



Oregon Health Authority - April 2020

2019 Youth Mental Health Survey Report

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Executive Summary

An estimated 155,000 Oregonians¹ receive mental health services through Oregon Medicaid, including about 45,500 children and youth under the age of 18. Some of these services include, crisis services, group therapy and individual counseling.

To ensure these services meet the needs of Oregonians, and to meet federal requirements, the Oregon Health Authority (OHA) contracts with HealthInsight Assure to administer mental health services satisfaction surveys to youth ages 14 to 17 and caregivers of children and youth under the age of 18 who have received Medicaid-funded mental health services in outpatient, psychiatric residential or psychiatric day treatment settings.

Statewide, the response rate was 17.1% for the Youth Services Survey and 22.3% for the Youth Services Survey for Families. Most respondents for both surveys completed them online and received a \$10 gift card as an incentive.

Below are highlights from the 2019 surveys, as well as trends from our comparison of the 2019 results to survey results since 2015.

Summary of Youth Services Survey (YSS) Results

Statewide, 654 youth between the ages of 14 and 17 responded to this survey for a response rate of 17.1%.

The YSS asked questions regarding the following domains:

- Access to services
- Appropriateness of services
- Cultural sensitivity
- Family participation in treatment
- Treatment outcomes

The survey also asked several additional questions regarding the respondents' living situation, school attendance, trauma and other areas.

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

Treatment goals

For pairs of youth ages 14–17 and their caregivers who responded to the surveys, youth were more satisfied than their caregivers in response to the question, “I helped to choose my treatment goals” ($p<0.01$). The YSS respondents were also more likely to be satisfied with their participation than their caregivers ($p=0.02$).

Residence

In 2019, most youth (82.8%) were living with one or both parents. Since 2015, there has been an upward trend of youth respondents who have lived with one or both parents ($p=0.04$) or another family member ($p=0.03$) in the last six months. Those who reported having lived in a therapeutic foster home ($p<0.01$) has trended downward during this time period.

Medications

In 2019, 43.2% of youth reported taking medication for emotional or behavioral problems. Of those, 90.0% reported that the doctor or nurse had told them what side effects to watch for. There have been no significant upward or downward trends in the percentage of respondents who are taking medication for emotional or behavioral problems.

Domains with highest and lowest satisfaction

- Youth were most satisfied in the cultural sensitivity domain (88.0%).
- Youth were least satisfied in the access and treatment outcomes domains: 64.5% and 65.3%, respectively.

Summary of Youth Services Survey for Families (YSSF) Results

A total of 2,353 caregivers of children and youth under the age of 18 responded to the 2019 YSSF for a response rate of 22.3%.

The survey asked questions regarding the following domains:

- Access to services
- Appropriateness of services
- Cultural sensitivity
- Daily functioning
- Family participation in treatment
- Social connectedness
- Treatment outcomes

The survey also asked several additional questions regarding the respondents' living situation, school attendance, trauma and other areas.

Medications

- In 2019, 33.5% of caregivers reported that psychotropic medications were prescribed for their child while they were receiving treatment from their mental health provider. Among those, 74.7% felt the medications had helped their child.

Cultural sensitivity and access

- Caregivers were most satisfied in the cultural sensitivity domain (88.2%).
- Caregivers who completed the survey in Spanish have shown a significant downward trend ($p<0.01$) in their satisfaction with the cultural sensitivity of their child's mental health provider as well as their access to care ($p=0.03$).
- Satisfaction in the access and cultural sensitivity domains was significantly higher among caregivers of children in outpatient services than in residential.

Treatment expectations vs. results

Caregivers most frequently cited the following as treatment expectations for their children:

- Feel better about themselves (68.8%)
- Become less anxious or fearful (65.4%)

While caregivers reported their child having the following results from treatment:

- Feeling better about themselves (47.6%)
- Become happier (46.2%)
- Becoming less anxious or fearful (44.8%)
- Getting along better with family (44.3%)

Trauma history screening and treatment

In 2019, 60.9% of caregivers reported that their child's mental health service provider had asked about the child's history of trauma when starting treatment. When asked if the problems related to this trauma had been adequately addressed, 42.2% said yes.

The percentage of caregivers reporting that their provider had asked about the child's history of trauma has trended significantly downward over the last five years, as well as the percentage of caregivers who felt problems related to trauma were adequately addressed (both, $p<0.01$).

Introduction



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

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

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

³ MHSIP is supported by the Center for Mental Health Services, an agency within the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

Methodology



The Surveys

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

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

- Access to services
- Appropriateness of services
- Cultural sensitivity
- Daily functioning (YSSF only)
- Family participation in treatment
- Social connectedness (YSSF only)
- Treatment outcomes

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

OHA expanded both the youth and family surveys by:

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

Appendix A presents English and Spanish versions of the surveys.

Sample

The YSSF survey was sent to a sample of caregivers (n=12,128) whose children received state-funded mental health services only in an outpatient setting (including primary care settings) from April 1, 2018, through April 30, 2019, as identified by encounter data from OHA’s Medicaid Management Information System (MMIS). Enrollees who were 17 years of age or younger and had two or more mental health service encounters in that time frame in an outpatient, day treatment, or residential setting, were eligible for inclusion in the survey sample.

The YSS survey was sent to all youth ages 14–17 who were included in the YSSF sample (n=4,449).

OHA pulled the samples, over-sampling minority race and ethnic populations, and those residing in rural or frontier communities. OHA made every effort to include at least 500 youth from each CCO in the sample, and at least 300 youth from each CCBHC. For smaller CCOs or CCBHCs did not serve 500 or 300 youth, 100% of the population was included in the sample.

Survey Administration

Each caregiver and youth ages 14–17 received up to three letters by U.S. mail encouraging survey completion. For families with a YSS-eligible youth, the caregiver received the YSSF survey and the youth received the YSS survey. HealthInsight Assure mailed letters to eligible youth and families in August and September of 2019 informing them about the survey. The letters instructed recipients how to access the online survey using a unique password, and informed recipients that they would receive a paper questionnaire by mail if they did not complete the online survey within three weeks. Letters sent to youth and families offered them a \$10 Starbucks or Amazon gift card as an incentive for completing the online survey. For YSS-eligible youth, both the caregiver and youth were eligible to receive the incentive for completing their respective surveys.

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

After filtering out incorrect addresses, respondents who had already completed a survey online, and those who requested to opt out, HealthInsight mailed a follow-up letter and paper survey form to non-respondents in September 2019. HealthInsight mailed a second follow-up letter and paper survey form to non-respondents in October. Each time, recipients were offered the incentive for completing the survey online and provided a self-addressed and postage-paid return envelope.

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

Weighting and Analysis

HealthInsight Assure applied post-stratification weights to each survey respondent. Post-stratification weighting ensures that the results of this survey are generalizable to the population of interest: all youth under 18 years of age receiving state-funded mental health services with at least two encounters, and the subset of those ages 14 to 17 years.

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

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

While most MHSIP and OHA-added survey items have remained unchanged over the last several years, this is only the second year that results have been weighted; therefore, weighted trending is unavailable. Weights have been applied to all single-year frequency tables.

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

Survey Limitations

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

The length of the survey may deter some potential respondents, especially those with mental or cognitive challenges. Additionally, mental or cognitive challenges may have affected the respondents' ability to understand and respond accurately to some questions. As with any

survey, these results are not intended to be an end in themselves, but rather a starting point to provide insight and prompt readers to explore further with their own analyses or additional data collection.

Did Not Receive Mental Health Services

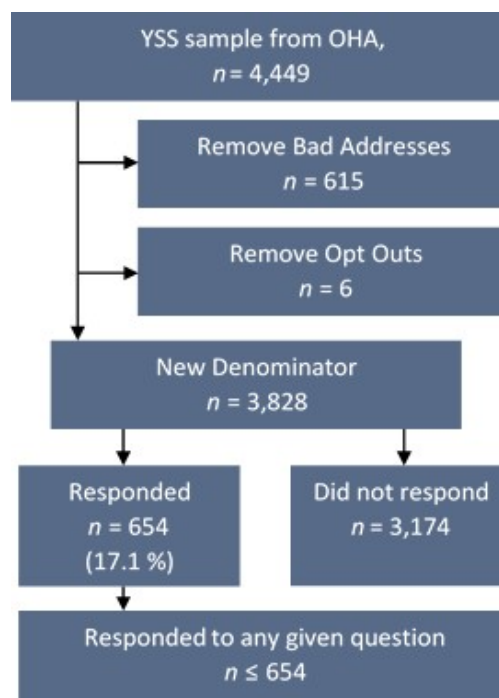
The procedure codes used by OHA to identify individuals who received mental health services included substance use disorder services, which do not necessarily accompany a mental health diagnosis. The inclusion of these service codes in the sample may have inadvertently included some individuals who did not receive mental health services. If these individuals responded to the survey, their answers may not reflect the experience of those receiving mental health services. If these individuals did not respond to the survey, the response rate may appear artificially low. HealthInsight and OHA are working together to ensure these codes are not included in future samples.

Youth Services Survey (YSS) Results



Statewide, the response rate was 17.1% for the YSS survey, adjusted for bad addresses and those who opted out of the survey. Individuals were able to opt-out, or refuse participation, by calling or emailing HealthInsight Assure. See Figure 1 for details.

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



Demographics

There were 654 youth ages 14 to 17 years who returned a survey with at least one question answered. Self-reported race and gender of respondents are summarized in Table 1, along with state-identified ethnicity, age and urban or rural location. Most respondents (78.6%) completed the survey online.

Table 1. Self-Reported Gender and Primary Race with State-Identified Ethnicity, Urban/Rural and Age Distributions.

Demographic		Respondents
Race	American Indian or Alaskan Native	7%
	Asian	2%
	Black or African American	3%
	Hispanic	16%
	Multiracial	4%
	Native Hawaiian or Other Pacific Islander	0.5%
	White	52%
	Other	1%
	Unknown	16%
Ethnicity	Hispanic	9%
	Not Hispanic	49%
	Unknown	42%
Gender	Female	45%
	Male	39%
	Transgender	16%
	Other	2%
Age	14 to 15	51%
	16 to 17	49%
Location	Urban	36%
	Rural	60%
	Frontier	4%
	Unknown	0.3%

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

- 69.8 % of respondents identified as “white”
- 56.5% selected one or more of the following:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American

- Hispanic or Latino
- Middle Eastern or Northern African
- Native Hawaiian or Other Pacific Islander
- 15.5% declined to answer or selected “unknown” or “other” race

These totals do not add to 100% because respondents could select more than one race category.

Race data from Medicaid enrollment forms over-estimate white identities within respondents when compared to self-identified race. For example, among those who self-identified as Hispanic, 27.9% were identified as Hispanic in Medicaid enrollment data. Among those who self-identified as American Indian or Alaskan Native, 14.0% were identified as such in Medicaid enrollment data.

Treatment Status

At the time of the survey, 59.6% of respondents were still receiving mental health services. The length of time youth survey respondents reported receiving services from their most recent provider was:

- 36.8% for more than one year
- 27.3% for 6–12 months
- 17.8% for 3–5 months
- 10% for 1–2 months
- 8.0% had received services for less than one month

Cultural sensitivity (88.0%) had the highest rate of satisfaction while access (64.5%) had the lowest rate of satisfaction in 2019.

Domain Satisfaction

Satisfaction was highest in the cultural sensitivity domain (88.0% satisfied) and lowest in the access (64.5%) and treatment outcomes (65.3%) domains. Table 2 summarizes statewide domain satisfaction. Domain satisfaction according to CCO and CCBHC are presented in Appendix D and E, respectively.

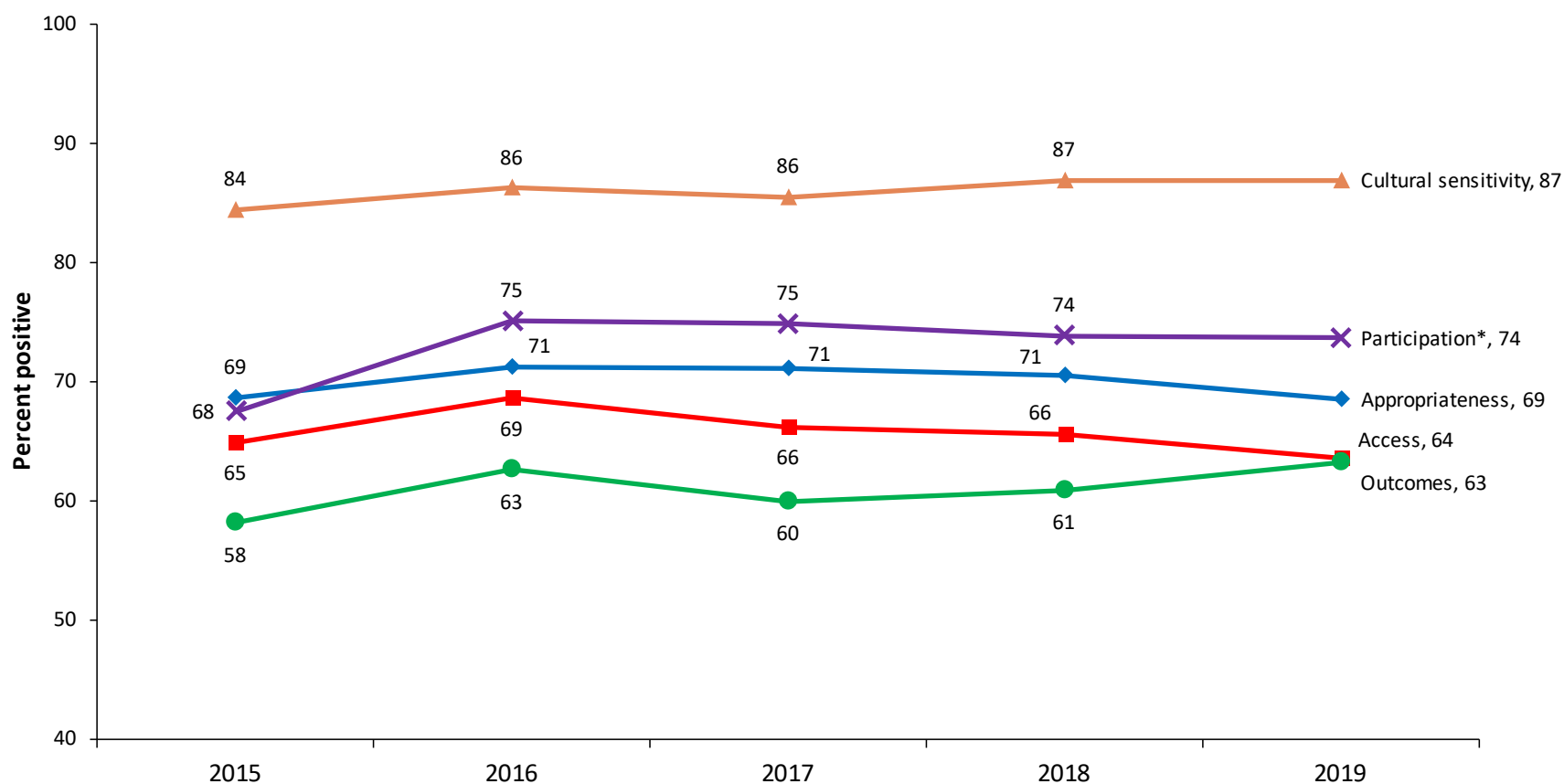
Table 2. YSS Domain Satisfaction.

Domain	Satisfied
Access	64.5%
Appropriateness	69.5%
Cultural sensitivity	88.0%
Outcomes	65.3%
Participation	75.0%

Significantly more Hispanic respondents were satisfied in the access domain ($p=0.03$) than non-Hispanic and respondents labeled as “Unknown” ethnicity.

Significantly more respondents who identified themselves as female were satisfied in the participation domain ($p=0.02$) than male or transgender respondents. There were no other significant differences between genders or age groups in the other satisfaction domains. Most YSS domains have shown no significant upward or downward trends statewide over the last five years except for the participation domain ($p=0.01$), which has trended upwards.

Figure 2 summarizes domain trends from 2015 to 2019.

Figure 2. YSS Domain Satisfaction Trends: 2015–2019.

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

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

Domain trends vary by respondent characteristic. Satisfaction in the participation domain has trended significantly upward among respondents identified as female in state data and youth who were 14 or 15 years of age (both, $p=0.02$).

Survey respondents who completed the survey in English, and have English identified as their primary language in state data, have shown an upward trend in satisfaction with treatment outcomes ($p=0.04$), participation ($p<0.01$) and cultural sensitivity ($p=0.04$). There have been no significant trends in those who took the survey in Spanish.

Respondents identified as non-Hispanic in state data have also shown upward trends in satisfaction with treatment outcomes ($p=0.03$) and participation ($p<0.01$), while there have been no significant trends among those identified as Hispanics.

When directly comparing the 2019 responses, respondents identified as Hispanic in state data were significantly more satisfied in access ($p=0.03$) when compared to those identified as non-Hispanic and “unknown” ethnicity.

The percentage of youth living with one or both parents has trended upward in the past five years.

Living Situation

In 2019, most youth (82.8%) lived with one or both parents. The number of youth living with one or both parents has trended upward over the past five years ($p=0.03$).

In the last six months,

- 19.8% reported living with another family member
- 4.1% had lived in a foster home
- 5.9% had lived in a residential treatment center
- 2.5% had been homeless or living on the streets
- 0.1% had lived in a therapeutic foster home

The percentage of respondents who lived with one or both parents ($p=0.04$) or with another family member ($p=0.03$) in the last 6 months has trended significantly upward in the last 5 years. The percentage of respondents who lived in a therapeutic foster home has trended significantly downward ($p<0.01$), while there have been no significant trends among the other living situations.

Medical Care

In the last year, 68.9% of youth had seen a medical doctor or nurse in a clinic or office either for a health check-up or because they were sick, 4.3% had only seen a medical provider in a hospital emergency room, and 10.5% couldn't remember.

There has been no upwards or downward trend in youth who had been to a clinic or medical office, however there was a downward trend among those who reported only visiting a hospital emergency room ($p=0.02$) and an upward trend for those who could not remember if they had seen a medical provider ($p=0.02$).

Youth were asked about medications for emotional or behavioral problems: 43.2% were currently taking medication; of those, 90.0% reported that the doctor or nurse had told them what side effects to watch for.

There have not been any upward or downward trends in youth currently taking medications for emotional or behavioral problems in the last five years.

Law Enforcement

In the last month, 2.6% of youth respondents reported going to court for something they did, while 1.6% reported being arrested by the police. The number of youth respondents who had gone to court for something they did in the last month has trended significantly downward ($p=0.05$) since 2015.

The number of youth who had gone to court for something they did in the last month has trended significantly downward ($p=0.05$) since 2015.

School

During the last month of school year, 7.0% of youth reported being absent more than 10 days, while 36.9% reported being absent one day or less.

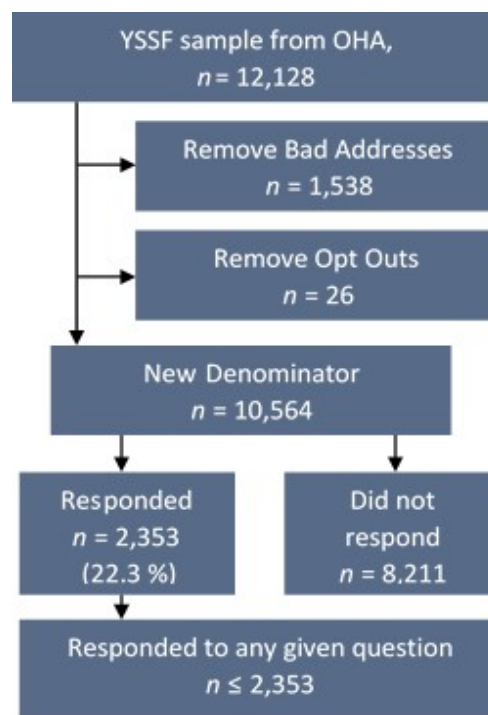
The percentage of respondents who were absent from school on one day or less during the last month has trended significantly upward in the last five years ($p<0.01$).

Youth Services Survey for Families (YSSF) Results



Statewide, the response rate was 22.3% for the YSSF survey, adjusted for bad addresses and those who opted out of the survey. Individuals were able to opt-out, or refuse participation, by calling or emailing HealthInsight. See Figure 3 for details.

Figure 3. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.



Almost one-half (47.0%) of caregiver's reported that their child no longer needed mental health treatment as the issue had been resolved.

Respondent Demographics

There were 2,353 caregivers of youth under 18 years who returned a survey with at least one question answered. Self-reported race and gender of the children of respondents are summarized in Table 3, along with state-identified ethnicity, age, and urban or rural location.

Most respondents (75.8%) completed the survey online.

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

Demographic		Respondents
Race	American Indian or Alaskan Native	5%
	Asian	1%
	Black or African American	3%
	Hispanic	13%
	Multiracial	3%
	Native Hawaiian or Other Pacific Islander	1%
	White	58%
	Other	1%
	Unknown	16%
Ethnicity	Hispanic	9%
	Not Hispanic	51%
	Unknown	40%
Gender	Female	50%
	Male	42%
	Transgender	7%
	Other	1%
Age	0 to 5	9%
	6 to 12	49%
	13 to 17	42%
Location	Urban	34%
	Rural	61%
	Frontier	4%
	Unknown	1%

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

- 73.4% of respondents identified as “white”
- 43.8% selected one or more of the following:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or Northern African
 - Native Hawaiian or Other Pacific Islander
- 11.6% declined to answer or selected “unknown” or “other” race

These totals do not add to 100% because respondents could select more than one race category.

Race data from Medicaid enrollment forms over-estimates white identities within respondents when compared to self-identified race. For example, among those who self-identified as Hispanic, only 28.9% were identified as Hispanic in Medicaid enrollment data. Among those who self-identified as American Indian or Alaskan Native, 26.4% were identified as such in Medicaid enrollment data.

Treatment Status

At the time of the survey, 54.6% of respondents said their child was still receiving mental health services. Among those whose child was no longer receiving services:

- 47.0% reported that their child no longer needed treatment
- 12.4% reported that their child was not receiving mental health services because treatment was not working as well as expected
- 9.1% reported that treatment was no longer possible due to problems unrelated to treatment effectiveness; however, this response has shown a downward trend ($p=0.05$) since 2015

Caregivers of transgender children were significantly more satisfied in cultural sensitivity, daily functioning and treatment outcomes.

Domain Satisfaction

Satisfaction was highest in the cultural sensitivity domain (88.2%) and lowest in the daily functioning (64.0%) and treatment outcomes (63.8%) domains. Table 4 summarizes statewide domain satisfaction. Domain satisfaction according to CCO and CCBHC are presented in Appendix D and E, respectively.

Satisfaction in all domains except social connectedness was significantly higher among caregivers of children in outpatient services. Significantly more caregivers of guardian-identified male children were satisfied in the participation domain ($p<0.01$) than caregivers of female or transgender children. Caregivers of transgender children were significantly more satisfied in domains of cultural sensitivity ($p=0.02$), daily functioning ($p<0.01$) and treatment outcomes ($p<0.01$) than those who identified as male or female.

Table 4. YSSF Domain Satisfaction.

Domain	Satisfied
Access	70.2%
Appropriateness	71.2%
Cultural sensitivity	88.2%
Daily functioning	64.0%
Outcomes	63.8%
Participation	81.6%
Social connectedness	82.7%

Domain trends vary by respondent characteristic. Caregivers of youth receiving outpatient treatment were significantly more satisfied across most domains with compared to those who were receiving residential or day treatment. There was no significant difference in the domain of social connectedness. Among those with caregivers youth receiving outpatient treatment, there has been a downward trend in satisfaction with access ($p=0.02$), social connectedness ($p<0.01$), and cultural sensitivity ($p=0.04$). However, daily functioning ($p<0.01$) and treatment outcomes ($p=0.03$) have trended upward.

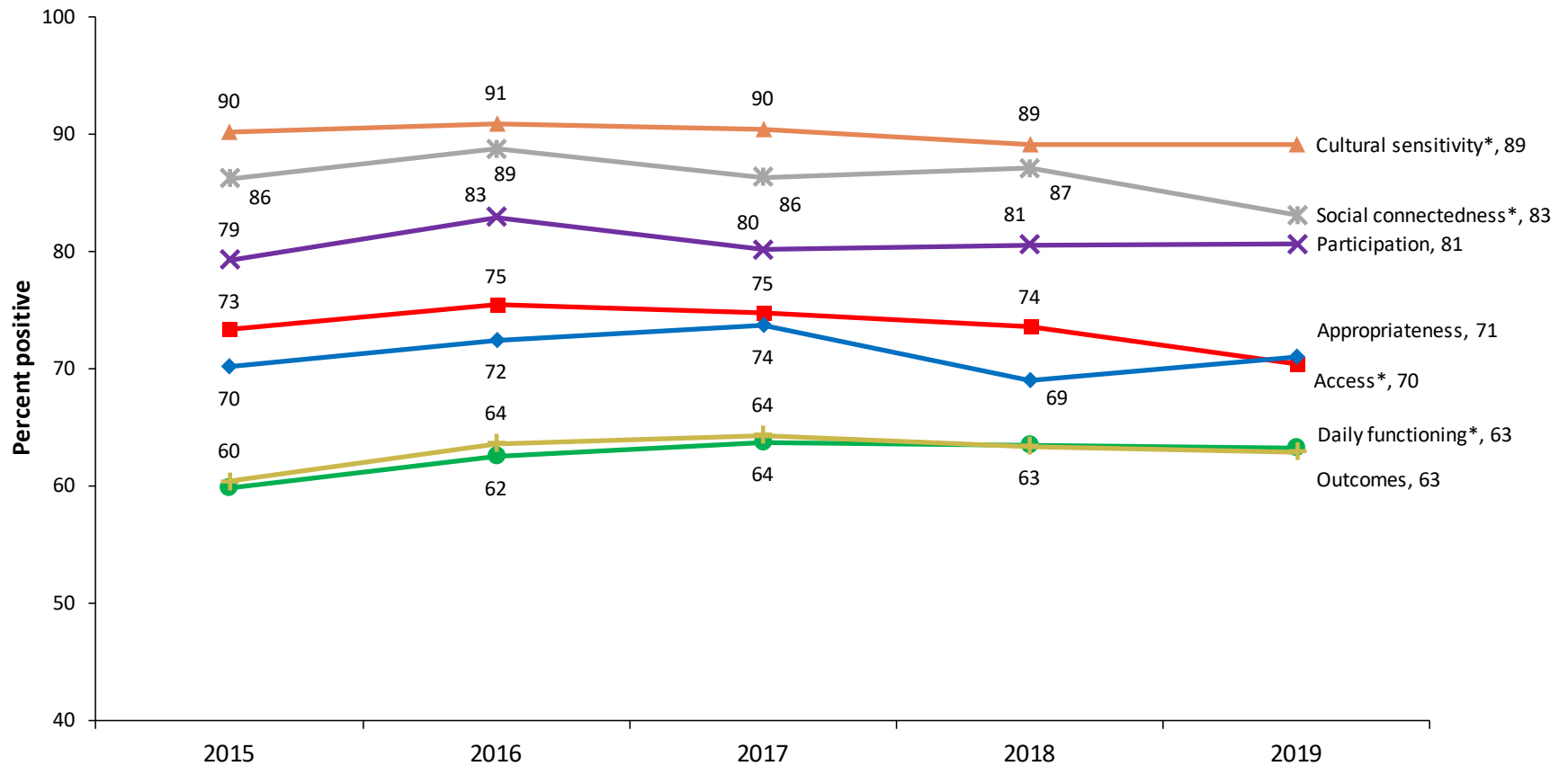
Participants who completed the survey in Spanish were significantly more satisfied in the domains of access, appropriateness, daily functioning, and treatment outcomes (all, $p<0.01$) than those who took an English survey. However, Spanish survey participants have shown an overall downward trend in satisfaction with access ($p=0.03$) since 2015.

When comparing guardian-identified female, male, and transgender youth, caregivers of transgender youth were statistically more satisfied in the domain of cultural sensitivity ($p=0.02$), daily functioning ($p<0.01$), and treatment outcomes ($p<0.01$). Caregivers of male

youth were most satisfied in participation ($p<0.01$). However, self-identified males who completed a YSS survey showed significantly lower satisfaction in with participation ($p=0.02$).

Caregivers of youth ages 13–17 were statistically less satisfied in the domains of access ($p=0.03$), cultural sensitivity ($p<0.01$), and participation ($p<0.01$) than those ages 0–5 or 6–12. Urban caregivers were more satisfied than others in the participation ($p<0.01$) domain. Since 2015, urban caregivers have shown an overall downward trend in satisfaction with access, social connectedness, and cultural sensitivity (all, $p<0.01$). However, rural caregivers displayed an upward trend in the daily functioning ($p<0.01$), treatment outcomes ($p=0.04$), and participation ($p=0.04$) domains.

Figure 4 shows overall domain trends from 2015 to 2019.

Figure 4. YSSF Domain Satisfaction Trends: 2015–2019.

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

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

Care Coordination

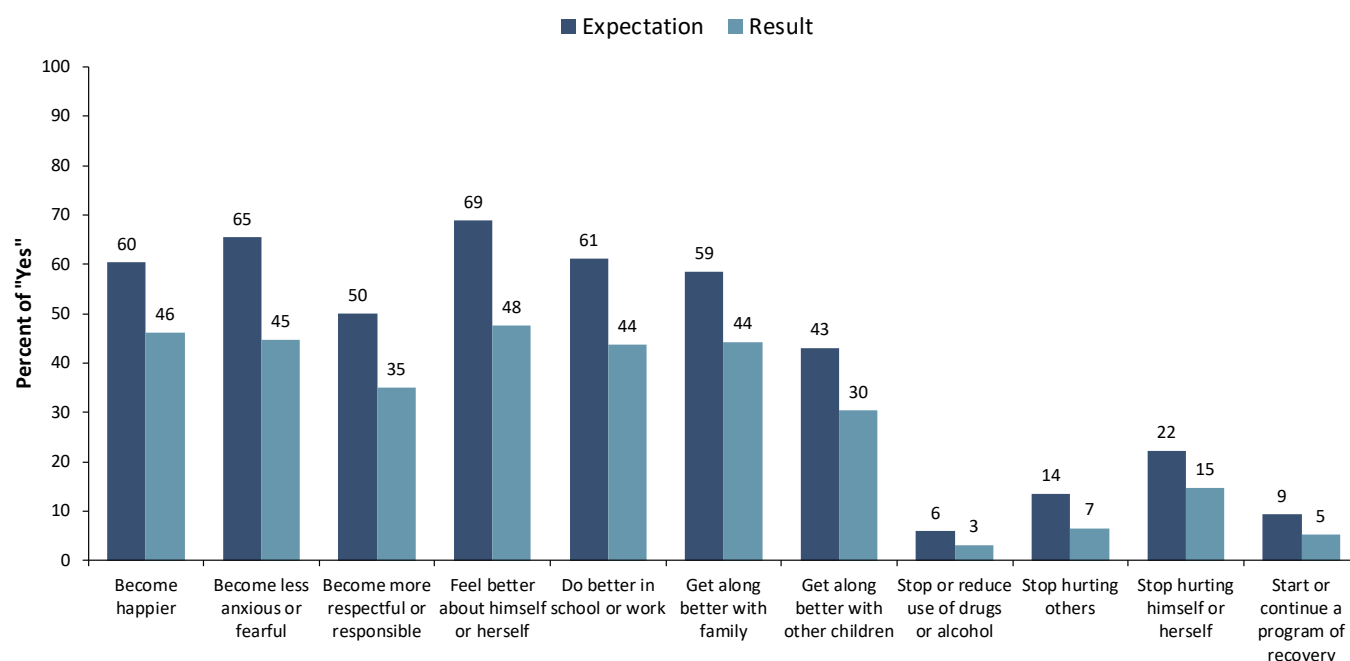
The Children's System of Care Wraparound initiative is a comprehensive service coordination program offered by all CCOs: 13.2% of caregivers reported that their child was served under this system (excluding non-CCO members from the denominator). The percentage of respondents who didn't know what wraparound services were has trended significantly downward ($p<0.01$), while the percentage of respondents whose child had been served under the system of care/wraparound program has trended significantly upward ($p=0.03$). This was consistent in both the CCO and fee-for-service populations.

Satisfaction with the coordination of care between the child's mental health provider and other providers was consistently high, ranging from 77.0% of respondents satisfied with the coordination of care with the Local Juvenile Justice department, to 94.2% satisfied with the coordination of care with their child's doctor, nurse or other health care provider.

However, there have been overall downward trends in how satisfied caregivers were with the care coordination between their child's mental health provider and their child's welfare worker ($p<0.01$), the Juvenile Justice department ($p=0.01$), and alcohol or drug treatment providers ($p=0.03$). There was an upward trend in satisfaction in coordination with health care providers ($p=0.04$) while satisfaction with other providers has remained stable.

Expectation and Results

Caregivers' most frequently reported expectations of their child's mental health services were to feel better about themselves (68.8%) and to become less anxious or fearful (65.4%). Feeling better about themselves and becoming less anxious or fearful, along with "do better in school or work," and "become happier" were the most frequently cited results of mental health services. Figure 5 summarizes expectations and results of mental health services.

Figure 5. 2019 Respondent Expectations of Treatment vs. Results.

There has been a downward trend of ($p < 0.01$) in the expected result of treatment across most domains while the expectation that the child would become less anxious or fearful has trended downward at ($p < 0.02$). There have been no significant trends in the expectation that the child would stop hurting themselves.

However, among those who expected a particular result, the percentage of those whose child realized that expectation has trended significantly upwards in becoming happier ($p = 0.02$), getting along better with family ($p = 0.04$), doing better in work or school ($p < 0.01$), and becoming more respectful or responsible ($p = 0.03$).

Overall, caregivers have reported a downward trend in the results of their child's treatment in the areas of feeling better about himself or herself ($p = 0.02$), getting along better with other children ($p < 0.01$), stop hurting others ($p = 0.02$), getting along better with family ($p < 0.01$), stopped or reduced use of drugs or alcohol ($p = 0.01$), and started or continued a program of recovery ($p = 0.01$). There were no significant trends among any of the other treatment results.

There has been a significant downward trend among most domains related to expectations of treatment as well the achieved results.

Cultural Sensitivity

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

- considered the caregiver's cultural values in their child's care (67.5%)
- considered the child's cultural values (69.2%)
- communicated effectively in the caregiver's primary language (81.3%)
- communicated effectively in the child's primary language (82.0%)

Over one-quarter of caregivers reported not knowing if their child's culture (25.9%) or their culture (27.3%) was considered during their treatment. While 15% reported not knowing if their mental health service person considered their child's language (15.3%) or their language (15.5%).

Medical Care

Nearly all caregivers reported that their child has a primary health care provider or other practitioner who provides check-ups, routine medical care, and advice (94.2%), while 64.5% reported that their child's general health was "excellent" or "very good."

The percentage of respondents who reported that their child did not have a primary health care provider has trended significantly downward in the last five years ($p=0.04$). Approximately one-third of respondents (33.5%) reported that psychotropic medications were prescribed for their child while they were receiving treatment from their mental health provider.

Among those whose child was prescribed psychotropic medications, 94.6% understood the benefits and side effects of those medications, and 74.7% thought the medications had helped their child.

There have been no significant trends in whether psychotropic medications were prescribed, whether the benefits and side effects were understood, or whether the medications were considered helpful.

Respondents whose child's attendance at school has improved or stayed the same has trended significantly upward.

School

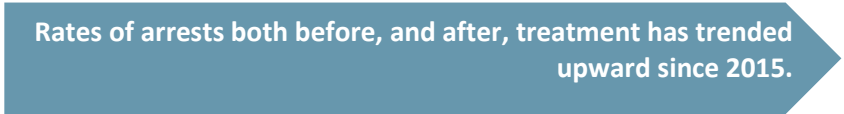
Most caregivers (87.5%) reported that their child attended a public or private school during the time they were being served by a mental health provider; the children of 13.9% of respondents had been suspended or expelled during the 12 months before they began seeing a mental health provider, while 11.2% of caregivers reported their child had been suspended or expelled in the first 12 months after they began seeing a mental health provider.

Similarly, only 6.4% of caregivers reported that the number of days their child had been in school was less than before receiving mental health services, while the percentage of respondents whose child's attendance has improved or stayed the same has trended significantly upward ($p<0.01$) in the last five years.

Crisis

One in five caregivers reported that they or their child needed assistance as a result of a mental health crisis (21.7%); among these, 62.8% were satisfied with the way their child's mental health provider assisted them with the crisis, while 12.1% received care from another source.

The percentage of respondents who reported that they or their child needed assistance as a result of a mental health crisis during the time they were currently being treated by a mental health provider has trended significantly downward in the last five years ($p<0.01$). During this time period, there has been a downward trend among respondents who received support from a source other than their child's mental health provider ($p=0.04$) during their time of crisis.



Rates of arrests both before, and after, treatment has trended upward since 2015.

Law Enforcement

Caregivers were asked whether their child had ever had an encounter with the police: 12.7% reported "yes," 84.9% reported "no," while the remaining 2.4% were unsure. Their child's encounters with police decreased after receiving mental health services for 49.9% of respondents.

There has been no upward or downward trend in the percent of respondents whose child had an encounter with the police however, there has been an upwards trend in caregivers reporting that their child has had an increased number of encounters with police after beginning to receive mental health care ($p=0.02$). During this same time, there has been a downward trend in the caregivers reporting that their child's encounters with police had stayed the same after they began treatment. Among those whose children had encounters with police, there has

been a downward trend in those who reported their child's encounters with police decreasing ($p<0.01$) during treatment.

One goal of mental health services is to prevent arrests:

- 12.2% of respondents said their child had been arrested in the 12 months before starting treatment
- 11.8% reported that their child had been arrested in the 12 months after starting treatment

The percentage of respondents whose child had been arrested before starting treatment has trended significantly upward ($p<0.01$), as has the percent of respondents whose child had been arrested after starting treatment ($p<0.01$). The number of caregivers who did not know the answer to these questions has trended upward (both, $p<0.01$).

Caregivers whose child received the needed alcohol or drug treatment has trended upward since 2015.

Alcohol and Drugs

Few caregivers (10.1%) believe that their child either has used or now uses alcohol or drugs. Among those who believed their child had ever used alcohol or drugs, 36.3% said their child received treatment or other help for an alcohol or drug use problem, and 55.7% said the treatment or other help provided what their child needed.

The percentage of respondents who believed that their child had ever used alcohol or drugs has not trended significantly upward or downward. The percentage of respondents whose child's alcohol or drug treatment provided what they needed has trended significantly upward ($p<0.01$) since 2015.

Trauma

Nearly two-thirds of caregivers (60.9%) reported that their child's mental health services provider had asked about the child's history of trauma when the child first started seeing them, while 42.2% said that problems related to this trauma had been adequately addressed.

The percentage of respondents who reported that their child's mental health services provider had asked about the child's history of trauma has trended significantly downward over the last five years ($p<0.01$), while those who were uncertain ($p<0.01$) has trended upwards. The percentage of caregivers who felt their child's problems related to trauma were adequately addressed has trended downward ($p<0.01$) while those who were uncertain or did not feel their child's trauma had been adequately addressed has trended upwards (both, $p<0.01$).

Youth vs. Caregiver Satisfaction



Youth were more likely than their caregivers to report that “[they] got as much help as they needed” ($p=0.03$) and “[they participate in [their] own treatment” ($p=0.02$).

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

Youth respondents reported higher levels of satisfaction in the participation ($p=0.02$) domain when compared to their caregivers while there was not a statistically significant difference in the other four domains.

Those who completed the YSS survey were also more likely to respond positively to following statements:

- “I got as much help as I needed” ($p=0.03$)
- “I helped to choose my own treatment goals” ($p<0.01$)
- “I participate in my own treatment” ($p=0.02$)

In 2019, there were no domains or responses where caregivers were more satisfied than their children with the mental health care that the youth had received.

Appendices



Appendix A: 2019 Survey Forms – English and Spanish



Survey ID: [Survey_ID]

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

To complete this survey online, go to: tinyurl.com/OHASurvey2019
Enter your Access Code: [Access Code]

Note: This survey is being mailed to thousands of youth who received mental health services under the Oregon Health Plan **between April 1, 2018 and now**. *The same survey is mailed to all youth, so some questions may not apply to you*, such as foster care or encounters with the law; we include them because it is important for DHS to understand how youth in Oregon might benefit from supports and services other than, or in addition to, mental health services. Please skip any questions that seem inappropriate to you. Your answers are completely confidential (private) and will not be shared with your health care providers or with any authorities. Your answers will not affect any benefits that you are receiving or might receive.

We would like to know what you think about the mental health services you received between **April 1, 2018 and now**. If you received mental health services from more than one provider, then **please rate only your *most recent* provider**.

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

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

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

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

23. What would improve services here? _____

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

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

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

25. Are you still getting services from this provider? ☐ a. Yes ☐ b. No

26. Are you currently living with one or both parents? ☐ a. Yes ☐ b. No

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

(Please check all that apply)

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

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

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

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

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

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

<input type="checkbox"/> a. 1 day or less	<input type="checkbox"/> d. 6 to 10 days	<input type="checkbox"/> g. Do not remember
<input type="checkbox"/> b. 2 days	<input type="checkbox"/> e. More than 10 days	

<input type="checkbox"/> c. 3 to 5 days	<input type="checkbox"/> f. Not applicable/not in school	
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Please answer the following questions to let us know a little about you.

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

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

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

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

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

<input type="checkbox"/> a. Male	<input type="checkbox"/> b. Female	<input type="checkbox"/> c. Transgender	<input type="checkbox"/> d. Other
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37. Your Birth Date: _____

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



N.º de identificación de la encuesta: [Survey_ID]

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

Para responder a esta encuesta, ingrese en: tinyurl.com/OHASurvey2019
Introduzca el código de acceso: [Access_Code]

Nota: esta encuesta se envía a miles de jóvenes que han recibido servicios de salud mental bajo el Plan de Salud de Oregon **entre el 1 de abril de 2018 y hoy**. *A todos los jóvenes se envía la misma encuesta, por lo tanto, es posible que algunas preguntas no sean aplicables para ti*, tal como cuidados de acogida o encuentros con la ley. Los incluimos porque para el DHS es importante entender de qué manera los jóvenes de Oregon podrían beneficiarse con servicios y apoyo diferentes de los servicios de salud mental o que se sumen a los de salud mental. Omite aquellas preguntas que te parezcan inapropiadas para ti. Tus respuestas son absolutamente confidenciales (privadas) y no las compartiremos con tus proveedores de atención de la salud ni con ninguna autoridad. Tus respuestas no afectarán los beneficios que recibes o que podrías recibir.

Nos gustaría saber qué es lo que piensas sobre los servicios de salud mental que recibiste **entre el 1 de abril de 2018 y hoy**. Si has recibido servicios de más de un proveedor, **califica solo al último proveedor**.

Indícanos qué tan de acuerdo o en desacuerdo estás con cada una de las afirmaciones que aparecen abajo. Para eso, encierra en un círculo UNO de los números que están después de cada afirmación. Si la afirmación se refiere a algo que no tiene que ver contigo, encierra en un círculo el “9” para indicar que no corresponde a tu caso. **UNA VEZ MÁS: estas afirmaciones SOLO se refieren a tu ÚLTIMO proveedor de servicios de salud mental.**

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
1. Estoy satisfecho con los servicios que recibí.	5	4	3	2	1	9
2. Yo participé en la elección de mis servicios.	5	4	3	2	1	9
3. Yo participé en la elección de mis objetivos de tratamiento.	5	4	3	2	1	9

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

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
19. Me va mejor en los estudios y/o en el trabajo.	5	4	3	2	1	9
20. Me siento más capacitado para salir adelante cuando las cosas no salen bien.	5	4	3	2	1	9
21. En este momento estoy satisfecho con mi vida familiar.	5	4	3	2	1	9

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

23. ¿Qué crees que mejoraría los servicios aquí?

Responde las preguntas siguientes para que sepamos cómo marcha todo contigo.

24. ¿Cuánto tiempo recibiste servicios de este proveedor?

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

25. ¿Continúas recibiendo servicios de este proveedor? ☐ a. Sí ☐ b. No

26. ¿Vives actualmente con uno de tus padres o con ambos? ☐ a. Sí ☐ b. No

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

(Marca todo lo que corresponda)

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

hogar	
<input type="checkbox"/> g. En un hogar grupal	

28. En el último año, ¿viste a un médico (o enfermero/a) para hacerte un control de salud o porque estabas enfermo? (Marca una sola opción)

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

Medicamentos	Sí	No
29. ¿Estás tomando medicamentos por problemas emocionales o de conducta?	<input type="checkbox"/>	<input type="checkbox"/>
29a. Si tu respuesta fue Sí, ¿te explicó el médico o la enfermera/o a qué efectos secundarios debías estar atento?	<input type="checkbox"/>	<input type="checkbox"/>

Antecedentes policiales	Sí	No	No lo sé/no me acuerdo
30. ¿Fuiste arrestado por la policía durante el último mes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. ¿Fuiste a la corte durante el último mes por algo que habías hecho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. ¿Con qué frecuencia faltaste a la escuela durante el último mes del año escolar?

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

Responde las siguientes preguntas para que sepamos un poco sobre ti.

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

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

Amerindio o Nativo de Alaska <input type="checkbox"/> 1. Amerindio <input type="checkbox"/> 2. Nativo de Alaska <input type="checkbox"/> 3. Inuit canadiense, Métis o Naciones Originarias de Canadá <input type="checkbox"/> 4. Indígena mexicano, centroamericano o sudamericano	Asiática <input type="checkbox"/> 9. Indoasiático <input type="checkbox"/> 10. Chino <input type="checkbox"/> 11. Filipino <input type="checkbox"/> 12. Hmong <input type="checkbox"/> 13. Japonés <input type="checkbox"/> 14. Coreano <input type="checkbox"/> 15. Laosiano <input type="checkbox"/> 16. Sudasiático <input type="checkbox"/> 17. Vietnamita <input type="checkbox"/> 18. Otro	Negra o afroamericana <input type="checkbox"/> 25. Afroamericano <input type="checkbox"/> 26. Africano (De color) <input type="checkbox"/> 27. Caribeño (De color) <input type="checkbox"/> 28. Otro
Hispano o Latino <input type="checkbox"/> 5. Hispano o Latino centroamericano <input type="checkbox"/> 6. Hispano o Latino mexicano <input type="checkbox"/> 7. Hispano o Latino sudamericano <input type="checkbox"/> 8. Otro	Hawaiano nativo o isleño del Pacífico <input type="checkbox"/> 19. Guamaniano o Chamorro <input type="checkbox"/> 20. Micronesio <input type="checkbox"/> 21. Hawaiano nativo <input type="checkbox"/> 22. Samoano <input type="checkbox"/> 23. Tongano <input type="checkbox"/> 24. Otro	Mediorienta o Norteafricana <input type="checkbox"/> 29. Norteafricano <input type="checkbox"/> 30. Mediorienta Blanca <input type="checkbox"/> 31. Europeo oriental <input type="checkbox"/> 32. Esloveno <input type="checkbox"/> 33. Europeo occidental <input type="checkbox"/> 34. Otro Otras categorías <input type="checkbox"/> 35. Otros (enumere) _____ <input type="checkbox"/> 36. No sé/Desconocido <input type="checkbox"/> 37. No deseo responder/Declino

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

36. ¿Cuál es tu sexo? (Marque todo lo que corresponda)

<input type="checkbox"/> a. Masculino	<input type="checkbox"/> b. Femenino	<input type="checkbox"/> c. Transgénero	<input type="checkbox"/> d. Otro
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37. Tu fecha de nacimiento: _____

¡Gracias por el tiempo y la cooperación que ha dedicado para contestar este cuestionario!



Study ID: [Survey_ID]
Child's Name: [First_Name]

To complete this survey online, go to: tinyurl.com/OHASurvey2019
Enter your Access Code: [Access Code]

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

Please help us by answering some questions about the mental health services your child [FIRST NAME] received between April 1, 2018 and now. If your child was between the ages of 14 and 17 when they received services, they may also receive a similar survey to complete.

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

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

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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The child's parent or caregiver made most of the treatment decisions, including decisions about the treatment plan and goals.	5	4	3	2	1
1. I have been satisfied with the services my child receives.	5	4	3	2	1
2. I helped to choose my child's services.	5	4	3	2	1
3. I helped to choose my child's treatment goals.	5	4	3	2	1
4. The people helping my child stuck with us no matter what.	5	4	3	2	1

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

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

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

- ☐ a. Less than 1 month
 ☐ d. 6 months to 1 year
☐ b. 1-2 months
 ☐ e. More than 1 year
☐ c. 3-5 months

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

- ☐ a. Yes
 ☐ b. No
 ☐ c. Don't know

31a. If your child is no longer receiving mental health services, then why?
(Please check the ONE major reason why treatment ended)

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

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

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

<input type="checkbox"/> a. Yes	<input type="checkbox"/> b. No	<input type="checkbox"/> c. Don't know
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Wraparound is for youth 0 to 17 years old who have been involved with two or more child serving systems. Youth and families in Wraparound have a **Care Coordinator or Facilitator, a **Youth or Family Partner**, and a **Child and Family Team**. The Child and Family Team meets regularly to review, plan, and guide the youth's progress.*

33. Your child's provider may have worked with some of the providers or agencies listed below. If so, how satisfied were you with the way they worked together to help your child? Please mark only one response for each provider type listed.

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

If you checked 'Dissatisfied' or 'Strongly Dissatisfied' for any of the providers above, please answer question 33b; otherwise skip to question 34.

33b. If you selected that you were Dissatisfied or Strongly Dissatisfied with the way your child's most recent mental health services provider worked with any of the provider(s) listed above, please tell us why. (Please check all that apply)

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

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

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

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

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

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

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

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

<input type="checkbox"/> a. Excellent	<input type="checkbox"/> b. Very good	<input type="checkbox"/> c. Good	<input type="checkbox"/> d. Fair	<input type="checkbox"/> e. Poor
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38. Does your child have a primary health care provider or other practitioner who provides check-ups, routine medical care and advice?

<input type="checkbox"/> a. Yes	<input type="checkbox"/> b. No	<input type="checkbox"/> c. Don’t know
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Psychotropic Medications (Medicines that change thinking or feeling)	Yes	No	Don’t know
39. Were these types of medicines given to your child while receiving treatment from his or her recent mental health services provider? <i>(If “No,” skip to question 40)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39a. If so, did you understand the benefits and side effects of these medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39b. Overall, have these medications helped your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ a. Yes ☐ b. No (*If “No,” skip to question 44*) ☐ c. Don’t know

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

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

(*Select one from a-d*)

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

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

- ☐ a. Yes ☐ b. No ☐ c. Don't know

44a. If so, are you satisfied with the way your child's most recent mental health provider assisted you with this crisis?

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

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

- ☐ a. Yes ☐ b. No (*If "No," skip to question 47a*) ☐ c. Uncertain

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

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

Arrests	Yes	No	Don't know
46a. Was your child arrested in the 12 months <i>BEFORE</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. Was your child arrested in the first 12 months (or less) <i>AFTER</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol/Drugs	Yes	No	Uncertain
47a. Do you believe that your child either has used or now uses alcohol or drugs? (<i>If no, skip to question 48a</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47b. If yes, has your child received treatment or other help for an alcohol or drug use problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47c. If yes, did the treatment or other help provide what he or she needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma <i>(see definition below)*</i>	Yes	No	Uncertain
48a. When your child first began seeing his or her most recent mental health services provider, did the provider ask if your child has a history of trauma* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b. If your child has experienced serious trauma* , were problems related to this trauma* adequately addressed during treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Number of times: _____ *or* ☐ Don't know

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

51. Which of the following describes your child's racial or ethnic identity?
(Please check ALL that apply.)

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

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

53. What is your child's gender? (Please check all that apply)

<input type="checkbox"/> a. Male	<input type="checkbox"/> b. Female	<input type="checkbox"/> c. Transgender	<input type="checkbox"/> d. Other
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Thank you for your time and cooperation in completing this questionnaire!

Identificación del estudio: [Survey_ID]

Nombre del niño: [First_Name]

**Para completar esta encuesta en línea, ingrese a: tinyurl.com/OHASurvey2019
Introduzca su código de acceso: [Access Code]**

Esta encuesta se envía por correo a los padres o cuidadores de miles de niños que pueden haber recibido servicios de salud mental públicamente financiados en Oregon el año pasado. **Ayúdenos respondiendo algunas preguntas sobre los servicios de salud mental que su hijo/a [FIRST_NAME] recibió desde el 1 de abril de 2018 hasta la actualidad.** Si su hijo/a tenía entre 14 y 17 años de edad cuando recibió estos servicios, también puede recibir una encuesta similar para completar.

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

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

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

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

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo
los servicios de mi hijo/a.					
3. Participé en la elección de los objetivos de tratamiento de mi hijo/a.	5	4	3	2	1
4. Las personas que ayudaron a mi hijo/a permanecieron junto a nosotros sin importar qué.	5	4	3	2	1
5. Sentí que mi hijo/a tenía a alguien con quien hablar cuando le aquejaban problemas.	5	4	3	2	1
6. Participé en el tratamiento de mi hijo/a.	5	4	3	2	1
7. Los servicios que recibió mi hijo/a o mi familia fueron los adecuados para nosotros.	5	4	3	2	1
8. La ubicación de los servicios fue conveniente para nosotros.	5	4	3	2	1
9. Los servicios estuvieron disponibles en horarios que fueron convenientes para nosotros.	5	4	3	2	1
10. Mi familia recibió la ayuda que deseábamos para mi hijo/a.	5	4	3	2	1
11. Mi familia recibió toda la ayuda que necesitábamos para mi hijo/a.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas/espirituales de mi familia.	5	4	3	2	1
14. El personal habló conmigo de una manera que yo	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo
podiera entender.					
15. El personal se mostró respetuoso y considerado con respecto a mi origen cultural/étnico.	5	4	3	2	1
COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBÍ MI HIJO/A:					
16. Mi hijo/a se maneja mejor en su vida cotidiana.	5	4	3	2	1
17. Mi hijo/a se lleva mejor con la familia.	5	4	3	2	1
18. Mi hijo/a se lleva mejor con sus amigos y con otras personas.	5	4	3	2	1
19. A mi hijo/a le va mejor en los estudios o en el trabajo.	5	4	3	2	1
20. Mi hijo/a se siente más capacitado para salir adelante cuando las cosas van mal.	5	4	3	2	1
21. Mi hijo/a se siente capacitado para hacer las cosas que desea hacer.	5	4	3	2	1
22. Me siento más satisfecho con nuestra vida familiar.	5	4	3	2	1
ADEMÁS DE LOS PROVEEDORES DE SERVICIOS DE SALUD MENTAL DE MI HIJO/A...					
23. Conozco personas que me escucharán y entenderán cuando necesite conversar.	5	4	3	2	1
24. Cuento con personas con las que me siento cómodo hablando de cosas privadas.	5	4	3	2	1
25. Cuento con personas con las que me siento cómodo hablando sobre los problemas de mi hijo/a.	5	4	3	2	1
26. Cuento con personas con las que puedo hacer cosas que	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo
disfruto.					
27. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1

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

- ☐ a. Menos de 1 mes ☐ d. 6 meses a 1 año
☐ b. 1 a 2 meses ☐ e. Más de 1 año
☐ c. 3 a 5 meses

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

- ☐ a. Sí ☐ b. No ☐ c. No sé

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

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

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

Si no está seguro, consulte la descripción más abajo.

<input type="checkbox"/> a. Sí	<input type="checkbox"/> b. No	<input type="checkbox"/> c. No sé
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Wraparound: proceso para niños y jóvenes de 0 a 17 años que han estado involucrados con dos o más sistemas de atención infantil. Los jóvenes y las familias en Wraparound cuentan con un **Coordinador o Facilitador de atención, un **Compañero para los jóvenes o la familia** y un **Equipo infantil y familiar**. El equipo infantil y familiar se reúne regularmente para revisar, planificar y guiar el progreso de los jóvenes.*

33. El proveedor de su hijo/a puede haber trabajado con algunos de los proveedores o centros que se enumeran a continuación. Si es así, ¿qué tan satisfecho estuvo con la forma en que trabajaron juntos para ayudar a su hijo/a?

Marque solo una respuesta para cada tipo de proveedor enumerado.

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

Si marcó “Insatisfecho” o “Totalmente insatisfecho” para alguno de los proveedores mencionados anteriormente, responda la pregunta 33b; de lo contrario, vaya directamente a la pregunta 34.

33b. Si seleccionó que estaba Insatisfecho o Totalmente insatisfecho con la forma en que el proveedor de servicios de salud mental más reciente de su hijo/a trabajó con cualquiera de los proveedores mencionados anteriormente, indíquenos el motivo. (Marque todo lo que corresponda)

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

34. Cuando mi hijo/a comenzó a recibir servicios de este proveedor, “esperaba que mi hijo/a... (Marque todo lo que corresponda)

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

35. Después de recibir los servicios de este proveedor, “mi hijo/a... (Marque todo lo que corresponda)

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

36. Sintió que el proveedor de servicios de salud mental más reciente de su hijo/a tuvo en consideración...

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

37. Usted diría que la salud general de su hijo/a es:

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

<input type="checkbox"/> a. Sí	<input type="checkbox"/> b. No	<input type="checkbox"/> c. No sé
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Medicamentos psicotrópicos (Medicamentos que cambian el pensamiento o los sentimientos)	Sí	No	No sé
39. ¿Se le administró estos tipos de medicamentos a su hijo/a mientras recibía tratamiento de su proveedor de servicios de salud mental más reciente? (Si la respuesta es “No”, vaya directamente a la pregunta 40).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39a. Si fue así, ¿entendió los beneficios y efectos secundarios de estos medicamentos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39b. En general, ¿ayudaron estos medicamentos a su hijo/a?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ a. Sí ☐ b. No (*Si la respuesta es “No”, vaya directamente a la pregunta 44*)
☐ c. No sé

Suspensiones/expulsiones de la escuela	Sí	No	No sé
41. ¿Su hijo/a fue suspendido o expulsado de la escuela durante los 12 meses ANTERIORES al inicio del tratamiento con su proveedor de servicios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. ¿Su hijo/a fue suspendido o expulsado de la escuela durante los primeros 12 meses (o menos) POSTERIORES al inicio del tratamiento con su proveedor de servicios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(*Seleccione uno de a-d*)

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

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

- ☐ a. Sí ☐ b. No ☐ c. No sé

44a. Si fue así, ¿está satisfecho con la forma en que el proveedor de salud mental más reciente de su hijo/a les ayudó con esta crisis?

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

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

- ☐ a. Sí ☐ b. No (*Si la respuesta es “No”, vaya directamente a la pregunta 47a*)
☐ c. No estoy seguro

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

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

Arrestos	Sí	No	No sé
46a. ¿Su hijo/a fue arrestado durante los 12 meses <i>ANTERIORES</i> al inicio del tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. ¿Su hijo/a fue arrestado durante los primeros 12 meses (o menos) <i>POSTERIORES</i> al inicio del tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol/Drogas	Sí	No	No estoy seguro
47a. ¿Cree que su hijo/a ha consumido o consume actualmente alcohol o drogas? (<i>Si la respuesta es No, vaya directamente a la pregunta 48a</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47b. Si la respuesta es Sí, ¿su hijo/a ha recibido tratamiento u otra ayuda por un problema de consumo de alcohol o drogas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47c. Si la respuesta es Sí, ¿el tratamiento u otra ayuda proporcionaron lo que él o ella necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma (ver definición abajo)*	Sí	No	No estoy seguro
48a. Cuando su hijo/a comenzó a ver a su proveedor de servicios de salud mental más reciente, ¿el proveedor preguntó si su hijo/a tenía antecedentes de trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b. Si su hijo/a ha sufrido un trauma * grave, ¿se abordaron adecuadamente los problemas relacionados con este trauma* durante el tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Cantidad de veces: _____ *o* ☐ No sé

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

51. ¿Cuál de las siguientes opciones describe la identidad racial o étnica de su hijo/a?
(Marque *TODO* lo que corresponda.)

Amerindio o Nativo de Alaska <input type="checkbox"/> 1. Amerindio <input type="checkbox"/> 2. Nativo de Alaska <input type="checkbox"/> 3. Inuit canadiense, Métis o Naciones Originarias de Canadá <input type="checkbox"/> 4. Indígena mexicano, centroamericano o sudamericano	Asiática <input type="checkbox"/> 9. Indoasiático <input type="checkbox"/> 10. Chino <input type="checkbox"/> 11. Filipino <input type="checkbox"/> 12. Hmong <input type="checkbox"/> 13. Japonés <input type="checkbox"/> 14. Coreano <input type="checkbox"/> 15. Laosiano <input type="checkbox"/> 16. Sudasiático <input type="checkbox"/> 17. Vietnamita <input type="checkbox"/> 18. Otro	Negra o afroamericana <input type="checkbox"/> 25. Afroamericano <input type="checkbox"/> 26. Africano (De color) <input type="checkbox"/> 27. Caribeño (De color) <input type="checkbox"/> 28. Otro
Hispano o Latino <input type="checkbox"/> 5. Hispano o Latino centroamericano <input type="checkbox"/> 6. Hispano o Latino mexicano <input type="checkbox"/> 7. Hispano o Latino sudamericano <input type="checkbox"/> 8. Otro	Hawaiano nativo o isleño del Pacífico <input type="checkbox"/> 19. Guamaniano o Chamorro <input type="checkbox"/> 20. Micronesio <input type="checkbox"/> 21. Hawaiano nativo <input type="checkbox"/> 22. Samoano <input type="checkbox"/> 23. Tongano <input type="checkbox"/> 24. Otro	Mediorienta o Norteafricana <input type="checkbox"/> 29. Norteafricano <input type="checkbox"/> 30. Mediorienta
		Blanca <input type="checkbox"/> 31. Europeo oriental <input type="checkbox"/> 32. Eslavo <input type="checkbox"/> 33. Europeo occidental <input type="checkbox"/> 34. Otro
		Otras categorías <input type="checkbox"/> 35. Otros (enumere) <input type="checkbox"/> 36. No sé/Desconocido <input type="checkbox"/> 37. No deseo responder/Declino

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

53. ¿Cuál es el sexo de su hijo/a? (Marque *todo* lo que corresponda)

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

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

Appendix B: Survey Data Security and Quality Assurance Procedures

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

Data entry staff members were trained on entering the survey data, and other authorized staff checked every tenth survey to ensure consistent and correct data entry. HealthInsight maintained data quality on two tiers. First, built-in data checks in the REDCap software ensured that only valid field values could be entered, and enforced the use of custom codes to note missing or out-of-range data. For example, the application checked to make sure that the field corresponding to Question 1 was coded with 1–5 (Strongly Disagree to Strongly Agree), or 9 for NA, or 0 for missing or invalid response on the paper copy.

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

Appendix C: Weighting Explanation and Code

```
#Import the datasets
library(readr)
respondents <- read_csv("file location")
population <- read_csv("file location")
sample <- read_csv("file location")

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

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

#SEX
table(population$CDE_SEX)
prop.table(table(population$CDE_SEX))
# F =22399= 0.4920586
# M =23122= 0.5079414

sex_dist <- data.frame(CDE_SEX = c("F","M"),
                      Freq = nrow(respondents) * c(0.4920586,0.5079414))

#RACE
table(population$RACE_GROUP)
prop.table(table(population$RACE_GROUP))
# ASIAN                =283=    0.006216911
# BLACK                =1102=   0.024208607
# HISPANIC             =2863=   0.062894049
# NATIVE AMERICAN      =1233=   0.027086400
# NATIVE HAWAIIAN/PACIFIC ISLANDER =134=   0.002943696
# OTHER                =345=    0.007578920
# UNKNOWN              =19582=  0.430175084
# WHITE                =19979=  0.438896334

race_dist <- data.frame(RACE_GROUP = c("ASIAN","BLACK","HISPANIC","NATIVE AMERICAN","NATIVE
HAWAIIAN/PACIFIC ISLANDER","OTHER","UNKNOWN","WHITE"),
                      Freq = nrow(respondents) *
c(0.006216911,0.024208607,0.062894049,0.027086400,0.002943696,0.007578920,0.430175084,0.438896
334))

#Ethnicity
table(population$ETHNIC_GROUP)
prop.table(table(population$ETHNIC_GROUP))
# HISPANIC            =4788=   0.1051822
# NOT HISPANIC        =21497=  0.4722436
# UNKNOWN              =19236=  0.4225742

ETHNIC_dist <- data.frame(ETHNIC_GROUP = c("HISPANIC","NOT HISPANIC","UNKNOWN"),
                      Freq = nrow(respondents) * c(0.1051822,0.4722436,0.4225742))

#Age Groups
```

```

table(population$AGEGRP)
prop.table(table(population$AGEGRP))
# "0 to 5"      =4082=  0.0896729
# "13 to 17"    =19761= 0.4341073
# "6 to 12"     =21678= 0.4762198

age_dist <- data.frame(AGEGRP = c("0 to 5","13 to 17","6 to 12"),
                      Freq = nrow(respondents) * c(0.0896729,0.4341073,0.4762198))

#Urbanicity
table(population$DESIG)
prop.table(table(population$DESIG))
# Frontier      =1175=  0.025812262
# Rural         =17120= 0.376090156
# Unknown       =311=   0.006832012
# Urban         =26915= 0.591265570

Desig_dist <- data.frame(DESIG = c("Frontier","Rural","Unknown","Urban"),
                      Freq = nrow(respondents) *
c(0.025812262,0.376090156,0.006832012,0.591265570))

#Calculate the weights
data.svy.rake <- rake(design = respondents.unwgted,
                    sample.margins =
list(~CDE_SEX,~DESIG,~ETHNIC_GROUP,~RACE_GROUP,~AGEGRP),
                    population.margins =
list(sex_dist,Desig_dist,ETHNIC_dist,race_dist,age_dist))

summary(weights(data.svy.rake))

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

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

#Export
write.csv(respondents_weights, file = "file location")

```

Appendix D: CCO-Specific Results

The following table shows the average scores for each outpatient survey domain question by CCO. The scores are on a 1–5 scale:

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly Agree

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

Domain	Question	CCO																
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS/ OpenCard	GOBHI	Health Share	IHN	JCC	PCS-CG	PCS-CO	PHJC	TCHP	UHA	WVCH	YCCO
	Total responses	21	63	41	33	37	43	3	74	32	24	41	29	19	35	29	50	76
Access	08. The location of the services was convenient	-	4.2	3.9	4.1	3.5	3.9	-	3.9	4.1	-	4.0	-	-	4.0	-	4.2	4.2
	09. Services were available at times that were convenient for me	-	3.9	3.7	3.9	3.7	3.8	-	3.7	3.9	-	4.1	-	-	4.1	-	4.2	4.0
Appropriateness	01. I am satisfied with the services I received	-	4.2	4.0	4.1	4.0	4.0	-	4.1	4.0	-	4.2	-	-	4.3	-	4.3	4.2
	04. The people helping me stuck with me no matter what	-	3.9	4.1	3.9	4.1	4.1	-	4.1	4.2	-	3.9	-	-	3.9	-	4.1	4.2
	05. I felt I had someone to talk to when I was troubled	-	4.0	3.9	4.0	3.4	4.2	-	3.9	3.9	-	4.2	-	-	4.0	-	3.9	4.1
	07. I received services that were right for me	-	4.0	3.8	3.8	3.6	3.9	-	3.8	4.0	-	3.9	-	-	4.1	-	4.1	4.1
	10. I got help I wanted	-	3.9	4.0	3.7	3.6	3.9	-	3.7	3.8	-	4.0	-	-	4.0	-	4.1	4.1
	11. I got as much help as I needed	-	3.7	3.8	3.7	3.3	3.5	-	3.7	3.7	-	3.8	-	-	4.0	-	3.9	4.0
Cultural sensitivity	12. Staff treated me with respect	-	4.4	4.4	4.3	4.2	4.3	-	4.4	4.5	-	4.3	-	-	4.6	-	4.5	4.5
	13. Staff respected my family's religious/spiritual beliefs	-	4.4	4.4	4.5	4.5	4.5	-	4.4	4.7	-	4.5	-	-	4.6	-	4.4	4.5
	14. Staff spoke with me in a way that I understood	-	4.4	4.2	4.4	4.3	4.4	-	4.2	4.3	-	4.4	-	-	4.5	-	4.5	4.5

Domain	Question	CCO																
		Advanced Health	AllCare	CHA	CPCO	EOCCO	FES/ OpenCard	GOBHI	Health Share	IHN	JCC	PCS-CG	PCS-CO	PHJC	TCHP	UHA	WVCH	YCCO
	15. Staff was sensitive to my cultural/ethnic background	-	4.3	4.3	4.3	4.2	4.4	-	4.3	4.4	-	4.3	-	-	4.6	-	4.4	4.4
Outcomes	16. I am better at handling daily life	-	3.9	3.8	3.8	3.7	3.8	-	3.8	3.7	-	4.0	-	-	4.1	-	3.9	4.0
	17. I get along better with family members	-	3.8	3.6	3.7	3.6	3.7	-	3.7	3.8	-	3.7	-	-	3.9	-	3.8	3.8
	18. I get along better with friends and other people	-	4.0	4.0	4.0	3.7	3.9	-	3.8	3.7	-	3.9	-	-	4.1	-	4.0	4.0
	19. I am doing better in school and/or work	-	3.9	3.8	3.7	3.8	3.8	-	3.8	3.6	-	3.9	-	-	3.8	-	3.9	3.9
	20. I am better able to cope when things go wrong	-	3.8	3.8	3.6	3.5	3.7	-	3.7	3.6	-	3.9	-	-	3.9	-	3.8	3.9
	21. I am satisfied with my family life right now	-	3.6	3.8	3.5	3.6	3.6	-	3.6	3.5	-	3.6	-	-	3.6	-	3.7	3.9
Participation	02. I helped to choose my services	-	3.7	3.9	3.8	3.4	3.6	-	3.7	3.7	-	4.0	-	-	3.6	-	3.9	4.0
	03. I helped to choose my treatment goals	-	4.0	4.2	4.0	3.9	4.1	-	4.1	4.0	-	4.0	-	-	4.0	-	4.1	4.2
	06. I participated in my own treatment	-	4.2	4.2	4.2	3.8	4.3	-	4.2	4.1	-	4.2	-	-	4.2	-	4.3	4.2

Appendix E: CCBHC-Specific Results

The following table shows the average scores for each outpatient survey domain question by certified community behavioral health clinic (CCBHC). The scores are on a 1–5 scale:

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly Agree

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

Domain	Question	CCBHC											
		Cascadia Behavioral Health	Columbia Community Mental Health	Community Counseling Sol John Day	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health
	Total responses	5	18	5	1	29	37	21	411	65	2	3	49
Access	08. The location of the services was convenient	-	-	-	-	-	3.9	-	4.0	4.1	-	-	4.2
	09. Services were available at times that were convenient for me	-	-	-	-	-	3.7	-	3.9	4.0	-	-	4.1
Appropriateness	01. I am satisfied with the services I received	-	-	-	-	-	4.1	-	4.1	4.1	-	-	4.2
	04. The people helping me stuck with me no matter what	-	-	-	-	-	3.9	-	4.1	3.8	-	-	4.2
	05. I felt I had someone to talk to when I was troubled	-	-	-	-	-	3.9	-	3.9	3.9	-	-	4.1
	07. I received services that were right for me	-	-	-	-	-	3.8	-	3.9	3.9	-	-	4.2
	10. I got help I wanted	-	-	-	-	-	3.9	-	3.8	3.9	-	-	4.2
	11. I got as much help as I needed	-	-	-	-	-	3.7	-	3.7	3.8	-	-	4.1

Cultural sensitivity	12. Staff treated me with respect	-	-	-	-	-	4.4	-	4.4	4.4	-	-	4.6
	13. Staff respected my family's religious/spiritual beliefs	-	-	-	-	-	4.3	-	4.5	4.4	-	-	4.4
	14. Staff spoke with me in a way that I understood	-	-	-	-	-	4.1	-	4.4	4.4	-	-	4.5
	15. Staff was sensitive to my cultural/ethnic background	-	-	-	-	-	4.2	-	4.4	4.3	-	-	4.3
Outcomes	16. I am better at handling daily life	-	-	-	-	-	3.8	-	3.8	3.8	-	-	4.0
	17. I get along better with family members	-	-	-	-	-	3.6	-	3.8	3.6	-	-	3.7
	18. I get along better with friends and other people	-	-	-	-	-	3.9	-	3.9	3.9	-	-	4.0
	19. I am doing better in school and/or work	-	-	-	-	-	3.9	-	3.8	3.8	-	-	3.9
	20. I am better able to cope when things go wrong	-	-	-	-	-	3.9	-	3.7	3.8	-	-	3.9
	21. I am satisfied with my family life right now	-	-	-	-	-	3.8	-	3.6	3.7	-	-	3.8
Participation	02. I helped to choose my services	-	-	-	-	-	3.6	-	3.7	3.6	-	-	4.1
	03. I helped to choose my treatment goals	-	-	-	-	-	4.0	-	4.1	3.9	-	-	4.3
	06. I participated in my own treatment	-	-	-	-	-	4.1	-	4.2	4.1	-	-	4.2