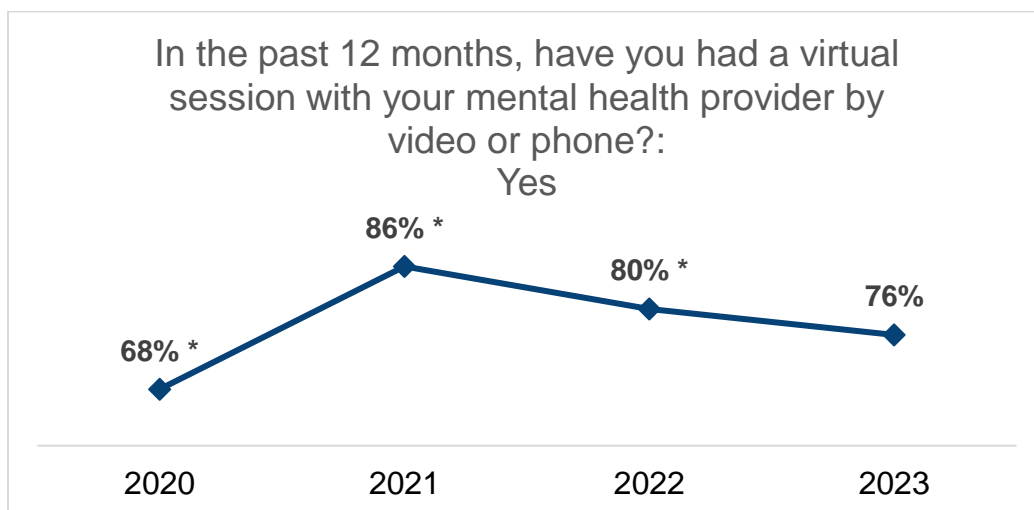
Telehealth Services



Adult Outpatient, 2023

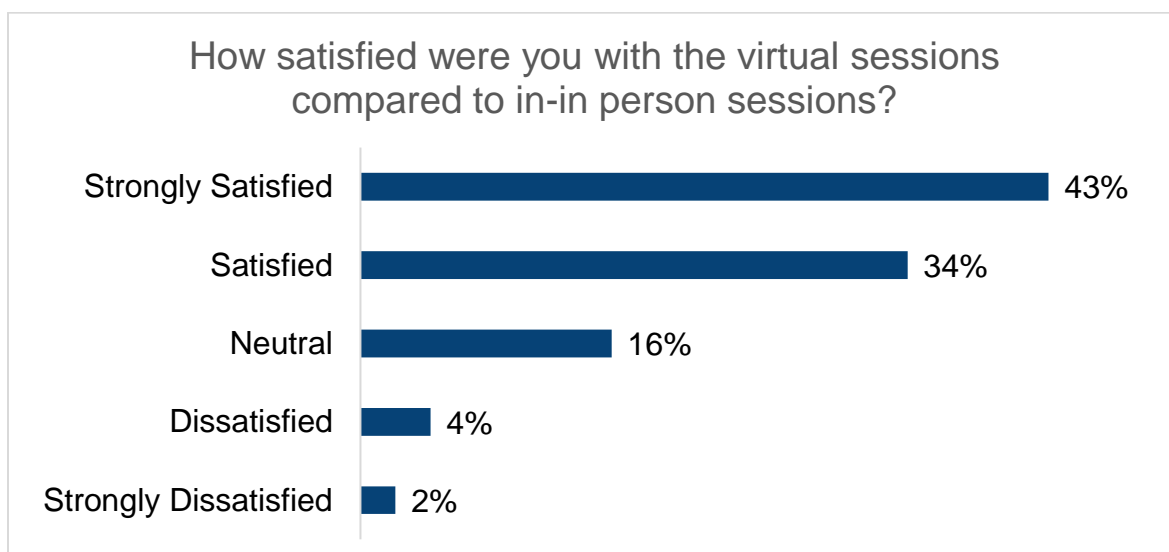
More than three quarters (76%) of respondents said that they have had a virtual session by video or phone with their mental health provider in the past 12 months.

Respondents who indicated their residence was in a rural location were significantly less likely to have had a virtual session with their mental health provider in the past 12 months (about 70%) as compared to others overall (about 76%). Additionally, respondents 65 years old or older were significantly less likely to have had a virtual session in the past 12 months (about 59%) as compared to other overall (about 76%).



Adult Outpatient, 2020 to 2023

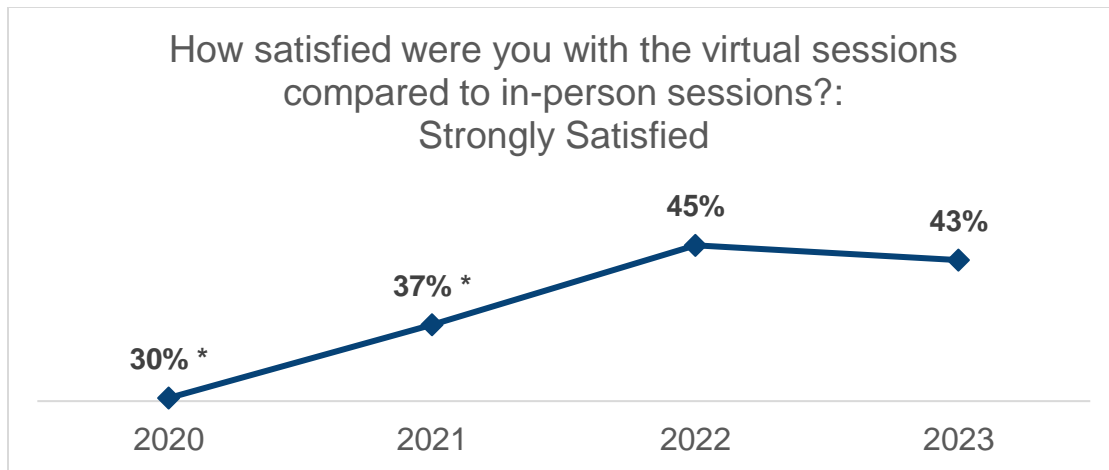
The proportion of respondents who, in the past 12 months, have had a virtual session with their mental health provider appears to be trending downward. The value from 2020 is significantly lower and the values from 2021 and 2022 are significantly higher than overall in 2023.



Adult Outpatient, 2023

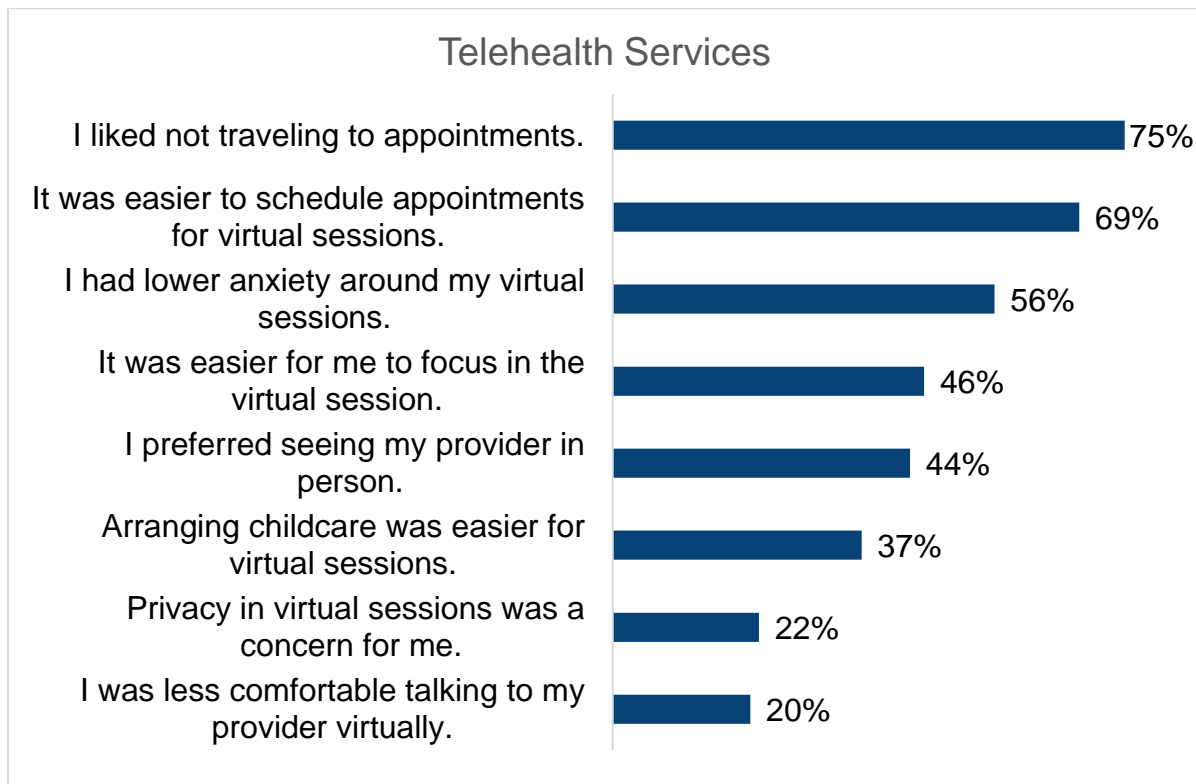
Almost half (43%) of the respondents said they were strongly satisfied with their virtual sessions compared to in-person sessions. Only 6% said they were dissatisfied.

Respondents who self-identified as Black or African American were significantly more likely (about 57%) to report being strongly satisfied with virtual sessions as opposed to in-person sessions when compared to others overall (43%). Conversely, respondents who self-identified as Middle Eastern or Northern African were significantly more likely (about 22%) to report being strongly dissatisfied with their virtual sessions as compared to others overall (about 2%).



Adult Outpatient, 2020 to 2023

Strong satisfaction with virtual sessions compared to in-person sessions appears to have been trending upward before decreasing slightly in 2023 to about 43%. The values from 2020 and 2021 are significantly lower than overall in 2023.

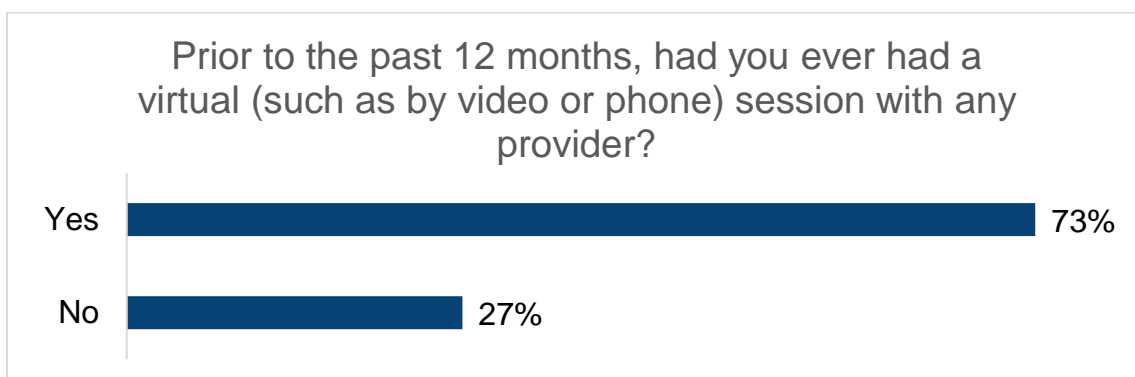


Adult Outpatient, 2023

When asked about telehealth services, three quarters (75%) of respondents reported that they liked not traveling to appointments. More than two thirds (69%) said that it was

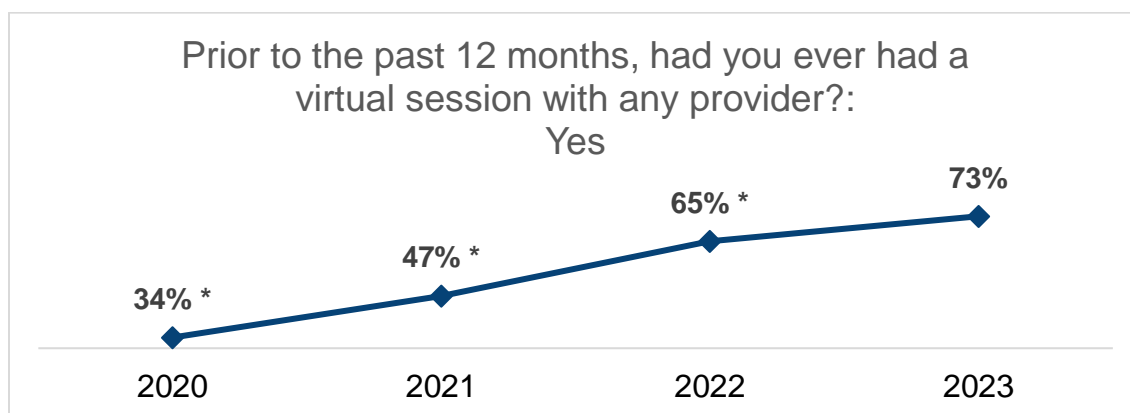
easier to schedule appointments for virtual sessions. More than half (56%) had lower anxiety around their virtual sessions and less than one quarter (22%) said that privacy in virtual sessions was a concern.

Respondents who self-identified as Middle Eastern or Northern African were significantly more likely (about 17%) strongly disagree with the statement that it was easier to schedule appointments for virtual sessions as compared to others overall (about 2%). However, Middle Eastern or North African respondents were significantly more likely (about 57%) to agree that arranging childcare was easier for virtual sessions.



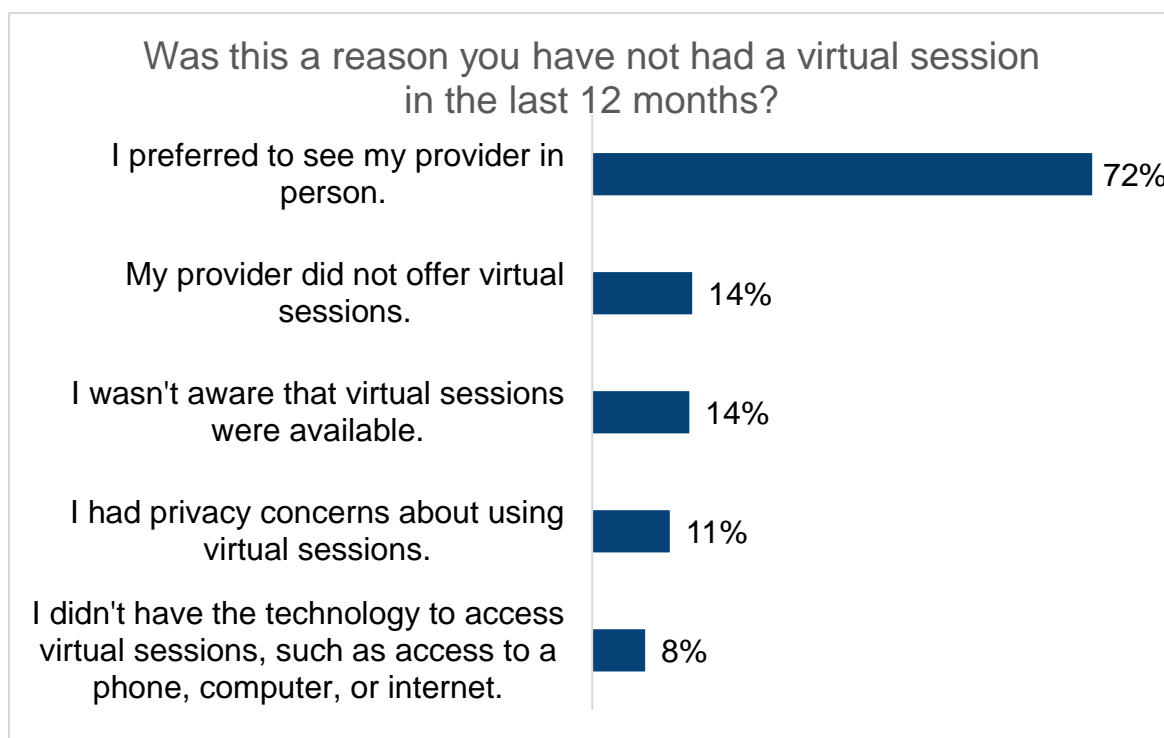
Adult Outpatient, 2023

Almost three quarters (73%) of respondents said they ever had a virtual session by video or phone with any provider prior to the past 12 months.



Adult Outpatient, 2020 to 2023

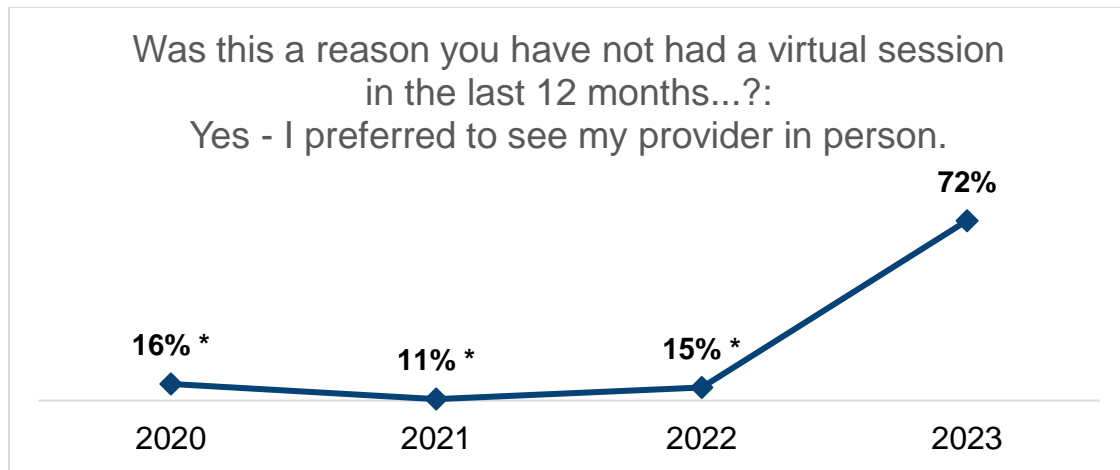
The proportion of respondents who, prior to the last 12 months, have ever had a virtual session with any of their providers appears to be trending upward over time. All prior years' values are significantly lower than overall in 2023.



Adult Outpatient, 2023

Nearly three quarters (72%) of respondents said they have not had a virtual session in the last 12 months because they preferred to see their provider in person. Less than one fifth (14%) said that they have not had a virtual session recently because their provider did not offer virtual sessions and another 14% said they were not aware that virtual sessions were available.

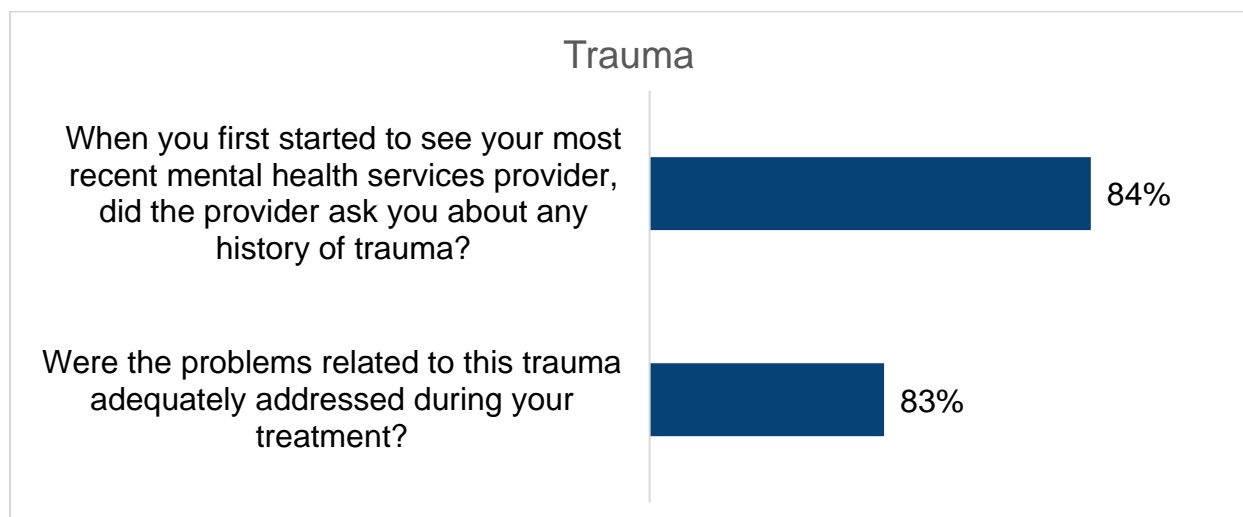
Respondents who self-identified as Asian were significantly more likely (about 98%) to agree that they have not had a virtual session in the last 12 months because they preferred to see their provider in person. Respondents aged 65 years old or older were significantly more likely (about 25%) to report that they did not have the necessary technology to access virtual sessions.



Adult Outpatient, 2020 to 2023

The proportion of respondents who agreed that they have not had a virtual session in the last 12 months because they preferred to see their provider in person remained relatively stable until 2023 when it sharply increased to about 72%. All prior years' values are significantly lower than overall in 2023.

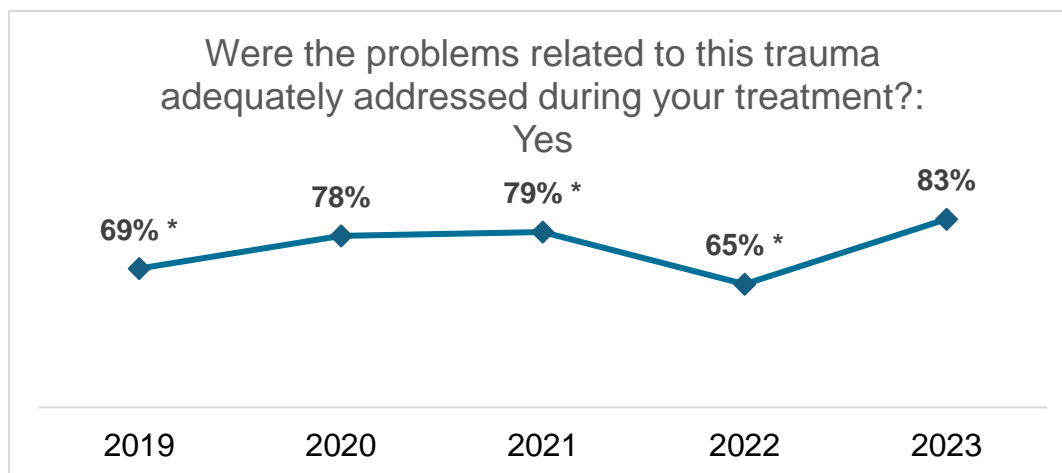
Trauma



Adult Outpatient, 2023

Over four fifths (84%) of respondents said that when they first started to see their most recent mental health services provider, the provider asked them about any history of trauma. Of those who reported experiencing trauma, 83% said that the problems related to this trauma were adequately addressed during their treatment.

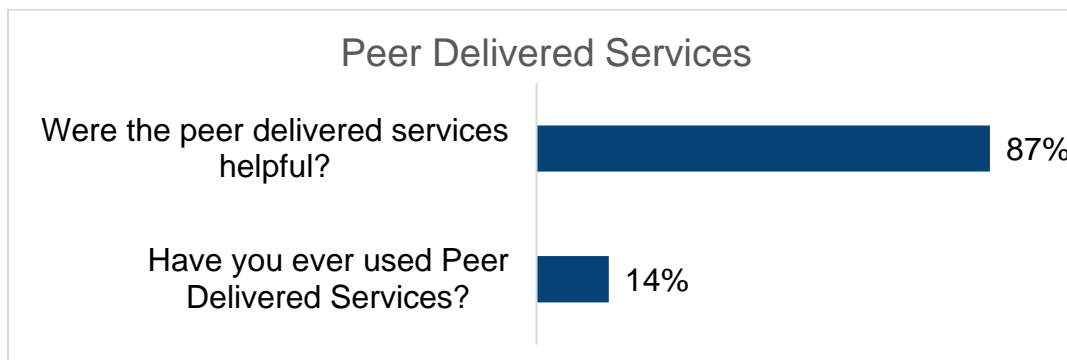
Respondents aged 65 years old or older were significantly less likely (about 65%) to report that their provider asked them about any history of trauma when their first started receiving services as compared to others overall (about 84%).



Adult Outpatient, 2019 to 2023

The proportion of respondents who experienced problems related to trauma and agreed that their provider adequately addressed these problems appears to have been trending upward before decreasing suddenly. However, 2023 experienced a steep increase and values in 2019, 2021, and 2022 are significantly lower than overall in 2023.

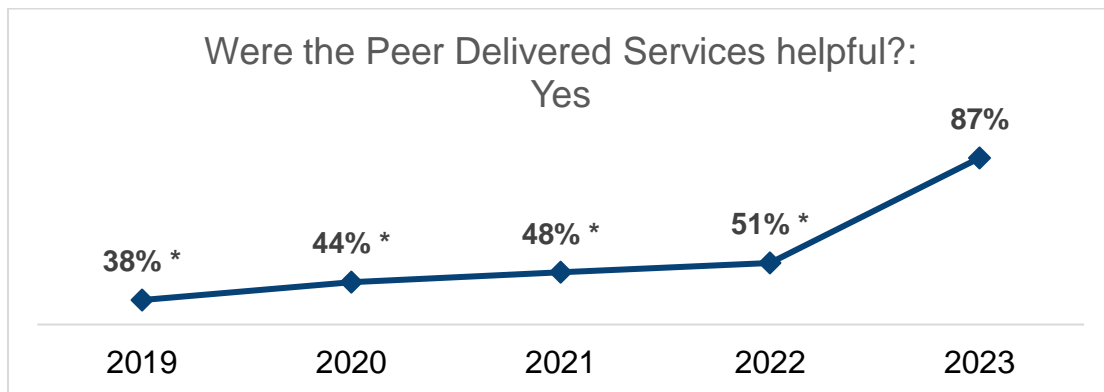
Peer Delivered Services



Adult Outpatient, 2023

Less than one fifth (14%) of respondents said they have ever used Peer Delivered Services. Of those who have used Peer Delivered Services, most (86%) found the services helpful.

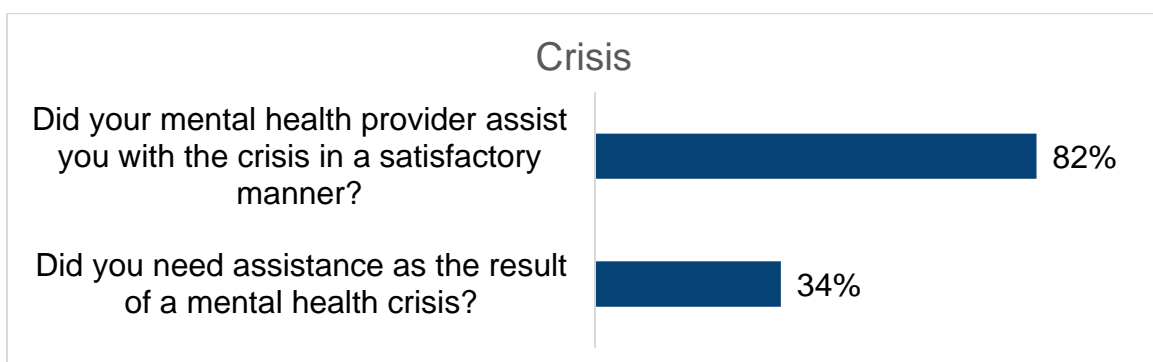
Respondents aged 18 to 24 years old were significantly less likely (7%) and respondents aged 40 to 44 years old were significantly more likely (about 21%) to report ever using Peer Delivered Services as compared to others overall (about 14%). Those who self-identified as American Indian or Alaska Native were significantly more likely (about 30%) to report ever using Peer Delivered Services when compared to others overall (about 14%).



Adult Outpatient, 2019 to 2023

The proportion of respondents who have ever used Peer Delivered Services and found the services to be helpful appears to be trending steadily upwards over time. All prior years' values are significantly lower than overall in 2023.

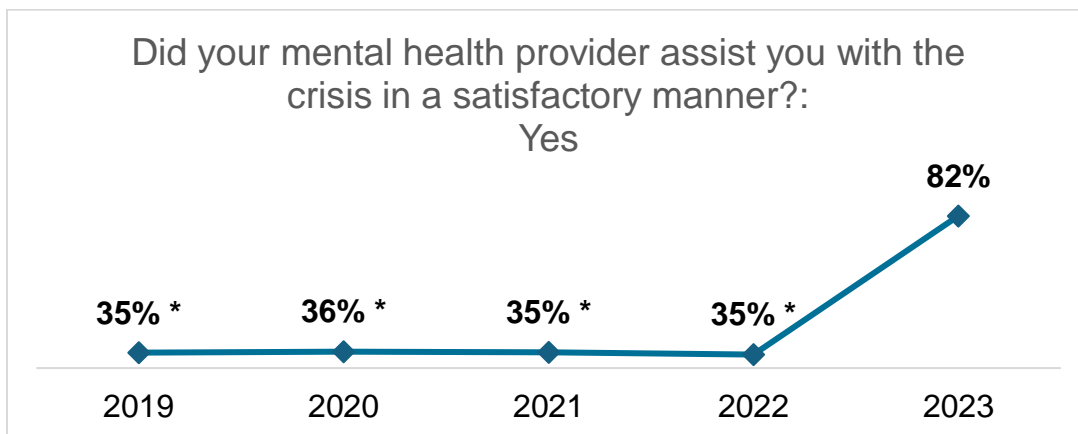
Crisis



Adult Outpatient, 2023

Just over one third (34%) of respondents indicated that they needed assistance as the result of a mental health crisis. More than four fifths (82%) said that their mental health provider assisted them with the crisis in a satisfactory manner.

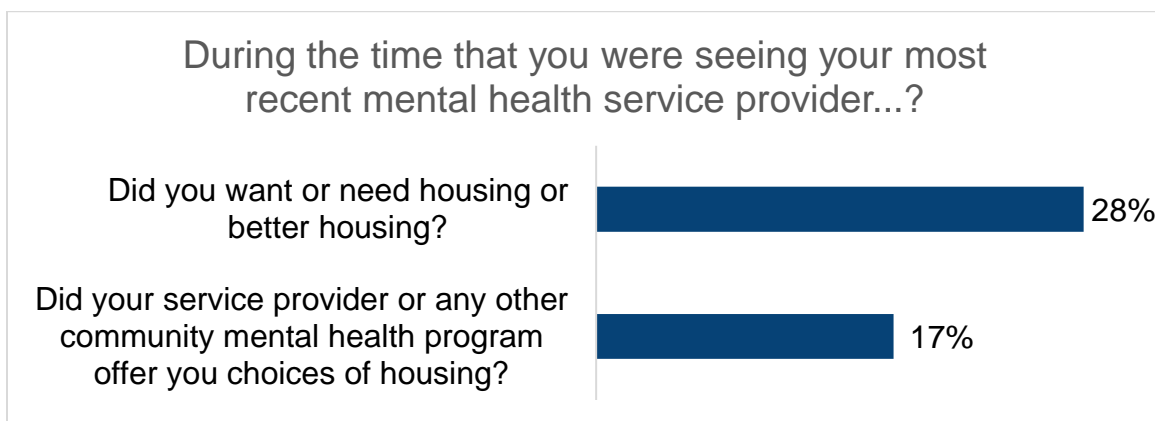
Respondents aged 50 to 54 years old were significantly more likely (about 44%) to have needed assistance as the result of a mental health crisis as compared to others overall (about 34%). Further, those who self-identified as Native Hawaiian or Pacific Islander were also significantly more likely (about 67%) to have needed assistance as the result of a mental health crisis as compared to others overall (about 34%).



Adult Outpatient, 2019 to 2023

The proportion of respondents who experienced crisis and agreed that their provider assisted them with this crisis in a satisfactory manner appears to have been remaining steady before sharply increasing in 2023. All prior years' values are significantly lower than overall in 2023.

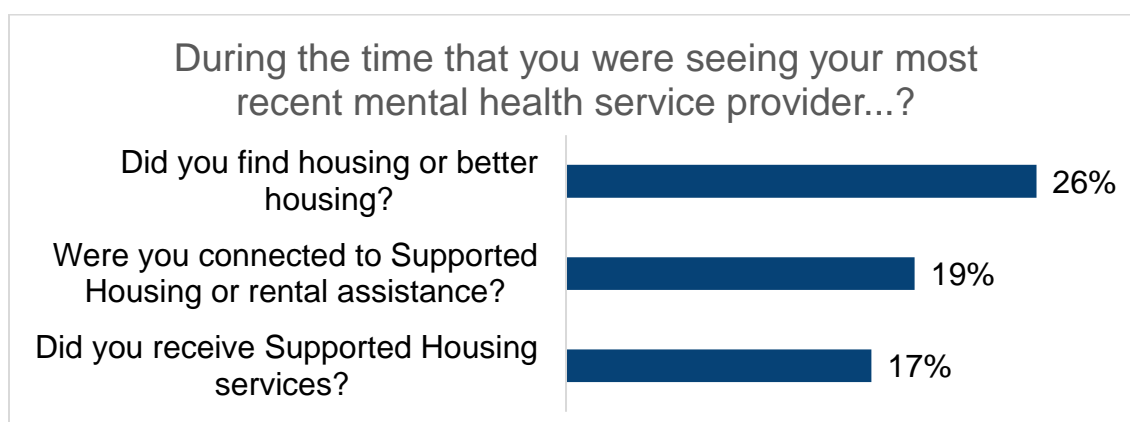
Housing



Adult Outpatient, 2023

Over one quarter (28%) of respondents indicated that they wanted or needed housing or better housing during the time that they were seeing their most recent mental health service provider. Less than one fifth (17%) said that their service provider or any other community mental health program offered them choices of housing.

Respondents self-identifying as American Indian or Alaska Native were significantly more likely (about 46%) to have wanted or needed housing or better housing during the time that they were seeing their most recent provider as compared to others overall (about 28%).

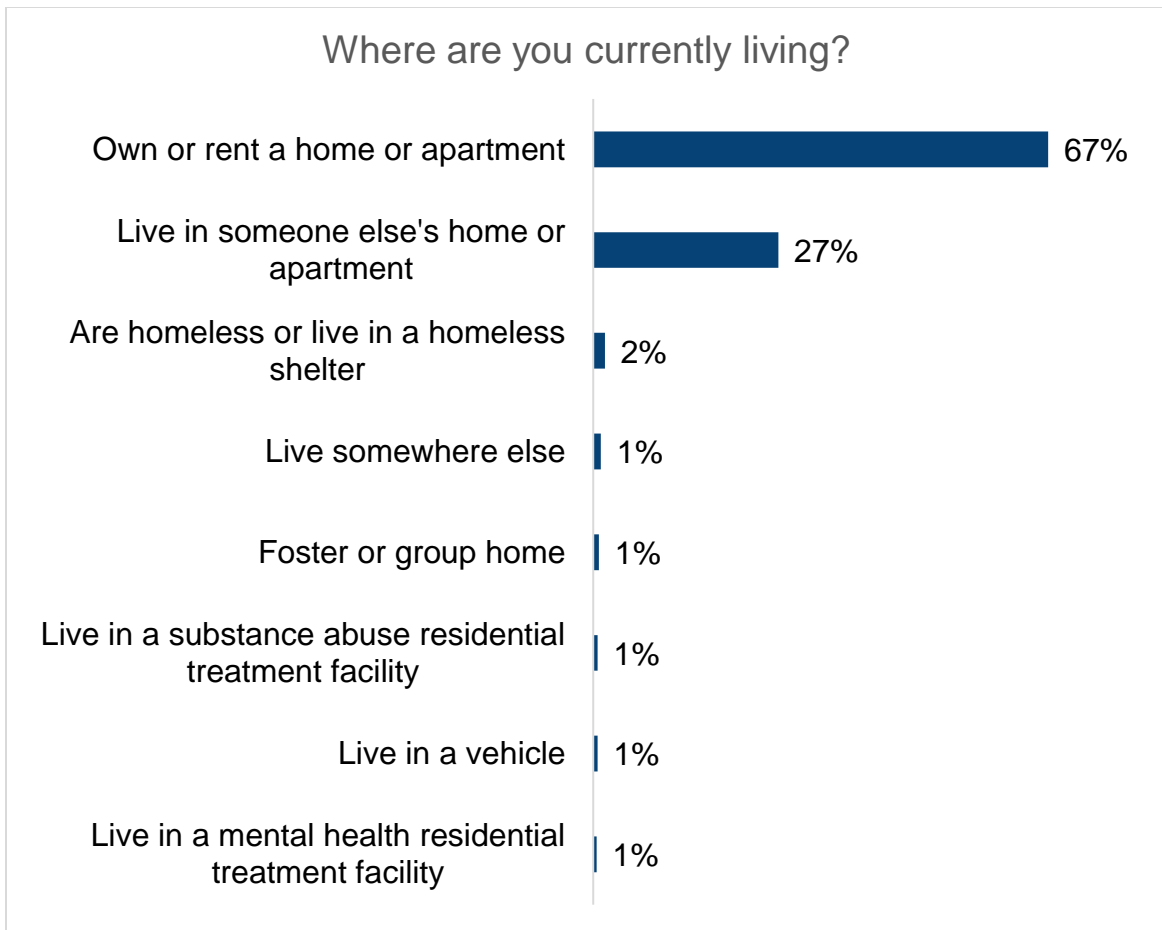


Adult Outpatient, 2023

More than one quarter (25%) of respondents said that they found housing or better housing during the time that they were seeing their most recent mental health service provider. Less than one fifth (19%) of respondents indicated that they were connected to Supported Housing or rental assistance. Of those who were connected to Supported Housing, less than one fifth (16%) received services.

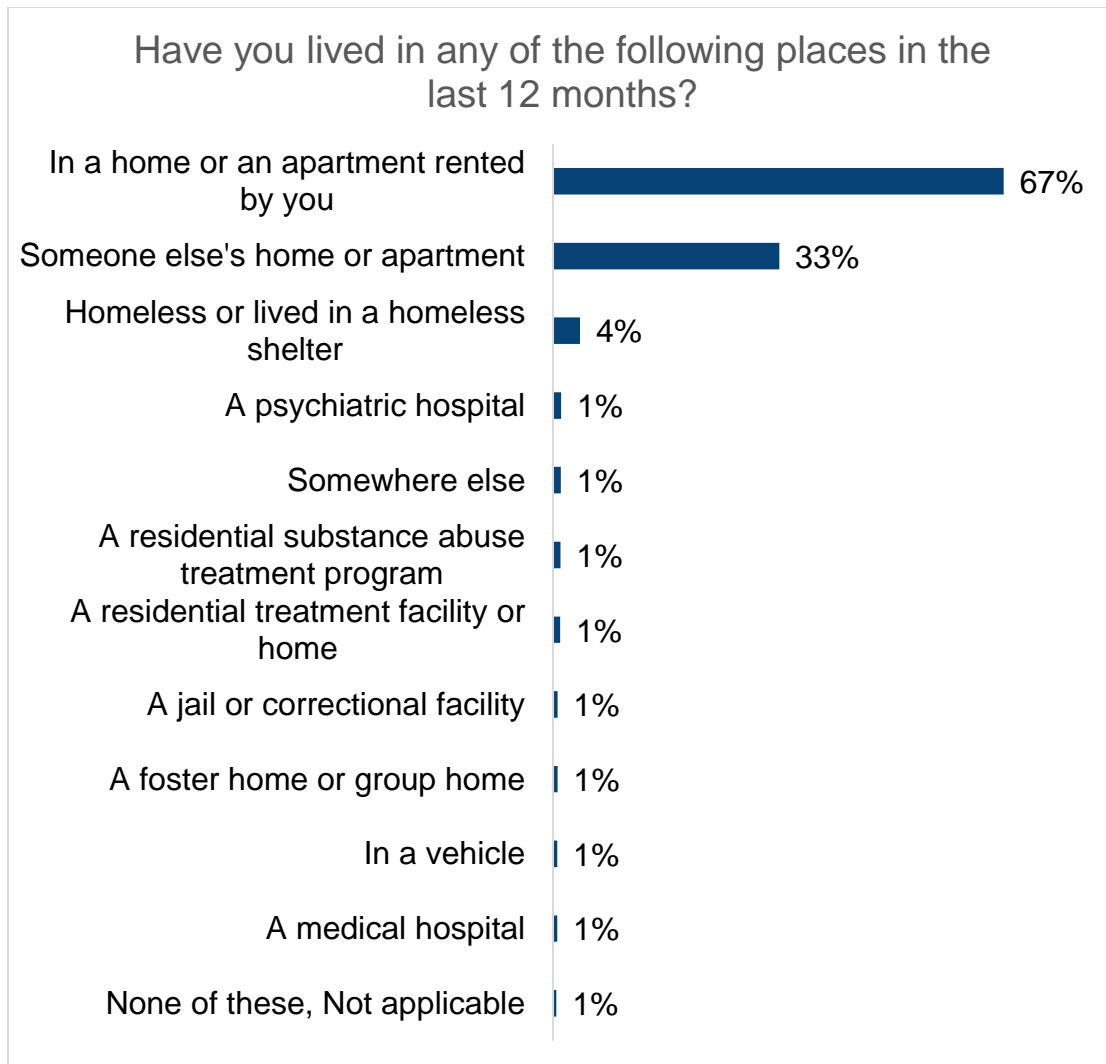
Those who self-identified as Black or African American were significantly more likely (about 41%) to have found housing or better housing while they were seeing their most recent provider as compared to others overall (about 26%). Further, Black or African American respondents were also significantly more likely (about 30%) to have received Supported Housing services as compared to others overall (about 17%).

Older respondents, particularly those 65 years old or older, were significantly more likely (about 40%) to have received Supported Housing or rental assistance during the time that they were seeing their mental health provider as compared to others (about 17%).



Adult Outpatient, 2023

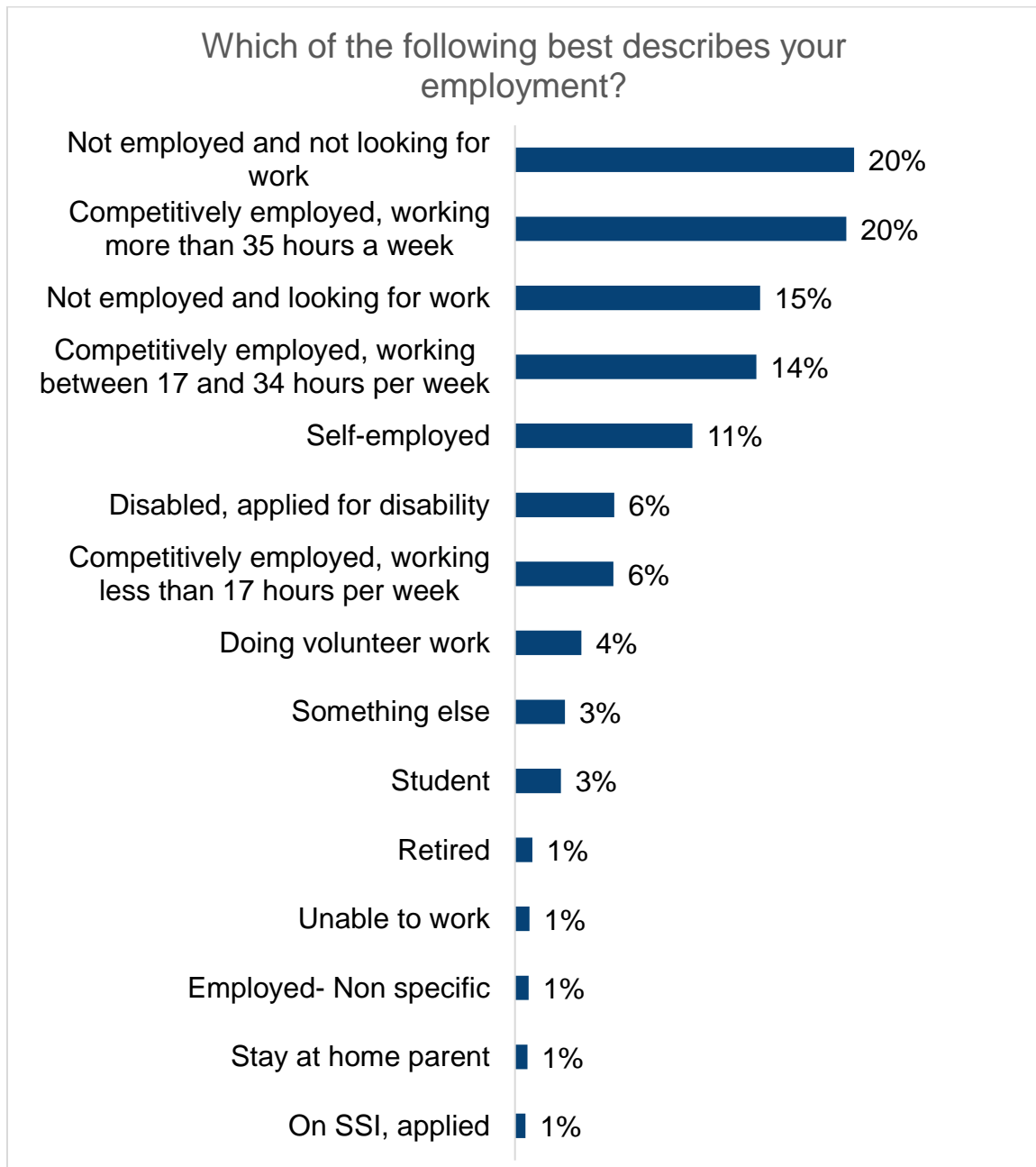
Two thirds (67%) of respondents reported that they own or rent the home or apartment where they currently live. Over one quarter (27%) said that they live in someone else's home or apartment. Only 2% said that they are homeless or live in a homeless shelter.



Adult Outpatient, 2023

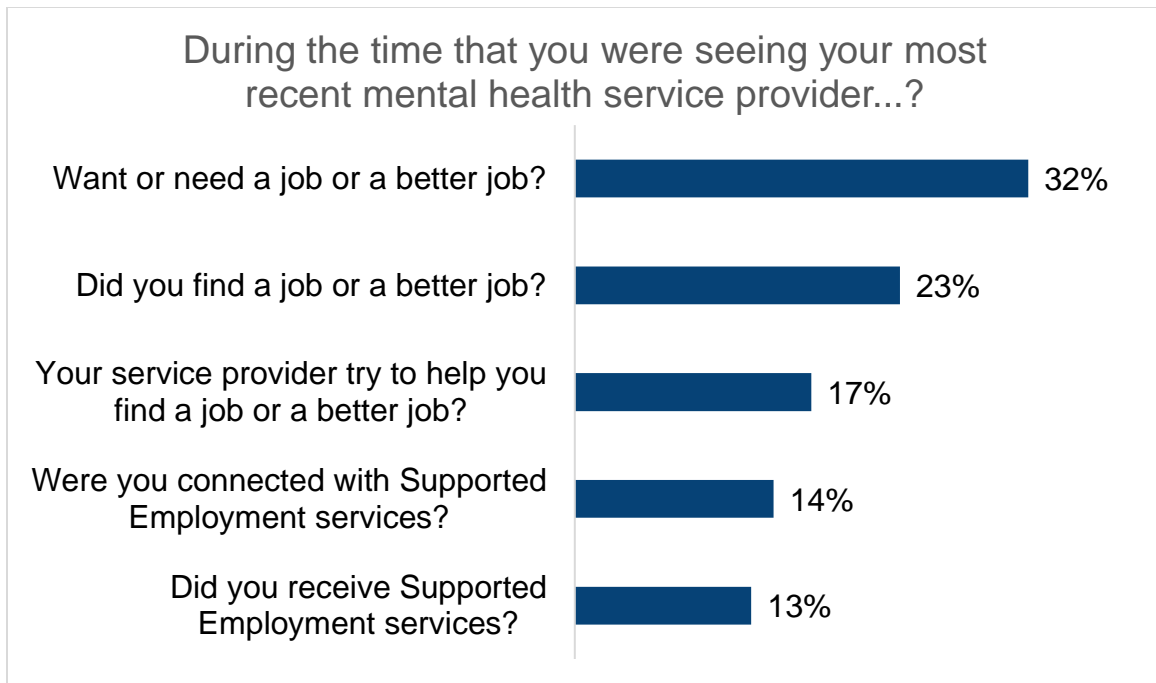
Two thirds (67%) of respondents reported that they lived in their own home or apartment in the last 12 months. One third (33%) said they lived in someone else's home or apartment in the last 12 months. Only 4% indicated that they were homeless or lived in a homeless shelter in the last 12 months.

Employment



Adult Outpatient, 2023

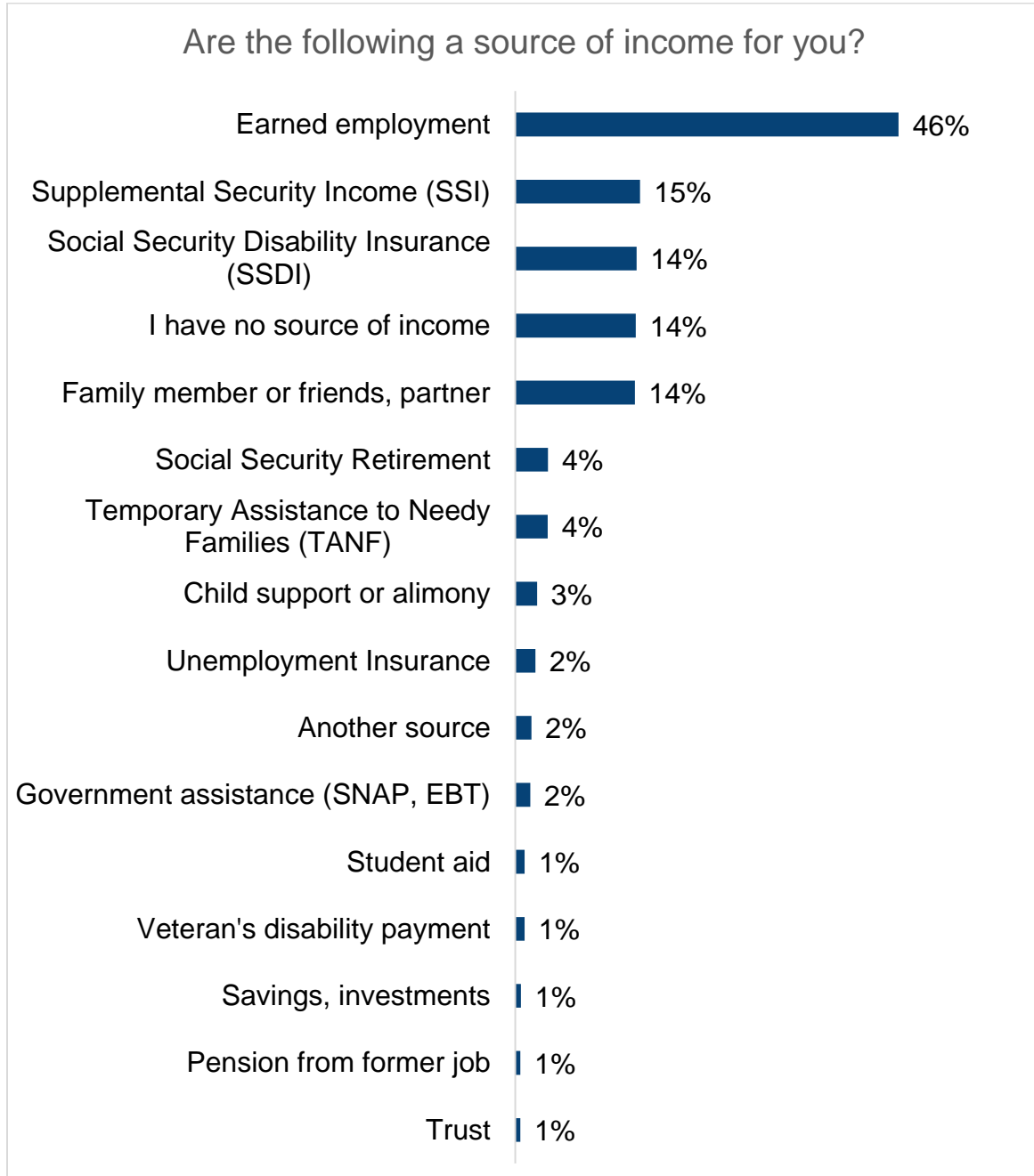
One fifth (20%) of respondents said they are not employed and are not looking for work. Another one fifth (20%) said that they are competitively employed and are working more than 35 hours per week. Less than one fifth (15%) reported that they are not employed but are looking for work.



Adult Outpatient, 2023

Almost one third (32%) of respondents reported that they wanted or needed a job or a better job during the time that they were seeing their most recent mental health service provider. Less than one fifth (17%) said that their service provider tried to help them find a job or a better job and almost one quarter (23%) said that they found a job or a better job. Less than one fifth (14%) said that they were connected to Supported Employment services and of those, only 13% said they received Supported Employment services.

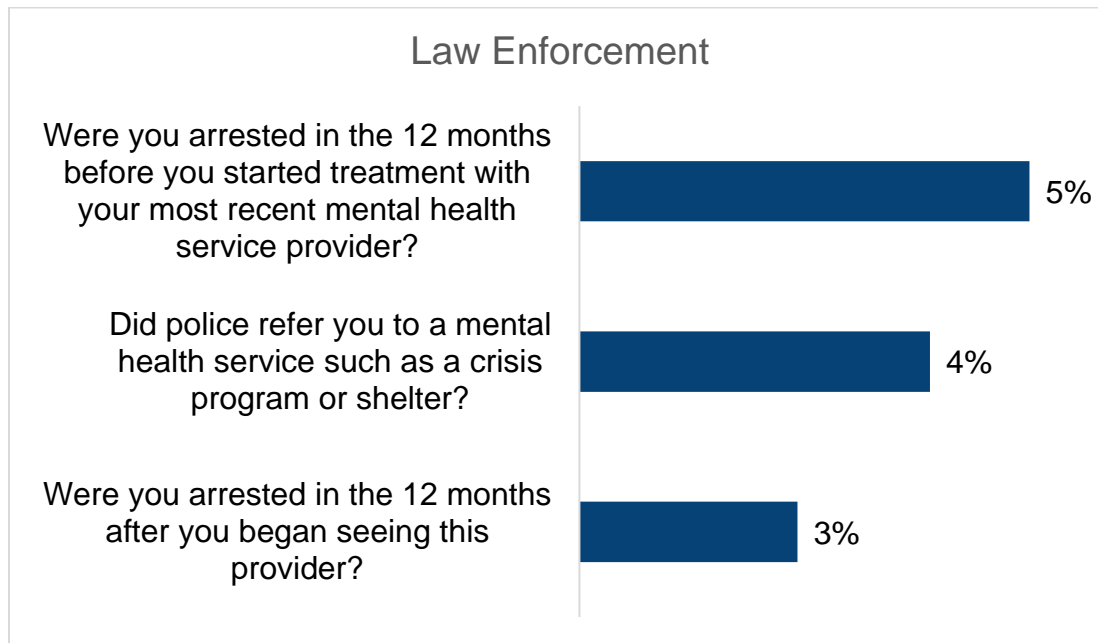
Income



Adult Outpatient, 2023

Nearly half (46%) of the respondents stated that earned employment is a source of income for them. Less than one fifth (15%) reported that Supplemental Security Income (SSI) as an income source. Other top responses for income sources included Social Security Disability Insurance (SSDI) (14%), family members, partners, or friends (14%), and no reported source of income at all (14%).

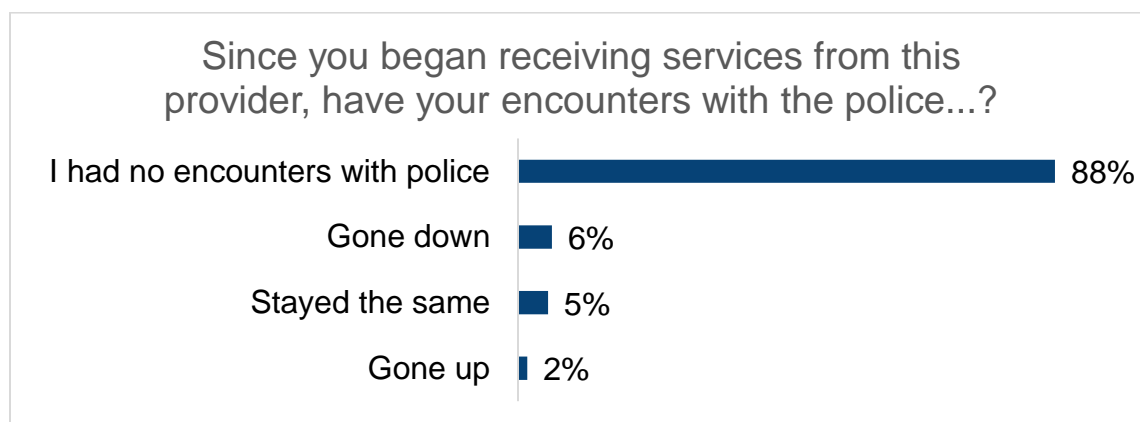
Law Enforcement



Adult Outpatient, 2023

Just 5% of survey respondents were arrested in the 12 months before they started treatment with their most recent mental health service provider and only 3% were arrested in the 12 months after they began seeing this provider.

Respondents self-identifying as Black or African American were significantly more likely (about 14%) to have been arrested in the 12 months before they started treatment with their mental health provider, as compared to others overall (about 5%).



Adult Outpatient, 2023

Most respondents (88%) indicated that they have not had any encounters with the police. Only 2% said that since they began receiving services from this provider their encounters with the police have gone up; however, 6% said that since they began receiving services their encounters with the police have gone down.

Residential Survey

Response Rate

The residential survey was fielded among adults aged 18 and older who received Medicaid-funded mental health services in a residential setting. Adults who received mental health services in an outpatient setting were instead eligible to participate in the residential survey. The survey was offered to 1,569 adults who had received services between January 1, 2022 through December 31st, 2022.

In 2023, 256 adults returned a usable residential survey, in this case defined as a survey where all questions before the REALD demographic questions were answered, for a response rate of 16%. Most respondents (64%) completed the survey online, while 29% of respondents completed the survey over the phone and the remaining 7 % completed a paper copy of the survey. Respondents who completed the survey online or via pen and paper were eligible for a \$10 digital gift card.

The sample was screened before any mailings were sent using the National Change of Address system. In addition, undeliverable or unusable addresses identified by returned mail were flagged in the overall sample. Individuals with bad addresses listed in their MMIS enrollment data or with bad addresses flagged through the aforementioned avenues were not immediately disqualified from participation – instead they were provided with an alternate modes of survey completion – via phone for individuals with associated phone numbers. Only after an individual had an identified bad address and a bad phone number were they removed from the data collection process.

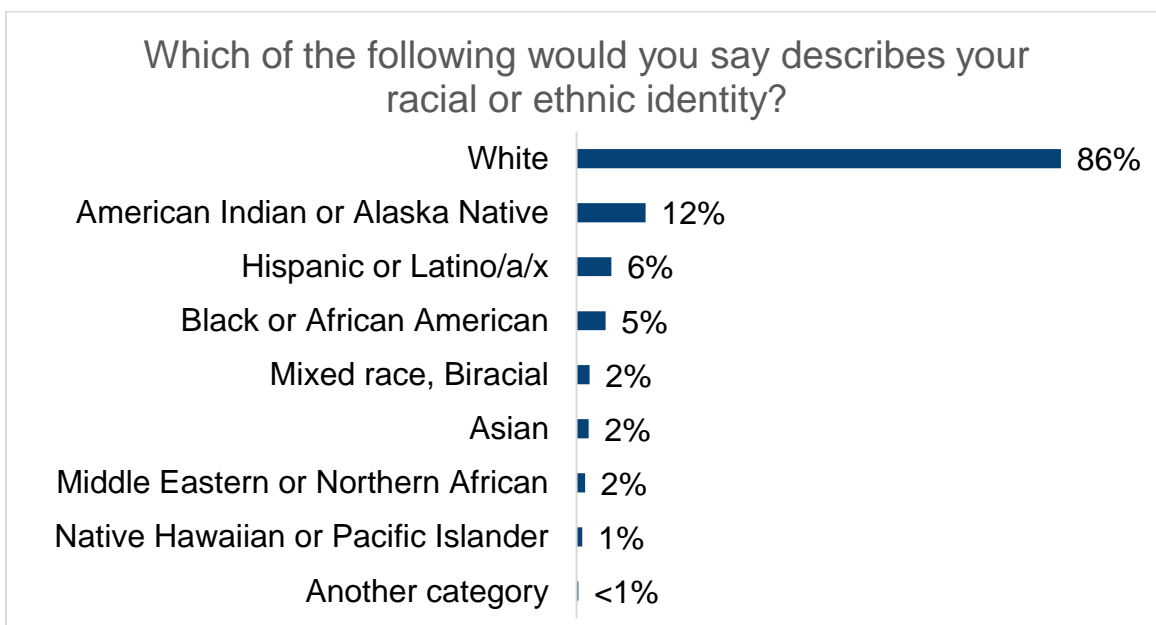
Individuals were also able to opt-out of the survey process by calling or emailing the Project Manager at MDR, or by informing a phone interviewer of their desire to be removed from data collection over the course of telephone outreach. Telephone outreach was slightly limited for the residential population due to the assumed difficulty in reaching singular individuals within a group home context.

As with most multi-mode surveys, the possibility of a respondent completing a survey in two or more separate modes was real. In cases where respondents completed surveys in multiple modes, duplicate surveys were omitted, with the criteria of completeness followed by date of completion serving to designate which completed survey was retained.

Demographics

The following figures summarize respondents' self-reported race and ethnicity as well as gender, sexual orientation and identity, age, location, spoken language, and other demographic questions regarding difficulties with their health and daily activities.

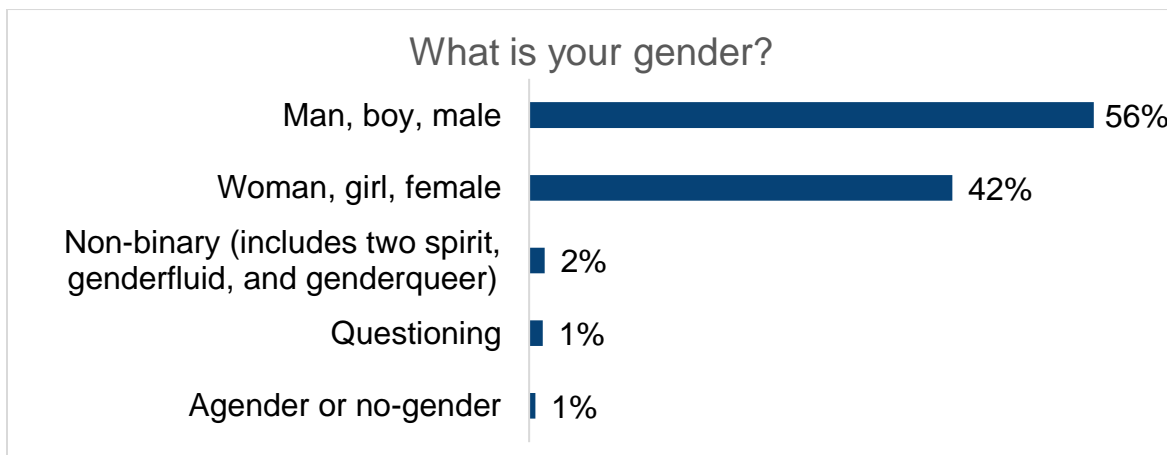
Figure 11: Race/Ethnicity



Adult Residential, 2023

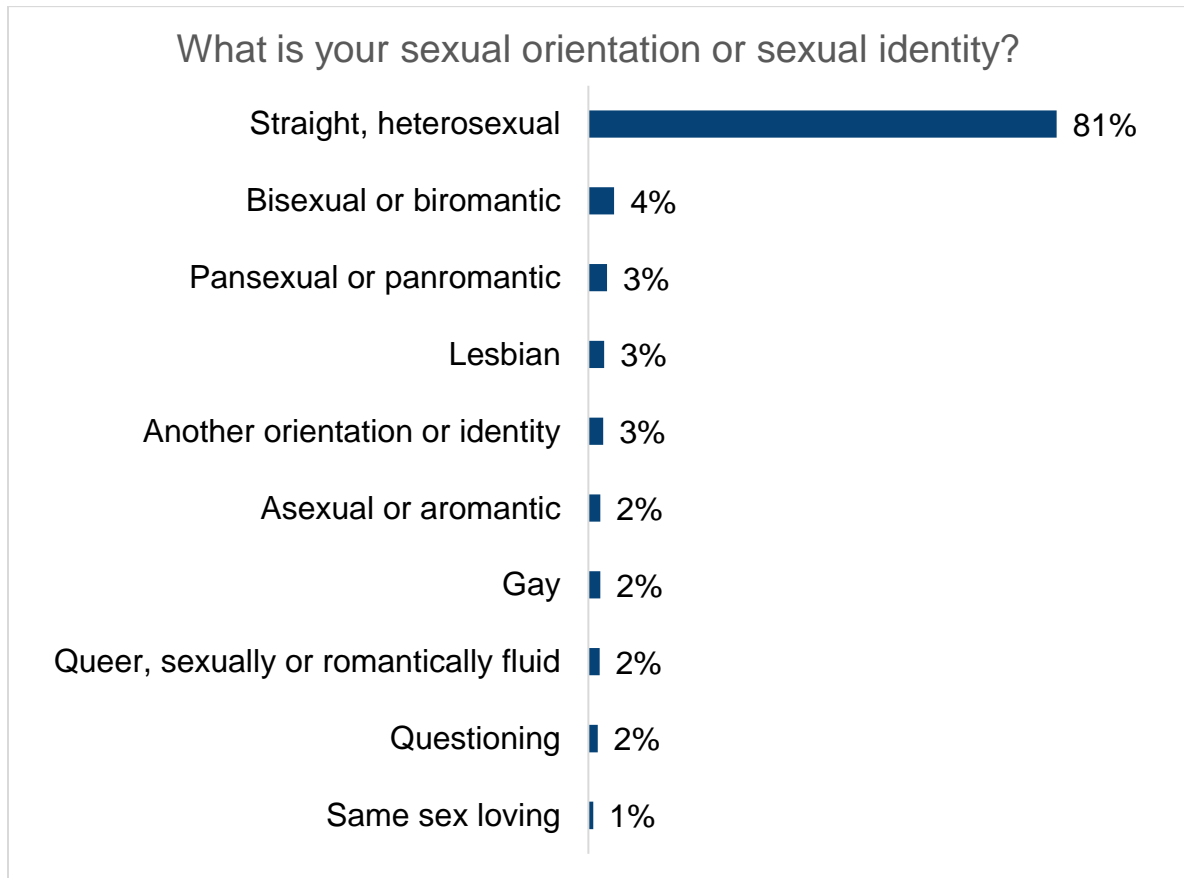
See Appendix A on page 101 for a detailed disaggregated race table of Adult Residential respondents.

Figure 12. Gender



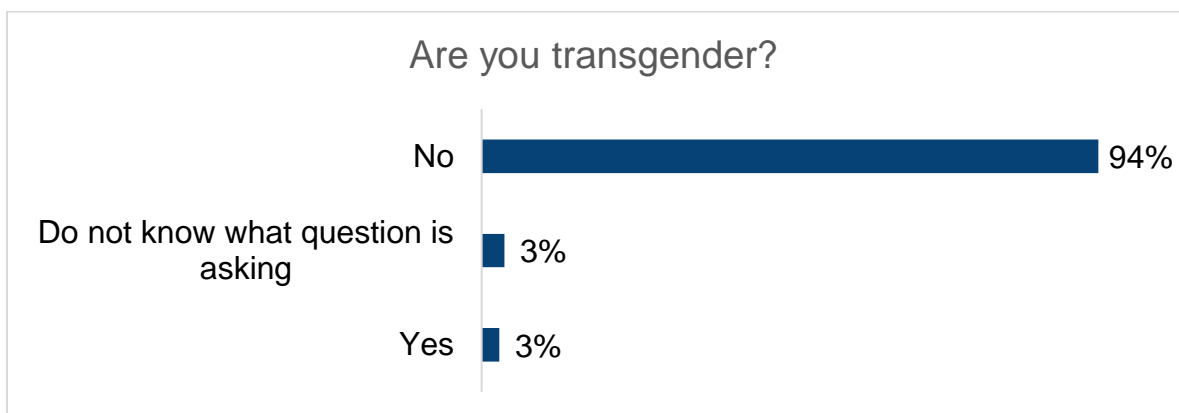
Adult Residential, 2023

Figure 13. Orientation/Identity



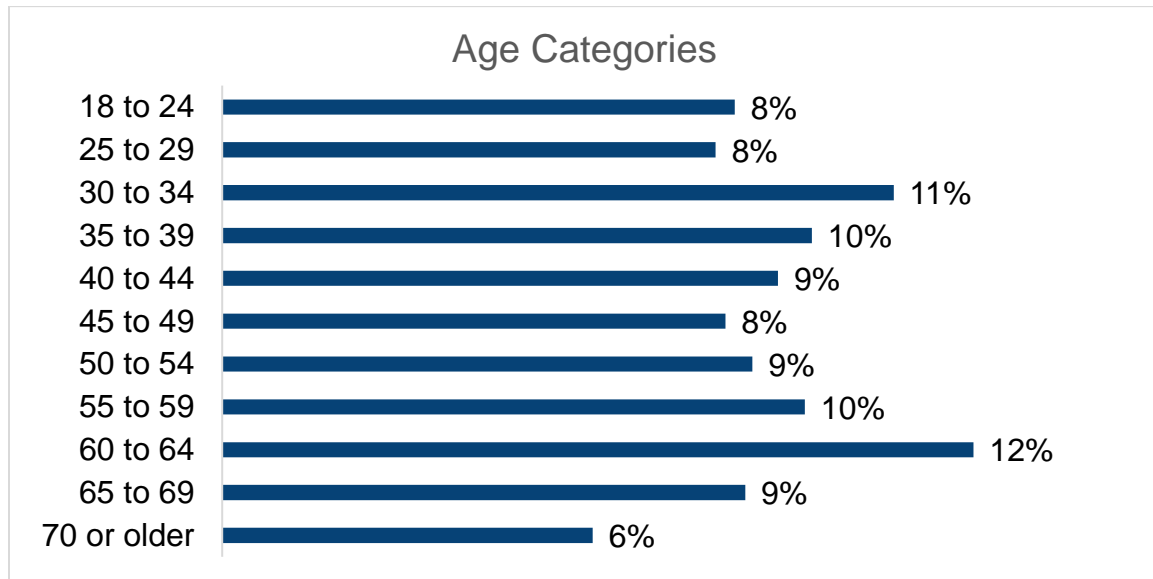
Adult Residential, 2023

Figure 14. Transgender



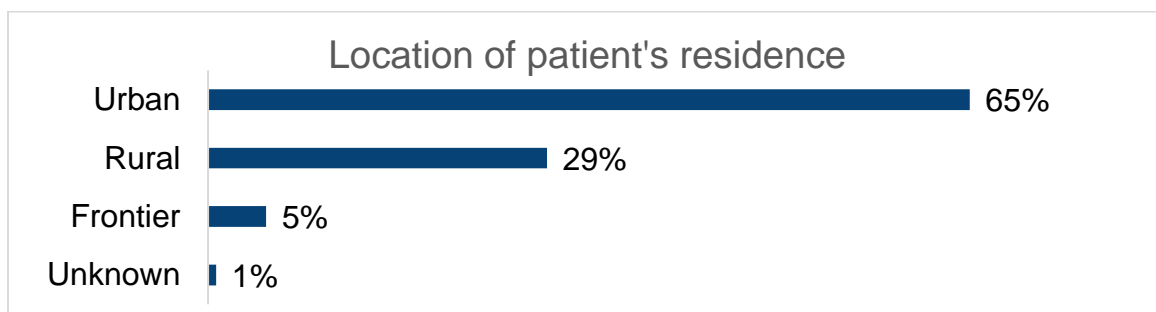
Adult Residential, 2023

Figure 15. Age Categories



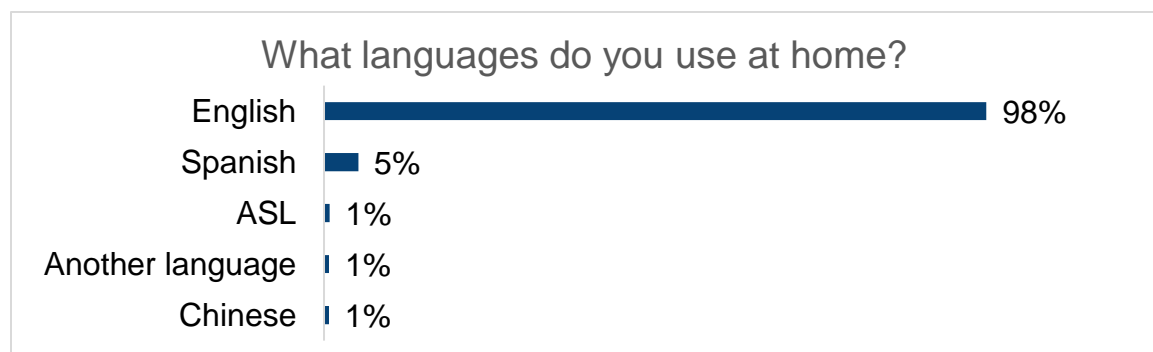
Adult Residential, 2023

Figure 16. Location



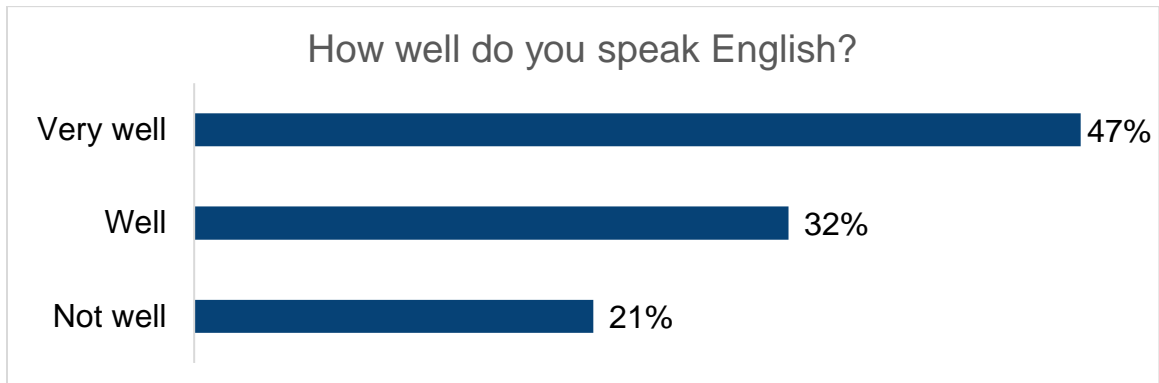
Adult Residential, 2023

Figure 17. Language



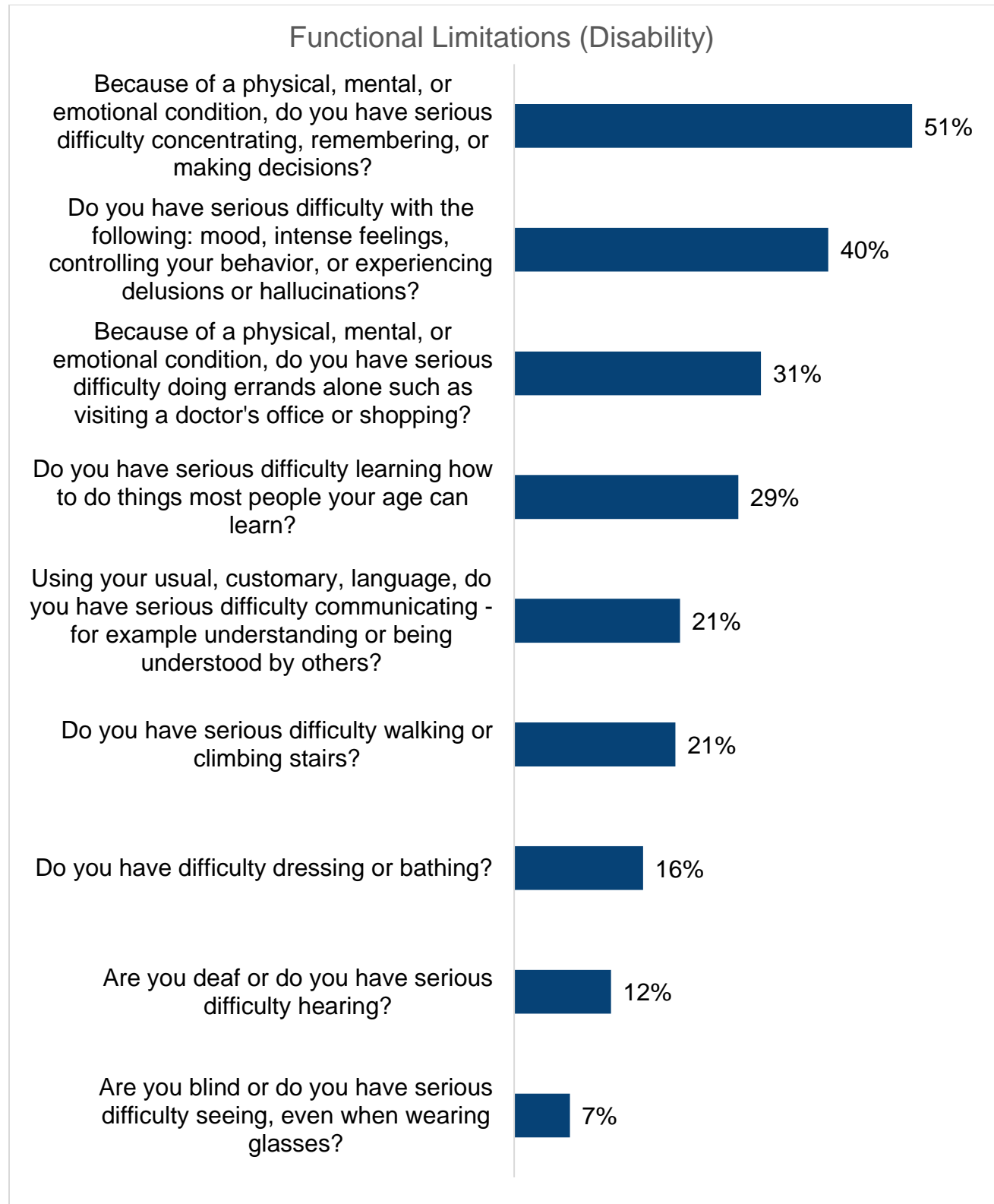
Adult Residential, 2023

Figure 18. English-speaking



Adult Residential, 2023

Figure 19. Functional Limitations (Disability)



Adult Residential, 2023

Residential Survey Results

Domain Satisfaction

Table 3 summarizes statewide satisfaction across seven domains areas. Questions from each domain can be found in Table 1.

Table 3. Residential Survey Domain Satisfaction, 2023.

Domain	Positive Response (%)
Access to Services	68%
Daily Functioning	64%
General Satisfaction	72%
Participation	60%
Quality/Appropriateness	76%
Social Connectedness	66%
Perceptions of Outcomes	63%

Respondents are asked how strongly they agree or disagree with the statements included in each domain and the data is reported as “satisfaction” for those who gave a positive response of Strongly Agree or Agree. Respondents were most satisfied in the domains of Quality/Appropriateness (76%) and General Satisfaction (72%). They were least satisfied in the domains of Participation (60%) and Perceptions of Outcomes (63%).

Results for 2023 are compared between demographic respondent groups, where relevant, to determine if there are statistically significant differences between them at a 95% confidence level. Trending results for 2019-2023 are compared between years to determine if there are statistically significant differences between them at a 95% confidence level, where applicable. Instances of significant differences are notated in the chart with a ‘*’ character next to the percentage.

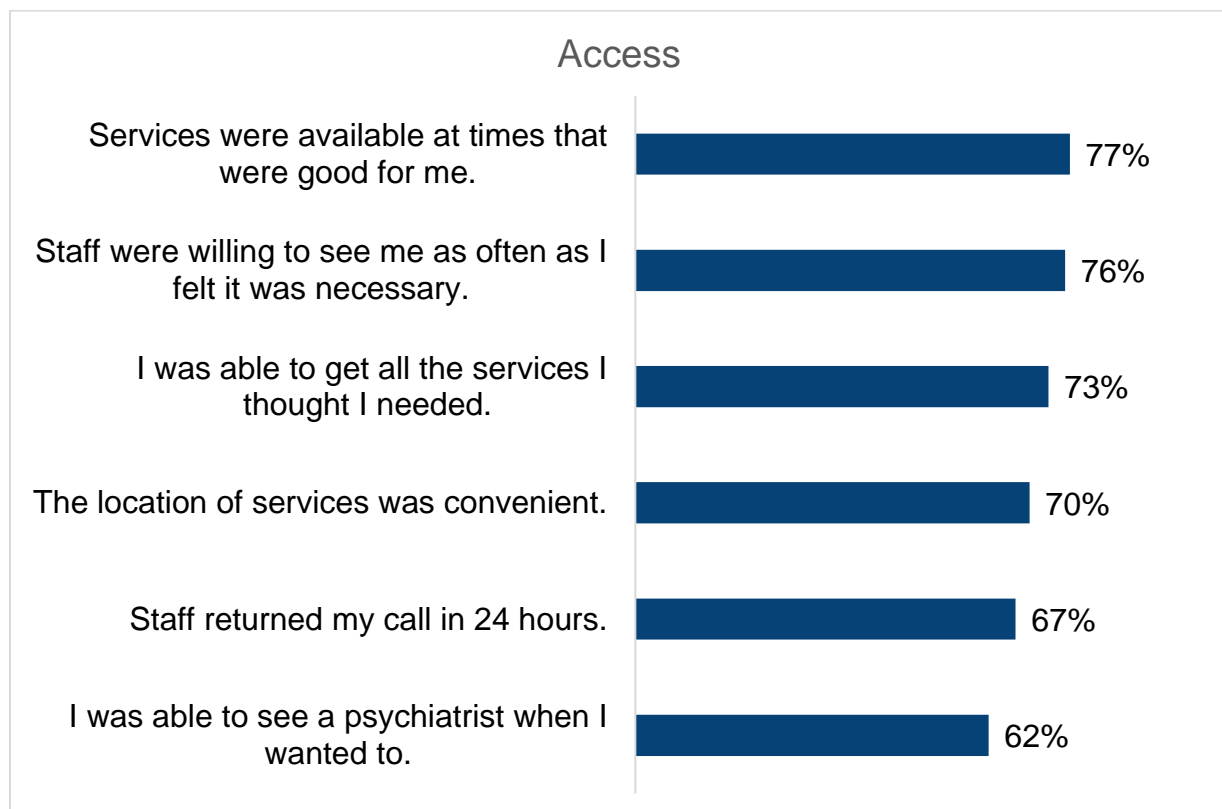
The following sections present data at the statewide level. Data compendiums available on OHA's MHSIP website include survey results by several demographic, regional, or

CCO variables. Individual infographic reports are also available for each CCO on OHA's website.

Access to Services

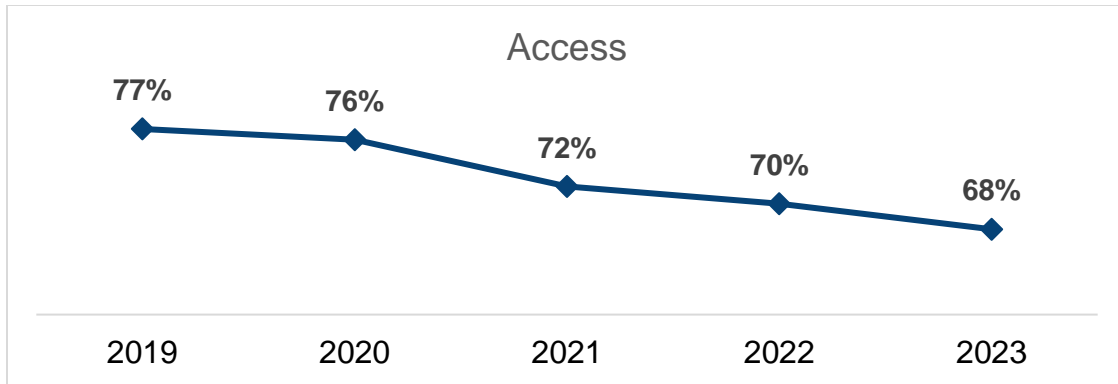
The following set of domain questions were presented to survey respondents:

- **The location of the services was convenient.**
- **Staff were willing to see me as often as I felt it was necessary.**
- **Staff returned my call in 24 hours.**
- **Services were available at times that were good for me.**
- **I was able to get all the services I thought I needed.**
- **I was able to see a psychiatrist when I wanted.**



Adult Residential, 2023

More than three quarters (77%) of respondents said that services were available at times that were good for them. Slightly less than three quarters (73%) said that they were able to get all the services they thought they needed. Two thirds (67%) reported that staff returned their call in 24 hours and less than two thirds (62%) said that they were able to see a psychiatrist when they wanted to.



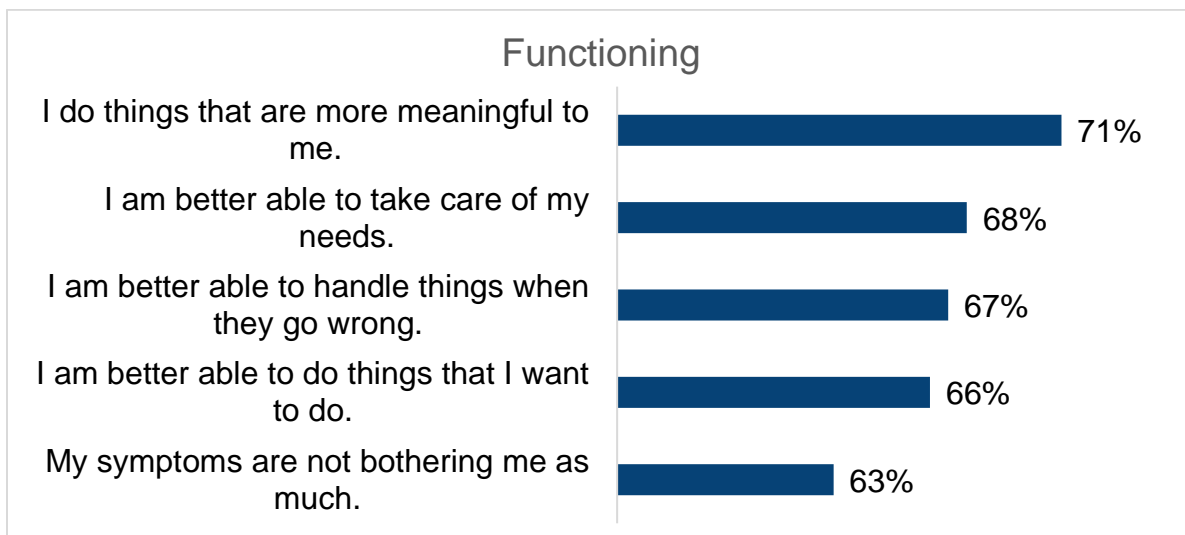
Adult Residential, 2019 to 2023

Satisfaction in the Access domain has experienced a consistent downward trend to a recent historic low of 68% in 2023.

Daily Functioning

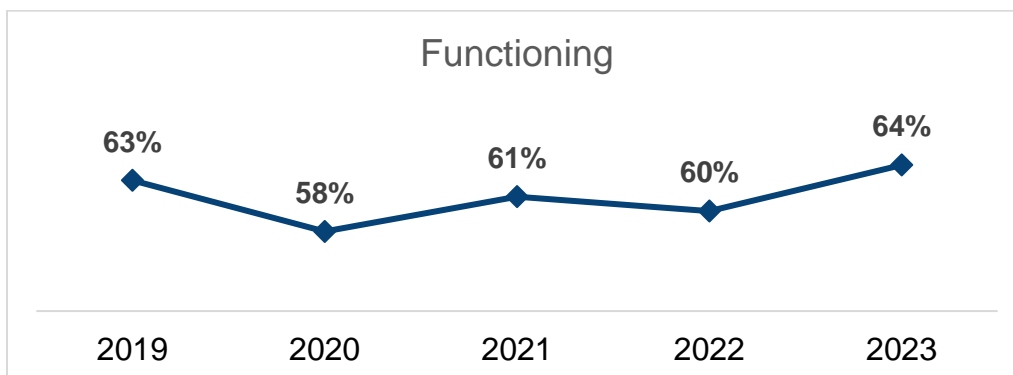
The following set of domain questions were presented to survey respondents:

- **My symptoms are not bothering me as much.**
- **I do things that are more meaningful to me.**
- **I am better able to take care of my needs.**
- **I am better able to handle things when they go wrong.**
- **I am better able to do things that I want to do.**



Adult Residential, 2023

Almost three quarters (72%) of respondents reported that they do things that are more meaningful to them. Two thirds (67%) said that they are better able to handle things when they go wrong and slightly less than two thirds (63%) said that their symptoms are not bothering them as much.



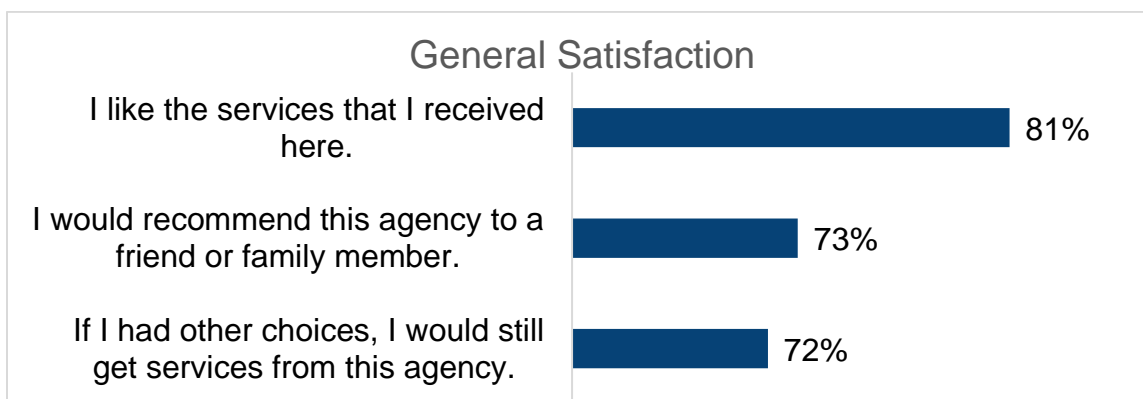
Adult Residential, 2019 to 2023

Satisfaction in the Daily Functioning domain has fluctuated in prior years but experienced a recent historic high of 64% in 2023.

General Satisfaction

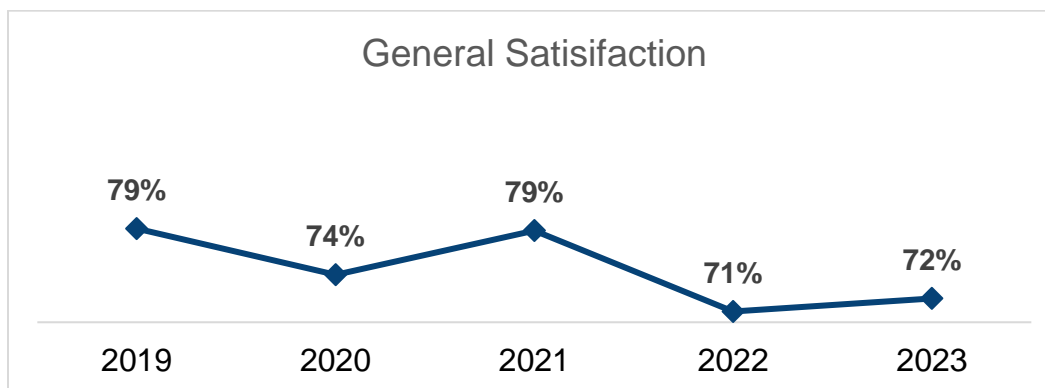
The following set of domain questions were presented to survey respondents:

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



Adult Residential, 2023

More than four fifths (82%) of respondents said that they liked the services they received. Slightly less than three quarters (73%) said that if they had other choices, they would still get services from this agency and 73% would recommend this agency to a friend or family member.



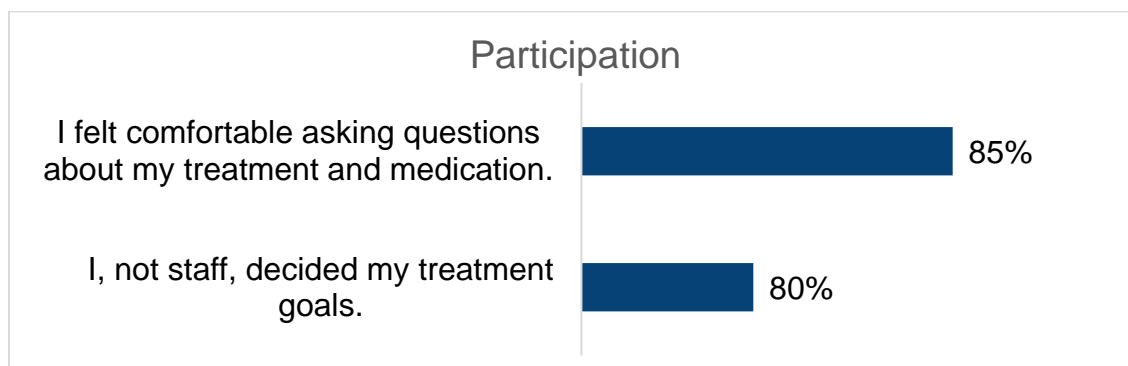
Adult Residential, 2019 to 2023

Satisfaction in the General Satisfaction domain has been volatile over time but appears to have improved slightly to 72% in 2023.

Participation in Treatment

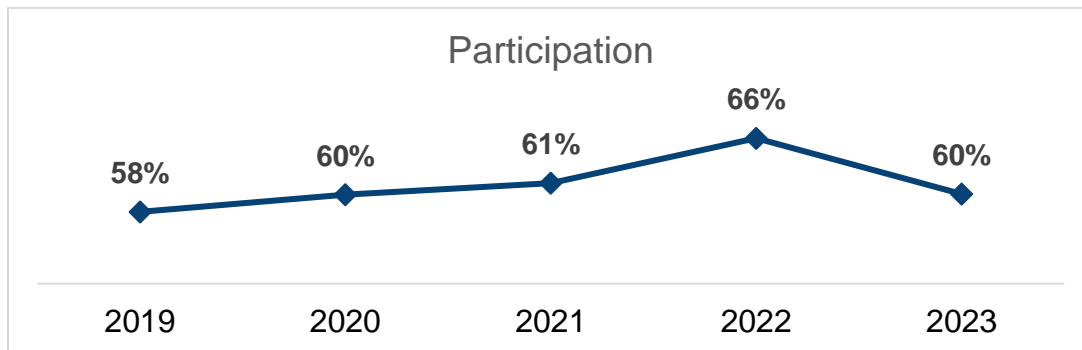
The following set of domain questions were presented to survey respondents:

- **I felt comfortable asking questions about my treatment and medication.**
- **I, not the staff, decided my treatment goals.**



Adult Residential, 2023

Most respondents (85%) indicated that they felt comfortable asking questions about their treatment and medication. Four fifths (80%) said that they, not staff, decided their treatment goals.



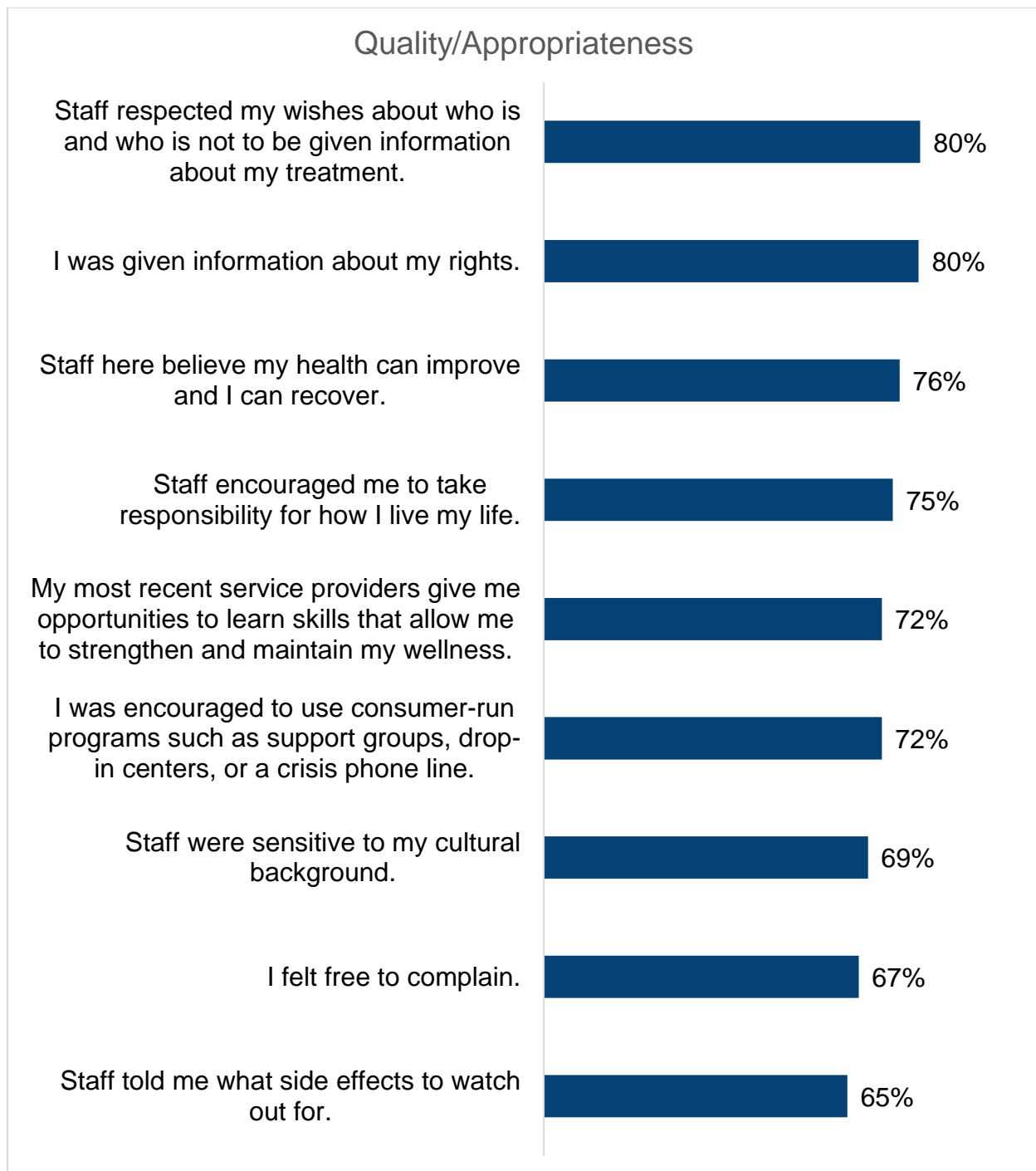
Adult Residential, 2019 to 2023

Satisfaction in the Participation domain had been trending upward but decreased sharply to 60% in 2023.

Quality/Appropriateness

The following set of domain questions were presented to survey respondents:

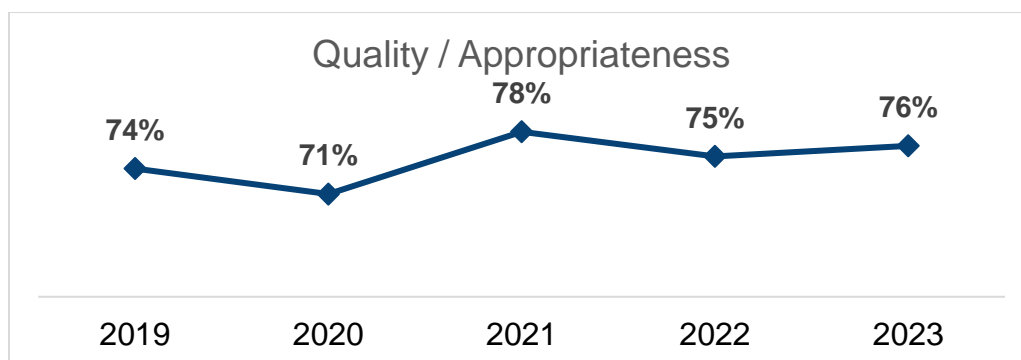
- **Staff here believe my health can improve and I can recover.**
- **I felt free to complain.**
- **I was given information about my rights.**
- **Staff encouraged me to take responsibility for how I live my life.**
- **Staff told me what side effects to watch out for.**
- **Staff respected my wishes about who is and who is not to be given information about my treatment.**
- **Staff were sensitive to my cultural background.**
- **I was encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phone line.**
- **My most recent service providers give me opportunities to learn skills that allow me to strengthen and maintain my wellness.**



Adult Residential, 2023

Four fifths (80%) of respondents said that they were given information about their rights. Slightly less than four fifths (77%) agreed that staff believe their health can improve and that they can recover. More than two thirds (69%) of respondents said that staff were sensitive to their cultural background and exactly two thirds (67%) said that they felt free

to complain. However, less than two thirds (66%) said that staff told them what side effects to watch out for.



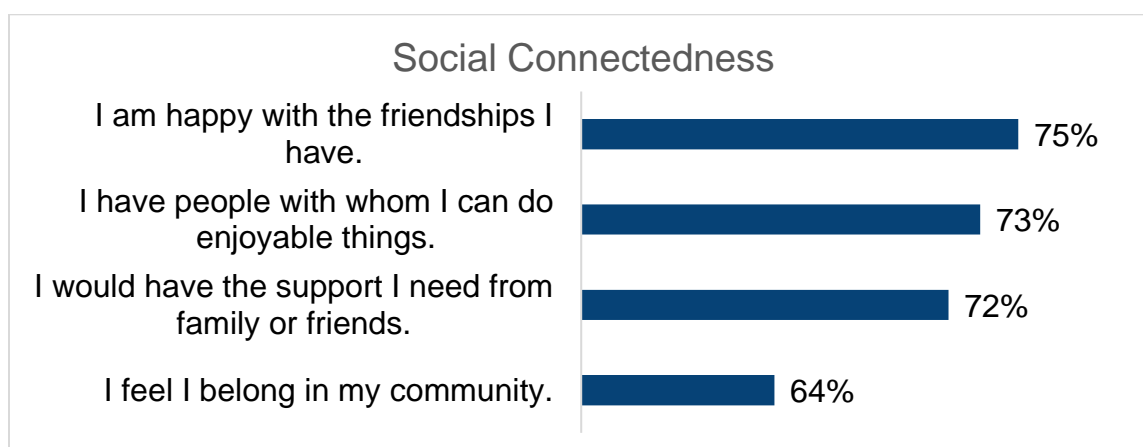
Adult Residential, 2019 to 2023

Satisfaction in the Quality/Appropriateness domain has fluctuated a little over time and experienced a slight increase to 76% in 2023.

Social Connectedness

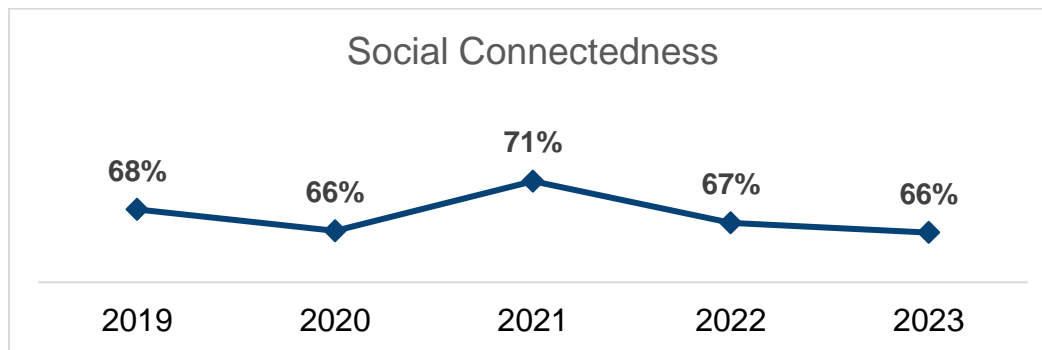
The following set of domain questions were presented to survey respondents:

- **I am happy with the friendships I have.**
- **I have people with whom I can do enjoyable things.**
- **I feel I belong in my community.**
- **In a crisis, I would have the support I need from family or friends.**



Adult Residential, 2023

Slightly less than three quarters (74%) of respondents reported that they are happy with the friendships they have. Just over two thirds (72%) said that they would have the support they need from family or friends; however, less than two thirds (64%) said that they feel they belong in their community.



Adult Residential, 2019 to 2023

Satisfaction in the Social Connectedness domain was trending upward until 2021 but now appears to be trending downward, falling to 66% in 2023.

Treatment Outcomes

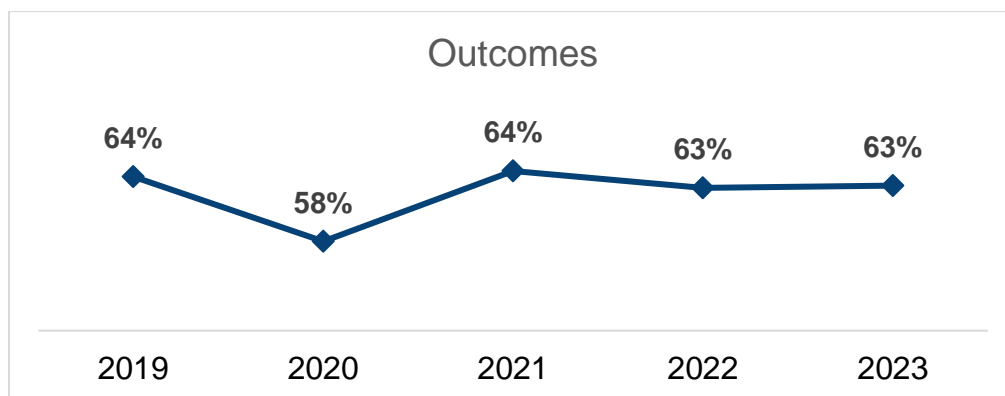
The following set of domain questions were presented to survey respondents:

- **I deal more effectively with daily problems.**
- **I am better able to control my life.**
- **I am better able to deal with crisis.**
- **I am getting along better with my family.**
- **I do better in social situations.**
- **I do better in school and/or work.**
- **My housing situation has improved.**



Adult Residential, 2023

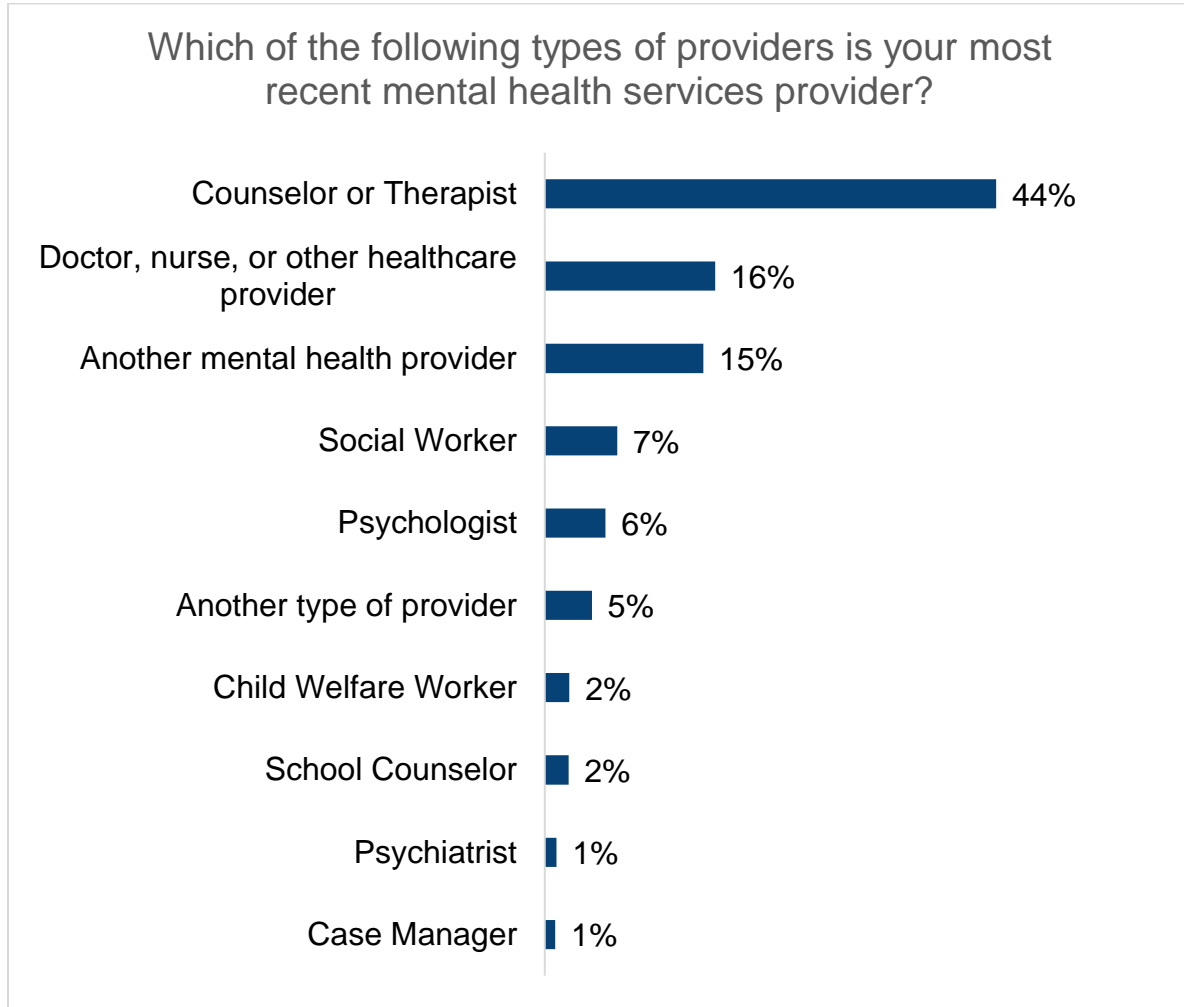
Only slightly more than half (54%) of respondents reported that they are doing better in school or work. Two thirds (67%) said that they are better able to deal with crisis and three quarters (76%) said they deal more effectively with daily problems.



Adult Residential, 2019 to 2023

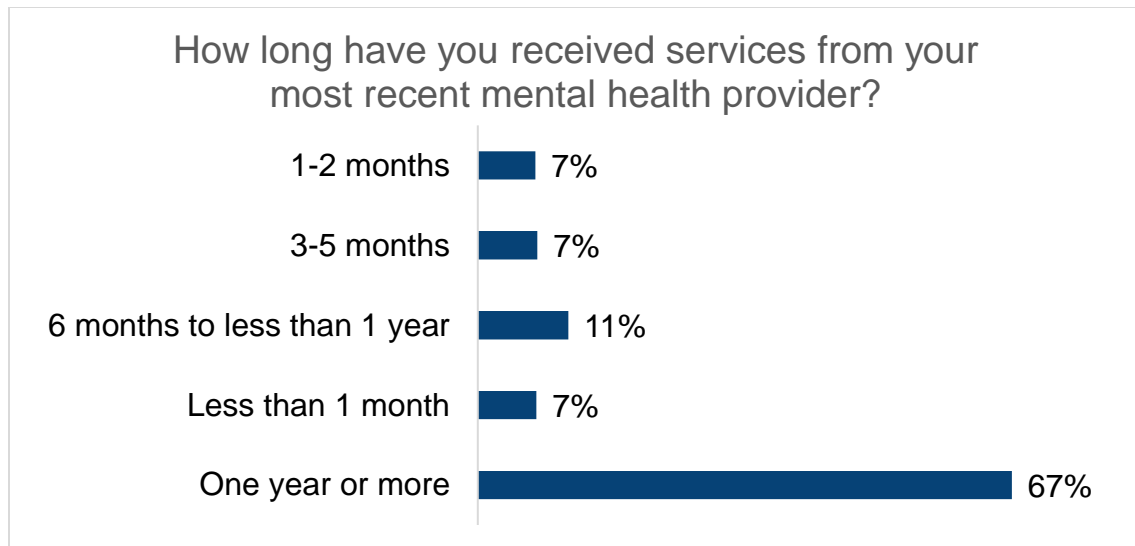
Satisfaction in the Outcomes domain fell sharply in 2020 but since then has stabilized around 63% in 2023.

Treatment Status



Adult Residential, 2023

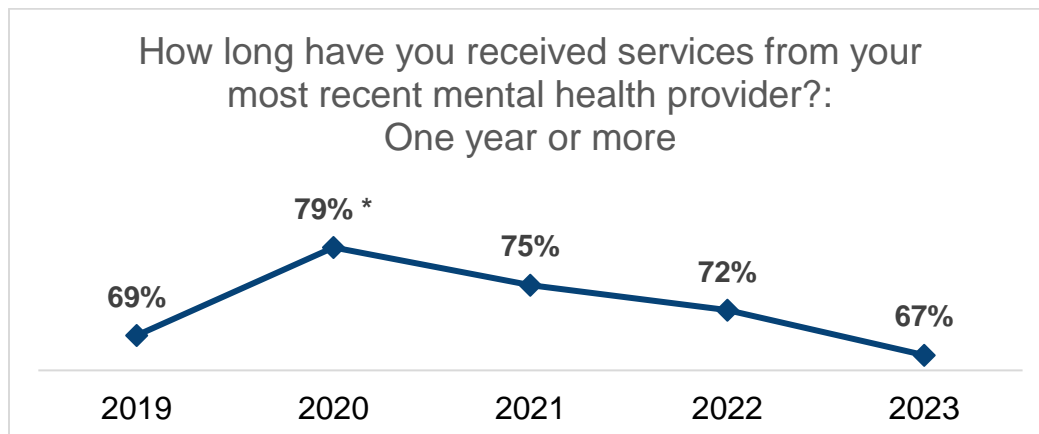
Just under half (43%) of respondents reported that a counselor or therapist is their most recent type of mental health service provider. Less than one fifth (17%) said that a doctor, nurse, or other healthcare provider was their most recent mental health provider. Only 6% said that a psychologist was their most recent metal health services provider.



Adult Residential, 2023

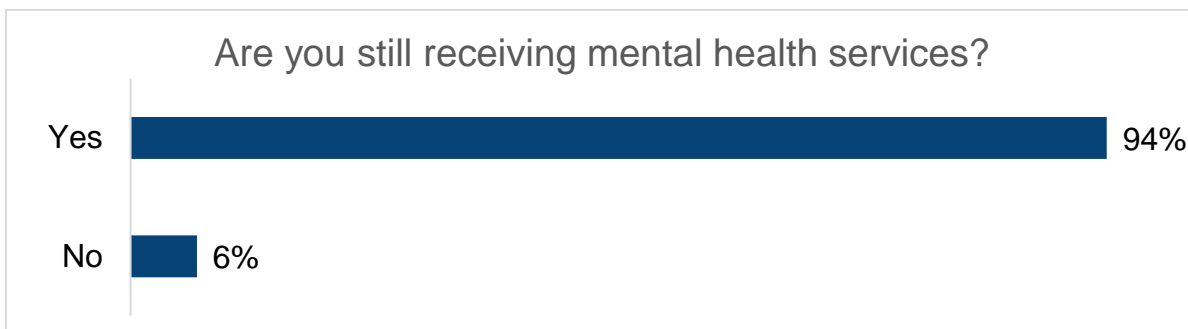
Two thirds (67%) of respondents reported that they have received services from their most recent mental health provider for one year or more. Less than one fifth (12%) said they have received services for at least six months but less than one year. Only 7% said that they have received services from their mental health provider for less than one month.

Respondents between the ages of 18 years old and 24 years old were significantly less likely (about 37%) to have been receiving services from their most recent provider for one year or more as compared to others overall (about 67%).



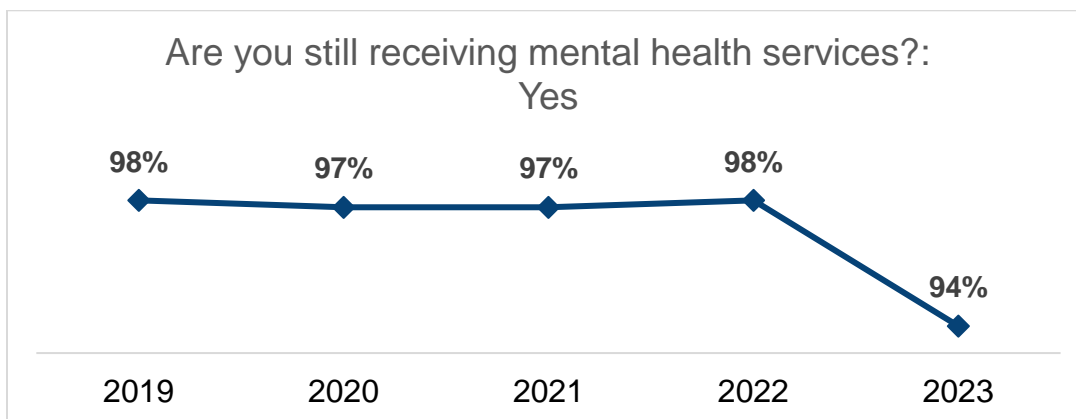
Adult Residential, 2019 to 2023

The proportion of respondents reporting that they have received services from their provider for one year or more appears to be trending downward over recent history. The domain satisfaction value from 2020 is significantly higher than the overall in 2023.



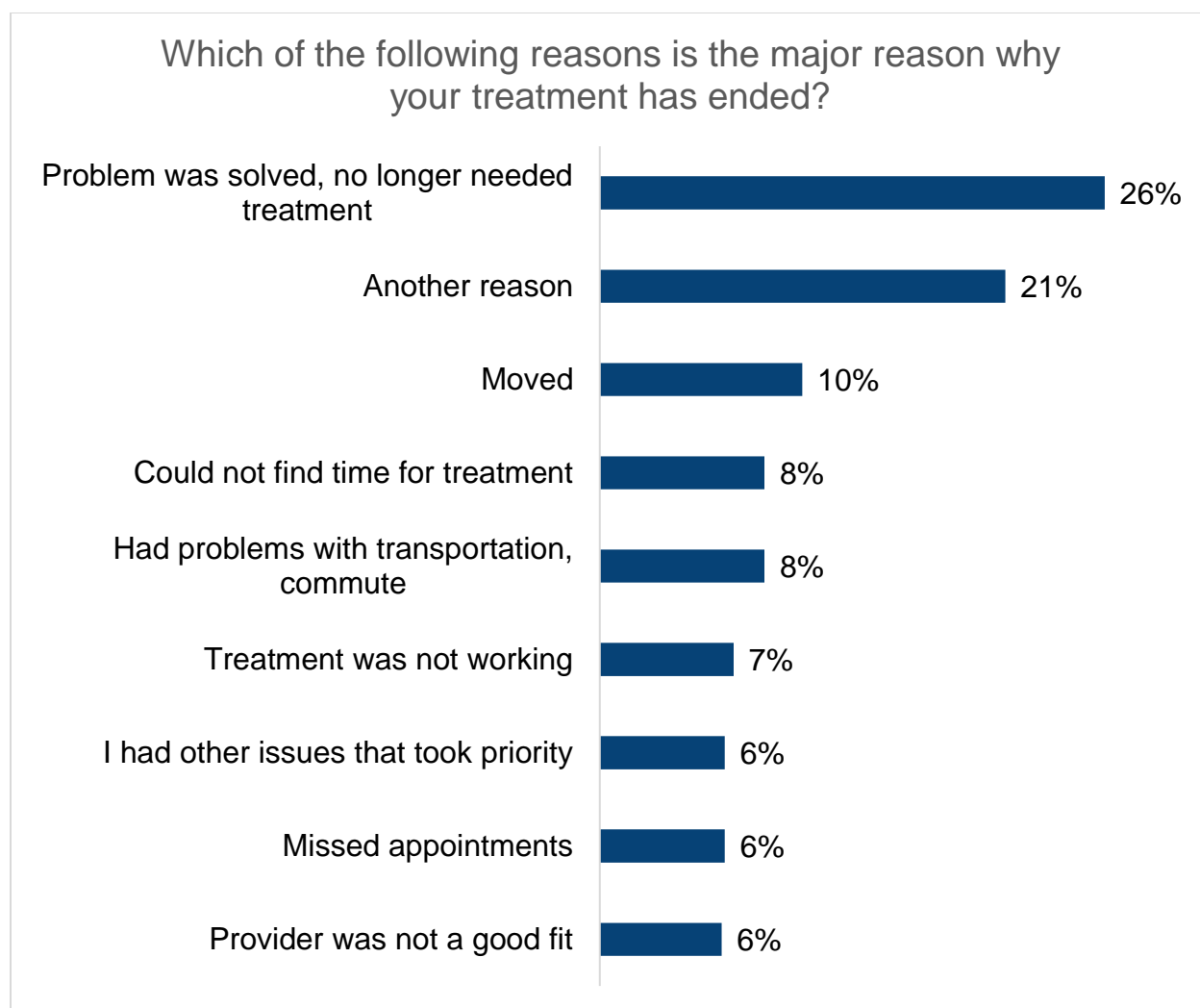
Adult Residential, 2023

Almost all respondents (94%) reported that they are still receiving mental health services.



Adult Residential, 2019 to 2023

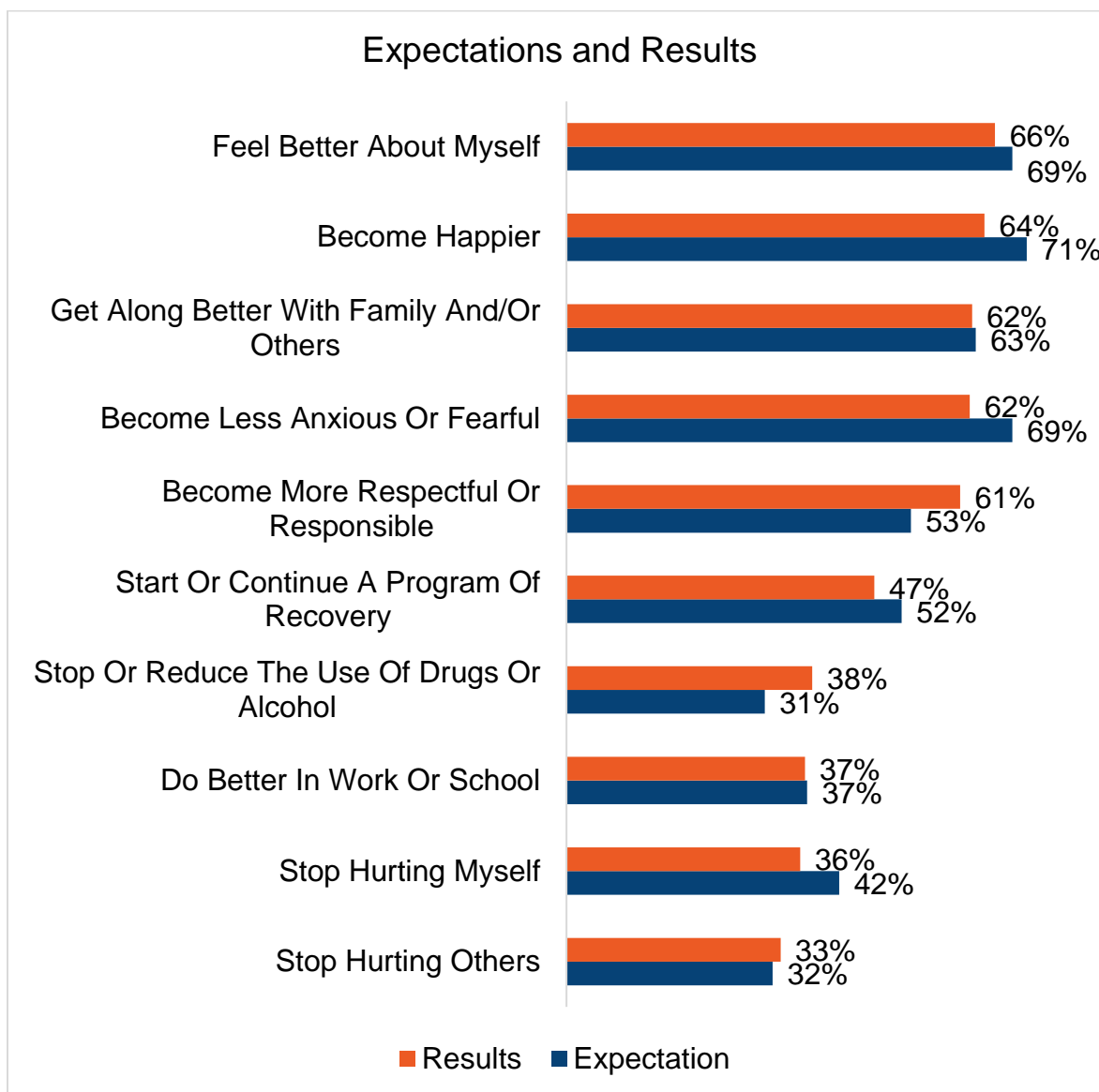
The proportion of respondents indicating that they are still receiving mental health services has remained very high in recent history, with a small decrease to 94% in 2023.



Adult Residential, 2023

More than one quarter (26%) of respondents reported that the major reason why their treatment ended was because their problem was solved, and they no longer needed treatment. Slightly less than one quarter (21%) indicated another reason as to why their treatment ended.

Expectations and Results



Adult Residential, 2023

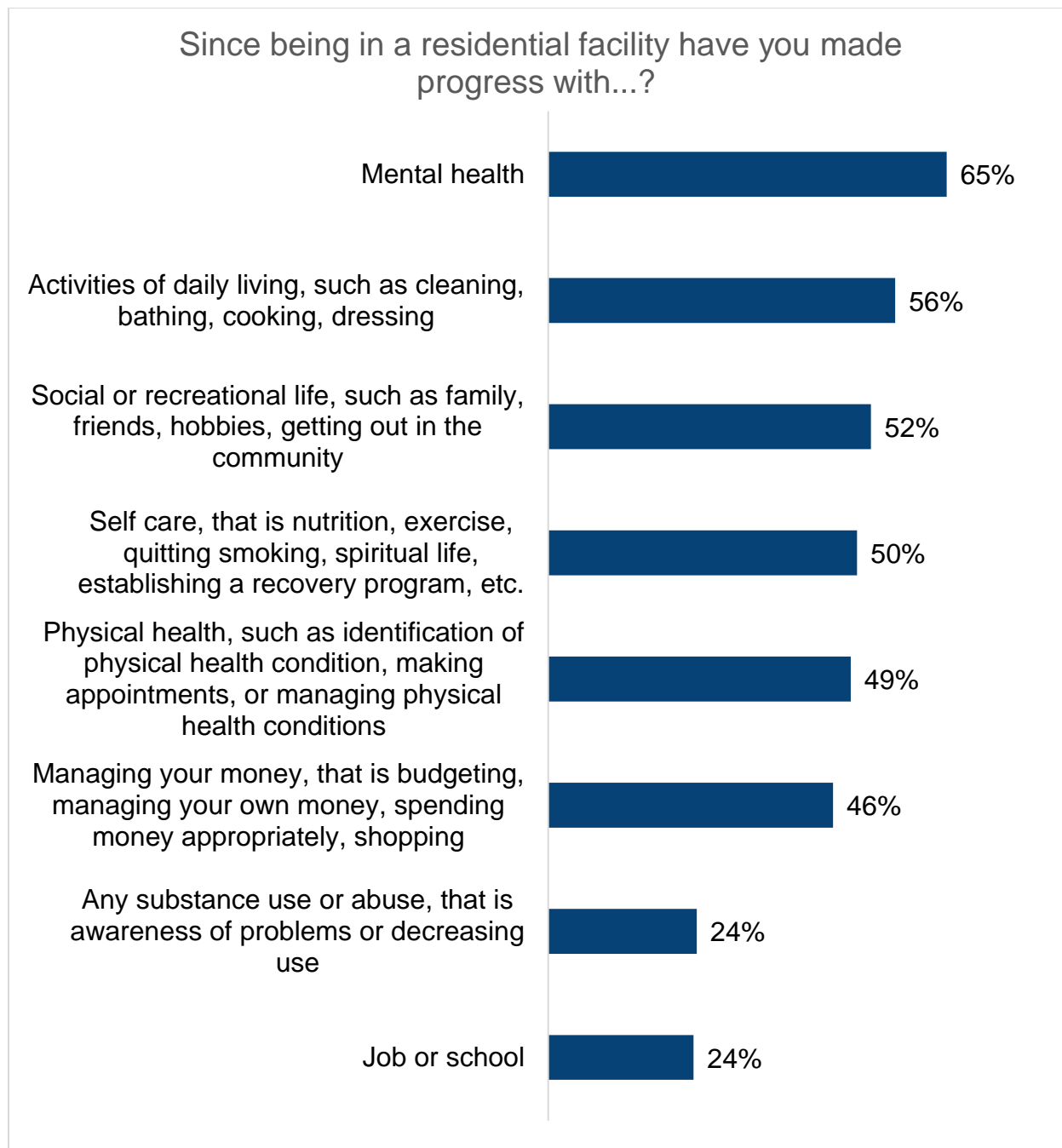
Almost three quarters (71%) of respondents expected that they would become happier when they started receiving services from their provider and slightly less than two thirds (65%) reported becoming happier since they started receiving services. Less than one third (30%) of respondents expected to stop or reduce the use of drugs or alcohol and more than one third (37%) said they did stop or reduce the use of drugs or alcohol since they started receiving services. Similarly, only slightly more than half (52%) expected to become more respectful or responsible but almost two thirds (60%) reported becoming more respectful or responsible since they started receiving services.

Residential Treatment Services



Adult Residential, 2023

More than one third (37%) of respondents said they are living in a residential facility because they want mental health treatment so they can get better. Just over one quarter (27%) said they are in a residential facility because they need help taking care of themselves. Slightly less than one quarter (24%) indicated that they are in a residential facility under the jurisdiction of the Psychiatric Security Review Board or other legal requirements.



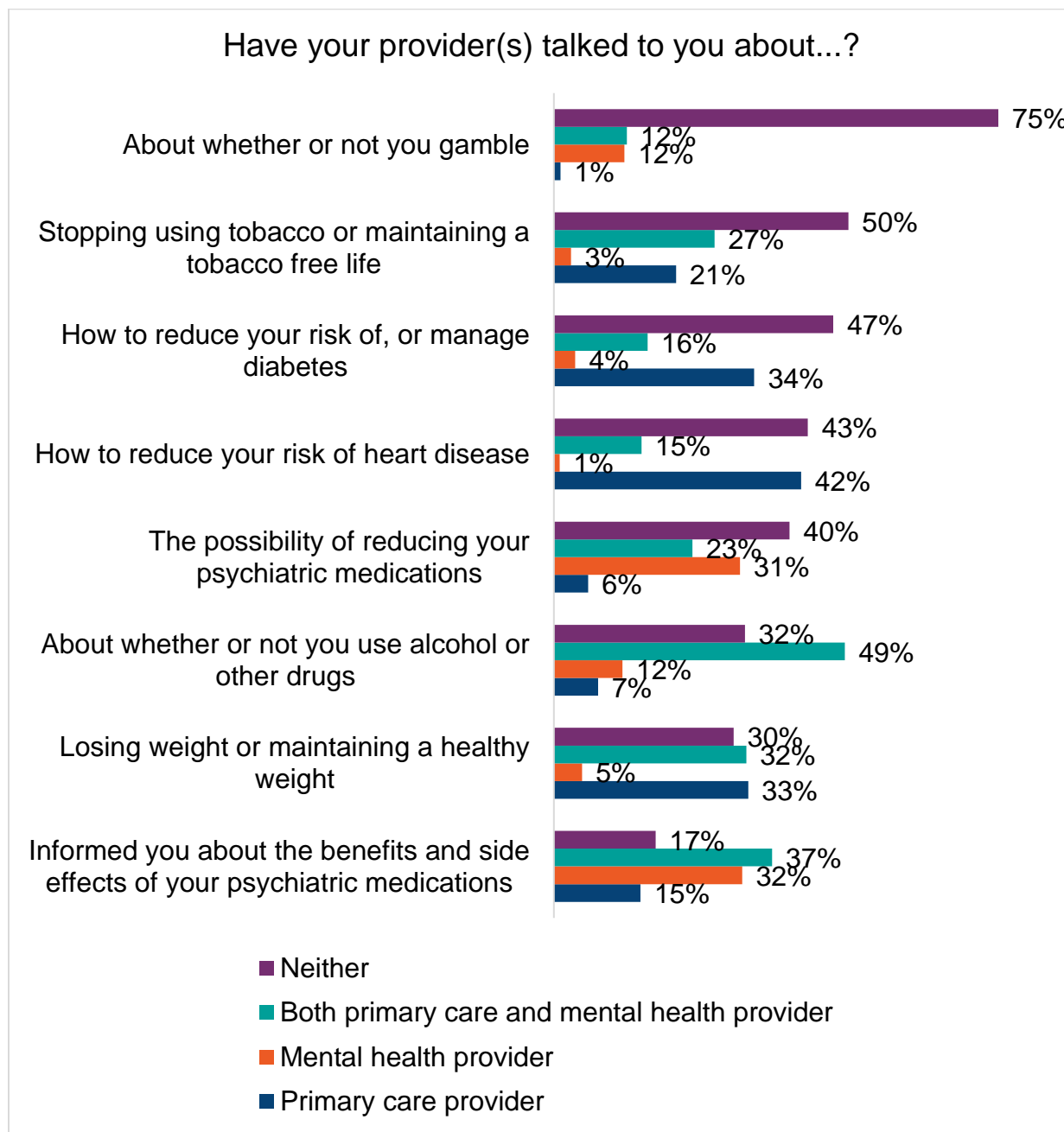
Adult Residential, 2023

Almost two thirds (64%) of respondents agreed that they have made progress with their mental health since being in a residential facility. More than half of respondents have made progress with activities of daily living (56%), such as cleaning, bathing, or cooking, and their social or recreational life (52%), such as family, friends, or hobbies, since being in a residential facility. However, less than one quarter (24%) said that they

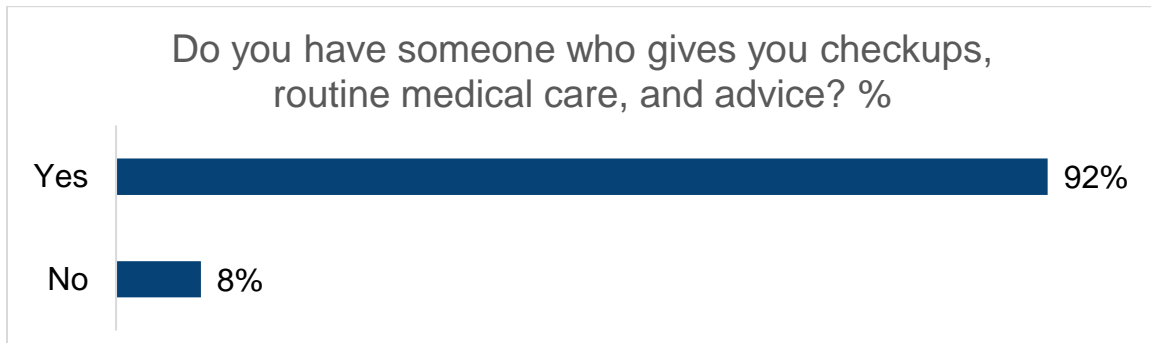
have made progress with any substance use or abuse, either in terms of awareness of problems or in decreasing use.

Respondents who self-identified as men or male were significantly more likely to have made progress with their mental health (about 87%) and activities of daily living (about 78%) as compared to others overall (about 64% and about 56%, respectively).

Care Providers

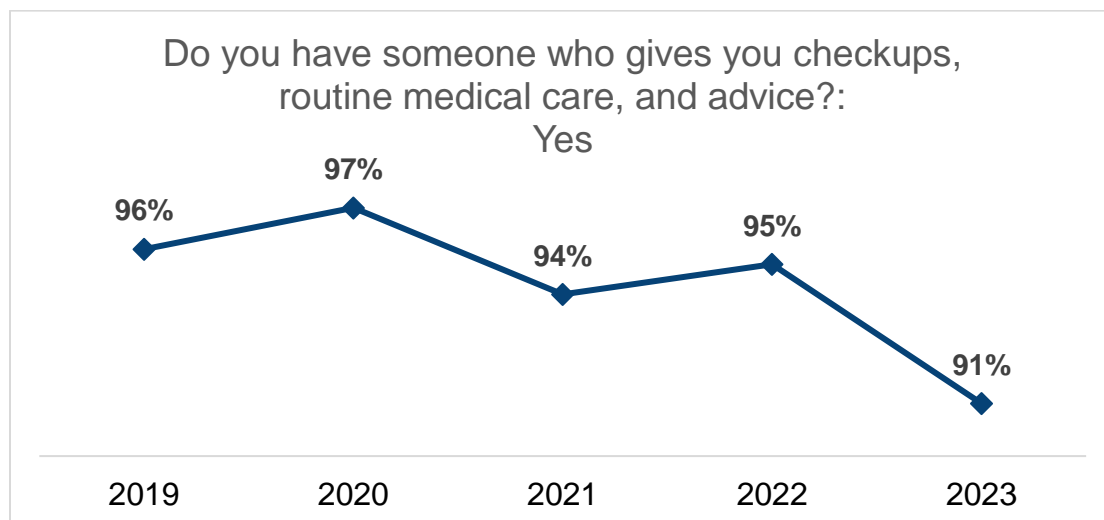


Just under three quarters (74%) of respondents reported that neither their primary care provider nor their mental health provider talked to them about whether they gamble. Precisely half (50%) said that neither provider talked to them about stopping tobacco usage or maintaining a tobacco free life and less than half (47%) said that neither provider talked to them about how to reduce their risk or manage diabetes. However, just slightly less than half (49%) reported that both their primary care provider and their mental health provider talked to them about whether they use alcohol or other drugs.



Adult Residential, 2023

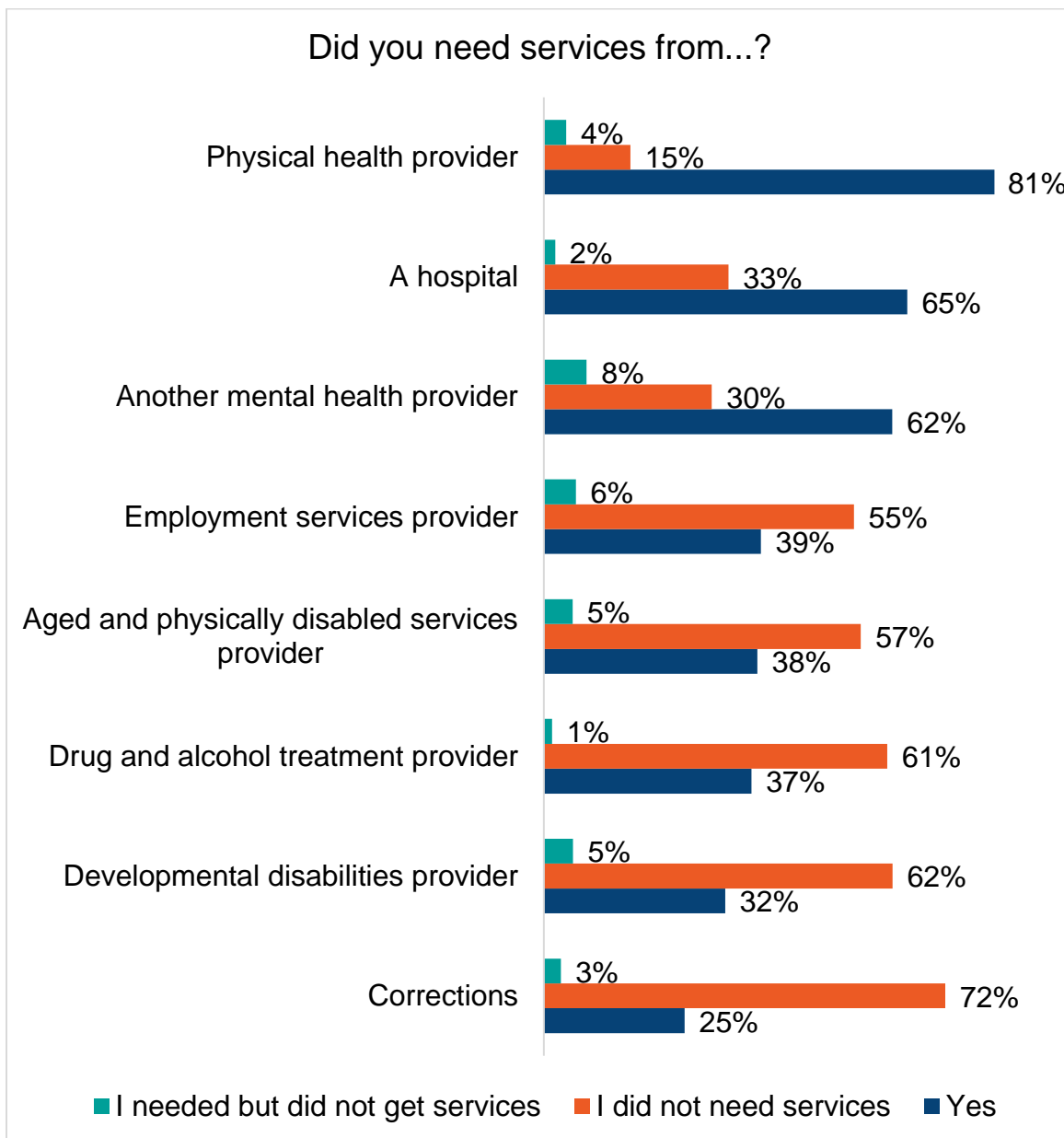
Most respondents (91%) said that they have someone who gives them checkups, routine medical care, and advice.



Adult Residential, 2019 to 2023

The proportion of respondents who agreed that they have someone who gives them checkups or other routine medical care and advice has remained relatively high over time but decreased to a recent historic low of 91% in 2023.

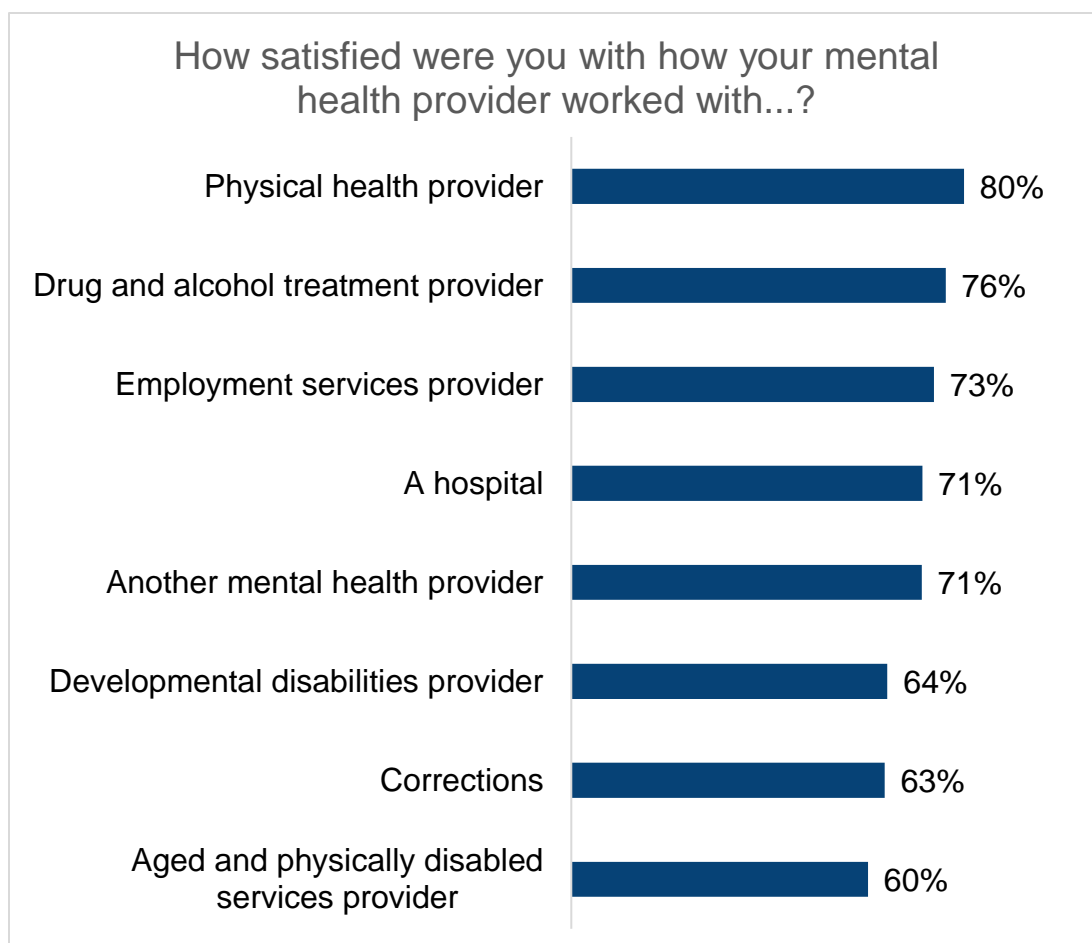
Coordination of Care



Adult Residential, 2023

Over four fifths (81%) of respondents indicated that they needed services from a physical health provider and just under two thirds (65%) said that they needed services from a hospital. Less than two thirds (63%) said that they needed services from another mental health provider and 8% needed but did not receive services from another mental health provider. Almost three quarters (72%) reported that they did not need services from Corrections.

Respondents between the ages of 25 to 29 years old were significantly more likely (about 28%) to have needed but not received services from an employment services provider as compared to others overall (about 6%).



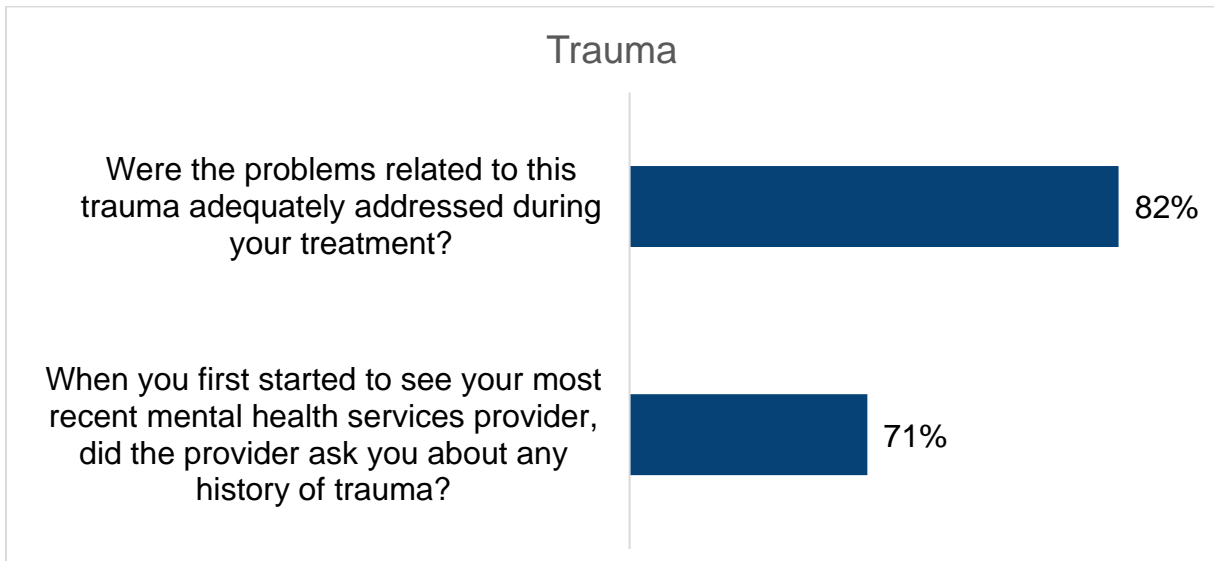
Adult Residential, 2023

Almost four fifths (79%) of respondents were satisfied with how their mental health provider worked with a physical health provider. Just under three quarters said they were satisfied with how their mental health provider worked with a hospital (71%) and another mental health provider (72%).

Respondents who indicated residing in a frontier location were significantly more likely (about 49%) to be dissatisfied with how their provider worked with a hospital as compared to those in other locations overall (about 9%). Further, self-identified Black or African American respondents were significantly more likely (about 31%) to have been

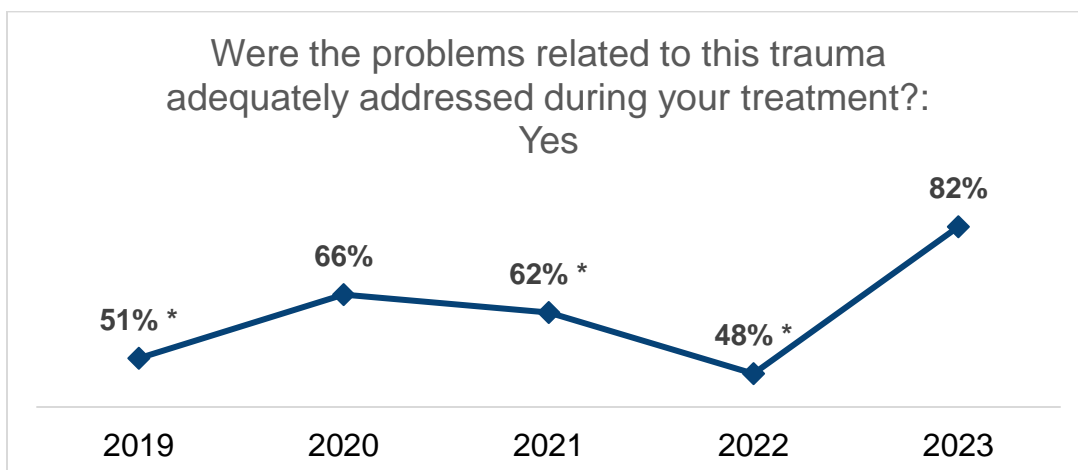
strongly dissatisfied with how their provider worked with a hospital as compared to others (about 4%).

Trauma



Adult Residential, 2023

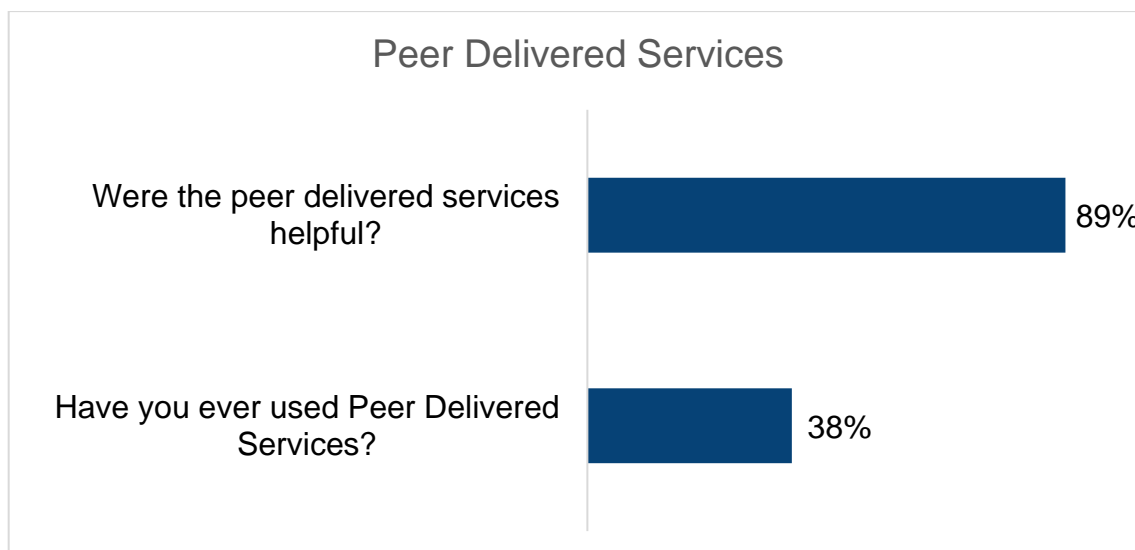
Almost three quarters (71%) of respondents said that when they first started to see their most recent mental health services provider, the provider asked them about any history of trauma. Of those who reported experiencing trauma, more than four fifths (82%) said that the problems related to this trauma were adequately addressed during their treatment.



Adult Residential, 2019 to 2023

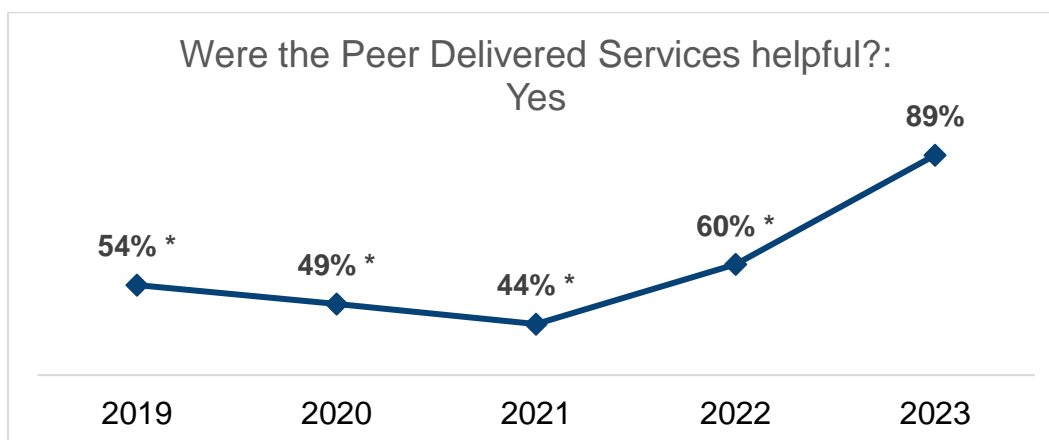
The proportion of respondents who experienced problems related to trauma and agreed that their provider adequately addressed these problems appears to have been trending sharply downward before increasing sharply to 82% in 2023. Values in 2019, 2021, and 2022 are significantly lower than the overall in 2023.

Peer Delivered Services



Adult Residential, 2023

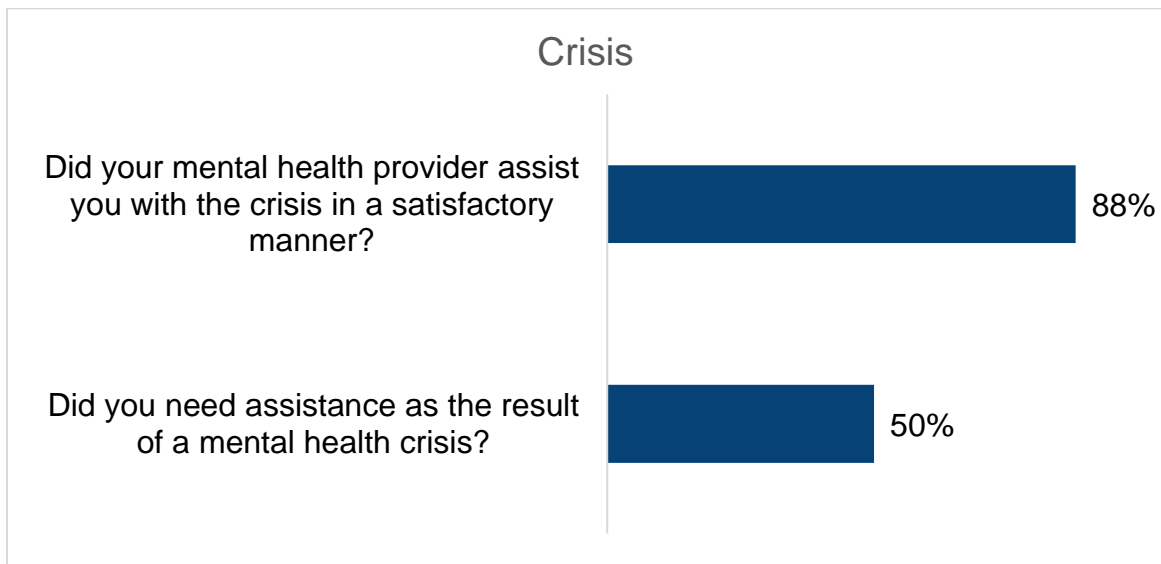
Just over one third (38%) of respondents reported using Peer Delivered Services. Of those who have ever used Peer Delivered Services, most (89%) found them to be helpful.



Adult Residential, 2019 to 2023

The proportion of respondents who have ever used Peer Delivered Services and found the services to be helpful appears to now be trending steadily upwards over recent history. All prior years' values are significantly lower than the overall in 2023.-

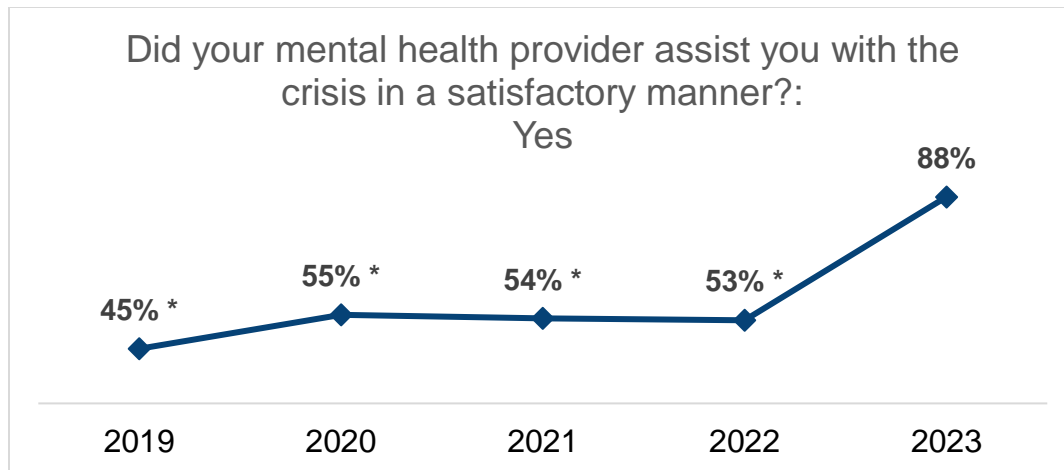
Crisis



Adult Residential, 2023

Just over half (51%) of the survey respondents reported that they need assistance as the result of a mental health crisis. Of those who experienced crisis, most (88%) said that their mental health provider assisted them with the crisis in a satisfactory manner.

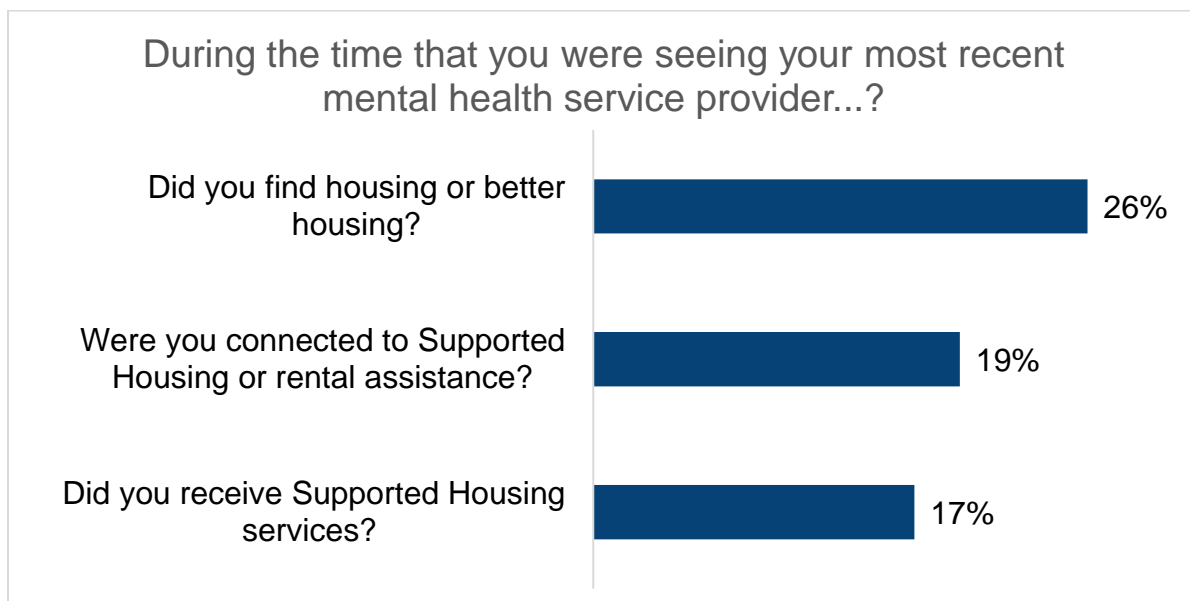
Respondents between the ages of 60 and 64 years old were significantly less likely (about 23%) to have needed assistance resulting from a mental health crisis as compared to others overall (about 51%).



Adult Residential, 2019 to 2023

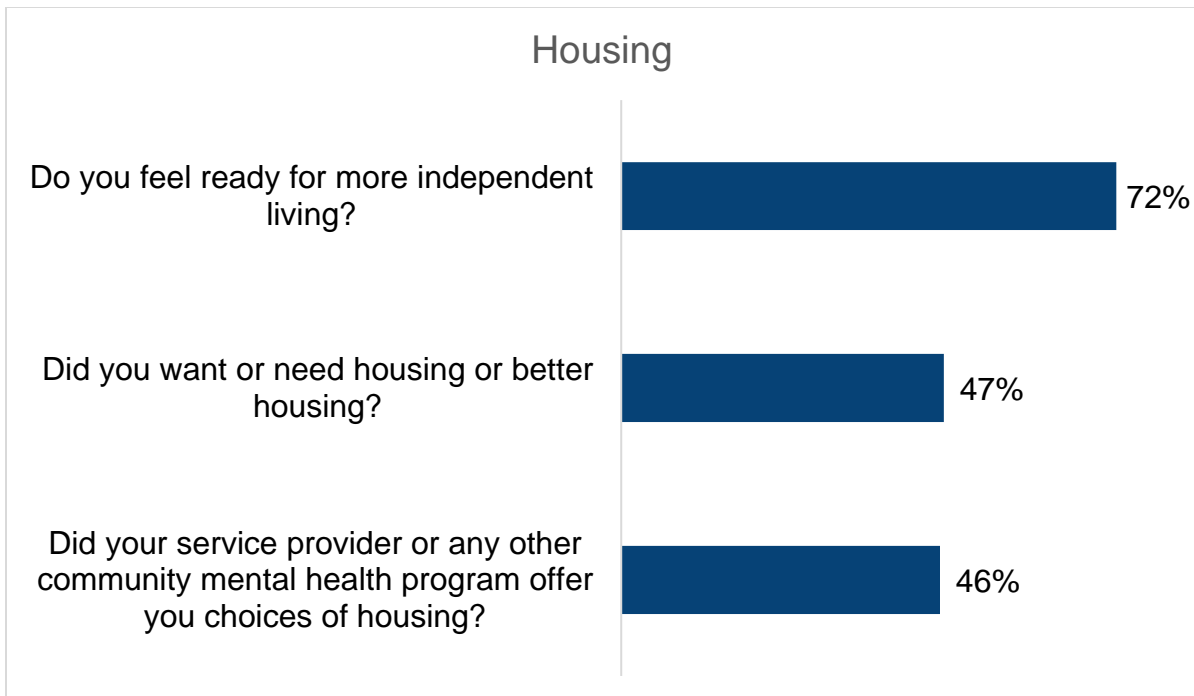
The proportion of respondents who experienced crisis and agreed that their provider assisted them with their crisis in a satisfactory manner appears to have been trending slightly downward before increasing sharply to 88% in 2023. All prior years' values are significantly lower than the overall in 2023.

Housing



Adult Residential, 2023

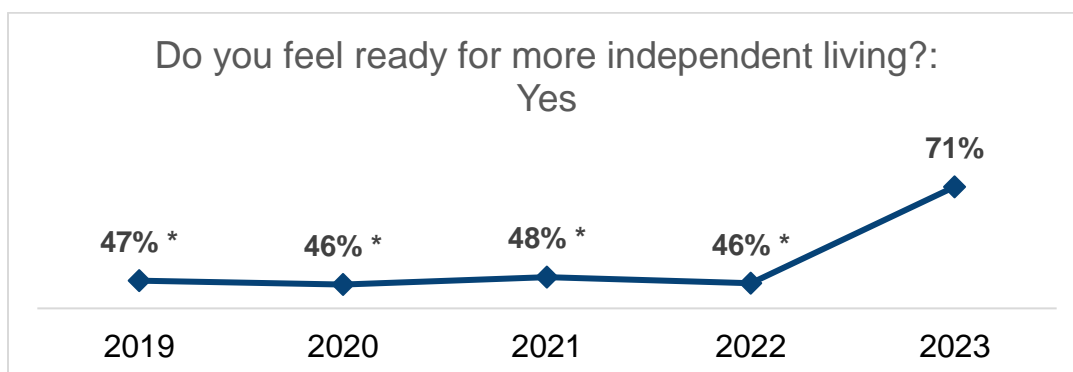
Over one quarter (26%) of respondents reported that they found housing or better housing during the time that they were seeing their most recent mental health service provider.



Adult Residential, 2023

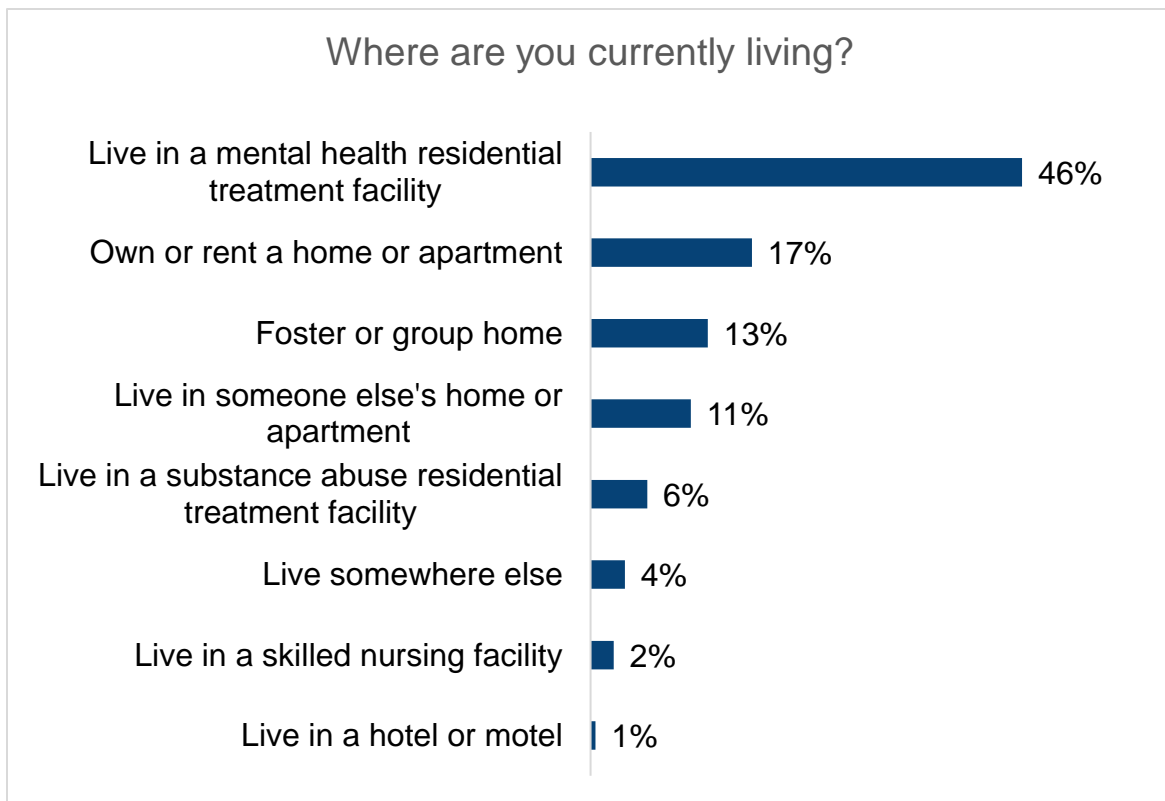
Almost three quarters (71%) of respondents agreed that they feel ready for more independent living. Slightly less than half (47%) said that they want or need housing or better housing. Just under half (45%) of respondents indicated that their service provider or any other community mental health program offered them choices of housing.

Respondents between the ages of 25 to 29 years old were significantly more likely (about 85%) to have wanted or needed housing or better housing while seeing their most recent provider, as compared to others overall (about 47%).



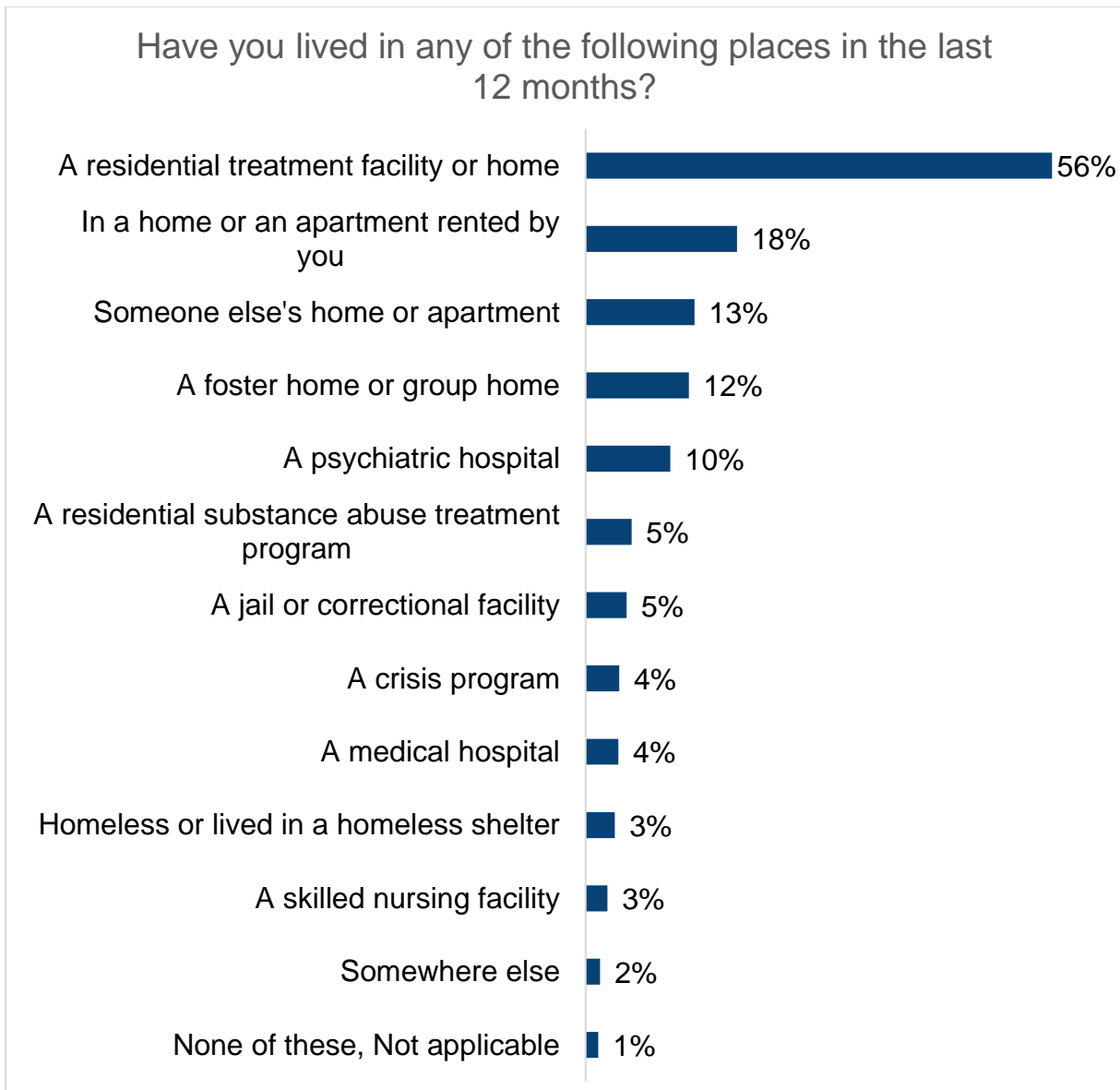
Adult Residential, 2019 to 2023

The proportion of respondents who agreed that they feel ready for more independent living had remained stable over recent history before sharply increasing to 71% in 2023. All prior years' values are significantly lower than the overall in 2023.



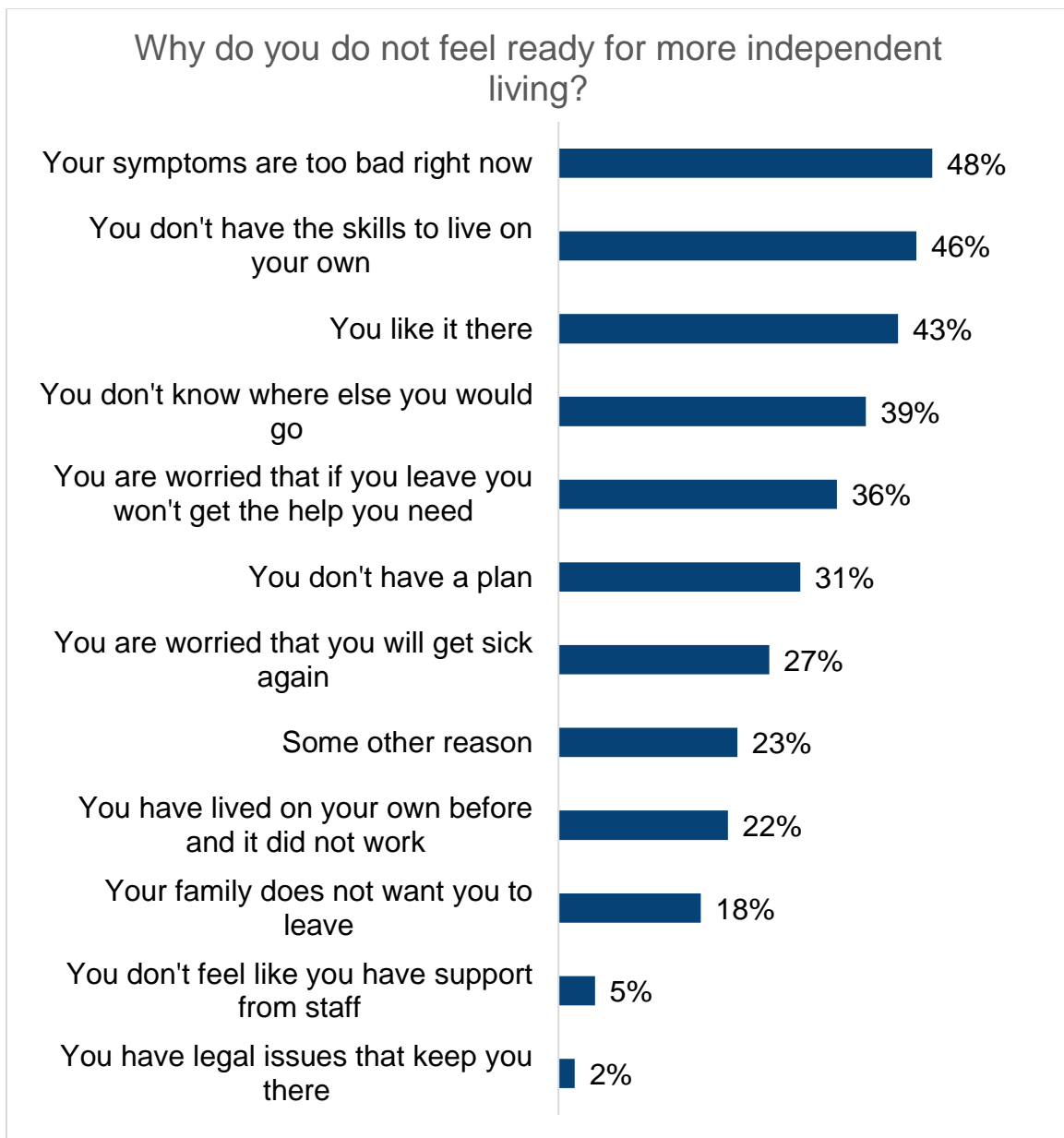
Adult Residential, 2023

Just under half (46%) of respondents said that they are currently living in a mental health residential treatment facility. Less than one quarter (17%) reported that they own or rent their home or apartment and less than one fifth (13%) currently live in a foster or group home. Only 6% said they currently live in a substance abuse residential treatment facility.



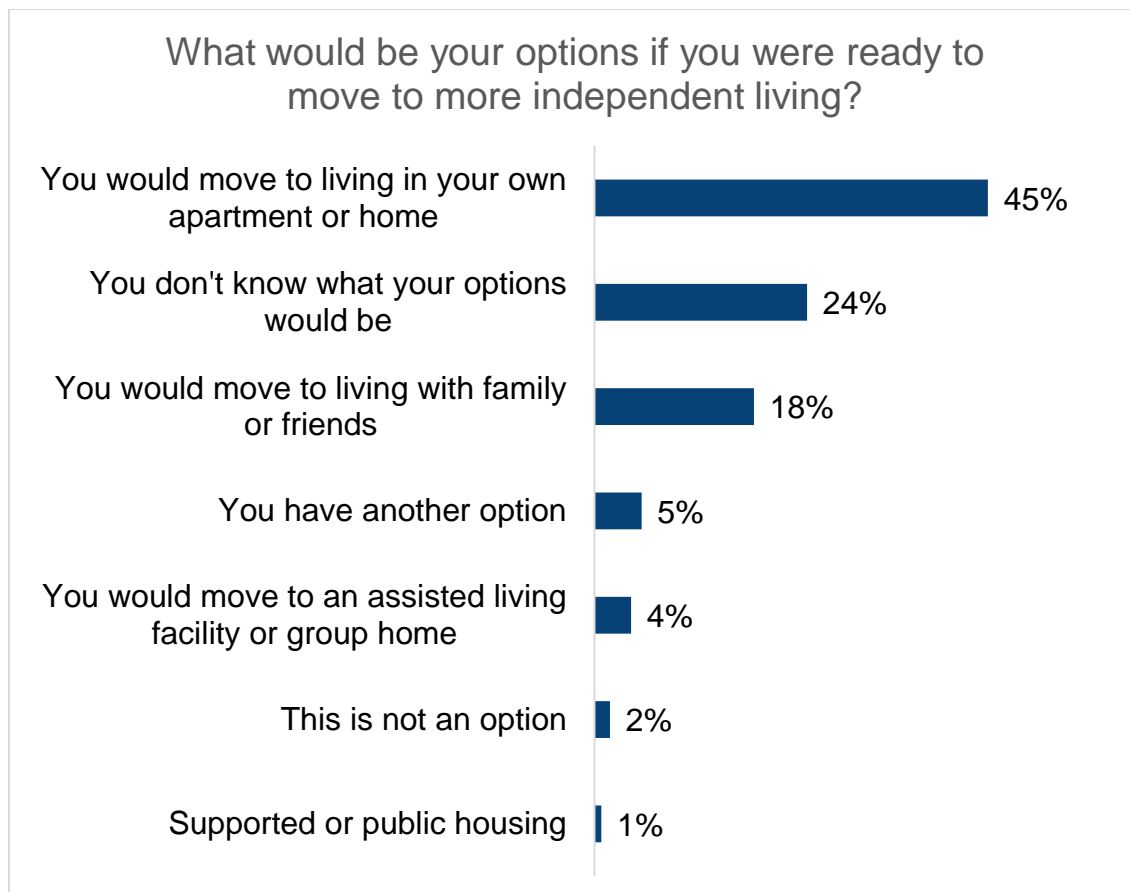
Adult Residential, 2023

More than half (55%) of the respondents reported that they lived in a residential treatment facility or home within the last 12 months. Less than one quarter (18%) said that they lived in a home or apartment they rented themselves and less than one fifth (13%) said that they lived in someone else's home or apartment. Only 3% of respondents indicated that they were homeless or lived in a homeless shelter in the last 12 months.



Adult Residential, 2023

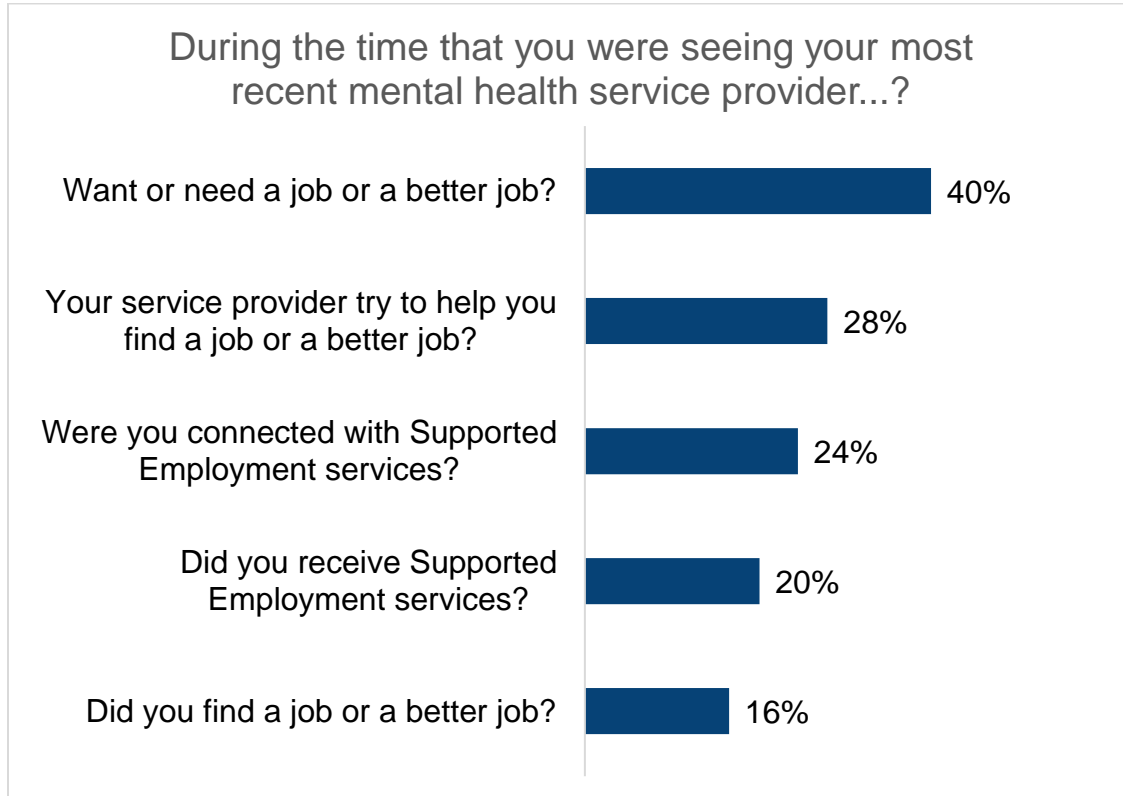
Slightly less than half of respondents said that they do not feel ready for more independent living because their symptoms are too bad right now (48%) and that they do not have the skills to live on their own (46%). Over one third (39%) said that they are not ready for more independent living because they do not know where else they would go. More than one quarter (27%) are not ready for independent living because they are worried that they will get sick again.



Adult Residential, 2023

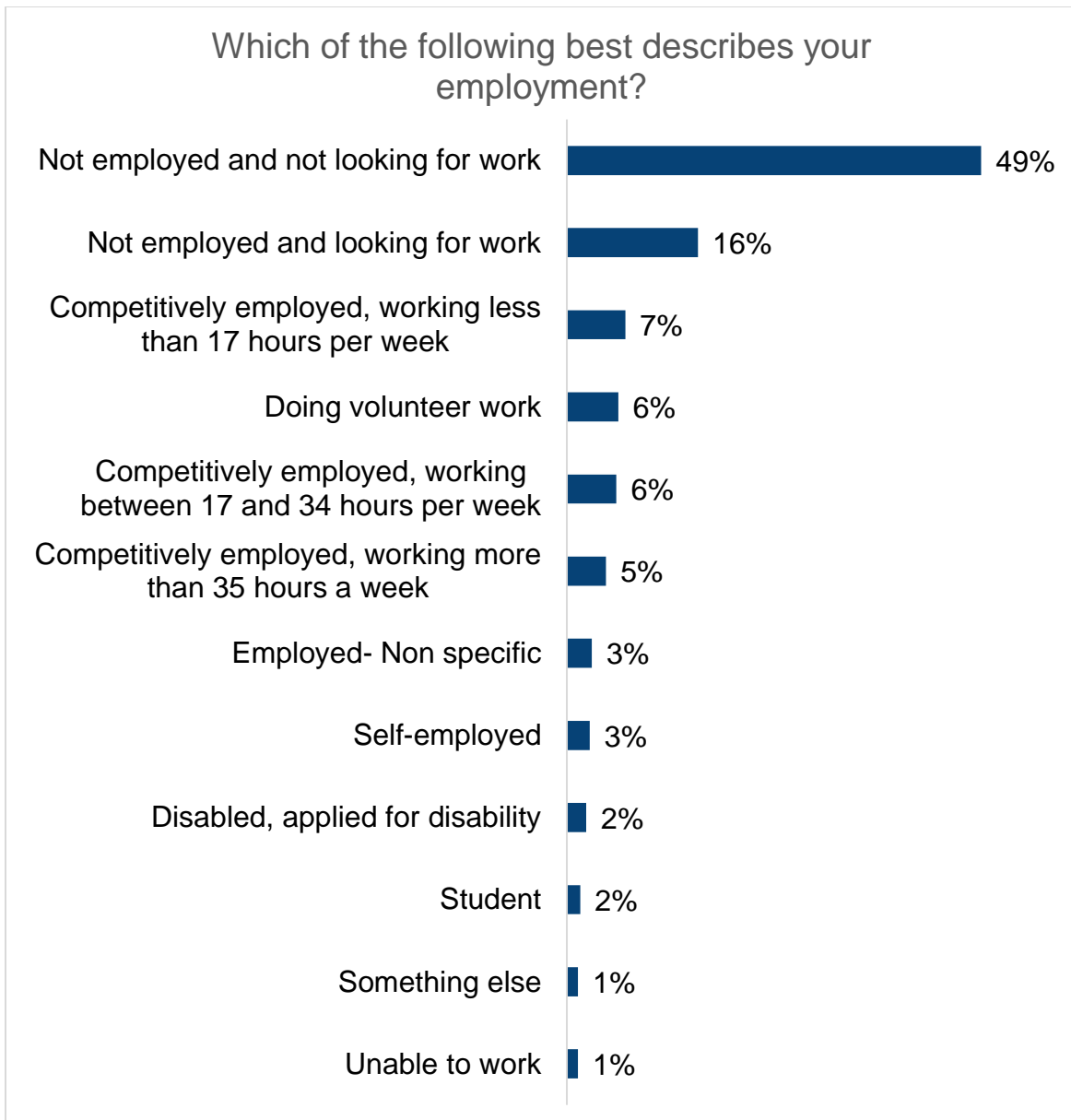
Just under half (45%) of the respondents said that if they were ready to move to more independent living they would transition to living in their own apartment or home. Less than one quarter (24%) of respondents do not know what their options would be. Just under one fifth (18%) said they would transition to living with family or friends.

Employment



Adult Residential, 2023

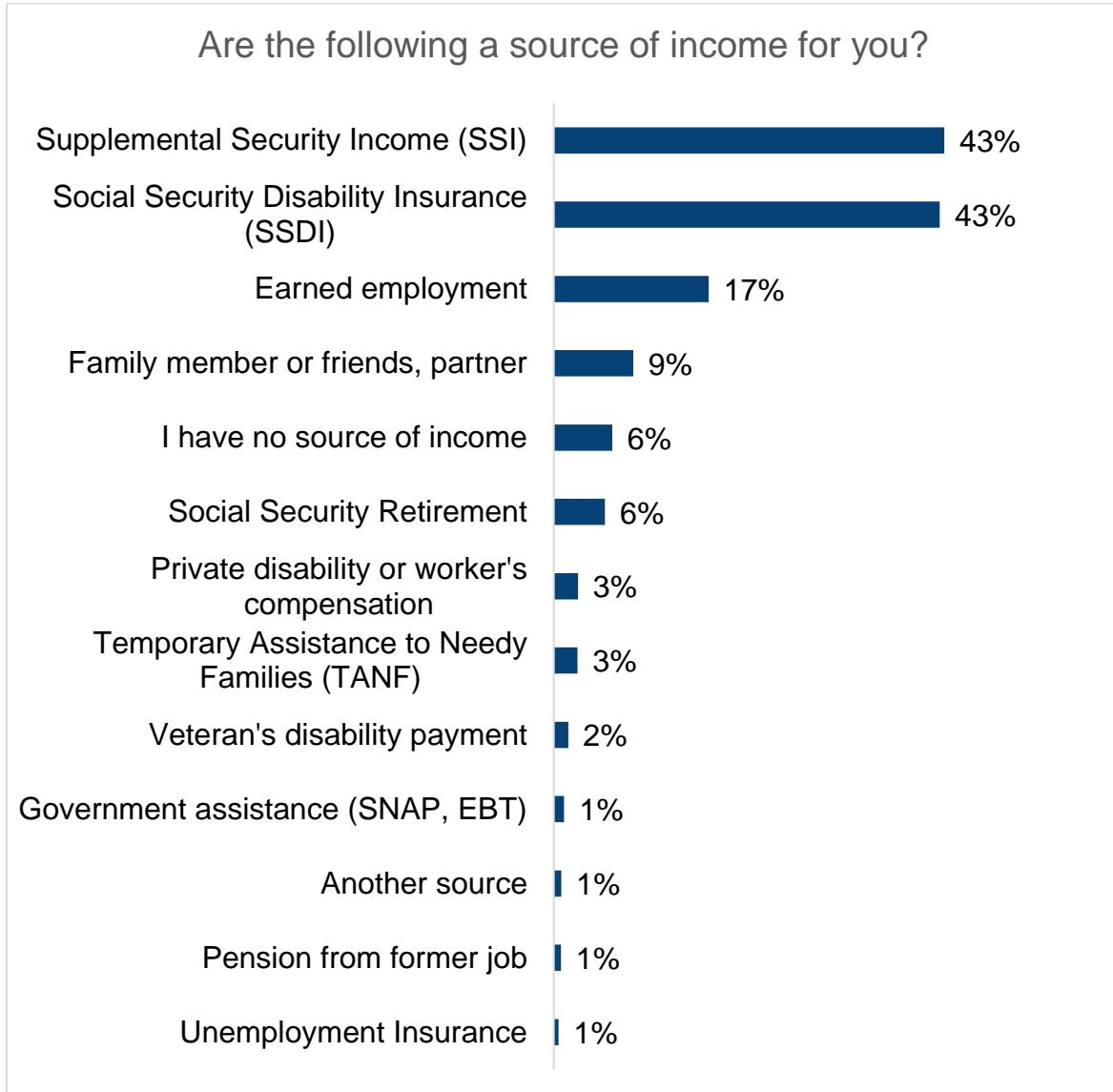
Almost two fifths (39%) of respondents reported that they wanted or needed a job or a better job during the time that they were seeing their most recent mental health service provider and over one quarter (28%) said that their provider tried to help them find a job or a better job. However, less than one fifth (16%) found a job or a better job. One quarter (25%) of respondents were connected to Supported Employment services and of those, one fifth (20%) received services.



Adult Residential, 2023

Just less than half (49%) of respondents reported that they are not employed and not looking for work and less than one quarter (16%) are not employed but are looking for work. Only 4% of respondents are competitively employed and work more than 35 hours per week.

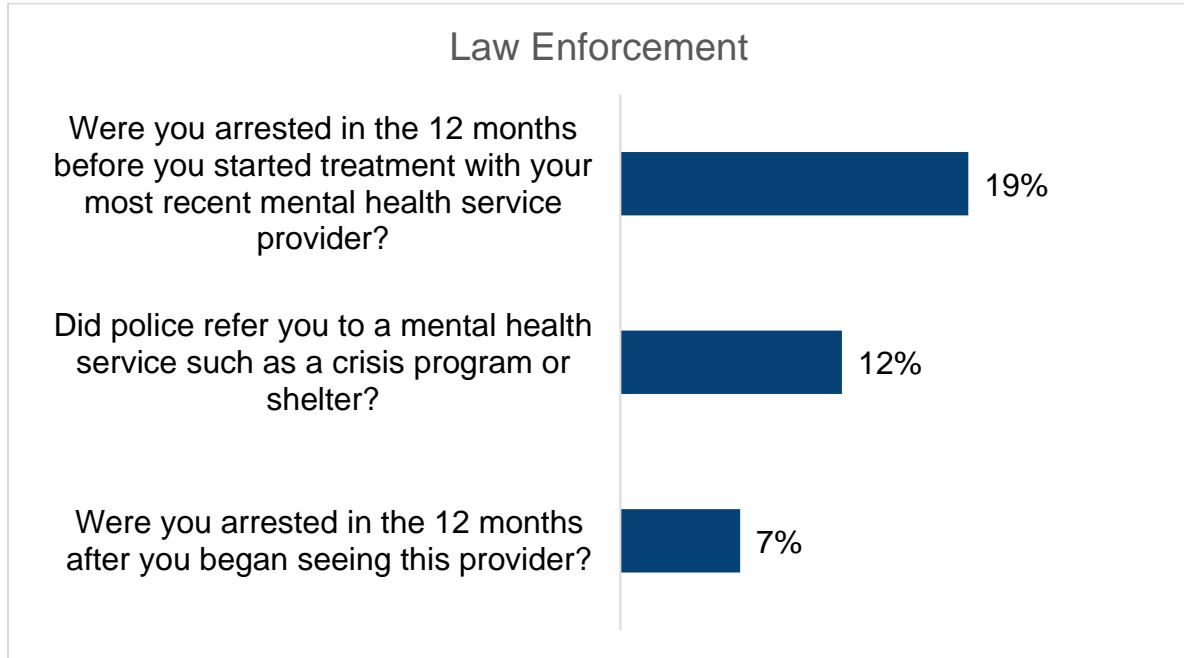
Income



Adult Residential, 2023

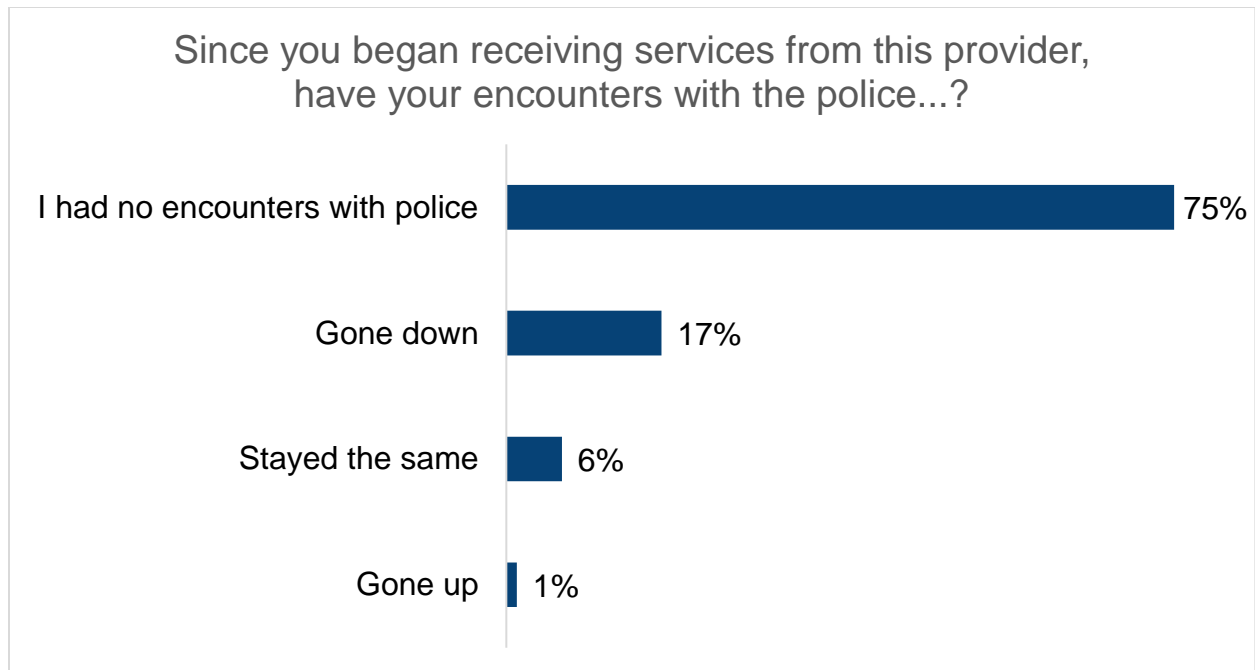
Over two fifths of respondents indicated that they receive income from Supplemental Security Income (SSI) (43%) and Social Security Disability Insurance (SSDI) (43%). Just under one fifth (17%) of respondents said that earned employment is a source of income for them. Only 6% indicated that they do not have a source of income.

Law Enforcement



Adult Residential, 2023

Less than one quarter (18%) of respondents said that they were arrested in the 12 months before they started treatment with their most recent mental health service provider and only 6% reported being arrested in the 12 months after they began seeing this provider. Less than one fifth (12%) said that the police referred them to a mental health service such as a crisis program or shelter.



Adult Residential, 2023

Three quarters (75%) of respondents indicated that they have not had encounters with the police. Nearly one fifth (17%) of respondents reported that since they began receiving services from this provider, their encounters with the police have gone down.

Appendix A

Table 3. All Adult Outpatient Race/Ethnicity Groups, 2023

Race/Ethnicity	Percent (%)
American Indian or Alaska Native	
American Indian	6.1%
Alaska Native	0.3%
Indigenous Mexican, Central American, or South American	0.8%
Canadian Inuit, Metis, or First Nation	0.5%
Other American Indian or Alaska Native	0.5%
Asian	
Asian Indian	0.1%
Cambodian	0.1%
Chinese	1.3%
Communities of Myanmar	<i>No Response</i>
Filipino/a	0.9%
Hmong	<i>No Response</i>
Japanese	0.8%
Korean	0.5%
Laotian	0.1%
South Asian	0.3%
Vietnamese	0.8%
Some other Asian	0.8%
Black or African American	
African American	5.0%
Afro-Caribbean	0.7%
Ethiopian	<i>No Response</i>
Somali	0.2%
Some other Black African	0.6%
Some other Black	0.9%
Hispanic or Latino/a/x	
Central American	0.8%
Mexican	11.2%

South American	0.8%
Some other Hispanic or Latino/a/x	2.6%
Middle Eastern or North African	
Middle Eastern	0.8%
Northern African	0.1%
Native Hawaiian or Pacific Islander	
CHamoru or Chamorro	<i>No Response</i>
Marshallese	<i>No Response</i>
Communities of the Micronesian Region	<i>No Response</i>
Native Hawaiian	0.1%
Samoan	<i>No Response</i>
Other Pacific Islander	0.1%
White	
Eastern European	9.6%
Slavic	3.1%
Western European	21.6%
Other White	13.7%

Table 4. All Adult Residential Race/Ethnicity Groups, 2023

Race/Ethnicity	Percent (%)
American Indian or Alaska Native	
American Indian	7.0%
Alaska Native	1.1%
Indigenous Mexican, Central American, or South American	0.6%
Canadian Inuit, Metis, or First Nation	0.7%
Other American Indian or Alaska Native	0.5%
Asian	
Asian Indian	<i>No response</i>
Cambodian	<i>No response</i>
Chinese	0.5%
Communities of Myanmar	<i>No response</i>
Filipino/a	<i>No response</i>
Hmong	<i>No response</i>
Japanese	<i>No response</i>
Korean	<i>No response</i>
Laotian	<i>No response</i>
South Asian	<i>No response</i>
Vietnamese	0.4%
Some other Asian	0.6%
Black or African American	
African American	1.8%
Afro-Caribbean	0.4%
Ethiopian	2.2%
Somali	2.2%
Some other Black African	2.2%
Some other Black	2.2%
Hispanic or Latino/a/x	
Central American	1.2%
Mexican	2.3%
South American	<i>No response</i>
Some other Hispanic or Latino/a/x	0.7%

Middle Eastern or North African	
Middle Eastern	0.4%
Northern African	0.4%
Native Hawaiian or Pacific Islander	
CHamoru or Chamorro	<i>No Response</i>
Marshallese	<i>No Response</i>
Communities of the Micronesian Region	<i>No Response</i>
Native Hawaiian	<i>No Response</i>
Samoan	<i>No Response</i>
Other Pacific Islander	<i>No Response</i>
White	
Eastern European	5.2%
Slavic	1.1%
Western European	7.2%
Other White	15.1%

Table 5. List of Adult Survey Deliverables, 2023

OHA MHSIP Adult Outpatient Survey Questionnaire
OHA MHSIP Adult Residential Survey Questionnaire
OHA MHSIP Adult Outpatient Data Compendium
OHA MHSIP Adult Residential Data Compendium
OHA MHSIP Adult Outpatient CCO-Level Infographics (combined with Youth Surveys)
OHA MHSIP Adult Outpatient/Adult Residential Statewide Reports (combined)
OHA MHSIP Adult Outpatient Data Dictionary and Crosswalk
OHA MHSIP Adult Residential Data Dictionary and Crosswalk