



2010 Oregon Mental Health Statistics Improvement Project Survey for Adults

**Oregon Department of Human Services
Addictions and Mental Health Division**

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Presented to the Oregon Department of Human Services,
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EXECUTIVE SUMMARY

The Addictions and Mental Health Division (AMH) surveys adult enrollees who have received mental health services and addiction treatment services through Oregon Health Plan (OHP) managed care as part of its ongoing program for monitoring the quality of mental health services. AMH contracts with Acumentra Health to distribute, process, and analyze the survey, which is based on the Mental Health Statistics Improvement Program (MHSIP) instrument.

AMH provided Acumentra Health with a sample of 14,839 adult Medicaid enrollees. Acumentra Health mailed introductory letters to these enrollees; some opted out of the survey and some did not have identifiable addresses. After removing those enrollees from the list, Acumentra Health mailed the survey to 13,953 adults who had received mental health services between June 1, 2009, and December 31, 2009. Of these, 468 were returned due to bad addresses. Overall, 13,485 surveys were mailed to valid addresses. A total of 3,240 enrollees returned their surveys, for an overall response rate of 24 percent.

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

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

About 90 percent of the adults surveyed receive outpatient mental health services through the OHP. Also surveyed were adults receiving services in foster care and residential settings through Medicaid fee-for-service. About 5 percent of the survey population was in foster care and 5 percent in residential.

This year, as in previous years, enrollees in outpatient treatment reported less positive perceptions of their treatment and treatment outcomes than enrollees in residential and foster care settings.

New analyses conducted in 2010 include:

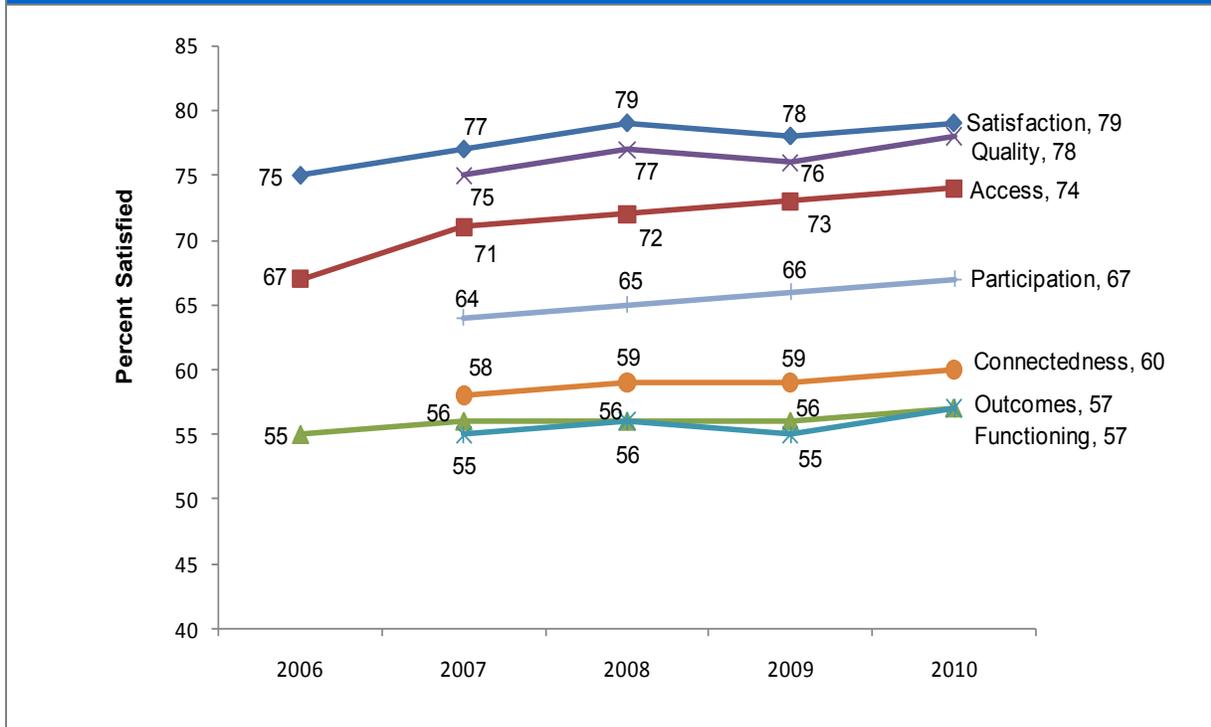
- a cross-tabulation of treatment status with the factors affecting the enrollee's ability to work
- test for statistically significant changes in domain scores from 2009 to 2010 overall and by facility type and mental health organization (MHO)
- analysis of medical and mental health providers' advice to clients on losing weight or stopping smoking
- analyses of medical doctors' notice of heart disease risk and advice on reducing risk, and medical providers' discussion with clients on the effects of their psychiatric medications on weight gain

Survey findings will help to guide AMH's ongoing efforts to improve the quality of mental health services for adults.

Survey results

Since 2006 Acumentra Health has contracted with AMH to survey adult enrollees receiving mental health services through OHP. As shown in the graph below, domain scores have generally risen gradually over the past few years, with some staying the same or dropping slightly in 2009. From 2009 to 2010, the scores increased by at least 1 percent in all domains.

Figure 1. 2006–2010 comparison of domain scores.*



*The 2006 results for the quality, functioning, and social connectedness domains are not comparable to later years because of changes in the definitions of those domains starting in 2007. There was not a participation domain in the 2006 survey.

Highlights

- The 2010 results show a continuation of the historical pattern of slight improvement, by 1 or 2 percent, in domain scores over time. Scores increased in each of the seven performance domains from 2009 to 2010.
- Responders receiving treatment services in adult foster care gave more positive responses in most domains than responders receiving treatment in outpatient and residential settings.
- Responders receiving outpatient treatment responded less positively to survey items related to services and results covered by the functioning (54 percent), outcomes (55 percent), and social connectedness (59 percent) domains.
- Four of the nine MHOs showed improvement in most domains from 2009 to 2010, including Washington County Health and Human Services, which received higher scores in all seven domains. Five MHOs' scores stayed the same or declined in most domains, with one MHO's scores decreasing in every category.

- Male responders reported higher domain scores in a majority of domains. The differences in scores by gender in access to services, treatment outcomes, daily functioning, and social connectedness domains were statistically significant.
- As in 2009, scores for responders 65 years of age and older were higher in all domains than for responders ages 18 to 64.
- In six of seven domains, responders in urban areas were more likely to respond positively than rural responders.
- Asian responders had more positive responses in all domains compared to the other racial/ethnic groups.
- The percent of clients using peer-delivered services increased from 14 percent in 2009 to 18 percent in 2010.
- Of the 18 percent of enrollees who reported using peer-delivered services, 53 percent found the services very helpful.
- Alcohol (25 percent), tobacco (38 percent), and marijuana (11 percent) were the substances clients most frequently reported using in the previous 12 months.
- Nine percent of responders reported having been arrested in the 12 months before treatment, compared to 5 percent during the 12 months after treatment began.
- Sixty percent of clients reported that their doctor or mental health provider talked to them about losing weight or stopping smoking.
- Fifty percent of clients reported that their doctor discussed the effects of their psychiatric medications on weight gain with them.
- Responders often reported that their mental health service providers had helped them obtain needed social services; for example,
 - 50 percent received help from their providers in finding housing, and 74 percent of those who received provider assistance found housing
 - 33 percent received help from their providers in finding employment, and 35 percent of those who received such help found new employment

METHODOLOGY

The 2010 survey collected data concerning enrollees' perception of mental health services delivered in outpatient, residential, and adult foster care settings and the impact of those services on their lives.

AMH provided Acumentra Health with a random sample of adult OHP enrollees who had received mental health services within 2009. This sample was slightly larger than the one provided for 2009, so more adult surveys were mailed in 2010 than in 2009.

As in 2009, the survey gathered data about enrollees' arrest histories, problems with abuse of alcohol or illegal drugs, education, employment, and assistance by mental health service providers in obtaining housing and employment. The survey also asked questions concerning barriers to employment and days incarcerated before and after beginning mental health services.

In 2010, new questions were added concerning the advice of medical and mental health providers to enrollees, including whether providers discussed smoking cessation and the effects of psychiatric medications on weight gain.

The consumer survey questionnaire

The instrument Acumentra Health used to conduct this survey is a version of the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey that AMH adapted and approved.¹ The National Association of State Mental Health Program Directors (NASMHPD) endorsed Version 1.2 (the version AMH adapted) of the MHSIP Consumer Survey. The MHSIP Consumer Survey presents 36 questions with possible responses arrayed on a five-point Likert scale that ranges from “Strongly Agree” (5) to “Strongly Disagree” (1).

The MHSIP Consumer Survey is one of the performance measurement tools comprising the MHSIP Quality Report, used to assess and report on the quality and efficiency of mental health care services.² The primary purpose of the MHSIP Consumer Survey is to gather enrollees' subjective evaluations of their experience

¹ 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. MHSIP's goal is to improve the quality of mental health programs and service delivery decision-making at all levels of government through guidance and technical assistance on the design, structure, content, and use of mental health information systems.

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.

of mental healthcare treatment and the outcomes of that care. AMH surveyed OHP enrollees on topics in seven performance domains:

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

As shown in Table A-1, each domain has corresponding survey items that collectively gauge responders' perceptions of that area. Additional survey questions addressed the length of time the responder received treatment services, the responder's arrest history, and other information.

AMH modified Version 1.2 of the MHSIP Consumer Survey by adding items on the following topics:

- whether a mental health provider had tried to help a responder obtain housing or employment
- problems a responder may have had with the abuse of alcohol or illegal drugs
- a responder's current employment situation
- factors affecting responders' employment
- whether responders had used peer-delivered services (supportive services provided by trained peers)
- coordination of care between the physical and mental health providers

Appendix B includes English and Spanish language versions of the survey instrument.

The survey responder population

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

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

AMH provided Acumentra Health with a sample of 14,839 adults receiving mental health services through Medicaid. Of these, 13,326 (89.8 percent) were OHP enrollees who received mental health treatment in an outpatient setting. The outpatient group also included *all* enrollees receiving outpatient care whose race was coded other than white (or Caucasian). Also included in the survey was a supplemental group consisting of enrollees who were non-white, served by FamilyCare, and/or residents of a sparsely populated county. Because of the small numbers of enrollees in these groups, the survey included *all* members of these groups—not a random sample.

Also included in the survey population were adults receiving services in foster care and residential services through Medicaid fee-for-service (FFS). Of the 14,839 adults, 773 (5.2 percent) were in foster care and 740 (5.0 percent) were in residential.

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

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

Survey mailings

On May 24, 2010, letters were mailed to all potential participants, informing them of the upcoming survey. Each enrollee received the letter and the subsequent survey in English or Spanish, depending on the language preference identified in the DMAP enrollment data file. The first survey mailing occurred on June 22. After filtering out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on August 23.

Survey data security and quality assurance procedures

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

Data entry staff was trained on inputting survey data, and every 10th survey was checked by other staff to make sure data entry was consistent and correct.

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

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

Survey response

Acumentra Health mailed 14,839 letters initially. Of these, 886 names were removed from the mailing list because either a valid address could not be identified (824 total) or the enrollee opted out of survey participation (62 total). In the second mailing, Acumentra Health mailed a total of 13,953 surveys. Of these, 468 were returned due to bad addresses. Overall, 13,485 surveys were mailed to valid addresses. This is the denominator for the response rate calculation.

A total of 3,240 enrollees returned their surveys, for an overall response rate of 24 percent. Acumentra Health excluded from the survey analysis data from surveys it received after the deadline of October 6, 2010.

MHOs

Currently, AMH contracts with nine MHOs to manage the provision of mental health services through OHP:

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

Table 1 displays the survey response from enrollees who received services from identified MHOs. Note: This table excludes responses for enrollees who were not assigned to an MHO for analytical purposes or who were classified as FFS, and it does not include enrollees in residential or foster care. However, those enrollees (FFS, residential, and foster care) are included in the analyses of responses by facility type and by demographic group. Table 2 reports the response rate by the type of treatment setting.

Table 1. Survey response rate by MHO.

MHO	Number of responses	Number of surveys sent	Response rate (%)*
ABHA	150	636	24
CMHO	126	501	25
FamilyCare	155	697	22
GOBHI	214	886	24
JBH	230	877	26
LaneCare	369	1,356	27
MVBCN	464	1,799	26
VIBHS	613	2900	21
WCHHS	194	815	24

*Indicates a statistically significant difference among MHOs.

Table 2. Survey response rate by treatment setting.

Setting	Number of responses	Number of surveys sent	Response rate (%)*
Outpatient	2,866	12,108	24
Residential	129	650	20
Adult Foster Care	245	727	34
Total	3,240	13,485	24

*Indicates a statistically significant difference among facility types.

Demographic characteristics

Table 3 reports the response rate by demographic characteristic. Each table reports the number of surveys sent to valid addresses.

Table 3. Response rate by gender, age, race, and rural/urban residence.				
Characteristic		Number of responses	Number of surveys sent	Response rate (%)
Gender	Female	2,078	8,712	24
	Male	1,162	4,773	24
Age group	18-64	2,981	12,605	24
	65+*	259	880	29
Race/Ethnicity	Non-White	556	2,614	21
	White*	2,456	9,702	25
Rural/Urban	Rural	1,124	4,518	25
	Urban	2,110	8,940	24

*Indicates a statistically significant difference within group proportions.

As shown above, enrollees 65 years or older responded at a statistically significantly higher rate than those 18 to 64 years of age. In addition, those in the white (Caucasian) category of race/ethnicity responded at a significantly higher rate than did the non-white population.

SURVEY RESULTS

Domain scoring analysis

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

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

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

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

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

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

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

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

Overall domain score changes from 2009 to 2010

Table 4 shows the domain scores for 2009 and 2010. Scores for all domains slightly increased from 2009 to 2010. Quality of services and daily functioning increased by 2 percent, from 76 to 78 percent and 55 to 57 percent respectively. For the remaining domains, scores increased by 1 percent. Analysts tested for statistically significant differences in scores between 2009 and 2010, and none of the score increases were significant.

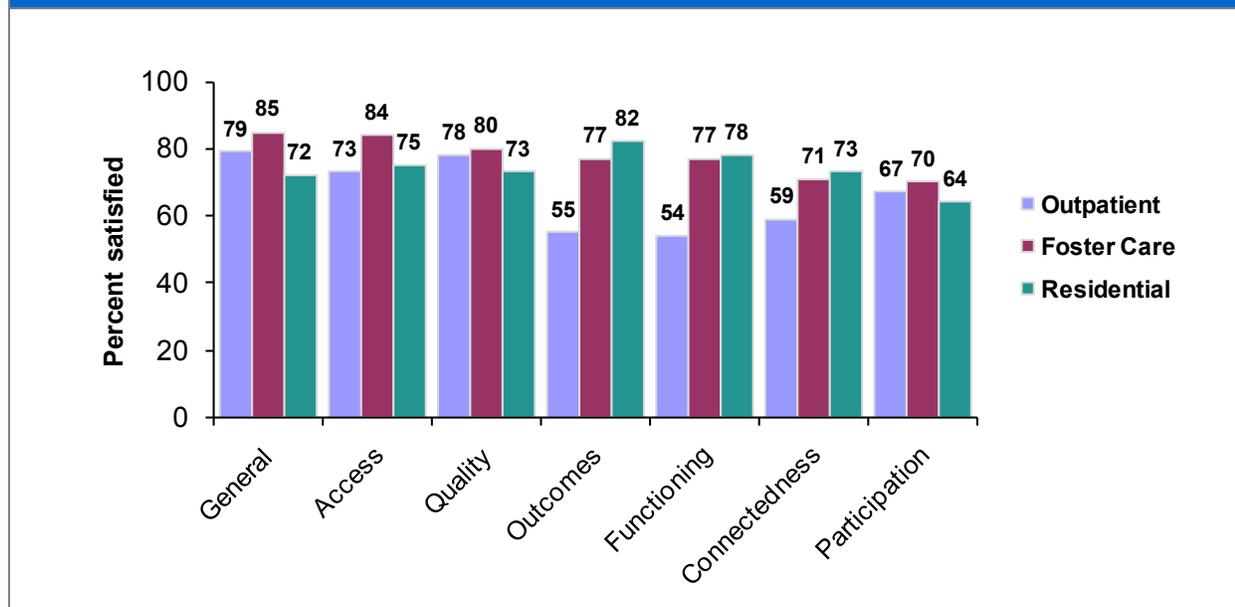
Table 4. Domain scores, 2009 vs. 2010.		
Domain	2009	2010
General Satisfaction	78	79
Access to Services	73	74
Quality of Services	76	78
Treatment Outcomes	56	57
Daily Functioning	55	57
Social Connectedness	59	60
Treatment Participation	66	67

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

Domain scores by treatment setting and MHO

Figure 2 displays the 2010 domain scores according to the treatment setting in which the enrollee received services.

Figure 2. Domain scores by treatment setting.



Analysts tested survey data for differences between treatment settings, and determined that scores for the treatment outcomes, functioning, and social connectedness domains were significantly lower for responders treated in outpatient settings than for responders served in residential and adult foster care settings. The residential care treatment outcomes, functioning, and social connectedness domain scores were significantly higher than the outpatient and foster care scores for those domains.

As Figure 2 and Table 5 show, responders in adult foster care gave higher scores for four of the seven domains: general satisfaction, access, quality of services, and treatment participation. In contrast, those treated in outpatient settings gave much lower scores for treatment outcomes, daily functioning, and social connectedness; the outcomes and functioning scores were at least 20 percentage points lower than responders in foster care. This difference between the outpatient and foster care and residential group in the outcomes, functioning, and connectedness domains was shown in previous years' survey results.

Table 5 presents these data in tabular form, along with the aggregate domain scores based on all survey responses. This table also presents the 95 percent confidence interval (CI) for each score. The CI indicates the upper and lower limits within which the score would be expected to fall 95 times if Acumentra Health conducted 100 identical surveys. A smaller CI indicates greater precision, usually due to adequate sample sizes.

Analysts tested for statistically significant domain score changes from 2009 to 2010 by facility type. Analysts found statistically significant increases in the treatment outcomes score for the residential group (from 71 to 82 percent), in the daily functioning domain for the residential group (from 66 to 78 percent), and the social connectedness score for the residential group (from 60 to 73 percent).

Table 6 displays responders' positive domain scores by MHO, with 95 percent confidence intervals. Note that these scores may rate responder perception of the MHO's contracted service providers rather than with the MHO itself. In 2010, not a single MHO had the highest scores in a majority of domains. Survey responders receiving services through VIBHS had more positive responses in three of the domains than did responders served by other MHOs. Compared to those treated by other MHOs' providers, Verity enrollees had significantly greater positive responses in the access to services and quality of services domains; GOBHI enrollees had significantly lower positive responses in the general satisfaction, access to services, quality of services, and treatment participation domains compared to other MHOs grouped together.

Table 5. Domain scores by treatment setting, with 95 percent confidence intervals.

Facility Type	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Functioning (CI)	Social connectedness (CI)	Participation (CI)
Outpatient	79 (78-81)	73 (71-75)*	78 (76-79)	55 (53-56)*	54 (53-56)*	59 (57-61)*	67 (65-68)
Residential	72 (64-80)*	75 (68-83)	73 (65-80)	82 (75-89)*	78 (71-86)*	73 (65-81)*	64 (55-72)
Foster Care	85 (80-89)*	84 (80-89)*	80 (75-86)	77 (71-82)*	77 (71-82)*	71 (65-77)*	70 (64-76)
Aggregate	79	74	78	57	57	60	67

*Indicates a statistically significant difference in proportion responding positively for facility type compared to other facility types grouped together, for that domain.

Table 6. Domain scores by MHO, with 95 percent confidence intervals.

MHO	General satisfaction (CI)	Access (CI)	Quality (CI)	Outcomes (CI)	Functioning (CI)	Social connectedness (CI)	Participation (CI)
ABHA	84 (78-90)	75 (68-82)	79 (72-85)	54 (45-62)	53 (45-62)	57 (49-65)	67 (59-75)
CMHO	78 (70-85)	75 (67-83)	74 (66-82)	52 (43-61)	50 (41-59)	62 (53-70)	61 (52-70)
FamilyCare	74 (67-81)	66 (59-74)	72 (64-79)	48 (40-56)	50 (42-58)	53 (45-62)	62 (54-70)
GOBHI	70 (64-76)*	63 (57-70)*	70 (64-76)*	47 (40-54)	49 (42-56)	53 (46-60)	56 (49-63)*
JBH	77 (72-83)	68 (61-74)	78 (72-83)	53 (47-60)	51 (45-58)	53 (47-60)	71 (64-77)
LaneCare	85 (81-89)*	74 (69-78)	77 (73-82)	58 (53-63)	56 (51-62)	60 (55-65)	67 (62-72)
MVBCN	77 (73-81)	75 (71-79)	77 (73-81)	52 (47-57)	51 (47-56)	58 (53-62)	65 (61-70)
VIBHS	81 (78-84)	76 (73-80)*	81 (78-84)*	55 (50-59)	56 (52-60)	61 (57-65)	70 (66-74)
WCHHS	80 (75-86)	73 (66-79)	79 (73-85)	58 (51-66)	56 (49-63)	59 (52-66)	71 (64-78)
Aggregate	79	73	77	53	53	58	66

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

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

Table 7 compares the MHOs' scores from 2009 to 2010. As a group, the MHOs had score increases in two domains, and the remaining domain scores either stayed the same or decreased. However, four MHOs had increases in a majority of domains and one, WCHHS, showed increases in all seven domains. MVBCN's scores increased in six domains, ABHA's increased in five, and CMHO's increased in four domains. By contrast, GOBHI's scores decreased in all seven domains.

As in the 2009 survey, 2010 survey participants responded least positively to survey items related to treatment outcomes and daily functioning. Responders' 2010 scores for those domains were, in some cases, 20 to 30 percentage points lower than other domains for the same MHO. For example, responders enrolled in ABHA perceived treatment outcomes less positively (score of 54), but had greater general satisfaction (score of 84). Table A-1 in Appendix A shows the positive enrollee responses to individual domain items, analyzed by treatment setting. Table A-2 in Appendix A shows the percentage of positive enrollee responses to individual survey items, analyzed by MHO.

Tables 8a and 8b compare the MHOs' domain scores from 2006 to 2010 (note that the 2006 results for some domains are not comparable to following years because of changes to the definitions of those domains in 2007). For some domains, like general satisfaction, access to services, and participation, there has been an overall, gradual increase over time. For other domains, like treatment outcomes and daily functioning, scores seem to fluctuate around a central value over the years, not significantly increasing. This is true for most of the MHOs.

Table 7. Domain scores by MHO, 2009 to 2010.

MHO	General satisfaction		Access		Quality		Outcomes		Functioning		Social connectedness		Participation	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
ABHA	79	84	74	75	76	79	48	54	46	53	58	57	67	67
CMHO	76	78	69	75	74	74	54	52	54	50	60	62	60	61
FamilyCare	73	74	70	66	70	72	49	48	42	50	54	53	62	62
GOBHI	78	70	73	63*	81	70*	53	47	55	49	59	53	65	56
JBH	75	77	68	68	74	78	55	53	54	51	57	53	60	71*
LaneCare	84	85	81	74*	82	77	57	58	56	56	56	60	72	67
MVBCN	76	77	69	75	73	77	49	52	50	51	56	58	67	65
VIBHS	78	81	75	76	77	81	57	55	56	56	61	61	70	70
WCHHS	79	80	72	73	74	79	50	58	50	56	58	59	67	71
Aggregate	78	79	73	73	76	77	56	53	55	53	59	58	66	66

*Indicates a statistically significant difference in proportion of positive responses for MHO from 2009 to 2010.

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

Table 8.a. Domain scores by MHO, 2006 to 2010: Satisfaction, Access, Quality, and Outcomes.

MHO	General Satisfaction					Access					Quality*					Outcomes				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
ABHA	76	87	76	79	84	73	82	71	74	75	–	84	72	76	79	53	55	56	48	54
CMHO	76	69	76	76	78	67	61	69	69	75	–	66	76	74	74	50	51	60	54	52
FamilyCare	72	79	78	73	74	61	64	69	70	66	–	82	77	70	72	50	52	49	49	48
GOBHI	71	70	73	78	70	63	64	69	73	63	–	73	74	81	70	56	54	52	53	47
JBH	73	77	78	75	77	61	70	67	68	68	–	77	76	74	78	54	57	56	55	53
LaneCare	81	84	83	84	85	74	75	75	81	74	–	77	82	82	77	56	57	56	57	58
MVBCN	77	77	81	76	77	69	70	75	69	75	–	76	80	73	77	56	52	55	49	52
VIBHS	70	76	80	78	81	66	70	71	75	76	–	73	76	77	81	57	56	53	57	55
WCHHS	81	77	76	79	80	71	76	71	72	73	–	80	75	74	79	51	57	50	50	58
Aggregate	75	77	79	78	79	67	71	72	73	73	–	75	77	76	77	55	56	56	56	53

*The 2006 results for the quality domain are not comparable to later years because of changes in the definition of that domains starting in 2007.

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

Table 8.b. Domain scores by MHO, 2006 to 2010: Functioning, Connectedness, and Participation.

MHO	Functioning*					Social Connectedness*					Participation**			
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010	2007	2008	2009	2010
ABHA	–	59	54	46	53	–	68	55	58	57	79	68	67	67
CMHO	–	54	58	54	50	–	59	65	60	62	55	58	60	61
FamilyCare	–	53	48	42	50	–	54	67	54	53	67	74	62	62
GOBHI	–	54	52	55	49	–	62	57	59	53	65	64	65	56
JBH	–	59	54	54	51	–	60	60	57	53	65	64	60	71
LaneCare	–	57	56	56	56	–	51	56	56	60	65	71	72	67
MVBCN	–	51	55	50	51	–	49	62	56	58	65	67	67	65
VIBHS	–	51	53	56	56	–	60	53	61	61	59	66	70	70
WCHHS	–	54	50	50	56	–	63	61	58	59	68	62	67	71
Aggregate	–	55	56	55	53	–	58	59	59	58	64	65	66	66

*The 2006 results for the functioning and social connectedness domains are not comparable to later years because of changes in the definitions of those domains starting in 2007.

**There was no participation domain in the 2006 survey.

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

Demographic comparisons

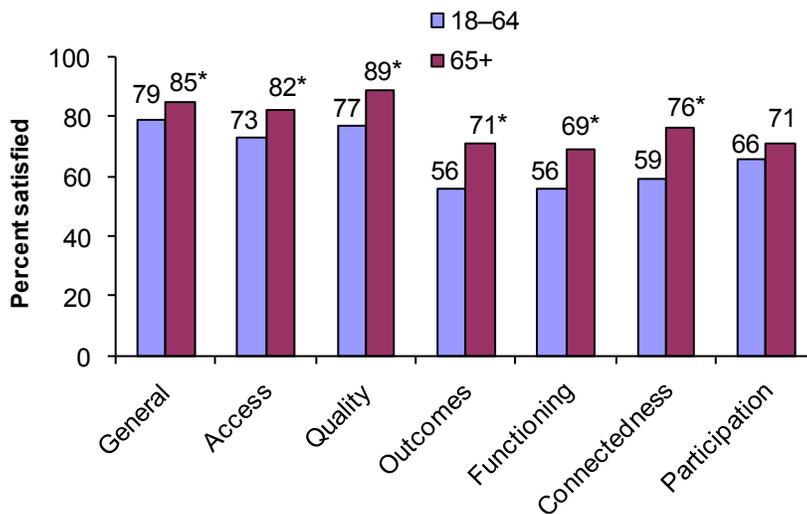
Acumentra Health analysts used chi-square tests for independent samples to identify statistically significant differences among demographic groups.

Domain scores by age group

Responders were split into two groups for analysis, based on age at the time of the survey: 18–64 years and 65 years or older. Figure 3 shows domain scores by age group in 2010; Table A-3 in Appendix A presents these data, along with the 2009 data, in tabular form.

As shown, responders age 65 years or older reported more positive responses as a group than did the 18–64 group. In six of the seven domains, the score difference was statistically significant.

Figure 3. Domain scores by age.

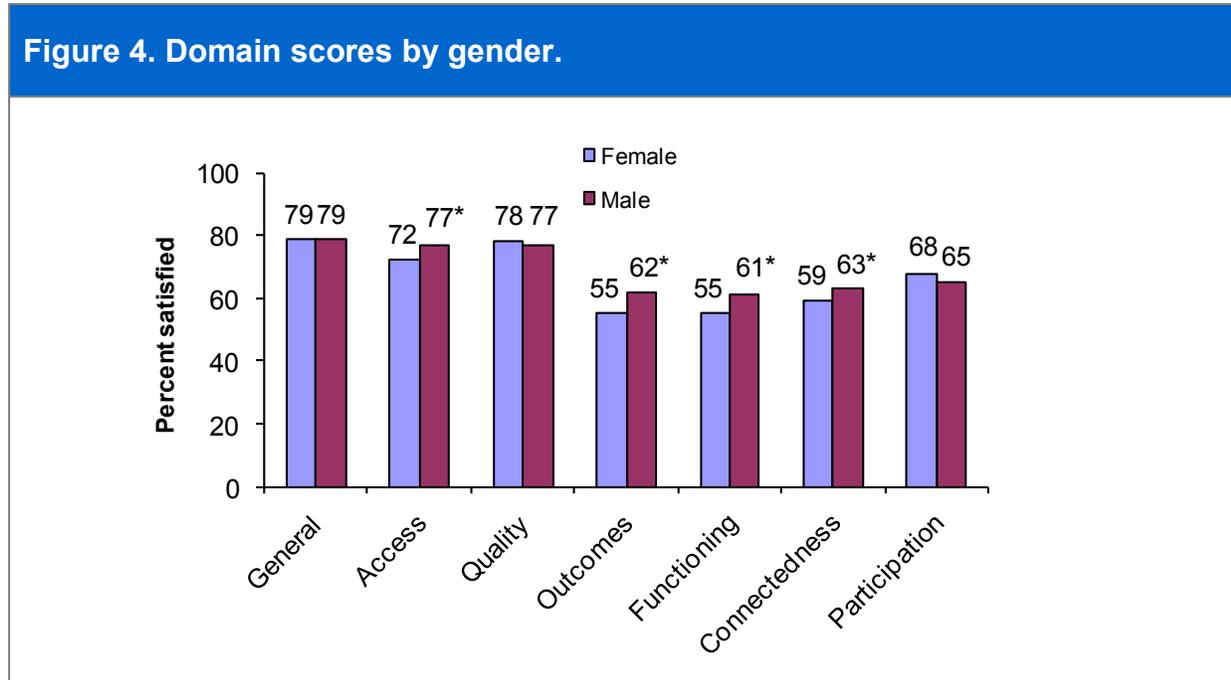


*Indicates a statistically significant difference between age groups.

Domain scores by gender

Figure 4 shows domain scores by gender in 2010. Table A-4 in Appendix A presents these data, along with the 2009 data, in tabular form.

Scores for male responders were significantly higher in the access to services, treatment outcomes, daily functioning, and social connectedness domains.

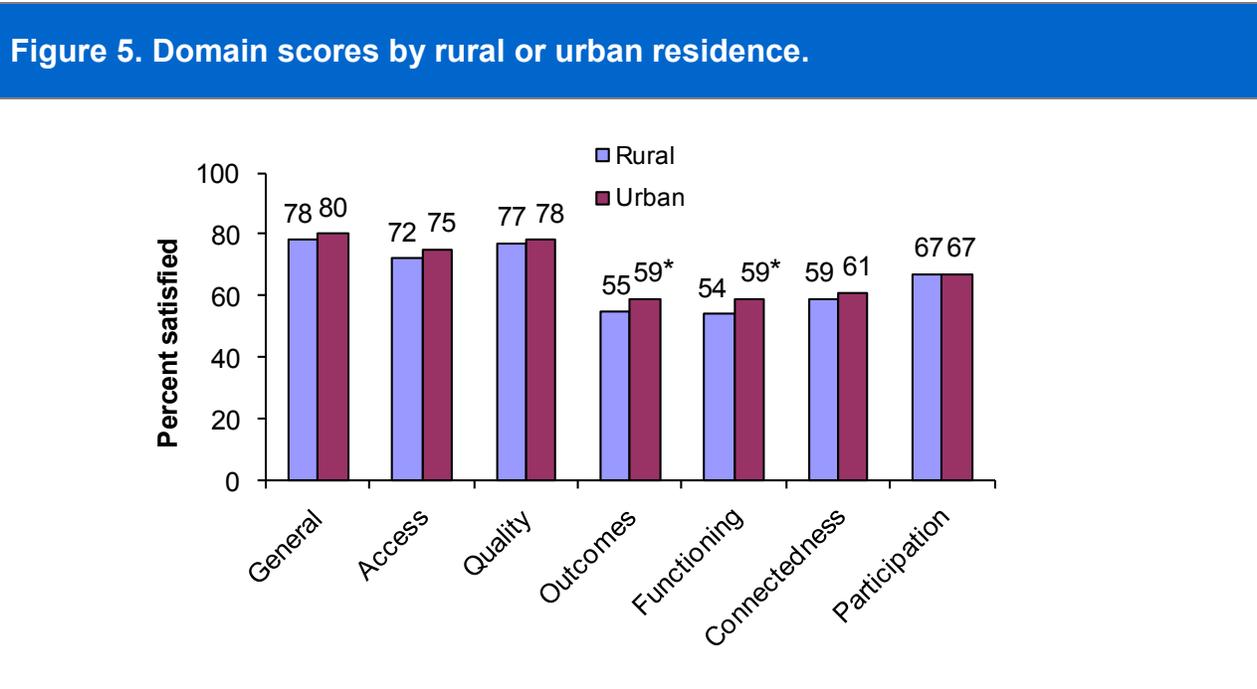


*Indicates a statistically significant difference between genders.

Domain scores by rural/urban residence

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

Figure 5 displays domain scores by place of residence in 2010. Scores in the treatment outcomes and daily functioning domains were statistically significantly higher for urban responders than rural responders. In most other categories, domain scores for urban responders were slightly higher than rural responders.



*Indicates a statistically significant difference between urban and rural location.

Table A-5 in Appendix A presents these data along with the 2009 data in tabular form. For both rural and urban responders, scores increased in a majority of domains from 2009 to 2010. For rural responders, treatment outcomes and daily functioning scores were unchanged from 2009 to 2010, while for urban enrollees, treatment participation was unchanged.

Domain scores by race

Table 9 displays the 2009 and 2010 domain scores by the responder's race. Data for Native Hawaiian/Pacific Islander responders were not included due to the small survey sample size.

Chi-square tests revealed statistically significant differences by race in five domains: general satisfaction, access to care, quality of services, social connectedness, and treatment participation. Domain scores were higher for Asian responders than for responders in other racial categories. Domain scores for Native American responders were lowest in all but the social connectedness domains.

Figures 6–11 show the 2006–2010 domain scores by race. For the White (Caucasian) group, which represents the majority of the sample population, scores in most domains are gradually increasing. For the other racial groups, with much smaller sample sizes, scores are more likely to fluctuate around a general upward trend.

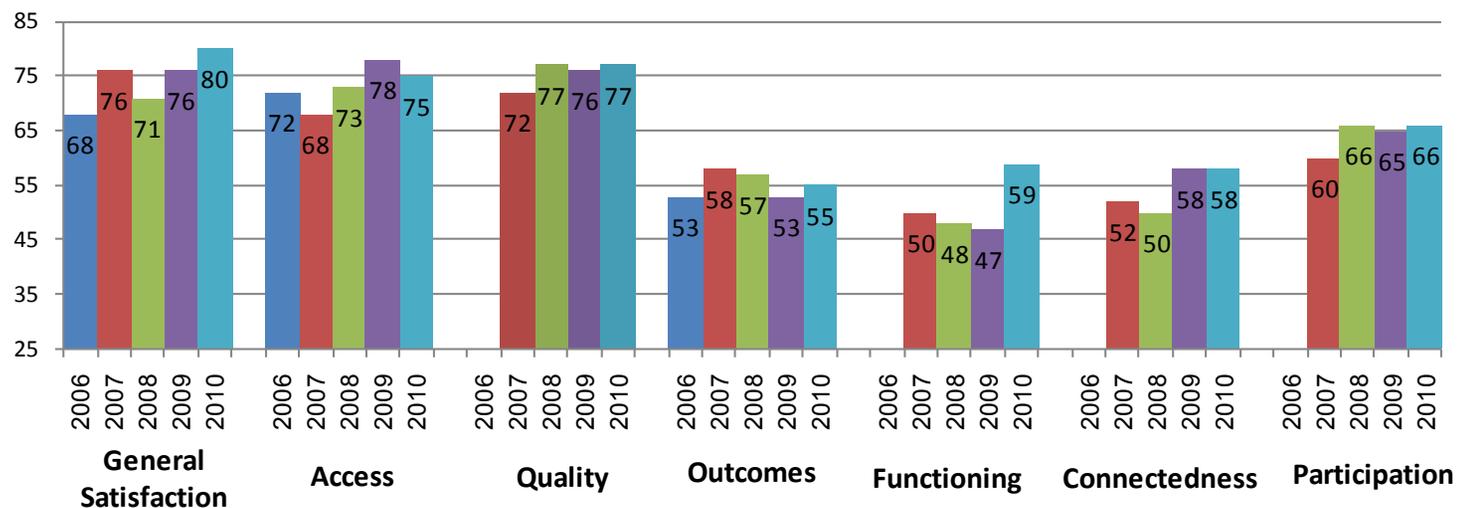
Table 9. Domain scores by race, 2009–2010.

Race	General Satisfaction		Access		Quality		Outcomes		Functioning		Social connectedness		Participation		# changed from 2009 to 2010**		
	2009	2010*	2009	2010*	2009	2010*	2009	2010	2009	2010	2009	2010*	2009	2010*	+	same	–
Black (African American)	76	80	78	75	76	77	53	55	47	59	58	58	65	66	5	1	1
Native American	68	74	65	66	71	66	66	51	61	50	65	54	66	56	2	0	5
Asian	91	90	87	86	86	88	71	65	69	63	75	73	78	74	1	0	6
Other	75	79	61	75	62	78	48	63	48	59	52	63	61	68	7	0	0
White (Caucasian)	78	79	73	74	76	78	55	57	55	57	59	60	65	67	7	0	0
Multiracial	73	75	71	67	72	74	48	53	47	52	48	52	65	62	5	0	2

*Indicates a statistically significant difference in proportions responding positively among race categories. Note: statistical significance shown for 2010 only.

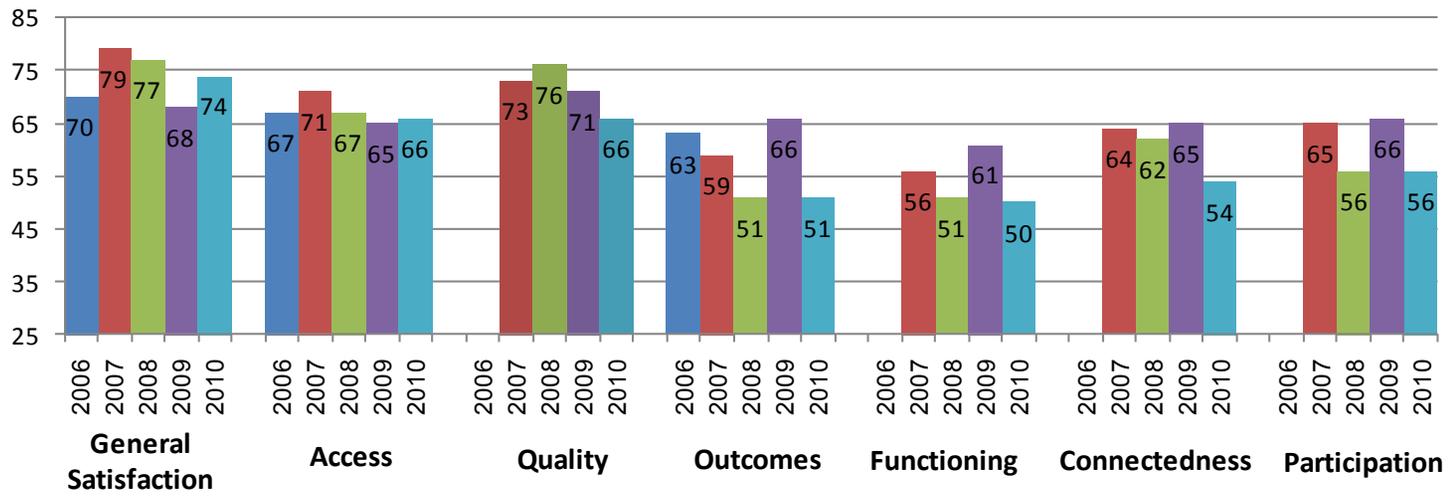
**The total number of scores that increased (+) from 2009 to 2010, number that decreased (–), and number that did not change from 2009 to 2010.

Figure 6. Domain scores, 2006*–2010: Black (African American).



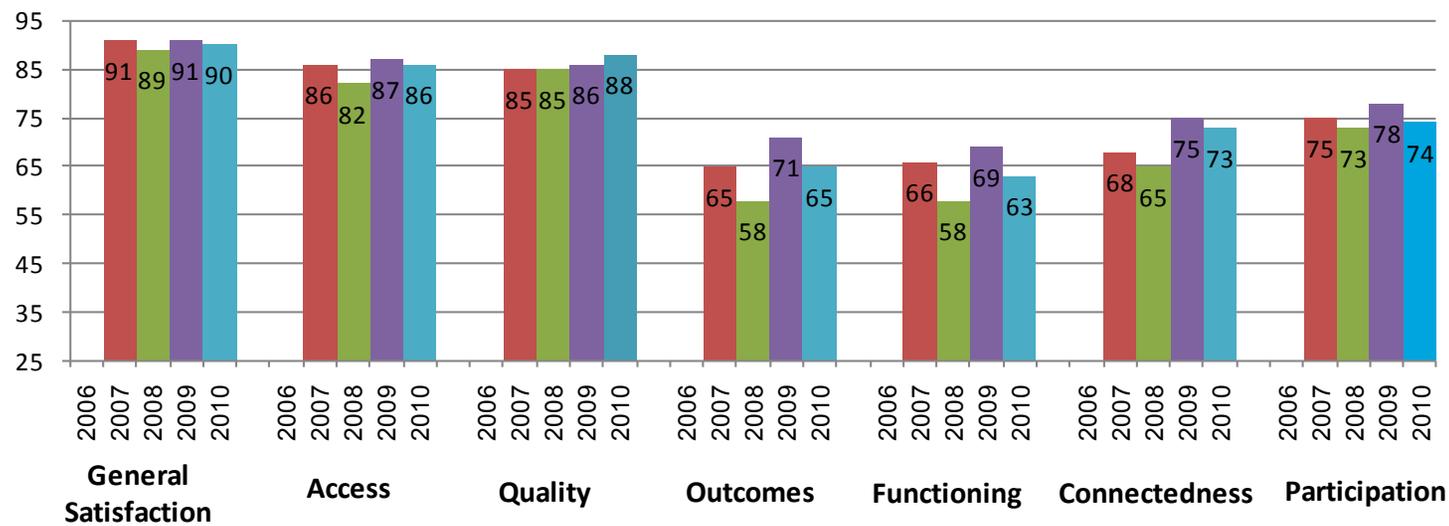
*Note: the 2006 results for the quality, functioning, and social connectedness domains are not shown, as they are not comparable to later years because of changes in the definitions of those domains starting in 2007. Also, there was not a participation domain in the 2006 survey.

Figure 7. Domain scores, 2006*–2010: Native American.



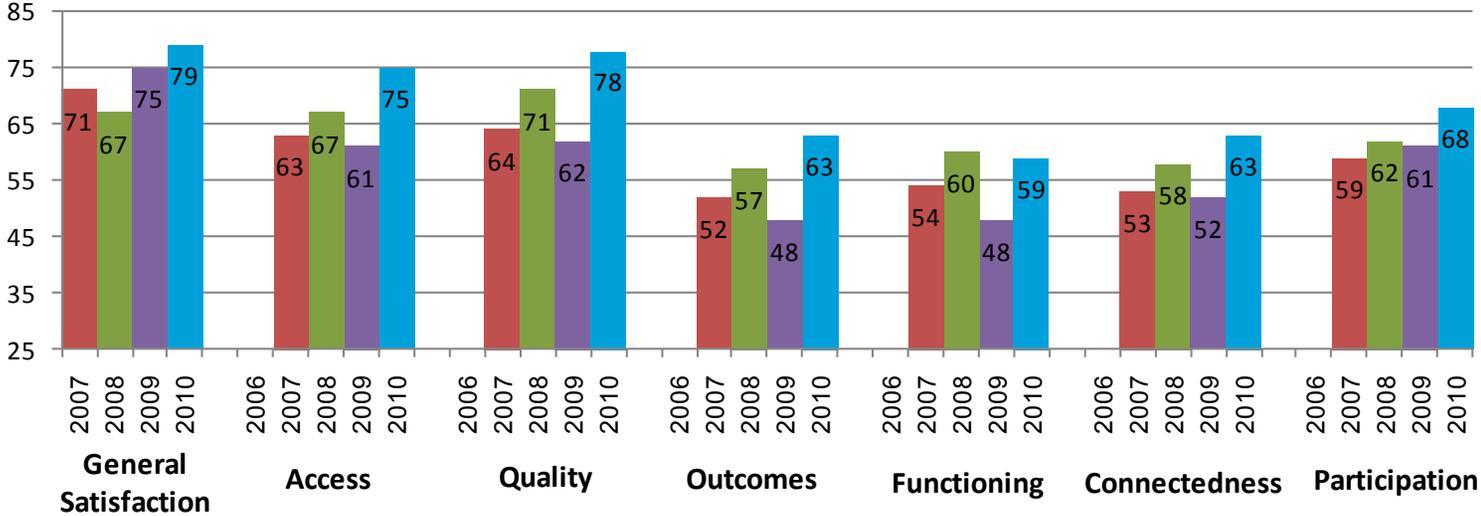
*Note: the 2006 results for the quality, functioning, and social connectedness domains are not shown because they are not comparable to later years because of changes in the definitions of those domains starting in 2007. There was not a participation domain in the 2006 survey.

Figure 8. Domain scores, 2007–2010: Asian*.



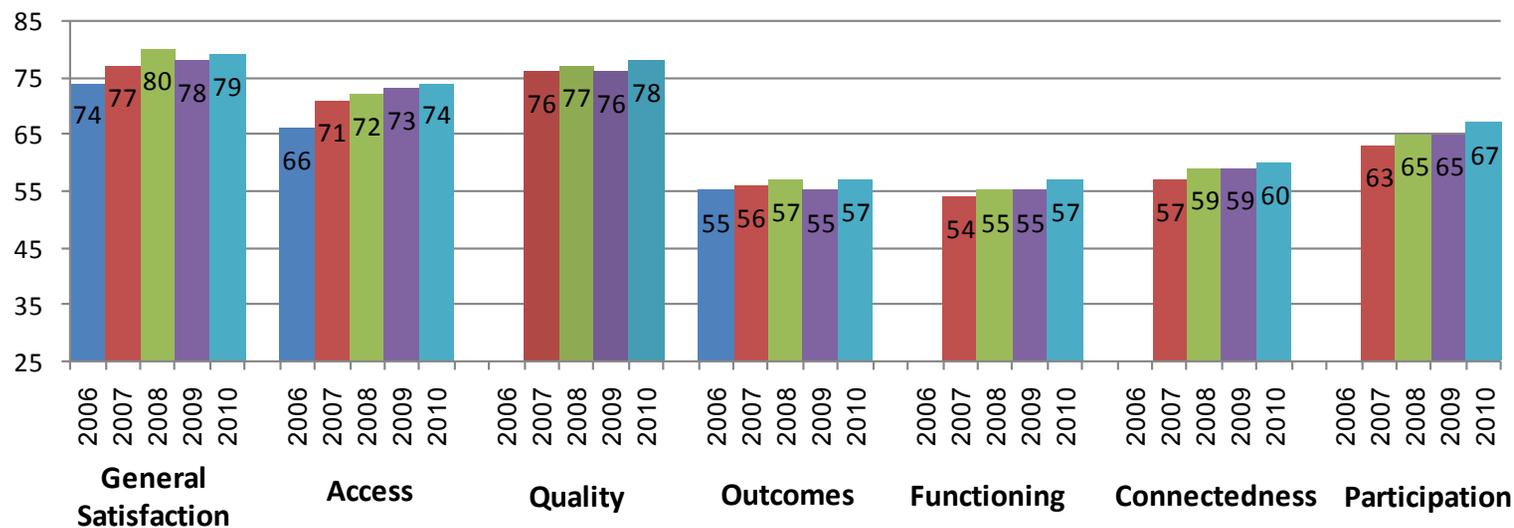
*For the 2006 survey results, domain scores for Asian responders were excluded because of the small sample size.

Figure 9. Domain scores, 2007–2010: Other Races*.



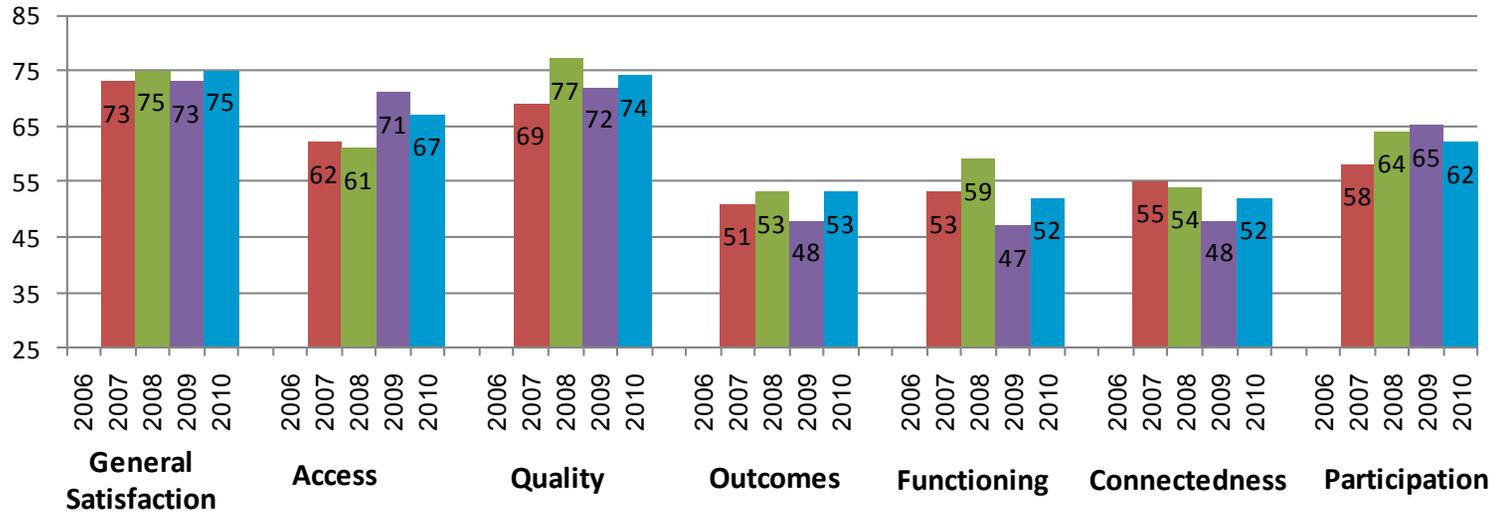
*For the 2006 survey results, domain scores for responders of other races were excluded because of the small sample size.

Figure 10. Domain scores, 2006*–2010: White (Caucasian).



*Note: the 2006 results for the quality, functioning, and social connectedness domains are not shown because they are not comparable to later years because of changes in the definitions of those domains starting in 2007. There was not a participation domain in the 2006 survey.

Figure 11. Domain scores, 2007–2010: Multiracial*.



*The 2006 survey results did not include the Multiracial category.

Domain scores by ethnicity

A separate question asked whether the survey responder was of Hispanic or Latino origin. Out of 2,980 responders, 8 percent reported their ethnicity as Hispanic or Latino. Table 10 compares domain scores for those responders with the scores for all other responders. The chi-square analysis revealed statistically significant differences between Hispanic and non-Hispanic enrollees in the quality of services and daily functioning domains. Scores for Hispanic enrollees rose in each domain from 2009 to 2010.

Figures 12 and 13 show domain scores by ethnicity from 2007 to 2010. In most domains, the scores for Hispanics fluctuated between years more so than scores for non-Hispanics, which slightly rose or stayed the same in most domains. In previous years, scores for non-Hispanics were higher in most domains; in 2010, this trend changed, with scores for Hispanics exceeding scores for non-Hispanics in all domains.

Table 10. Domain scores by ethnicity, 2009–2010.

Race	General Satisfaction		Access		Quality		Outcomes		Functioning		Social Connectedness		Participation		# changed from 2009 to 2010*		
	2009	2010	2009	2010	2009	2010*	2009	2010	2009	2010*	2009	2010	2009	2010	+	same	-
Hispanic	79	84	75	76	71	84	54	62	52	67	61	64	61	68	7	0	0
Non-Hispanic	78	79	74	74	77	78	55	57	54	56	58	60	66	67	6	1	0

*Indicates a statistically significant difference in proportions responding positively among ethnicities. Note: statistical significance shown for 2010 only.

**The total number of scores that increased (+) from 2009 to 2010, number that decreased (-), and number that did not change from 2009 to 2010.

Figure 12. Domain scores, 2007–2010: Hispanic enrollees.

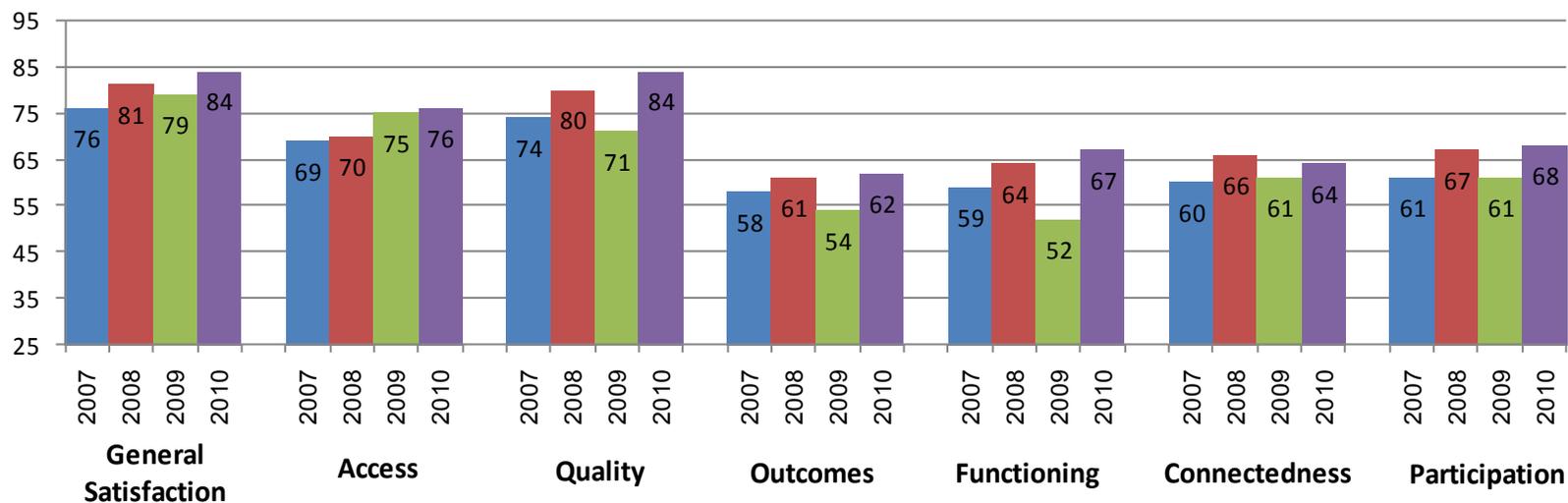
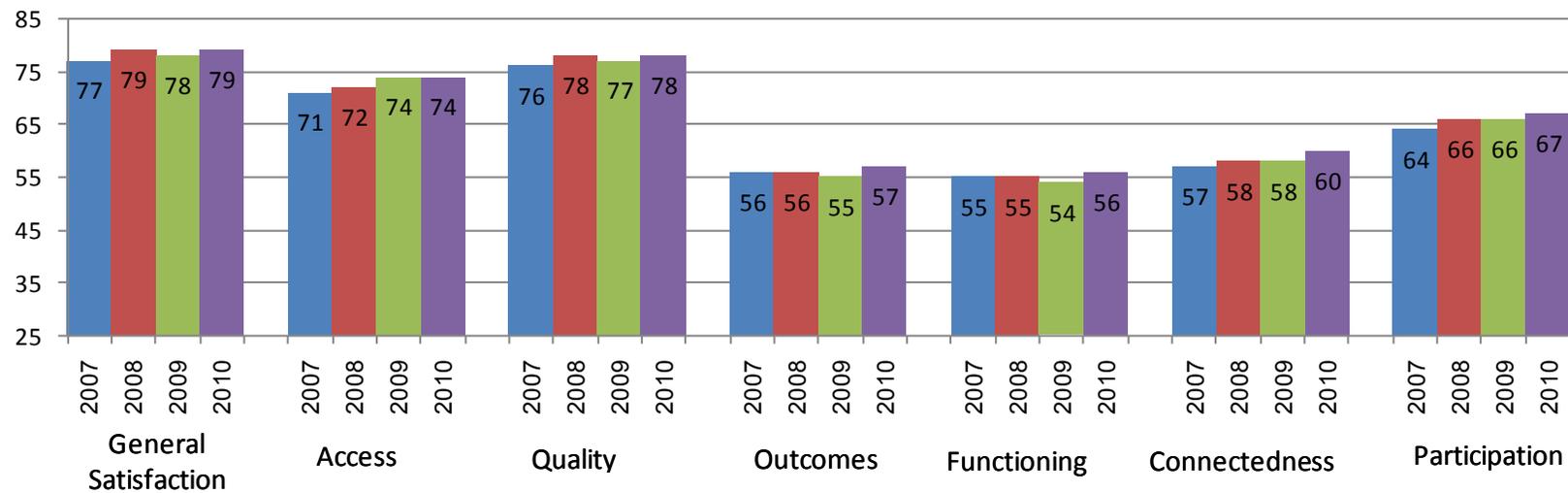


Figure 13. Domain scores, 2007–2010: Non-Hispanic enrollees.



Additional analysis

Acumentra Health analyzed the responses to additional survey questions about the responders’ arrest history, use of alcohol or illegal drugs, barriers to employment, and whether the responders’ mental health provider had tried to help the responder obtain housing and employment. The following section summarizes the results of that analysis.

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

Arrest history

More than 3,083 responders (95 percent) answered questions about their arrest history before and since beginning treatment with their current mental health providers. After taking into account the time since starting services and limiting the analysis to those who had seen their providers for at least 12 months and answered both Questions 47 and 48, 1,630 responses were appropriate for analysis. As shown in Table 11, the percent reporting arrest was higher for the year before starting services with the current provider, compared with the year following.

Analysts also examined average number of days incarcerated, limiting the analysis to 1,347 responders who had received services for at least 12 months and had answered both Questions 49 and 50. From this group, those arrested before starting services spent a significant higher average number of days in a controlled environment than did those arrested after starting services.

Table 11. Responder’s arrest history.		
Arrest period	Percent reporting arrest (n=1,630)	Average days in controlled environment* (n=1,347)
12 months before starting treatment	9%	3
12 months after starting treatment	5%	1

*Indicates a statistically significant difference in mean days.

Assistance by mental health provider

The survey asked whether the responders' mental health providers had tried to help them with housing and employment. Figure 14, based on Question 46a, "During the time you were seeing your provider: Did you want or need housing or better housing?" shows that 34 percent wanted or needed better housing, a slight decrease from the 37 percent in 2009.

Figure 14. During time seeing provider, responders wanting or needing housing or better housing (n=2,940).

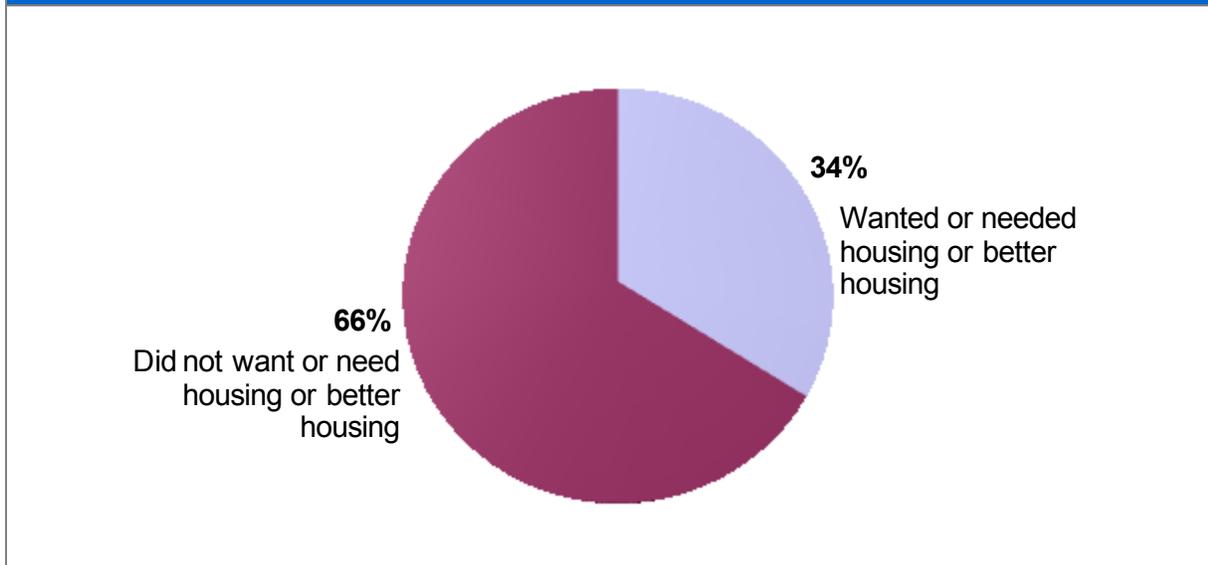


Figure 15 shows that 50 percent of those who wanted or needed better housing actually received help from providers. This percentage is a slight decrease from the 55 percent in 2009.

Figure 15. Provider assistance to responders who needed housing or better housing (n=891).

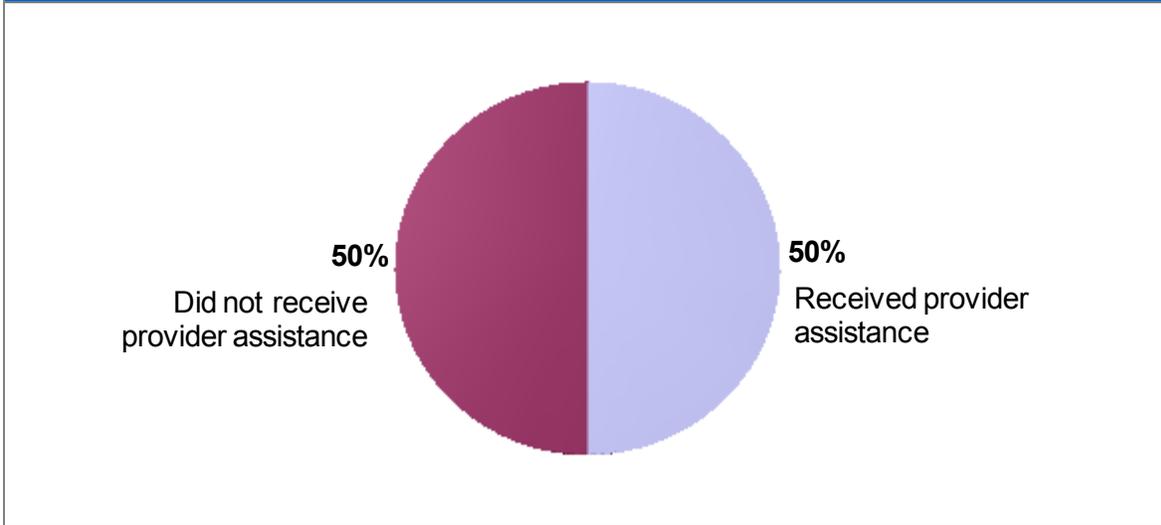


Figure 16 shows that of those receiving help, 74 percent actually found new or better housing, about the same as 2009’s 75 percent.

Figure 16. Responders receiving provider assistance who found housing (n=420).

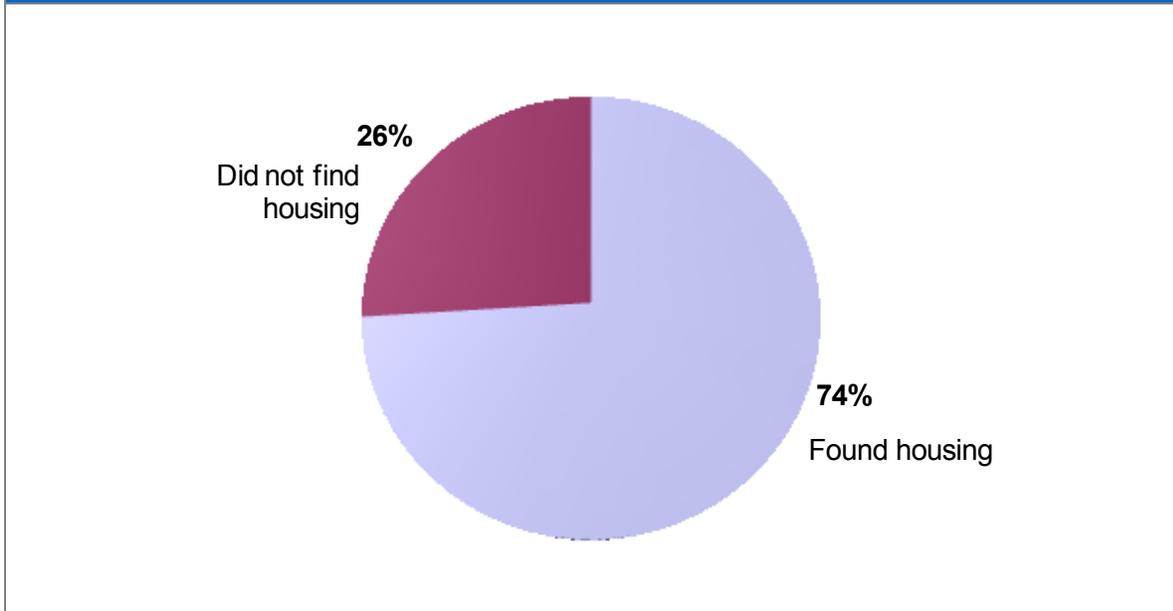


Figure 17, based on Question 46d, “During the time you were seeing your provider: Did you want or need a job or better job?” shows the 26 percent of responders who needed a job or a better job. This is about the same as last year’s 27 percent who wanted/needed a job or better job.

Figure 17. Responders wanting or needing a job or a better job (n=2,789).

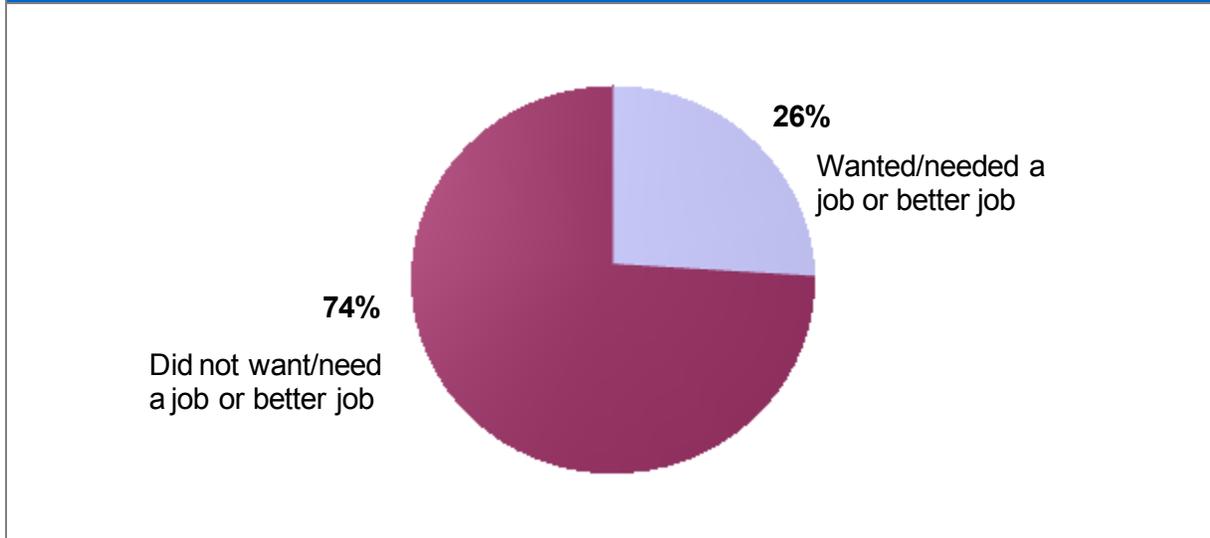


Figure 18 shows the percentage of those who needed a job who actually received help: 33 percent, a decrease from the 40 percent who received assistance in 2009.

Figure 18. Responders who wanted/needed a job or a better job who received provider assistance (n=655).

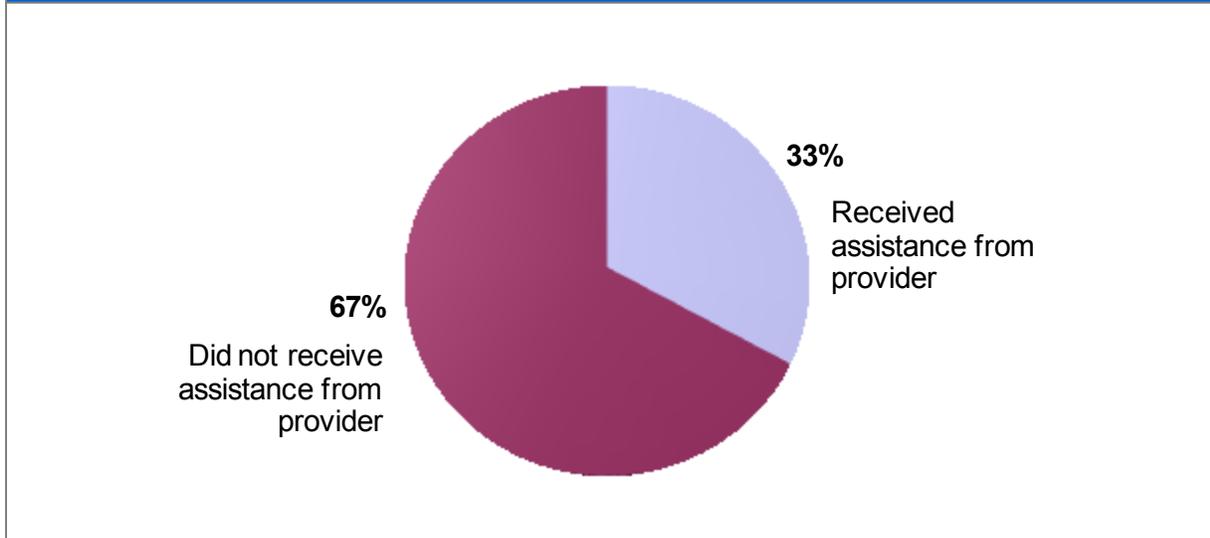
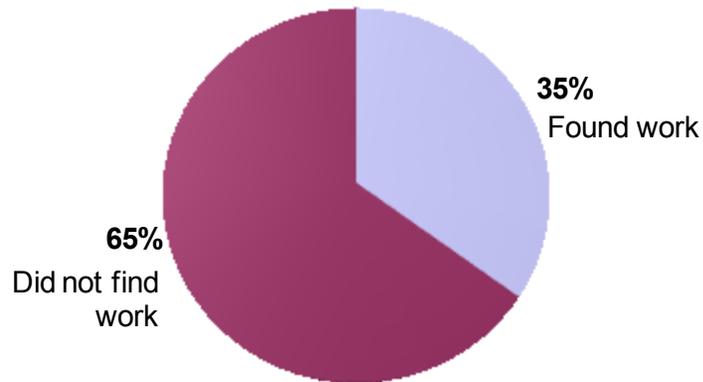


Figure 19 shows that 35 percent of those receiving help actually found work, compared to 54 percent who found work with provider assistance in 2009.

Figure 19. Responders who found employment with provider assistance (n=206).



Alcohol and drug use

Among those who responded to questions about their alcohol and drug use, 27 percent said they had received treatment for problems with alcohol or illegal drugs (Figure 20). Responders enumerated the substances they had used in the previous 12 months, as shown in Table 12.

Figure 20. Responders who have received treatment for problems with alcohol or drug use (n=3,068).

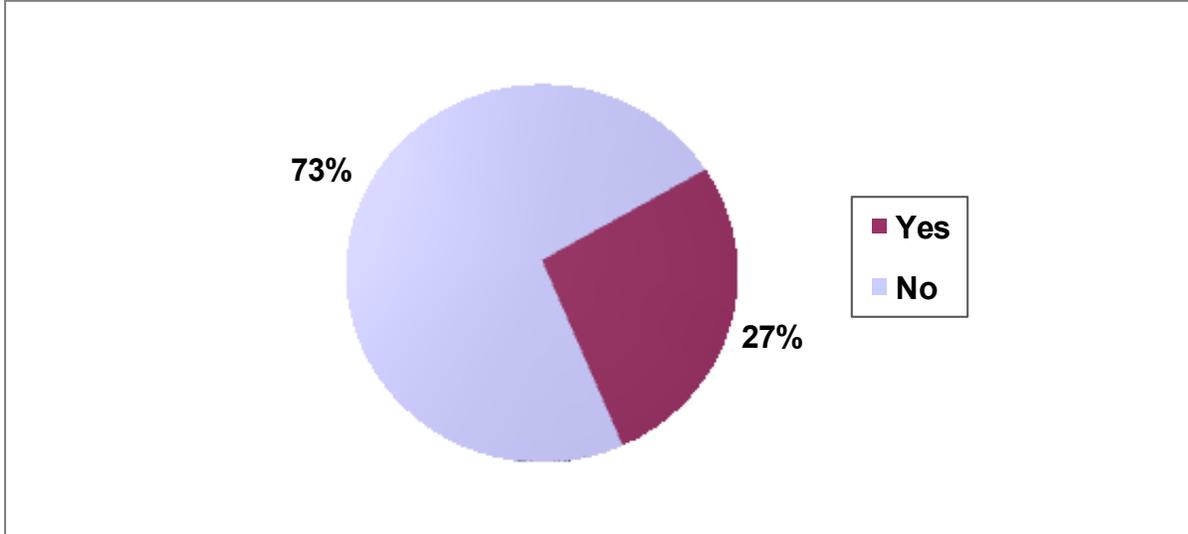


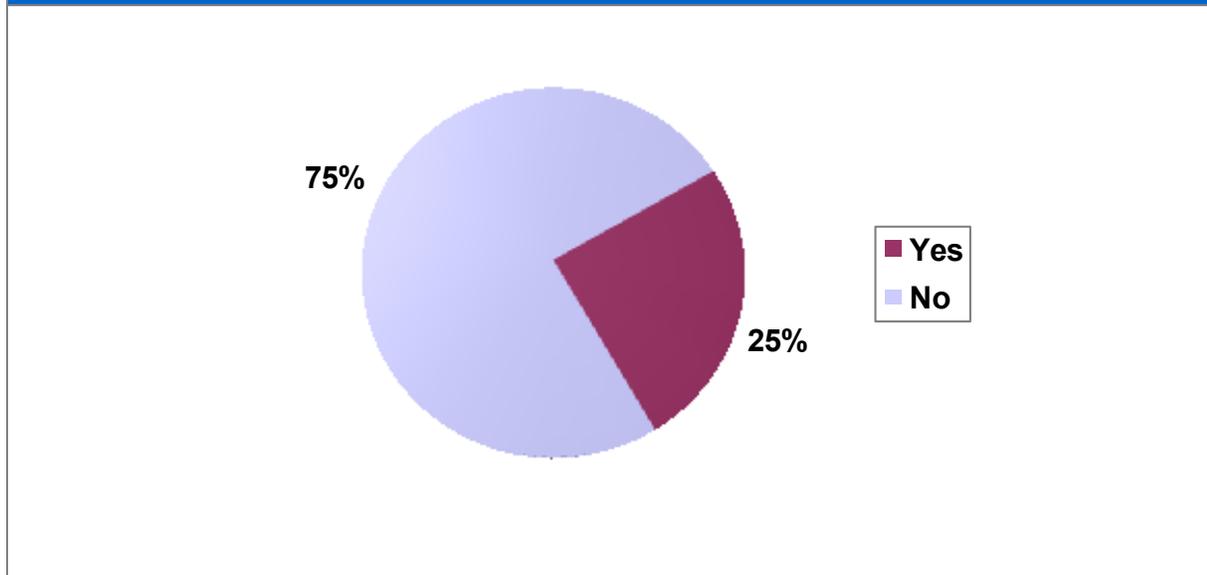
Table 12. Substances used by responders in previous 12 months (n=3,240).

Substance	Number "yes"	% of responders
Tobacco	1,243	38
Alcohol	803	25
Marijuana	343	11
Heroin, morphine, other narcotics	107	3
Methamphetamine/amphetamines	80	2
Other drugs	61	2
Cocaine or crack	45	1

Note: A responder could check more than one substance.

When asked whether they believed they had a problem with alcohol or illegal drugs, 25 percent of responders said “Yes” (Figure 21). This was the same percent who reported a problem with alcohol or illegal drugs in 2009.

Figure 21. Responders’ perception of whether they have a problem with alcohol or illegal drugs (n=2,975).



Factors affecting ability to work

The 2010 survey asked responders to select factors affecting their ability to work. As shown in Table 13, the most frequently cited issues affecting employment were mental health condition (59 percent) and physical health condition (46 percent).

New this year was the survey item about factors affecting ability to work and whether enrollees are still in treatment (their treatment status). Analysts wanted to look at whether possible barriers to employment (lack of transportation, lack of affordable child care, etc.) might also affect the length of stay in treatment. Table 14 shows the number of enrollees citing each factor as affecting their ability to work and, of that number, the percent still in treatment.

Only 4 percent cited lack of affordable child care as affecting their ability to work (Table 13). However, of those who selected this as a factor, only 64 percent are still in treatment (Table 14), which could indicate that lack of affordable child care is a hindrance to staying in treatment; 64 percent is statistically significantly lower than those not citing this factor, 84 percent. It is also notably lower than for those who cited *no* factor, 82 percent of whom are still in treatment. Two other factors

had the next lowest percentages of members still in treatment: “Student/in school” (71 percent) and “Other responsibilities (e.g., parenting)” (74 percent).

Table 13. Factors affecting ability to work (n=3,240).

Factor	Number “yes”	% of responders
Mental health condition	1,917	59%
Physical health condition	1,485	46%
Lack of job training / education	716	22%
Medication side effects	674	21%
Concern about losing other benefits	610	19%
Lack of transportation	558	17%
Lack of good jobs	549	17%
Concern about losing Medicaid benefits	523	16%
Other reason	439	14%
Workplace attitudes about mental illness	429	13%
Age (e.g. retired)	426	13%
Arrest history	304	9%
Other responsibilities (e.g. parenting)	227	7%
Student/in school	164	5%
Lack of affordable child care	127	4%
Provider discourages me	82	3%

Table 14. Factors affecting ability to work and treatment status.

Factor	% still in treatment
Mental health condition (N=1,782)	86%
Physical health condition (N=1,380)	83%
Lack of job training / education (N=662)	85%
Medication side effects (N=626)	87%
Concern about losing other benefits (N=563)	85%
Lack of transportation (N=510)	84%
Lack of good jobs (N=513)	80%
Concern about losing Medicaid benefits (N=485)	84%
Other reason (N=391)	83%
Workplace attitudes about mental illness (N=397)	88%
Age (e.g. retired) (N=380)	85%
Arrest history (N=283)	82%
Other responsibilities (e.g. parenting) (N=213)	74%
Student/ in school (N=151)	71%
Lack of affordable child care (N=121)	64%
Provider discourages me (N=75)	85%

Peer-delivered services

The 2010 survey asked two questions about peer-delivered services (supportive services provided by trained peers): “Have you used peer-delivered services?” and “If you have used peer-delivered services, how helpful were these services?” As shown in Table 15, 18 percent of responders used peer-delivered services. Of those that used these services, Table 16 shows that 53 percent found them very helpful.

Table 15. Used peer-delivered services (n=3,047).		
	Number	% of responders
Yes	543	18%
No	2,067	68%
Uncertain	437	14%

Table 16. If used these services, how helpful they were (n=528).		
	Number	% of responders
Very Helpful	282	53%
Somewhat Helpful	195	37%
Not at All Helpful	51	10%

Coordination of care between mental and physical health

The 2010 survey asked a question about coordination of care between the responder’s physical and mental health provider. As shown in Table 17, 51 percent of responders agreed or strongly agreed with this statement: “My current (or most recent) mental health provider has worked together with my physical healthcare provider to come up with a clear, consistent approach to helping me.”

Table 17. Response to statement: My mental health provider has worked with my physical healthcare provider to come up with a clear, consistent approach to helping me (N=2,943).

	Number	% of responders
Strongly Agree	636	22%
Agree	859	29%
Uncertain	838	28%
Disagree	348	12%
Strongly Disagree	262	9%

Advice of doctors on losing weight and reducing heart disease risk

The 2010 survey asked three new questions concerning the advice given to enrollees about the effects of their medications on weight gain, how to reduce heart disease risk, and losing weight or stopping smoking. Figure 22 shows that 61 percent of enrollees said their doctor or mental health service provider talked to them about losing weight or stopping smoking. Figure 23 shows the percent of enrollees whose doctor noticed they were at risk for heart disease and gave them advice on how to reduce the risk. Figure 24 shows that 50 percent of enrollees said their medical provider talked to them about the effect of their medication on weight gain.

Figure 22. Responders whose doctor or mental health provider talked to them about losing weight or stopping smoking (N=2,744).

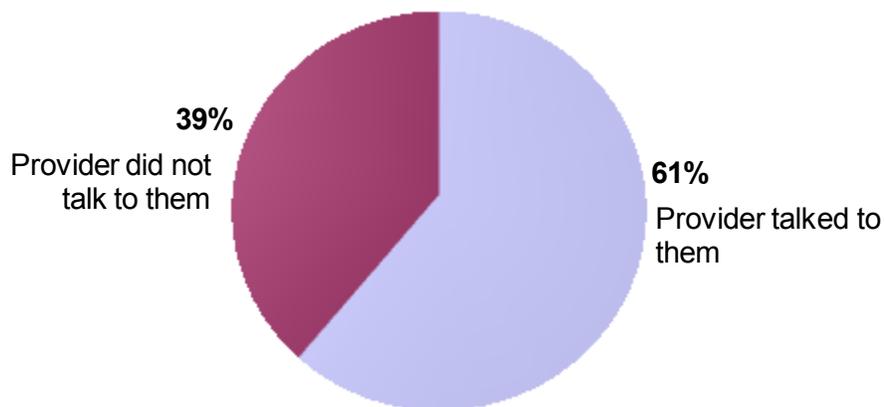


Figure 23. Responders whose doctor noticed they were at risk for heart disease and gave them advice on how to reduce risk (N=2,654).

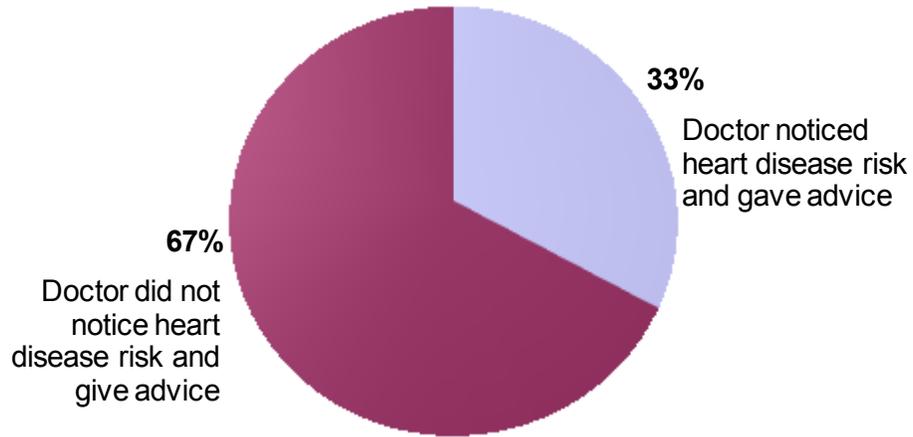
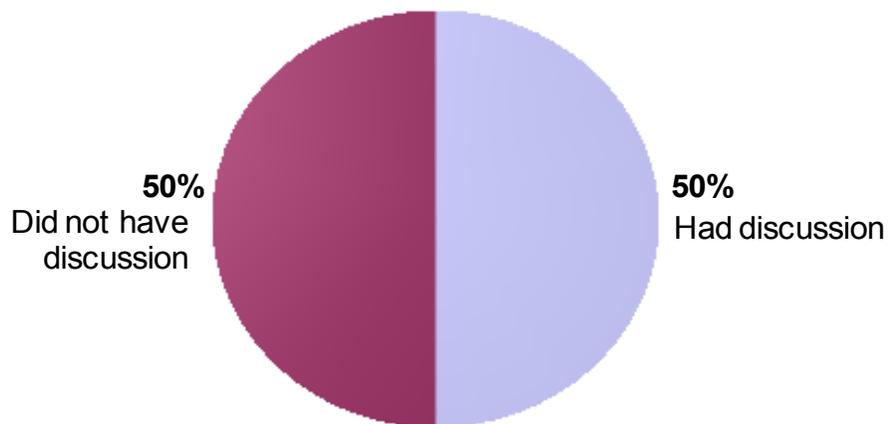


Figure 24. Responders whose doctor discussed with them the impact of their psychiatric medications on weight gain (N=2,650).



DISCUSSION AND RECOMMENDATIONS

The results of the 2010 survey in terms of domain scores show a slight increase in all domains. This is the first time this has happened in the five years (shown in Table 18 below). As the table shows, scores in each domain show a slight upward trend over the years. Access and participation domain scores have increased consistently since 2006 and 2007.

Overall, the results of the 2010 survey show that MHOs and their providers need to continue working to improve enrollees' perceptions of care, most notably with treatment outcomes, daily functioning, and social connectedness.

Table 18. Domain Scores 2006–2010.

Domain	2006	2007	2008	2009	2010
General Satisfaction	75	77	79	78	79
Access	67	71	72	73	74
Outcomes	55	56	56	56	57
Quality*	–	75	77	76	78
Functioning*	–	55	56	55	57
Social Connectedness*	–	58	59	59	60
Participation**	–	64	65	66	67

*The 2006 results for the quality, functioning, and social connectedness domains are not comparable to later years because of changes in the definitions of those domains starting in 2007.

**There was not a participation domain in the 2006 survey.

Scores by treatment setting

In 2010, as in previous years, there remains a wide gap in responders' perceptions between general satisfaction, access, quality, and participation compared to outcomes, functioning, and social connectedness. This difference is due mainly to the lower scores in the outpatient group, which accounts for 90 percent of the survey sample. The outpatient group's scores are significantly below those of the residential and foster care groups in the outcomes, functioning, and social connectedness domains.

A possible reason for this disparity could be that people in residential or foster care experience greater relief from or reduction in their symptoms than those people

with less severe mental health concerns who are receiving outpatient treatment. These responders have more positive perceptions of the intensive services they receive in residential and foster care settings. Further investigation and research is needed to determine the reasons for the disparity between the residential and foster care and outpatient groups.

Domain scores by MHO

As a group, the MHOs' scores increased in two domains: general satisfaction and quality of services, each of which rose 1 percent from 2009 to 2010. The MHOs' domain scores remained the same in the access and participation domains, and decreased in treatment outcomes, functioning, and social connectedness domains. Treatment outcomes decreased the most, from 56 percent in 2009 to 53 percent in 2010. Four MHOs showed improvement in most domain scores this year: WCCHS, which improved in every category; MVBCN; CMHO; and ABHA. GOHBI, which had increases in every domain in 2009, had decreases in every domain in 2010.

MHOs' scores from 2006 to 2010 show a gradual increase over time in some domains, like general satisfaction and access to services. However, in other domains, like treatment outcomes and daily functioning, the scores have fluctuated around a central value, decreasing and increasing slightly year to year, with no significant increase.

Demographic comparisons

Acumentra Health's analysis revealed some significant differences in domain scores among demographic groups. AMH may wish to perform further investigation to identify the causes of these differences.

- *Gender:* Male responders had significantly higher scores for access to services, treatment outcomes, daily functioning, and social connectedness than female responders. Female responders had higher scores for participation, as in the previous two years.
- *Age:* Similar to previous years' results, there is a significant gap in the domain scores between the 18–64 and the 65+ age cohorts. The 65-and-older group had significantly higher scores in every domain except treatment participation compared to the 18–64 group.
- *Race:* In every domain except treatment outcomes and daily functioning, there is a statistically significant difference in the proportions of responders'

positive responses by racial category. Asian responders had higher scores in each domain compared to every other racial group.

Scores have gradually increased in most domains over the past five years for the Caucasian group, which represents the majority of the sample population. For the other racial groups, which have much smaller sample sizes, the scores have fluctuated more, with a general upward trend.

- *Rural/Urban*: In most domains, those living in urban areas had slightly higher scores when compared to those in rural areas. The difference was statistically significant in the treatment outcomes and functioning domains.

Provider assistance with non-mental health services

Thirty-three percent of responders in 2010 who sought a job or a better job got help from their providers. Of those who received help, 35 percent were able to find work. These are decreases from 2009, when 40 percent received assistance in searching for a job/better job, and of those, 54 percent found work with provider assistance. This demonstrates the general decrease from year to year (from 2008 to 2010) in the percentage of responders who received assistance from providers in their employment search and a decrease in those who actually found employment with assistance.

The percentages of responders reporting that they received assistance with housing did not change much from 2009. Of those seeking new or better housing, 50 percent reported receiving help from their providers in 2010. Of those responders receiving provider assistance, 74 percent found new or better housing.

Positive trends

The survey results demonstrated slight improvement in the percentage of mental health consumers who received treatment for a problem with alcohol or illegal drugs. The percent who received treatment increased from 26 to 27 percent from 2009 to 2010. This may reflect a more integrated approach to co-occurring disorders. Continued support for efforts to integrate behavioral health treatment may continue this positive trend.

The 2010 results show how helpful peer-delivered services were to those receiving them (53 percent found them very helpful, and 37 percent somewhat helpful).

Next steps and recommendations

Ongoing surveys of adult enrollees’ perceptions of OHP mental health care will guide AMH’s efforts to improve the quality of services.

Findings from the 2010 survey indicate that the state may want to increase the availability and use of peer-delivered supportive services because of the positive response clients had to those services.

The great majority of OHP enrollees receive mental health services through outpatient care. This year, as in previous years, survey responders in outpatient treatment had less positive perceptions of their care overall than responders in residential and foster care settings (particularly in the treatment outcomes, daily functioning, and social connectedness domains).

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

- 1. Conduct a more thorough analysis of the outpatient enrollees’ survey responses to determine why they perceive their treatment outcomes less positively than responders in residential and foster care facilities.**

Work with MHOs to identify unmet needs, specific treatment concerns, and expectations of outpatient enrollees. This could identify additional services and guide development of a more intensive service array for outpatient clients that would help better meet their varied needs and improve their perceptions of services.

AMH could incorporate this information into its efforts as part of the Adult Mental Health Initiative (AMHI). AMHI brings together MHOs, community mental health programs, providers, and residents to “develop a system that consistently assists adults with mental illness to live and receive services in the least restrictive environment appropriate for their needs.”⁵

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

In 2006, AMH adopted a resilience and recovery policy to move toward a recovery-focused system. In a 2009 policy statement, AMH described its support for “resiliency and recovery for people of all ages who experience or are at risk for psychiatric and/or substance use disorders.”⁶ The desired outcomes are “maximized quality of life for individuals and families, success in work and/school, improved health status and functioning,

⁵ Oregon DHS. AMH Transformation Initiative, Adult Mental Health Initiative (AMHI) – Fact Sheet #1. May 4, 2010. Available at: <http://egov.oregon.gov/DHS/mentalhealth/adult-initiative/amhi-fact-sheet-1.pdf>.

⁶ Department of Human Services, AMH. Resilience and Recovery Policy Statement. January 1, 2009.

development and maintenance of social relationships, and participation in the community of choice.”

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

3. Identify and implement best practices from other states.

AMH could identify state mental health agencies with high positive MHSIP survey responder domain scores and evaluate whether adoption of some of their internal systems, program elements, or program implementation methods would benefit OHP enrollees.

Appendix A. Detailed Data Tables

Table A-1. Percent of responders who agree or strongly agree with an item, analyzed by treatment setting.

		Outpatient		Residential		Foster	
		2009	2010	2009	2010	2009	2010
General Satisfaction							
1*	I like the services I received here	81	82	80	75	85	87
2	If I had other choices, I would still get services from this agency	75	76	68	74	78	82
3*	I would recommend this agency to a friend or family member	77	78	75	70	82	83
Treatment Access							
4	The location of services was convenient	78	76	78	72	83	82
5	Staff were willing to see me as often as I felt it was necessary	77	79	81	81	78	81
6*	Staff returned my call in 24 hours	72	71	71	68	74	82
7	Services were available at times that were good for me	82	81	75	77	89	86
8*	I was able to get all the services I thought I needed	72	74	72	69	82	82
9*	I was able to see a psychiatrist when I wanted to	64	65	68	73	81	81
Quality/Appropriateness							
10	Staff here believe that I can grow, change and recover	74	74	81	73	80	76
11	I felt comfortable asking questions about my treatment and medication	81	81	70	80	78	86
12	I felt free to complain	70	74	61	66	70	76
13	I was given information about my rights	83	84	70	80	82	85
14	Staff encouraged me to take responsibility for how I live my life	78	78	77	82	82	82
15	Staff told me what side effects to watch out for	70	71	63	64	73	70

* Indicates statistically significant difference ($p < .05$).

Table A-1. Percent of responders who agree or strongly agree with an item, analyzed by treatment setting (cont.).

		Outpatient		Residential		Foster	
		2009	2010	2009	2010	2009	2010
16	Staff respected my wishes about who is and who is not to be given information about my treatment	83	84	74	80	86	85
17	I, not staff, decided my treatment goals	66	65	55	67	63	72
18	Staff were sensitive to my cultural background	76	77	68	73	82	80
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness	72	72	70	77	77	77
20*	I was encouraged to use consumer-run programs	67	67	68	74	75	78
Treatment Outcomes							
21*	I deal more effectively with daily problems	64	65	72	79	84	82
22*	I am better able to control my life	61	64	70	81	83	77
23*	I am better able to deal with crisis	57	58	67	77	74	75
24*	I am getting along better with my family	60	63	71	71	71	75
25*	I do better in social situations	51	52	66	73	66	68
26*	I do better in school and/or work	44	47	55	65	50	56
27*	My housing situation has improved	54	57	74	81	80	78
28*	My symptoms are not bothering me as much	50	49	68	79	72	70

* Indicates statistically significant difference ($p < .05$).

Table A-1. Percent of responders who agree or strongly agree with an item, analyzed by treatment setting (cont.).

		Outpatient		Residential		Foster	
		2009	2010	2009	2010	2009	2010
Daily Functioning							
29*	I do things that are more meaningful to me	57	59	69	79	78	81
30*	I am better able to take care of my needs	59	60	67	81	78	77
31*	I am better able to handle things when they go wrong	52	55	65	72	73	72
32*	I am better able to do things that I want to do	53	56	64	78	74	76
Social Connectedness							
33*	I know people who will listen and understand me when I need to talk	69	70	70	80	83	78
34*	When I need help right away, I know people I can call on	70	69	68	79	82	77
35*	I have more than one friend	64	64	68	80	78	73
36*	I am happy with the friendships I have	62	64	71	74	77	76
37*	I have people with whom I can do enjoyable things	67	67	68	75	78	77
38*	I feel I belong in my community	51	52	67	68	75	73
39	In a crisis, I would have the support I need from family or friends	70	70	66	78	77	74

* Indicates statistically significant difference ($p < .05$).

Table A-2. 2010 percent of responders who agree or strongly agree with an item, analyzed by MHO.

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
1* I like services I received	83	81	78	75	81	86	80	84	85	82
2* If I had other choices, I would still get services from this agency	80	73	71	65	71	83	74	77	78	76
3* I would recommend this agency to a friend or family member	81	77	75	72	77	85	75	79	80	78
4* The location of services was convenient	81	76	68	77	71	74	75	83	76	77
5* Staff were willing to see me as often as I felt it was necessary	77	81	77	70	71	81	79	82	84	79
6 Staff returned my call in 24 hours	70	71	63	62	73	72	71	73	72	70
7 Services were available at times that were good for me	81	80	75	75	82	83	79	83	80	81
8* I was able to get all the services I thought I needed	77	69	64	60	70	78	75	77	73	73
9* I was able to see a psychiatrist when I wanted to	66	64	58	53	58	68	68	67	63	64
10 Staff here believe that I can grow, change and recover	78	71	75	65	70	75	72	76	77	73
11* I felt comfortable asking questions about my treatment/ medication	80	78	77	72	79	83	78	86	84	81
12* I felt free to complain	79	68	60	65	71	78	75	76	76	73

* Indicates statistically significant difference ($p < .05$).

Table A-2. 2010 percent of responders who agree or strongly agree with an item, analyzed by MHO (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
13 I was given information about my rights	89	84	82	80	85	84	83	85	88	84
14* Staff encouraged me to take responsibility for how I live my life	81	75	77	69	78	79	74	81	79	77
15* Staff told me what side effects to watch out for	69	64	72	61	73	69	69	76	75	71
16 Staff respected my wishes about who is to be given information about my treatment	82	81	79	77	86	86	84	85	85	83
17 I, not staff, decided my treatment goals	68	61	62	57	68	66	66	66	68	65
18* Staff were sensitive to my cultural background	81	73	71	66	78	79	78	77	81	77
19* Staff helped me obtain the information I needed to take charge of managing my illness	68	69	69	62	73	72	71	77	73	72
20 I was encouraged to use consumer-run programs	70	70	61	67	71	63	63	69	61	66
21* I deal more effectively with daily problems	65	63	55	56	65	70	60	65	66	63
22* I am better able to control my life	66	61	56	55	62	68	59	65	68	63
23* I am better able to deal with crisis	55	62	52	48	57	64	52	59	60	57

* Indicates statistically significant difference ($p < .05$).

Table A-2. 2010 percent of responders who agree or strongly agree with an item, analyzed by MHO (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
24 I am getting along better with my family	59	57	56	57	64	66	61	65	61	62
25 I do better in social situations	50	53	48	47	46	53	48	56	54	51
26 I do better in school and/or work	53	44	38	40	38	49	49	47	49	46
27 My housing situation has improved	55	53	52	50	55	63	52	59	56	56
28* My symptoms are not bothering me as much	50	44	39	42	49	51	45	52	52	48
29 I do things that are more meaningful to me	57	58	56	51	56	62	56	62	60	58
30 I am better able to take care of my needs	64	56	54	54	57	62	57	59	59	58
31 I am better able to handle things when they go wrong	54	55	50	51	52	58	52	54	59	54
32 I am better able to do things I want to do	55	55	53	53	54	60	54	55	58	55
33 I know people who will listen and understand me when I need to talk	70	67	64	67	69	69	69	70	76	69
34 When I need help right away, I know people I can call on	68	64	68	66	65	69	70	71	71	69
35 I have more than one friend	67	66	61	60	61	66	63	64	66	64

36	I am happy with the friendships I have	62	68	56	56	60	64	62	67	64	63
37	I have people with whom I can do enjoyable things	65	71	65	62	60	70	67	68	69	67
38*	I feel I belong in my community	53	55	44	41	47	53	50	58	54	52
39	In a crisis, I would have the support I need from family or friends	75	68	68	68	69	70	69	70	73	70

* Indicates statistically significant difference ($p < .05$).

Table A-3. Domain scores by responder's age.

Domain	Age group			
	18–64		65+	
	2009	2010	2009	2010
General Satisfaction	77	79	86	85
Access	73	73	84	82
Quality/Appropriateness	75	77	86	89
Treatment Outcomes	55	56	69	71
Functioning	54	56	64	69
Social Connectedness	58	59	73	76
Participation	65	66	75	71

Table A-4. Domain scores by responder's gender.

Domain	Female		Male	
	2009	2010	2009	2010
General Satisfaction	78	79	79	79
Access	72	72	76	77
Quality/Appropriateness	77	78	75	77
Treatment Outcomes	54	55	59	62
Functioning	53	55	58	61
Social Connectedness	58	59	59	63
Participation	67	68	64	65

Table A-5. Domain scores by location of responder's residence.

Domain	Rural		Urban	
	2009	2010	2009	2010
General Satisfaction	77	78	78	80
Access	71	72	74	75
Quality/Appropriateness	76	77	76	78
Treatment Outcomes	55	55	56	59
Functioning	54	54	56	59
Social Connectedness	57	59	59	61
Participation	62	67	67	67

APPENDIX B - MHSIP SURVEY FORMS



Oregon Department of Human Services
Addictions and Mental Health Division
MENTAL HEALTH SERVICES SURVEY FOR ADULTS

Study ID:

NOTE: This survey is mailed to thousands of people who received a publicly funded mental health service in Oregon in 2009/2010. As the same survey is mailed to all people, it is possible that some questions will not apply to you. Many people ask for help in overcoming an addiction, or in dealing with a financial, educational, job-related, or legal problem. We ask questions about financial, educational, job-related, legal and health challenges to assess whether you are receiving the same level of care as everyone else. Your answers to this survey are completely confidential (private). Your answers will not be shared with your health care providers or other authorities, and will not affect any benefits that you are receiving or might receive. Your responses are important to improving our services. However, if you feel uncomfortable with answering a question, please feel free to skip that question.

To provide you with the best possible mental health services, we need to know what you think about the **[outpatient mental health, adult foster care, residential mental health]** services you received **between July 1, 2009 and now**. If you received **[outpatient mental health, adult foster care, residential mental health]** services from more than one provider since July 2009, then **please rate only your current provider (if you have one) or your most recent provider**.

Please tell us how much you agree or disagree with each statement below by circling ONE appropriate number after each statement. If the statement is about something you haven't experienced, circle the 9 to indicate that the item is "not applicable" to you. **AGAIN, these statements refer ONLY to your CURRENT (or MOST RECENT) [outpatient mental health, adult foster care, residential mental health] service provider.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	5	4	3	2	1	9
2. If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
3. I would recommend this agency to a friend or family member.	5	4	3	2	1	9
4. The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
5. Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

6. Staff returned my call in 24 hours.	5	4	3	2	1	9
7. Services were available at times that were good for me.	5	4	3	2	1	9
8. I was able to get all the services I thought I needed.	5	4	3	2	1	9
9. I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
10. Staff here believe that I can grow, change and recover.	5	4	3	2	1	9
11. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
12. I felt free to complain.	5	4	3	2	1	9
13. I was given information about my rights.	5	4	3	2	1	9
14. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
15. Staff told me what side effects to watch out for.	5	4	3	2	1	9
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
17. I, not staff, decided my treatment goals.	5	4	3	2	1	9
18. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9

AS A DIRECT RESULT OF SERVICES I RECEIVED FROM THIS PROVIDER...

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	5	4	3	2	1	9
22. I am better able to control my life.	5	4	3	2	1	9
23. I am better able to deal with crisis.	5	4	3	2	1	9
24. I am getting along better with my family.	5	4	3	2	1	9
25. I do better in social situations.	5	4	3	2	1	9
26. I do better in school and/or work.	5	4	3	2	1	9
27. My housing situation has improved.	5	4	3	2	1	9
28. My symptoms are not bothering me as much.	5	4	3	2	1	9
29. I do things that are more meaningful to me.	5	4	3	2	1	9
30. I am better able to take care of my needs.	5	4	3	2	1	9
31. I am better able to handle things when they go wrong.	5	4	3	2	1	9
32. I am better able to do things that I want to do.	5	4	3	2	1	9

For questions 33-39, please answer for relationships with people other than your mental health providers.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
33. I know people who will listen and understand me when I need to talk.	5	4	3	2	1	9
34. When I need help right away, I know people I can call on.	5	4	3	2	1	9
35. I have more than one friend.	5	4	3	2	1	9

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

40. Name your current (or most recent) **[outpatient mental health, adult foster care, residential mental health]** provider: _____

40a. Approximately when did you start receiving mental health services from your current (or most recent) **[outpatient mental health, adult foster care, residential mental health]** provider? (Your best guess is fine.)

Month: _____ Year: _____

41. Are you still receiving mental health services from this provider?

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

41a. If you are no longer receiving mental health services from this provider, about when (month and year) did you last see this provider? Month:

_____ Year: _____

42. If you are no longer receiving services from this mental health service provider, then why? (Please check the ONE major reason why treatment ended)

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

43. My doctor or mental health service provider has talked with me about losing weight and/or stopping smoking.

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

44. My doctor has noticed that I am at risk for heart disease and has given me advice about how to reduce my risk.

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

45. My doctor and I have discussed the effect of my psychiatric medications on weight gain.

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

46. During the time that you were seeing your current (or most recent) [outpatient mental health, adult foster care, residential mental health] service provider:

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

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

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

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

c. Did you find housing or better housing?

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

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

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

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

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

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

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

The next several questions ask about legal problems you may have had in the past.

47. Were you arrested in the 12 months before you started treatment with your current (or most recent) [outpatient mental health, adult foster care, residential mental health] service provider?

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

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

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

49. About how many days (or months) did you spend in a jail, prison, or other detention center during the 12 months before you started treatment with your current (or most recent) [outpatient mental health, adult foster care, residential mental health] service provider? (Please estimate the number of days or months (your best guess is fine), OR mark "None," OR mark "Don't know / Don't remember").

_____ days _____ months None Don't know / Don't remember

50. How many days (or months) did you spend in a jail, prison, or other detention center in the first 12 months after you started treatment with this provider?

_____ days _____ months None Don't know / Don't remember

Now please indicate whether each statement below is true for you.

51. I believe I have had a problem with abusing alcohol or drugs.

- a. Yes b. No c. Uncertain

52. I have received treatment for a problem with abusing alcohol or drugs.

- a. Yes b. No

53. In the past 12 months, I used the following at least once (**check all that apply**):

- a. Alcohol e. Methamphetamine / Amphetamines
 b. Tobacco (such as cigarettes) f. Heroin, Morphine, Other Narcotics
 c. Marijuana (non-prescription) g. Other drugs not sold in stores and not
 d. Cocaine or Crack prescribed to you (example: illegal drugs)

54. Peer delivered services are services provided by people who have experienced mental illness and who work to help others with a mental illness. Examples are self-help groups, drop-in centers, Warmlines, and peer specialist services.

Have you used peer-delivered services?

- a. Yes b. No c. Uncertain / Don't know what they are

54a. If you have used peer-delivered services, how helpful were these services?

- a. Very Helpful b. Somewhat Helpful c. Not at All
Helpful

55. My current (or most recent) [outpatient mental health, adult foster care, residential mental health] provider has worked together with my physical health care provider to come up with a clear, consistent approach to helping me. Please check ONE.

- Strongly Agree Agree Uncertain Disagree Strongly Disagree

56. What is your current employment (job) situation? (*Please check one.*)

<input type="checkbox"/> a. Unemployed, & either can't work, don't need to work, or don't want to work	<input type="checkbox"/> d. Working part-time (between 17 and 34 hours per week)
<input type="checkbox"/> b. Unemployed, but able to work and want to work	<input type="checkbox"/> e. Working less than 17 hours per week, or my hours vary a lot
<input type="checkbox"/> c. Working full-time (35 hours per week or more)	<input type="checkbox"/> f. Retired

57. Which of the following things affect your ability to work or your decisions about working? (Please check all that apply.)

<input type="checkbox"/> a. Lack of good jobs	<input type="checkbox"/> i. Lack of affordable child care
<input type="checkbox"/> b. Concern about losing Medicaid benefits	<input type="checkbox"/> j. Other responsibilities (e.g., parenting)
<input type="checkbox"/> c. Concern about losing other benefits	<input type="checkbox"/> k. Provider discourages me
<input type="checkbox"/> d. Lack of transportation	<input type="checkbox"/> l. Medication side effects
<input type="checkbox"/> e. Physical health condition	<input type="checkbox"/> m. Age (e.g., retired)
<input type="checkbox"/> f. Mental health condition	<input type="checkbox"/> n. Student / In school
<input type="checkbox"/> g. Arrest history	<input type="checkbox"/> o. Workplace attitudes about mental illness
<input type="checkbox"/> h. Lack of job training / education	
<input type="checkbox"/> p. Other reason:	

58. Are you of Spanish/Hispanic/Latino Origin? a. Yes b. No

59. What is your race? (Check all the races that you consider yourself to be)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> a. American Indian or Alaska Native | <input type="checkbox"/> d. Asian |
| <input type="checkbox"/> b. Black (African American)
(Caucasian) | <input type="checkbox"/> e. White |
| <input type="checkbox"/> c. Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> f. Other |

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



Departamento de Servicios Humanos de Oregon
 División de Adicciones y Salud Mental
**ENCUESTA DE SERVICIOS DE SALUD MENTAL
 PARA ADULTOS**

Nº de estudio:

NOTA: Esta encuesta se le envía a miles de personas que recibieron servicios de salud mental financiados con fondos públicos en Oregon en 2009/2010. *Como todas las personas reciben la misma encuesta, es posible que algunas preguntas no se apliquen a usted.* Muchas personas solicitan ayuda para superar adicciones o para afrontar problemas financieros, educativos, laborales o legales. Hacemos preguntas sobre inconvenientes financieros, educativos, laborales, legales y de salud para evaluar si usted está recibiendo el mismo nivel de atención que los demás. Sus respuestas a esta encuesta serán completamente confidenciales (privadas). Sus respuestas no se compartirán con sus proveedores de atención de la salud ni con ninguna otra autoridad. Tampoco afectarán los beneficios que usted está recibiendo o que podría recibir. Sus respuestas son importantes para poder mejorar nuestros servicios. Sin embargo, si le resulta incómodo responder alguna pregunta en particular, tenga la libertad de no contestarla.

Para poder brindarle los mejores servicios de salud mental posibles, necesitamos saber lo que usted piensa acerca de los servicios de **[salud mental para pacientes ambulatorios, centros de cuidado de adultos, de salud mental para pacientes hospitalizados]** que usted recibió **entre el 1º de julio de 2009 y hoy**. Si usted recibió servicios de **[salud mental para pacientes ambulatorios, centros de cuidado de adultos, salud mental para pacientes hospitalizados]** de más de un proveedor desde julio de 2009, **por favor evalúe únicamente a su proveedor actual (si tiene uno) o a su proveedor más reciente.**

Por favor, díganos en qué medida está de acuerdo o en desacuerdo con cada uno de los siguientes enunciados marcando con un círculo UN número apropiado después de cada enunciado. Si el enunciado se refiere a algo que usted no ha experimentado, haga un círculo en el número 9 para indicar que el ítem “no corresponde” en su caso. **NUEVAMENTE, estos enunciados se refieren SÓLO a su proveedor ACTUAL (o MÁS RECIENTE de servicios de [salud mental para pacientes ambulatorios, centro de cuidado de adultos, salud mental para pacientes hospitalizados].**

	<u>Totalmente de acuerdo</u>	<u>De acuerdo</u>	<u>Neutral</u>	<u>En desacuerdo</u>	<u>Totalmente en desacuerdo</u>	<u>No corresponde</u>
1. Me gustan los servicios que recibí aquí.	5	4	3	2	1	9
2. Si tuviera otras opciones, igualmente recibiría los servicios de esta agencia.	5	4	3	2	1	9
3. Recomendaría esta agencia a un amigo o familiar.	5	4	3	2	1	9

4. La ubicación de los servicios era conveniente (estacionamiento, transporte público,	5	4	3	2	1	9
5. El personal estaba dispuesto a verme con la frecuencia que yo necesitara.	5	4	3	2	1	9
	<u>Totalmente de acuerdo</u>	<u>De acuerdo</u>	<u>Neutral</u>	<u>En desacuerdo</u>	<u>Totalmente en desacuerdo</u>	<u>No corresponde</u>
6. El personal devolvía mis llamadas dentro de las 24 hrs.	5	4	3	2	1	9
7. Los servicios estaban disponibles en horarios que me convenían.	5	4	3	2	1	9
8. Pude obtener todos los servicios que necesitaba.	5	4	3	2	1	9
9. Pude ver a un psiquiatra cada vez que lo necesité.	5	4	3	2	1	9
10. El personal piensa que puedo crecer, cambiar y recuperarme.	5	4	3	2	1	9
11. Me sentí cómodo haciendo preguntas acerca de mi tratamiento y medicación.	5	4	3	2	1	9
12. Me sentí en libertad para quejarme.	5	4	3	2	1	9
13. Recibí información sobre mis derechos.	5	4	3	2	1	9
14. El personal me animó a ser más responsable por cómo llevo adelante mi vida.	5	4	3	2	1	9
15. El personal me dijo qué efectos secundarios podría experimentar.	5	4	3	2	1	9
16. El personal	5	4	3	2	1	9

respetó mis deseos acerca de a quién darle información sobre mi tratamiento y a quién no.						
17. Yo decidí los objetivos de mi tratamiento (no el personal).	5	4	3	2	1	9
18. El personal respetó mi entorno cultural (raza, religión, idioma).	5	4	3	2	1	9
19. El personal me ayudó a obtener la información necesaria para poder hacerme cargo de mi enfermedad.	5	4	3	2	1	9
	<u>Totalmente de acuerdo</u>	<u>De acuerdo</u>	<u>Neutral</u>	<u>En desacuerdo</u>	<u>Totalmente en desacuerdo</u>	<u>No corresponde</u>
20. Me animaron a utilizar programas dirigidos por consumidores (grupos de apoyo, centros de día, línea de emergencias ante las crisis).	5	4	3	2	1	9

COMO RESULTADO DIRECTO DE LOS SERVICIOS QUE RECIBÍ DE ESTE PROVEEDOR...

	<u>Totalmente de acuerdo</u>	<u>De acuerdo</u>	<u>Neutral</u>	<u>En desacuerdo</u>	<u>Totalmente en desacuerdo</u>	<u>No corresponde</u>
21. Trato mis problemas diarios con más efectividad.	5	4	3	2	1	9
22. Puedo controlar mejor mi vida.	5	4	3	2	1	9
23. Puedo enfrentar mejor las crisis.	5	4	3	2	1	9
24. Me llevo mejor con mi familia.	5	4	3	2	1	9
25. Me va mejor en situaciones sociales.	5	4	3	2	1	9

26. Me va mejor en la escuela y/o el trabajo.	5	4	3	2	1	9
27. Mi situación de vivienda mejoró.	5	4	3	2	1	9
28. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
29. Hago cosas que son más importantes para mí.	5	4	3	2	1	9
30. Puedo suplir mejor mis necesidades.	5	4	3	2	1	9
31. Puedo llevar mejor las cosas cuando algo sale mal.	5	4	3	2	1	9
32. Puedo hacer las cosas que me gusta hacer.	5	4	3	2	1	9

Para las preguntas 33-39, responda acerca de su relación con otras personas que no sean sus proveedores de servicios de salud mental.

	<u>Totalmente de acuerdo</u>	<u>De acuerdo</u>	<u>Neutral</u>	<u>En desacuerdo</u>	<u>Totalmente en desacuerdo</u>	<u>No corresponde</u>
33. Conozco personas que me escuchan y entienden cuando	5	4	3	2	1	9
	<u>Totalmente de acuerdo</u>	<u>De acuerdo</u>	<u>Neutral</u>	<u>En desacuerdo</u>	<u>Totalmente en desacuerdo</u>	<u>No corresponde</u>
34. Cuando necesito ayuda urgente, conozco personas a quienes puedo llamar.	5	4	3	2	1	9
35. Tengo más de un amigo.	5	4	3	2	1	9
36. Estoy feliz con los amigos que tengo.	5	4	3	2	1	9
37. Tengo personas con las que puedo hacer cosas agradables.	5	4	3	2	1	9
38. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
39. En una crisis, tengo el apoyo que necesito de mi familia o amigos.	5	4	3	2	1	9

40. Indique el nombre de su proveedor actual (o más reciente) de servicios **[salud mental para pacientes ambulatorios, centros de cuidado de adultos, de salud mental para pacientes hospitalizados]**: _____

40a. ¿Cuándo aproximadamente comenzó a recibir servicios de salud mental de su proveedor actual (o más reciente) de **[salud mental para pacientes ambulatorios, centros de cuidado de adultos, de salud mental para pacientes hospitalizados]**? (puede dar una fecha aproximada)

Mes: _____ Año: _____

41. ¿Sigue recibiendo servicios de salud mental de este proveedor?

a. Sí b. No c. No sé / No recuerdo

41a. Si ya no recibe servicios de salud mental de este proveedor ¿aproximadamente cuándo vio por última vez a este proveedor (mes y año aproximados)? Mes: _____ Año: _____

42. Si ya no recibe servicios de este proveedor de servicios de salud mental, indique la razón (*marque UNA razón principal por la que terminó el tratamiento*).

<input type="checkbox"/> a. Ya no necesitaba el tratamiento porque había solucionado el problema que me llevó a buscar el tratamiento.	<input type="checkbox"/> d. Ya no era posible seguir con el tratamiento porque tenía problemas para pagarlo.
<input type="checkbox"/> b. El tratamiento no estaba dando los resultados que yo esperaba, por lo que dejé de tratarme con este proveedor.	<input type="checkbox"/> e. Ya no era posible realizar el tratamiento por problemas para encontrar el tiempo necesario para el mismo u otros problemas <i>no relacionados con la efectividad del tratamiento</i> .
<input type="checkbox"/> c. El tratamiento ya no era posible por problemas de transporte.	<input type="checkbox"/> f. Otra (explicar):

43. Mi médico o proveedor de servicios de salud mental ha hablado conmigo sobre la necesidad de bajar de peso o dejar de fumar.

a. Sí b. No c. No sé / No recuerdo

44. Mi médico se ha dado cuenta de que corro el riesgo de sufrir una cardiopatía y me dio consejos sobre la forma de reducir el riesgo.

a. Sí b. No c. No sé / No recuerdo

45. Mi médico y yo hemos platicado sobre el efecto de los medicamentos psiquiátricos que tomo sobre el aumento de peso.

a. Sí b. No c. No sé / No recuerdo

46. Durante el tiempo en que usted veía a su proveedor de servicios de **[salud mental para pacientes ambulatorios, centro de cuidado de adultos, salud mental para pacientes hospitalizados]** actual (o más reciente):

a. ¿Deseaba o necesitaba usted vivienda o una vivienda mejor?

a. Sí b. No c. No sé / No recuerdo

b. ¿Trató su proveedor de servicio de ayudarlo a conseguir vivienda o una vivienda mejor?

a. Sí b. No c. No sé / No recuerdo

c. ¿Consiguió usted vivienda o una vivienda mejor?

a. Sí b. No c. No sé / No recuerdo

d. ¿Deseaba o necesitaba usted empleo o un empleo mejor?

a. Sí b. No c. No sé / No recuerdo

e. ¿Trató su proveedor de servicio de ayudarlo a conseguir empleo o un empleo mejor?

a. Sí b. No c. No sé / No recuerdo

f. ¿Consiguió usted empleo o un empleo mejor?

a. Sí b. No c. No sé / No recuerdo

Las siguientes preguntas son sobre los problemas legales que usted tal vez haya tenido en el pasado.

47. ¿Fue usted arrestado en los 12 meses anteriores a comenzar el tratamiento con su proveedor de servicios de [salud mental para pacientes ambulatorios, centro de cuidado de adultos, salud mental para pacientes hospitalizados] actual (o más reciente)?

a. Sí b. No c. No sé / No recuerdo

48. ¿Lo arrestaron alguna vez durante los primeros 12 meses después de comenzar a recibir los servicios de este proveedor?

a. Sí b. No c. No sé / No recuerdo

49. ¿Aproximadamente cuántos días (o meses) pasó en la cárcel, en prisión u otro centro de detención durante los 12 meses anteriores a comenzar el tratamiento con su proveedor de servicio de [salud mental para pacientes ambulatorios, centro de cuidado de adultos, salud mental para pacientes hospitalizados] actual (o más reciente) (Calcule la cantidad aproximada de días o meses, [puede dar un número aproximado], marque “Ninguno” o marque “No sé / No recuerdo”)

_____ días _____ meses Ninguno No sé / No recuerdo

50. ¿Cuántos días (o meses) pasó en la cárcel, en prisión u otro centro de detención durante los primeros 12 meses después que comenzó el tratamiento con su proveedor actual (o más reciente) de servicios de salud mental?

_____ días _____ meses Ninguno No sé / No recuerdo

Ahora indique si las siguientes afirmaciones son verdaderas en su caso.

51. Creo que he tenido un problema de abuso de alcohol o drogas.

a. Sí b. No c. No sé

52. He recibido tratamiento por un problema de abuso de alcohol o drogas.

a. Sí b. No

53. En los últimos 12 meses, consumí lo siguiente al menos una vez (marcar todos los que correspondan):

a. Alcohol. e. Metanfetaminas / anfetaminas.
 b. Tabaco (por ej., cigarrillos). f. Heroína, morfina, otros narcóticos.
 c. Marihuana (venta libre). g. Otras drogas que no se venden en negocios ni están recetadas por un médico (por ej., drogas ilegales).
 d. Cocaína o crack.

54. Los servicios brindados por pares son aquellos servicios provistos por personas que experimentaron enfermedades mentales y que trabajan para ayudar a otras personas que también sufren este tipo de enfermedades, como por ejemplo, los grupos de autoayuda, los centros de día, las líneas telefónicas de ayuda y los servicios de pares especialistas.

¿Usó usted alguna vez servicios brindados por pares?

a. Sí b. No c. No sé / No sé de qué se trata

54a. Si usó servicios brindados por pares ¿cuán útiles fueron estos servicios?

- a. Muy útiles b. Algo útiles c. Para nada útiles

55. Mi proveedor actual (o más reciente) de servicios [salud mental para pacientes ambulatorios, centro de cuidado de adultos, salud mental para pacientes hospitalizados] ha trabajado junto con mi proveedor de salud física para crear un enfoque claro y consistente para ayudarme. Por favor marque UNO.

- Totalmente de acuerdo De acuerdo No sé En desacuerdo Totalmente en desacuerdo

56. ¿Cuál es su situación laboral (de trabajo) actual? (marque uno)

<input type="checkbox"/> a. Desempleado y no puede / no necesita / no quiere trabajar.	<input type="checkbox"/> d. Trabaja a tiempo parcial (entre 17 y 34 horas por semana).
<input type="checkbox"/> b. Desempleado pero puede y quiere trabajar.	<input type="checkbox"/> e. Trabaja menos de 17 horas por semana o las horas de trabajo varían mucho.
<input type="checkbox"/> c. Trabaja a tiempo completo (35 horas por semana o más).	<input type="checkbox"/> f. Jubilado.

57. ¿Cuál de las siguientes cosas afectan su capacidad para trabajar o sus decisiones acerca de si trabajar o no, o cuánto trabajar? (marque todos los que correspondan)

<input type="checkbox"/> a. Falta de buenos trabajos.	<input type="checkbox"/> i. Falta de servicios de cuidado de niños de precio accesible.
<input type="checkbox"/> b. Preocupación por perder los beneficios de Medicaid.	<input type="checkbox"/> j. Otras responsabilidades (por ej., crianza de los hijos).
<input type="checkbox"/> c. Preocupación por perder otros beneficios.	<input type="checkbox"/> k. El proveedor me recomienda que no trabaje.
<input type="checkbox"/> d. Falta de transporte.	<input type="checkbox"/> l. Efectos secundarios de los medicamentos.
<input type="checkbox"/> e. Problema de salud física.	<input type="checkbox"/> m. Edad (por ej., jubilado).
<input type="checkbox"/> f. Problema de salud mental.	<input type="checkbox"/> n. Estudiante / en la escuela.
<input type="checkbox"/> g. Antecedentes de arrestos.	<input type="checkbox"/> o. Actitudes sobre la enfermedad mental en el lugar de trabajo
<input type="checkbox"/> h. Falta de educación / capacitación laboral.	
<input type="checkbox"/> p. Otra razón:	

58. ¿Su origen es español / hispano / latino?

- a. Sí b. No

59. ¿Cuál es su raza? (marque todas las que correspondan)

- a. Indígena americano o nativo de Alaska d. Asiático
 b. Negro (afroamericano) e. Blanco (caucásico)
 c. Nativo de Hawai o de otras islas del Pacífico f. Otra

¡Gracias por su tiempo y cooperación para responder a este cuestionario!