



2007 Oregon Mental Health Statistics Improvement Project Survey for Adults

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

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Presented by

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Presented to the Oregon Department of Human Services,
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Executive Summary

In mid-2007, the Addictions and Mental Health Division (AMH) surveyed the perceptions of adult Oregon Health Plan (OHP) enrollees about the mental health care they received through the OHP. The survey, based on the Mental Health Statistics Improvement Project (MHSIP) instrument, was mailed to more than 12,000 adults who had received mental health services after June 2006. A total of 2,675 OHP enrollees returned completed responses, for an overall response rate of 22 percent.

The survey probed issues related to enrollee satisfaction within seven performance domains: general satisfaction, access to services, quality and appropriateness of services, treatment outcomes, daily functioning, social connectedness, and treatment participation. The results provide data for assessing satisfaction with services delivered in outpatient, residential, and adult foster care settings through the mental health organizations (MHOs) that serve OHP enrollees.

As in 2006, 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 2007 survey also asked new questions concerning barriers to employment and days incarcerated before and after beginning mental health services.

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

Highlights of the survey results:

- More than three-fourths of all responders said they were generally satisfied with the mental health services they received through the OHP.
- Seven out of ten responders reported being satisfied with access to services and with the quality and appropriateness of services.
- Aggregate satisfaction scores for the other performance domains were 56 percent for treatment outcomes, 55 percent for daily functioning, 58 percent for social connectedness, and 64 percent for treatment participation.
- A greater proportion of the adult foster care population was satisfied in most domains, compared with those in the outpatient and residential treatment groups. A smaller percentage of the outpatient population was satisfied in the general satisfaction, access to services, treatment outcomes, functioning, and social connectedness domains, compared with those in adult foster care and residential facilities.

- Female responders reported significantly higher satisfaction with quality and appropriateness of services than did male responders (77 vs. 72 percent). Females also reported significantly higher satisfaction with treatment participation, compared with males (67 vs. 57 percent)
- Responders age 65 or older reported significantly higher satisfaction than responders age 18 to 64 in access to services (82 vs. 70 percent), treatment outcomes (67 vs. 56 percent), general satisfaction (84 vs. 77 percent), and treatment participation (72 vs. 63 percent).
- Responders from urban areas reported significantly higher satisfaction than did rural responders in two domains, general satisfaction (78 vs. 74 percent) and access to services (72 vs. 68 percent).
- Responders often reported that their mental health service providers had helped them obtain needed social services. For example:
 - Three-fourths of responders who sought help finding housing received assistance from their providers, and 79 percent of those who received assistance found housing.
 - Two-thirds of those seeking help with employment received assistance from their providers, and 44 percent of those who received help found new employment.

Methodology

As part of its ongoing program for monitoring the quality of OHP mental health services, AMH contracted with Acumentra Health to survey adult enrollees who received mental health services through OHP managed care after June 2006.

The 2007 survey collected data concerning enrollee satisfaction with mental health services delivered in outpatient, residential, and adult foster care settings. The survey used an adapted version of the MHSIP survey questionnaire endorsed by the National Association of State Mental Health Program Directors.¹ The proposed Version 1.2 of the MHSIP survey presents 36 questions based on a five-point Likert scale, with responses ranging from “Strongly Agree” (5) to “Strongly Disagree” (1). These questions are designed to measure consumers’ perceptions of care within seven major domains:

- general satisfaction with services
- access to services (convenience of location and time)
- quality/appropriateness of treatment
- outcomes of treatment
- daily functioning
- social connectedness
- treatment participation

Additional questions address the duration of services received from the current provider, the responder’s arrest history, and demographic information.

AMH adopted this version of the MHSIP instrument and modified it by adding questions about

- whether the mental health provider had tried to help the responder obtain housing and employment
- problems the responder may have had with abuse of alcohol or illegal drugs
- the responder’s current employment situation and highest level of education
- factors affecting employment

NOTE: The 2007 survey results are not directly comparable with some previous results of AMH surveys of adult OHP enrollees because of changes in the survey questionnaire and other methodological factors. Although data on the general satisfaction, access to services, and treatment outcomes domains are comparable with the 2006 results for those domains, the other domain scores are not comparable because of differences in the questions used to calculate domain scores.

¹ For more information, see www.mhsip.org/about.html. Accessed December 28, 2007.

Appendix B presents the survey questionnaire in both English and Spanish.

The 2007 survey population included a random sample of 12,004 adults who had received OHP-funded outpatient mental health services between June and December 2006, and 891 adults who had received adult foster care and residential services, as identified by claims and encounter data from the Division of Medical Assistance Programs (DMAP).

For purposes of analysis, adults were classified as having received treatment in either residential, adult foster care, or outpatient settings. Survey responders were asked to evaluate the care they received at the highest level of acuity.

- An enrollee who received at least one day of residential services was categorized solely in the *Residential* group.
- An enrollee who received at least one day of mental health services in an adult foster care facility but received no residential services was categorized solely in the *Adult Foster Care* treatment group.
- An enrollee who received only outpatient services was categorized solely in the *Outpatient* group.

On June 4, 2007, 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 27. After filtering out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on July 30.

Survey response

- A total of 12,895 initial letters were mailed. Of these, 726 names for whom no valid address could be identified were removed from the mailing list.
- A total of 12,169 surveys were mailed on June 27. Of these, 131 were returned with bad addresses. Overall, 12,038 surveys were mailed to valid addresses. This is the denominator for the response rate calculation.
- 2,675 responders returned a survey, for an overall response rate of 22.2 percent.

Completed surveys received after September 15 were not included in the analysis.

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)

For analytical purposes, each adult in the survey was categorized as being enrolled in a given MHO, except when the state did not identify the MHO or when the enrollee was classified as a fee-for-service (FFS) client.

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. However, those enrollees are included in the analyses of responses by facility type and by demographic group.

Table 1. Survey response rate by MHO.

MHO	Number of responses	Number of surveys sent	Response rate (%)*
ABHA	82	401	20
CMHO	160	685	23
FamilyCare	70	399	18
GOBHI	197	976	20
JBH	372	1,690	22
LaneCare	331	1,342	25
MVBCN	459	1,785	26
VIBHS	583	2,816	21
WCHHS	198	912	22

*Indicates a statistically significant difference among MHOs.

Table 2 reports the response rate by the type of treatment setting, and Table 3 reports the response rate by demographic characteristic. Each table reports the number of surveys sent to valid addresses.

Table 2. Survey response rate by treatment setting.

Setting	Number of responses	Number of surveys sent	Response rate (%)*
Outpatient	2,500	11,216	22
Residential	82	488	17
Adult Foster Care	93	334	28
Total	2,675	12,038	22

*Indicates a statistically significant difference among facility types.

Table 3. Response rate by gender, age, race, and rural/urban residence.

Characteristic		Number of responses	Number of surveys sent	Response rate (%)
Sex	Female	1,745	7,831	22
	Male	930	4,207	22
Age group*	18-64	2,476	11,311	22
	65+	199	727	27
Race/Ethnicity*	Non-White	541	2,799	19
	White	2,125	9,171	23
Rural/Urban	Rural	855	3,842	22
	Urban	1,813	8,162	22

*Indicates a statistically significant difference within group proportions.

As shown, those in the 65+ category and whites responded at significantly higher rates than did 18–64 year olds and the non-white population.

Educational and employment status of responders

The 2007 survey asked about responders' educational levels and employment status. Figure 1 shows the distribution of 2,173 responses to a question about the responder's highest level of education. Overall, the responders were fairly well educated, with 39 percent reporting at least some college or vocational training.

Analysts tested for differences in educational status by race and age. Analysis showed a statistically significant difference in the proportions of white vs. non-white responders represented in education categories. Of the non-white responders, 29 percent reported at least some college or vocational education, compared with 41 percent of white responders. Analysts also found a significant difference by age in education categories. Of those 65 and older, 44 percent did not complete high school, compared with 26 percent of those age 18 to 64.

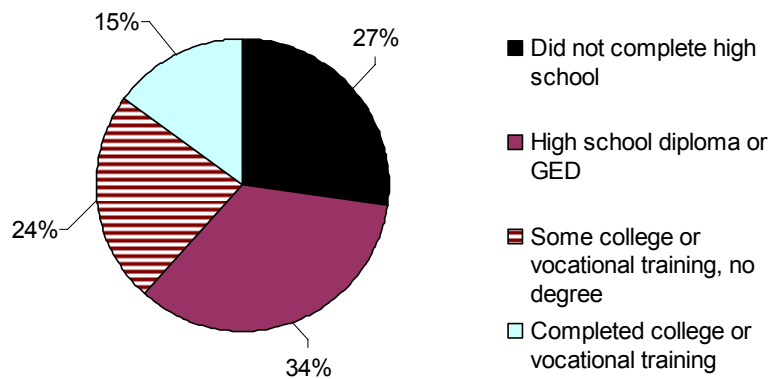


Figure 1. Responders' educational levels (n=2173).

Figure 2 shows the employment status for responders age 18 to 64. More than 8 out of 10 responders said they were unemployed, though 14 percent said they were able and willing to work (see Figure 2). Others worked on a full- or part-time basis as shown. Statistical analysis showed no significant difference in employment status between white and non-white responders.

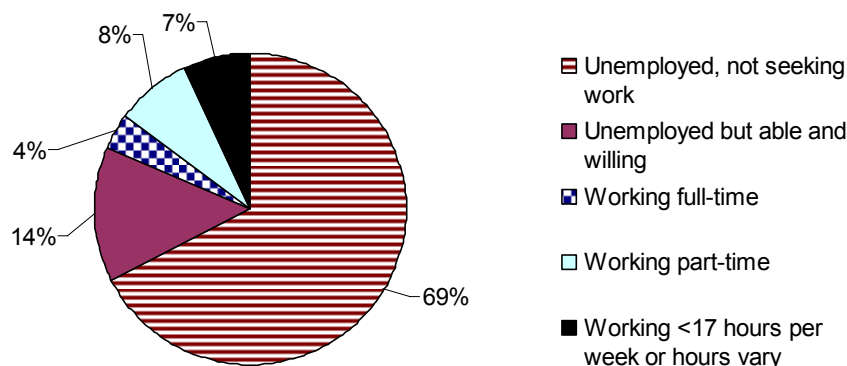


Figure 2. Responders' employment status, for responders 18–64 (n=2207).

Domain analysis

Computation of domain scores followed the methodology established for the nationally normed MHSIP, with higher Likert scores representing higher levels of satisfaction (e.g., 4 = “Agree” and 5 = “Strongly Agree”). For each responder, an average score greater than 3.5 represented satisfaction within a particular domain. The domain score represents the percentage of responders who reported an average positive value (>3.5) for 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 answered the three items with scores of 3, 4, and 5, respectively, the average score would be $(3+4+5)/3 = 4$. Since $4 > 3.5$, this responder would be considered “satisfied” in the General Satisfaction domain.

Any survey form missing more than one-third of the items for a domain was excluded from the analysis of that domain. Thus, for the General Satisfaction domain, a responder would have to answer at least two of the three items to be counted in that domain.

NOTE: Comparing a domain score with the aggregate scores for individual items within that domain can be misleading, for reasons related to the method for calculating the domain score.

1. The domain score calculation excludes some of the responses to individual items, because for a responder's answers to be included in a domain score, the responder must answer at least two-thirds of the items in that domain. Unless the required number of items is answered, the response is not counted in the domain score, but it *is* counted in the aggregate score for the individual item.
2. The domain score calculation is designed conservatively for the purpose of characterizing satisfaction. A consistently positive response to the items within a domain is necessary to characterize a responder as "satisfied" in that domain. A single "dissatisfied" response ("1" or "2") to an item within a domain can pull down the domain score to 3.5 or less. For example, in the Access domain, which contains two questions, a response of 5 (highly satisfied) to one question and of 2 (rather dissatisfied) to the other question results in a domain score of $7/2$, or 3.5—"not satisfied." Again, the aggregated scores for individual items within the domain may be higher than the domain score itself.

The analysts used univariate analyses to describe demographic variables and other frequencies; cross-tabulations to examine the relationship between different variables; and chi-square analyses to compute statistical differences.

NOTE: 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 score.

Survey results

Domain score changes from 2006 to 2007

Table 4 shows the domain score changes for the three domains—general satisfaction, access to services, and treatment outcomes—that were calculated the same way for the 2006 and 2007 surveys. Scores for all comparable domains rose in 2007, particularly for access to services.

Table 4. Domain scores, 2006 vs. 2007.

Domain	2006	2007
General Satisfaction	75	77
Access	67	71
Outcomes	55	56

The 2007 scores for functioning, quality/appropriateness, and social connectedness are not comparable with 2006 results because of changes in the composition of questions in each domain.

Domain scores by treatment setting and MHO

Figure 3 displays the 2007 domain scores according to the treatment setting in which the enrollee received services.

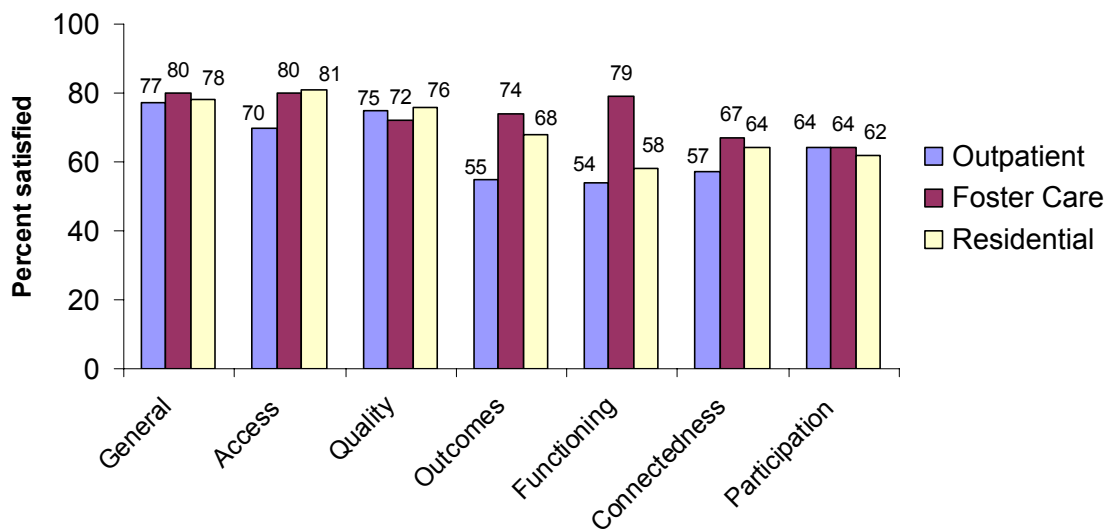


Figure 3. Domain scores by treatment setting.

Table 5 presents these data in tabular form, along with the aggregate domain scores based on all survey responses. The 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 100 identical surveys were conducted.

As Figure 3 and Table 5 show, a greater proportion of those in adult foster care were satisfied, compared with those in the outpatient and residential groups, in four domains—general satisfaction, treatment outcomes, functioning, and social connectedness. As a group, those in outpatient treatment tended to be less satisfied than the residential and adult foster care populations. The outpatient domain score was the lowest in five of the seven domains—general satisfaction, access to services, treatment outcomes, functioning, and social connectedness.

Analysts tested for differences among treatment settings and found the outpatient scores for access to care and social connectedness significantly below the residential and adult foster care scores for those domains. The adult foster care treatment outcomes domain score was significantly higher than the outpatient and residential scores for that domain, when responders from the latter two were grouped together.

Table A-1 in Appendix A shows positive responses to individual survey questions by treatment setting.

Table 6 displays domain scores by MHO. ABHA enrollees reported higher satisfaction in a majority of the domains than did enrollees of any other MHO. LaneCare, JBH, and WCHHS enrollees reported higher satisfaction in a majority of domains, compared with the aggregate satisfaction rate. CMHO and GOBHI enrollees tended to report lower satisfaction than the aggregate rate in each domain. Analysts tested for differences among MHOs and found ABHA significantly above the group rate of all other MHOs in the general satisfaction, access to care, and participation domains.

Table A-2 in Appendix A shows positive responses to individual survey questions by MHO.

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	77 (75-79)	70 (68-72)*	75 (74-77)	55 (53-57)*	54 (52-56)*	57 (55-59)*	64 (62-66)
Residential	78 (69-87)	81 (72-89)	76 (66-85)	68 (58-79)*	58 (47-69)	64 (54-75)	62 (52-73)
Adult Foster Care	80 (72-88)	80 (72-88)	72 (63-81)	74 (64-83)*	79 (70-87)*	67 (57-77)	64 (54-74)
Aggregate	77	71	75	56	55	58	64

*Indicates a statistically significant difference in proportion satisfied for facility type compared with other facility types grouped together.

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	87 (80-95)*	82 (74-91)*	84 (75-92)	55 (43-67)	59 (48-71)	68 (58-79)	79 (70-89)*
CMHO	69 (62-76)*	61 (53-68)*	66 (58-73)*	51 (43-59)	54 (46-62)	59 (52-67)	55 (47-64)*
FamilyCare	79 (69-89)	64 (53-76)	82 (73-91)	52 (40-64)	53 (41-65)	54 (43-66)	67 (56-79)
GOBHI	70 (64-77)*	64 (58-71)	73 (67-80)	54 (46-61)	54 (47-61)	62 (56-69)	65 (58-72)
JBH	77 (73-81)	70 (65-74)	77 (73-82)	57 (52-63)	59 (54-64)	60 (55-66)	65 (60-70)
LaneCare	84 (80-88)*	75 (70-80)	77 (72-81)	57 (51-62)	57 (51-62)	51 (45-56)*	65 (60-70)
MVBCN	77 (73-81)	70 (66-74)	76 (72-80)	52 (47-57)	51 (47-56)	49 (45-54)*	65 (60-69)
VIBHS	76 (73-80)	70 (66-74)	73 (69-77)	56 (52-61)	51 (47-56)	60 (55-64)	59 (55-64)*
WCHHS	77 (71-83)	76 (70-82)	80 (74-85)	57 (50-65)	54 (46-61)	63 (56-70)	68 (61-75)
Aggregate	77	71	75	56	55	58	64

*Indicates a statistically significant difference in proportion satisfied for MHO compared with all other MHOs grouped together.

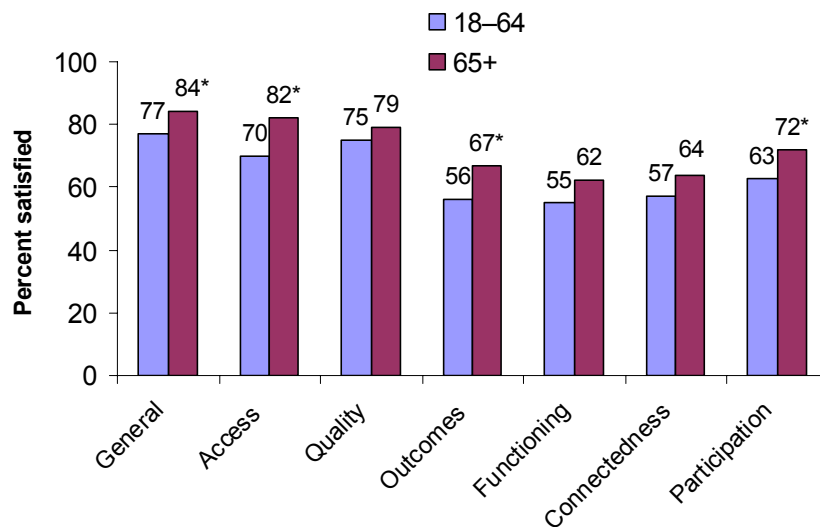
Demographic comparisons

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 4 shows domain scores by age group; Table A-3 in Appendix A presents these data in tabular form.

As shown, responders aged 65+ as a group reported a higher satisfaction rate than did the 18–64 group. In four domains—general satisfaction, access to services, treatment outcomes, and treatment participation—the domain score difference was statistically significant.



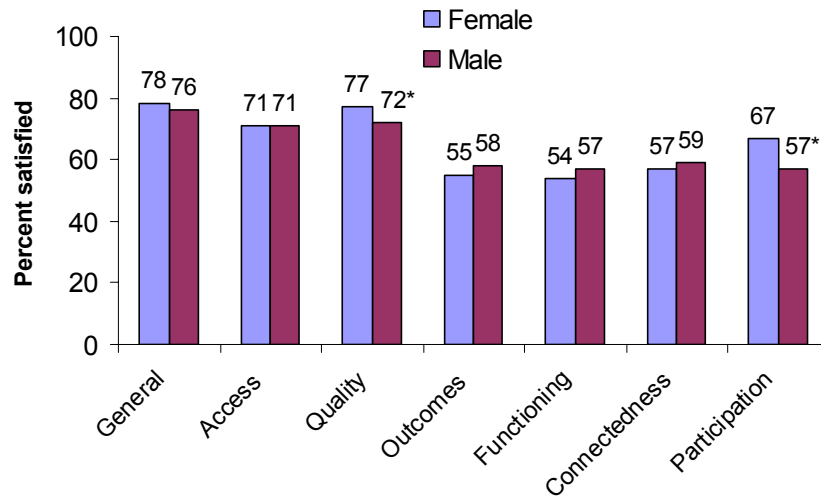
*Indicates statistically significant difference ($p < .05$).

Figure 4. Domain scores by age.

Domain scores by gender

Figure 5 shows domain scores by gender; Table A-4 in Appendix A presents these data in tabular form.

Women reported significantly higher satisfaction scores for quality of services and treatment participation, compared with men. Except in those domains, the scores by gender were roughly equal.



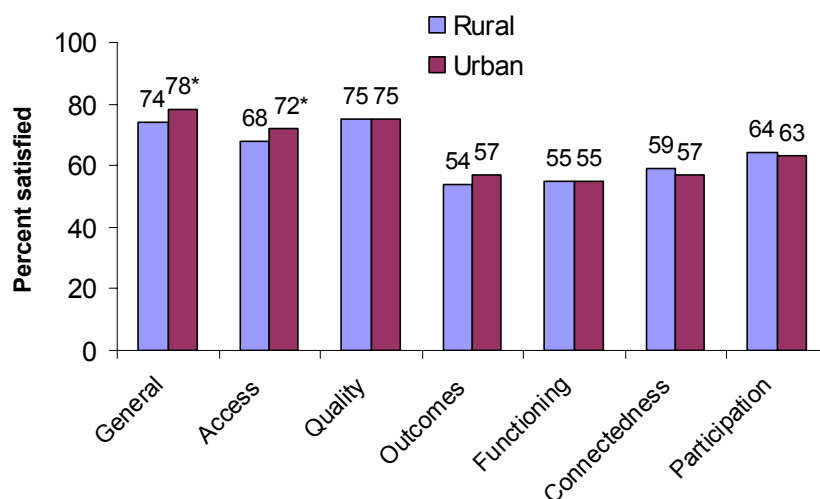
*Indicates statistically significant difference ($p < .05$).

Figure 5. Domain scores by gender.

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 30,000 or more.”² Figure 6 displays domain scores by place of residence; Table A-5 in Appendix A presents these data in tabular form.

Responders in urban areas reported significantly higher scores in the general satisfaction and access domains, compared with rural responders.



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

Figure 6. Domain scores by rural/urban residence.

² For a 2007 list of rural and urban towns in Oregon based on this definition, see www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/news/upload/Urban-Rural-Checklist.pdf.

Domain scores by race and ethnicity

Table 7 displays domain scores by the responder's race, excluding Native Hawaiian/Pacific Islander responders because of small sample sizes. Chi-square tests revealed statistically significant differences by race in general satisfaction, access to care, quality of services, social connectedness, and treatment participation. Asian and Native American responders tended to report higher satisfaction rates in each domain, compared with other racial categories.

A separate question asked whether the survey responder was of Hispanic or Latino origin. Out of 2,486 responders, 6 percent reported their ethnicity as Hispanic or Latino. Table 8 compares domain scores reported by those responders with the scores reported by all other responders. The chi-square analysis revealed no statistically significant differences by ethnic group.

Table 7. Domain scores by race.

Domain	African American	Native American	Asian	Other	White	Multiracial
General Satisfaction*	76	79	91	71	77	73
Access*	68	71	86	63	71	62
Quality*	72	73	85	64	76	69
Outcomes	58	59	65	52	56	51
Functioning	50	56	66	54	54	53
Social Connectedness*	52	64	68	53	57	55
Participation*	60	65	75	59	63	58

*Indicates a statistically significant difference in proportions satisfied among race categories.

Table 8. Domain scores by ethnicity.

Domain	Hispanic	Not Hispanic
General Satisfaction	76	77
Access	69	71
Quality	74	76
Outcomes	58	56
Functioning	59	55
Social Connectedness	60	57
Participation	61	64

Additional analysis

Acumentra Health analyzed the responses to additional survey questions about the responder's arrest history, use of alcohol or illegal drugs, barriers to employment, and whether the responder's 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 responder's 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 2,500 responders answered questions about their history of arrest before and since beginning treatment with their current mental health providers. However, taking into account the time since starting services, and limiting the analysis to those who had seen their providers for just 12 months and answered both Questions 47 and 48, only 84 responses were appropriate for analysis. As shown in Table 9, the percent reporting arrest was slightly 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 83 responders who had received services for 12 months and had answered both Questions 49 and 50. From this group, those arrested before starting services had a higher average of days in a controlled environment than did those arrested after starting services. Responders also had to have reported complete data for the time beginning services to be included in both analyses.

Table 9. Responder's arrest history (n=83).

Arrest period	Percent reporting arrest	Average days in controlled environment
12 months before starting treatment	7%	5.9
Since starting treatment	5%	0.2

Assistance by mental health provider

The survey asked whether the responders’ mental health providers had tried to help them with housing and employment. Figure 7, based on Question 45, “Did your mental health provider try to help you find housing or better housing?”, shows the percentage who sought help from their providers. Figure 8 shows the percentage of those seeking help who actually received help. Figure 9 shows the percentage of those receiving help who actually found new or better housing.

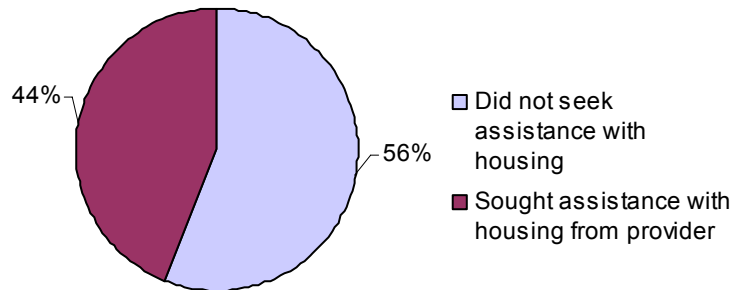


Figure 7. Responders seeking provider assistance with housing (n=2366).

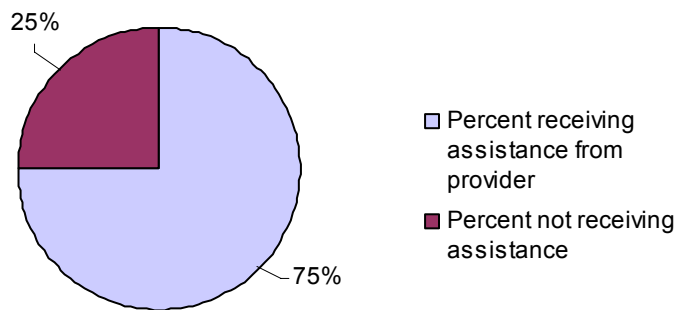


Figure 8. Provider assistance to those seeking help with housing (n=1031).

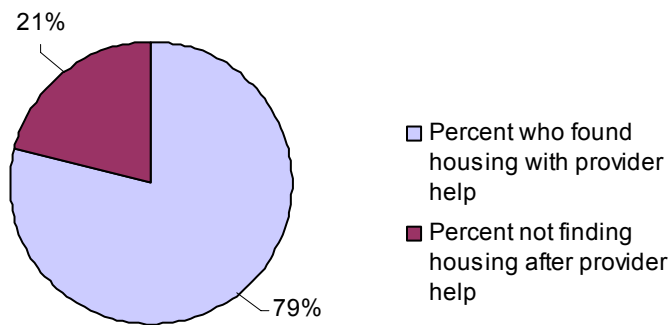


Figure 9. Clients finding housing with provider assistance (n=775).

Figure 10, based on Question 46, “Did your mental health provider try to help you find a job or a new job?”, shows the percentage who sought assistance from their providers in finding a job. Figure 11 shows the percentage of those seeking help who actually received help. Figure 12 shows the percentage of those receiving help who actually found work.

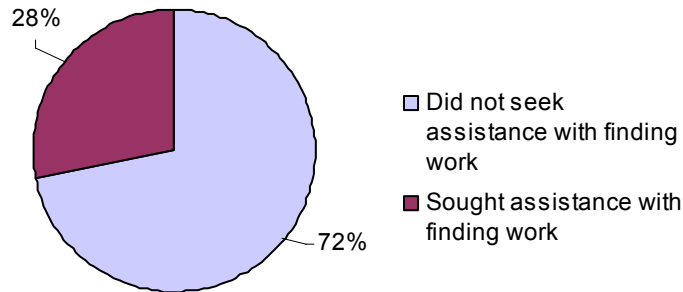


Figure 10. Responders seeking assistance with finding employment (n=2257).

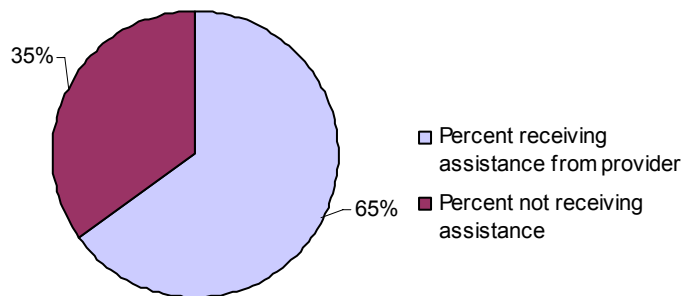


Figure 11. Provider assistance to those seeking help with employment (n=626).

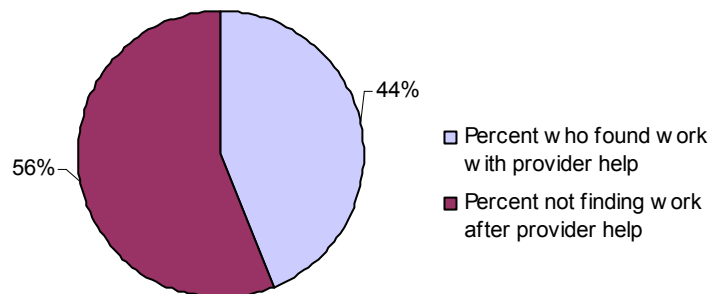


Figure 12. Clients finding employment with provider assistance (n=404).

Alcohol and drug use

Among those who responded to questions about their alcohol and drug use, 10 percent said they were receiving treatment for problems with alcohol or illegal drugs at the time of the survey (Figure 13). Responders enumerated the substances they had used in the previous 12 months, as shown in Table 10.

I am now receiving treatment for a problem with alcohol or illegal drugs.

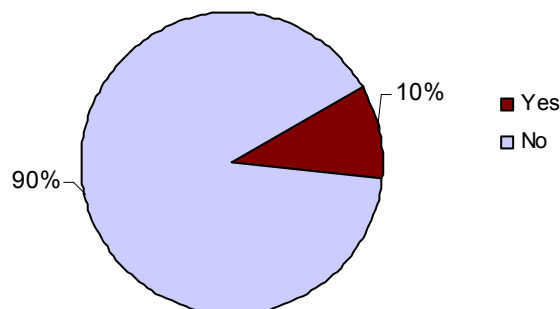


Figure 13. Status of responder's substance abuse treatment (n=2539).

Table 10. Substances used by responders in previous 12 months (n=2236).

Substance	Number "yes"	% of responders
Alcohol	653	24
Tobacco	1,037	39
Marijuana	300	11
Cocaine or crack	37	1
Methamphetamine/amphetamines	79	3
Heroin, morphine, other narcotics	80	3
Other drugs	50	2

Note: A responder could check more than one substance.

When asked whether they believed they had a problem with alcohol or illegal drugs, 11 percent of responders said “Yes” (Figure 14).

I believe I have a problem with alcohol or illegal drugs.

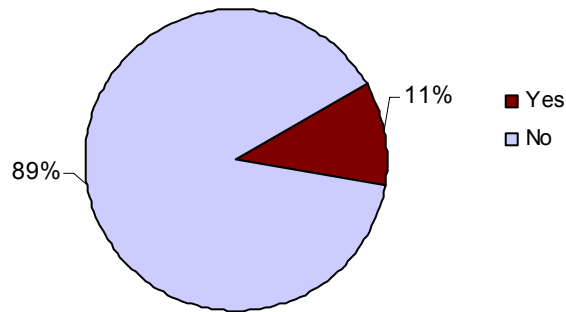


Figure 14. Responder’s perception of substance abuse (n=2497).

Factors affecting ability to work

The 2007 survey contained a new question asking responders to check off factors affecting their ability to work. As shown in Table 11, the most frequently cited issues affecting employment were mental health condition (64 percent) and physical health condition (46 percent).

Table 11. Factors affecting ability to work (n=2675).

Factor	Number "Yes"	% of responders
Mental health condition	1700	64
Physical health condition	1239	46
Lack of job training/education	622	23
Lack of transportation	498	19
Concern about losing Medicaid benefits	486	18
Workplace attitudes about mental illness	443	17
Other reason	447	17
Lack of good jobs	295	11
Arrest history	228	9
Other responsibilities (e.g. parenting)	237	9
Lack of affordable child care	108	4

Discussion and Conclusions

The 2007 survey results are not directly comparable with some results of the 2006 survey because of changes in the survey questionnaire and other methodological factors. Although data on the general satisfaction, access to services, and treatment outcomes domains are comparable with the 2006 results for those domains, the other domain scores are not comparable because of differences in the questions used to calculate domain scores.

In response to the 2007 survey, adult OHP enrollees reported the following aggregate satisfaction scores by performance domain:

Domain	Score
General Satisfaction	77
Access	71
Quality/Appropriateness	75
Outcomes	56
Functioning	55
Social Connectedness	58
Participation	64

Roughly three-fourths of responders reported general satisfaction with the mental health services they received, and were satisfied with quality and appropriateness of services and with their access to services. Almost two-thirds of responders said they were satisfied with their participation in treatment. However, fewer than 60 percent of responders were less satisfied with their treatment outcomes, social connectedness, and improvement in daily functioning.

Satisfaction scores by treatment setting. In four of the seven domains—general satisfaction, treatment outcomes, functioning, and social connectedness—a greater proportion of those in adult foster care were satisfied, compared with the outpatient and residential treatment groups. Those in outpatient treatment tended to report lower satisfaction than those in the residential and adult foster care populations. The outpatient domain score was the lowest in five of the seven domains—general satisfaction, access to services, treatment outcomes, functioning, and social connectedness. Possibly enrollees in adult foster care and residential facilities report more positive experiences in these areas because of their more structured living environment (typically including around-the-clock services), compared with the challenges posed by the outpatient environment.

Demographic comparisons. Analysis revealed some significant differences in domain scores among demographic groups. Further investigation is needed to illuminate the causes of these differences.

- *Gender:* Women reported significantly higher satisfaction scores for quality of services and treatment participation than did men. Except in those domains, the scores by gender were roughly equal.
- *Age:* Responders age 65+ reported a higher satisfaction rate than did those age 18–64 in each domain. In four domains—general satisfaction, access to services, treatment outcomes, and treatment participation—the domain score difference was statistically significant.
- *Race/Ethnicity:* Asian responders reported the highest satisfaction scores in each domain, and Native Americans also tended to report higher scores compared with African-American, white, and multiracial responders. These results, however, should be interpreted with caution. Research has shown that minorities are more likely than non-minorities to express satisfaction with the quality of their care, despite quantitative differences in other measures of care that show poorer outcomes for minorities. For example, Hispanic people often rate the quality of their health care higher than do whites.³ Weighting systems have been developed to account for these reporting differences in other surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS).⁴ Similar analysis techniques should be used before drawing conclusions regarding differences in satisfaction among people of different racial/ethnic backgrounds.
- *Rural/Urban:* Urban responders reported significantly higher scores in the general satisfaction and access domains, compared with rural responders.

Provider assistance with non-mental health services. The 2007 survey yielded positive results with regard to the effectiveness of provider assistance with housing and employment issues.

When enrollees asked their providers for help in finding housing, 75 percent of providers offered assistance. Of enrollees who received help from their providers, 79 percent found housing or better housing. When responders sought help from

³ Bethell C, Carter K, Lannsky D, Latzke B, Gowen LK. Measuring and interpreting health care quality across culturally-diverse populations: a focus on consumer-reported indicators of health care quality. Portland, OR: Foundation for Accountability, March 2003.

⁴ Morales L. Assessing racial and ethnic differences in patient evaluations of care: summary and implications for health policy and the future. Chapter 9. Diss. Rand, 2000. Santa Monica, CA: Rand, 2001.

their providers in finding work, 65 percent of the providers offered assistance. Of those assisted by their providers, 44 percent found work.

Next steps

Ongoing surveys of adult enrollees' perceptions of OHP mental health care will guide AMH's efforts to improve the quality of services. The results of the 2007 survey reflect an ongoing need to increase enrollee satisfaction, most notably with treatment outcomes, daily functioning, and social connectedness.

Until further investigation sheds more light on satisfaction patterns among specific enrollee groups, system improvements need to embrace the broad spectrum of enrollees. However, the scores for individual survey items may suggest specific problem areas on which to focus. Also, the MHOs that achieved the highest satisfaction scores may offer examples of best practices that AMH could consider recommending across the system.

Responses to the survey questions about the enrollee's arrest history and use of alcohol or illegal drugs may suggest areas where further investigation would be beneficial. However, until these questions are validated, the responses may not be reliable enough to serve as the basis for meaningful crosstab analysis of enrollee satisfaction. If future surveys are to contain these questions, Acumentra Health recommends that AMH devote the necessary resources to validate these questions, or substitute similar questions from other surveys that have been validated.

Appendix A. Detailed Data Tables

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

		Outpt	Res	Foster
1	I like the services I received here	79	84	82
2	If I had other choices, I would still get services from this agency	74	77	76
3	I would recommend this agency to a friend or family member	77	78	78
4	The location of services was convenient	75	77	78
5*	Staff were willing to see me as often as I felt it was necessary	77	78	90
6	Staff returned my call in 24 hours	71	70	78
7	Services were available at times that were good for me	78	79	83
8*	I was able to get all the services I thought I needed	70	76	82
9*	I was able to see a psychiatrist when I wanted to	63	71	79
10	Staff here believe that I can grow, change and recover	71	75	79
11	I felt comfortable asking questions about my treatment and medication	78	78	81
12	I felt free to complain	70	63	69
13	I was given information about my rights	82	80	82
14	Staff encouraged me to take responsibility for how I live my life	75	73	75
15*	Staff told me what side effects to watch out for	69	54	60
16*	Staff respected my wishes about who is and who is not to be given information about my treatment	83	73	76
17	I, not staff, decided my treatment goals	63	60	63
18	Staff were sensitive to my cultural background	76	76	72
19	Staff helped me obtain the information I needed so that I could take charge of managing my illness	71	69	67
20	I was encouraged to use consumer-run programs	69	69	75

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

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

	Outpt	Res	Foster
21* I deal more effectively with daily problems	66	72	77
22* I am better able to control my life	63	72	76
23* I am better able to deal with crisis	57	74	74
24 I am getting along better with my family	61	68	72
25* I do better in social situations	51	61	66
26 I do better in school and/or work	46	45	56
27* My housing situation has improved	57	71	85
28* My symptoms are not bothering me as much	51	61	76
29* I do things that are more meaningful to me	58	63	80
30* I am better able to take care of my needs	59	66	80
31* I am better able to handle things when they go wrong	53	60	71
32* I am better able to do things that I want to do	54	61	75
33* I know people who will listen and understand me when I need to talk	71	80	86
34* When I need help right away, I know people I can call on	70	73	87
35* I have more than one friend	64	78	77
36 I am happy with the friendships I have	63	69	72
37* I have people with whom I can do enjoyable things	65	77	74
38* I feel I belong in my community	50	70	74
39 In a crisis, I would have the support I need from family or friends	70	72	75

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

Table A-2. Percent who agree or strongly agree with an item, by MHO.

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
1* I like services I received	89	70	79	76	80	84	80	78	82	80
2 If I had other choices, I would still get services from this agency	78	68	76	67	73	78	72	76	76	74
3* I would recommend this agency to a friend or family member	90	68	81	72	77	86	77	76	78	78
4 The location of services was convenient	79	71	73	74	75	75	74	79	70	75
5 Staff were willing to see me as often as I felt it was necessary	90	70	77	77	76	80	76	76	80	77
6 Staff returned my call in 24 hours	77	64	77	67	71	76	70	70	72	71
7 Services were available at times that were good for me	80	75	73	74	79	81	81	78	79	78
8 I was able to get all the services I thought I needed	76	61	67	66	69	71	74	69	68	69
9 I was able to see a psychiatrist when I wanted to	69	55	56	57	61	66	62	64	67	63

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

Table A-2. Percent who agree or strongly agree with an item, by MHO (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
10* Staff here believe that I can grow, change and recover	82	62	84	71	70	77	70	70	70	71
11 I felt comfortable asking questions about my treatment/ medication	92	72	82	78	78	79	77	78	80	78
12 I felt free to complain	77	67	72	69	72	69	72	68	72	70
13 I was given information about my rights	82	80	84	75	81	84	86	80	83	82
14 Staff encouraged me to take responsibility for how I live my life	83	71	83	77	77	78	75	72	73	75
15 Staff told me what side effects to watch out for	77	67	72	72	69	70	64	67	73	69
16 Staff respected my wishes about who is to be given information about my treatment	86	76	91	86	83	83	84	81	82	83
17 I, not staff, decided my treatment goals	71	54	58	64	63	67	62	62	65	63
18 Staff were sensitive to my cultural background	86	74	85	74	78	80	75	74	75	76
19 Staff helped me obtain the information I needed to take charge of managing my illness	73	63	69	64	73	71	71	73	71	71
20* I was encouraged to use consumer-run programs	82	65	73	65	72	64	65	72	66	69

Table A-2. Percent who agree or strongly agree with an item, by MHO (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
21 I deal more effectively with daily problems	68	59	64	63	69	68	65	66	63	66
22 I am better able to control my life	64	57	56	60	67	67	60	62	62	63
23 I am better able to deal with crisis	52	50	58	54	61	59	56	58	61	57
24 I am getting along better with my family	76	54	60	55	61	59	61	63	65	61
25 I do better in social situations	57	43	39	49	55	51	49	53	56	51
26 I do better in school and/or work	54	36	43	50	44	49	43	44	53	46
27 My housing situation has improved	61	50	40	53	59	61	57	57	57	57
28 My symptoms are not bothering me as much	50	52	48	52	52	50	50	50	55	51
29 I do things that are more meaningful to me	64	54	54	58	61	62	55	57	60	58
30 I am better able to take care of my needs	60	55	59	59	61	65	57	56	62	59
31 I am better able to handle things when they go wrong	53	52	57	54	54	56	52	51	52	53
32 I am better able to do things that I want to do	58	52	46	58	56	53	51	53	57	54

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

Table A-2. Percent who agree or strongly agree with an item, by MHO (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
33* I know people who will listen and understand me when I need to talk	72	69	68	75	75	69	65	73	75	71
34 When I need help right away, I know people I can call on	71	70	67	72	73	66	66	69	76	70
35* I have more than one friend	75	69	55	69	66	62	58	65	73	64
36* I am happy with the friendships I have	66	65	60	74	68	55	55	66	69	64
37 I have people with whom I can do enjoyable things	73	66	59	69	64	61	62	66	66	64
38* I feel I belong in my community	62	47	46	53	49	46	43	54	53	50
39* In a crisis, I would have the support I need from family or friends	81	76	64	75	71	63	66	69	77	70

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

Table A-3. Domain scores by age.

Domain	Age group	
	18–64	65+
General Satisfaction*	77	84
Access*	70	82
Quality/Appropriateness	75	79
Outcomes*	56	67
Functioning	55	62
Social Connectedness	57	64
Participation*	63	72

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

Table A-4. Domain scores by gender.

Domain	Female	Male
General Satisfaction	78	76
Access	71	71
Quality/Appropriateness*	77	72
Outcomes	55	58
Functioning	54	57
Social Connectedness	57	59
Participation*	67	57

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

Table A-5. Domain scores by rural/urban residence.

Domain	Rural	Urban
General Satisfaction*	74	78
Access*	68	72
Quality/Appropriateness	75	75
Outcomes	54	57
Functioning	55	55
Social Connectedness	59	57
Participation	64	63

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

Appendix B. MHSIP Survey Forms



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

PLEASE NOTE: This survey is being mailed to approximately 10,000 adults who received a publicly funded mental health service in the State of Oregon on or after June of 2006. *As the same survey is mailed to all people, it is possible that some of the questions will seem odd or inappropriate to you, in light of your own circumstances or health care needs. Please keep in mind that many people request the support of the Department of Human Services in overcoming an addiction, or in dealing with a financial, educational, job-related, or legal problem.* The Oregon Department of Human Services strives to provide the best possible services and supports, and therefore strives to understand the challenges, including the financial, educational, vocational, and legal challenges, which are faced by Oregonians working to achieve more stable, independent, and healthy lives.

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 particular question, please feel free to skip that question.

In order 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 June 1, 2006 and now**. If you received [**outpatient mental health, adult foster care, residential mental health**] services from more than one provider since June of 2006, **please rate only your *current* provider (if you have one) or your *most recent* provider.**

Please tell us if you **Strongly Agree, Agree, Are Undecided, Disagree, or Strongly Disagree** with each statement below, by circling the appropriate number. Again, items refer to your current (or most recent) provider. If the statement is about something you haven't experienced, circle the 9 to indicate that the item is "not applicable" to you.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
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

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
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
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 to.	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

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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...

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
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.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
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
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. Approximately when did you *start* receiving mental health services from your current (or most recent) provider? (*Your best guess is fine.*)
 Month: _____ Year: _____

41a. Are you still receiving mental health services from this provider?
 Yes No Don't know / Don't remember

41b. 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. About how many times have you seen your current (or most recent) mental health service provider? (Please provide your best guess.)
 _____ Times or Don't know / Don't remember

43. How did you become involved in receiving services from your current (or most recent) mental health service provider? (Please check one.)

<input type="checkbox"/> I decided on my own to seek services	<input type="checkbox"/> I was forced to come to services
<input type="checkbox"/> I was encouraged by someone else to seek services	<input type="checkbox"/> Don't know / Don't remember

44. What did you *expect* to happen (or *hope* would happen), as a result of your receiving mental health services? (*Please check all that apply*)

<input type="checkbox"/> Didn't know what to expect	<input type="checkbox"/> Expected help in finding a job or a new job
<input type="checkbox"/> Expected nothing to change	<input type="checkbox"/> Expected to have fewer legal problems
<input type="checkbox"/> Expected to be less depressed or anxious	<input type="checkbox"/> Expected to get along better with others or make more friends.
<input type="checkbox"/> Expected to develop better self-esteem / be more confident	<input type="checkbox"/> Expected help with reducing or stopping use of drugs/alcohol
<input type="checkbox"/> Expected help in finding housing or new housing	<input type="checkbox"/> Expected to be able to think more clearly
<input type="checkbox"/> Expected to have better control over my behavior or my life	<input type="checkbox"/> Other (please explain): _____

45. Did your mental health provider try to help you find housing or better housing? (*Please check one.*)

- Yes, my provider tried to help, and I found housing or better housing
 Yes, my provider tried to help, but I didn't find housing or better housing
 No, my provider did not try to help, even though I wanted housing or new housing
 No, but I didn't want housing or new housing

46. Did your mental health provider try to help you find a job or a new job? (*Please check one.*)

- Yes, my provider tried to help, and I found a job or a new job
 Yes, my provider tried to help, but I didn't find a job or a new job
 No, my provider did not try to help, even though I wanted a job or a new job
 No, but I didn't want a job or a new job

Many people struggle with legal problems at some time in their lives. 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) mental health services provider?

- Yes No Don't know / Don't remember

48. Have you been arrested since you began seeing this provider?

- Yes No Don't know / Don't remember

49. About how many days 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) mental health service provider? (Please estimate the number of days (your best guess is fine), mark "None," or mark "Don't know / Don't remember").

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

50. How many days have you spent in a jail, prison, or other detention center since you started treatment with your current (or most recent) mental health service provider?

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

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

51. I believe I have a problem with alcohol or illegal drugs.

Yes No Uncertain

52. I am now receiving treatment for a problem with alcohol or illegal drugs.

Yes No

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

Alcohol Methamphetamine / Amphetamines
 Tobacco (for example, cigarettes) Heroin, Morphine, Other Narcotics
 Marijuana Other drugs that are not sold in stores and not
 Cocaine or Crack prescribed by a doctor (example: illegal drugs)

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

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

55. Which of the following things affect your ability to work, or affect your decisions about whether to work or how much to work? (*Please check all that apply.*)

<input type="checkbox"/> Lack of good jobs	<input type="checkbox"/> Lack of job training / education
<input type="checkbox"/> Concern about losing Medicaid benefits	<input type="checkbox"/> Lack of affordable child care
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Other responsibilities (e.g., parenting)
<input type="checkbox"/> Physical health condition	<input type="checkbox"/> Workplace attitudes about mental illness
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Other reason:
<input type="checkbox"/> Arrest history	

56. What is your highest level of education?

<input type="checkbox"/> Did not complete high school	<input type="checkbox"/> Some college or vocational training, but no degree
<input type="checkbox"/> High school diploma or G.E.D.	<input type="checkbox"/> Completed college or vocational training program

57. Are you of Spanish/Hispanic/Latino Origin? Yes No

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

American Indian or Alaska Native Asian
 Black (African American) White (Caucasian)
 Native Hawaiian or Other Pacific Islander Other

59. Did anyone help you to complete this survey? Yes No

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



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

ADVERTENCIA: Esta encuesta se está enviando por correo a aproximadamente 10.000 adultos que recibieron algún servicio de salud mental pagado con fondos públicos en el estado de Oregón desde el mes de junio de 2006 en adelante. *Debido a que todas las personas recibirán la misma encuesta, es posible que algunas de las preguntas le parezcan extrañas o inapropiadas en vista de sus circunstancias específicas o de sus necesidades de salud mental. Tenga en cuenta que muchas personas solicitan el apoyo del Departamento de Servicios Humanos para superar alguna adicción, o para tratar problemas de índole económica, educativa, laboral o legal.* El Departamento de Servicios Humanos de Oregón trata de brindar los mejores servicios y ayudas. Para ello, se esfuerza por comprender los desafíos de toda índole (económicos, educativos, vocacionales y legales) que enfrentan los ciudadanos de Oregón al tratar de lograr una vida más estable, independiente y saludable.

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.

A fin de poder brindarle los mejores servicios de salud mental, necesitamos saber lo que usted piensa acerca de los **servicios ambulatorios de salud mental** que recibió **desde el 1° de junio de 2006 hasta la actualidad**. Si recibió **servicios ambulatorios de salud mental** por parte de más de un proveedor desde junio de 2006, **indique solamente a su proveedor actual (si lo tiene) o el proveedor más reciente.**

Por cada afirmación que encontrará más abajo, indique si usted está **totalmente de acuerdo, de acuerdo, indeciso, en desacuerdo o totalmente en desacuerdo**, haciendo un círculo en la respuesta adecuada. Recuerde que cada respuesta tendrá que ver con su proveedor actual (o más reciente). Si la afirmación es sobre algo que usted no experimentó, haga un círculo en “9” para indicar que esa afirmación “no corresponde” a su caso.

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
1. Me gustan los servicios que recibí aquí.	5	4	3	2	1	9
2. Si tuviera otras opciones, igualmente elegiría 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, distancia, etc.).	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
6. El personal devolvía mis llamadas dentro las 24 hs.	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. Puede ver a un psiquiatra cada vez que lo necesité.	5	4	3	2	1	9
10. El personal piensa que yo 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

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
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 respetó mis deseos acerca de a quién darle información sobre mi tratamiento y a quién no.	5	4	3	2	1	9
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 que yo necesitaba para poder hacerme cargo de mi enfermedad.	5	4	3	2	1	9
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...

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
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

	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
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
<i>Para las preguntas 33-39, responda acerca de su relación con otras personas <u>que no sean sus</u> proveedores de servicios de salud mental.</i>						
	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No corresponde
33. Conozco personas que me escuchan y entienden cuando necesito hablar.	5	4	3	2	1	9
34. Cuando necesito ayuda urgente, conozco personas a las que 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. ¿Cuándo aproximadamente *comenzó* a recibir servicios de salud mental de su proveedor actual (o más reciente)? (*puede dar una fecha aproximada*)

Mes: _____ Año: _____

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

Sí No No sé / No recuerdo

41b. 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. ¿Aproximadamente cuántas veces ha visto a su proveedor actual (o más reciente) de servicios de salud mental? (*puede dar una cantidad aproximada*)

_____ veces o No sé / No recuerdo

43. ¿Cómo fue que empezó a recibir servicios de salud mental de su proveedor actual (o más reciente)? (*marque uno*)

<input type="checkbox"/> Yo mismo decidí obtener estos servicios.	<input type="checkbox"/> Me obligaron a obtener estos servicios.
<input type="checkbox"/> Otra persona me animó a obtener estos servicios.	<input type="checkbox"/> No sé / No recuerdo.

44. ¿Qué *esperaba* o *deseaba* usted que pasara como resultado de recibir los servicios de salud mental? (*marque todos los que correspondan*)

<input type="checkbox"/> No sabía qué esperar.	<input type="checkbox"/> Esperaba ayuda para conseguir un trabajo o cambiar de trabajo.
<input type="checkbox"/> No esperaba ningún cambio.	<input type="checkbox"/> Esperaba tener menos problemas legales.
<input type="checkbox"/> Esperaba estar menos deprimido o ansioso.	<input type="checkbox"/> Esperaba poder llevarme mejor con los demás o hacer más amigos.
<input type="checkbox"/> Esperaba poder desarrollar una mejor autoestima / tener más confianza en mí mismo.	<input type="checkbox"/> Esperaba ayuda para dejar de consumir (o reducir el consumo de) drogas / alcohol.
<input type="checkbox"/> Esperaba ayuda para encontrar una vivienda o cambiar de vivienda.	<input type="checkbox"/> Esperaba poder pensar con más claridad.
<input type="checkbox"/> Esperaba poder tener más control sobre mi comportamiento o mi vida.	<input type="checkbox"/> Otros (explicar): _____

45. Su proveedor de servicios de salud mental ¿lo ayudó a encontrar una vivienda o cambiar de vivienda? (*marque uno*)

- Sí, mi proveedor me ayudó y encontré vivienda o cambié de vivienda.
 Sí, mi proveedor me ayudó pero no encontré vivienda o cambié de vivienda.
 No, mi proveedor no me ayudó, aunque yo quería encontrar vivienda o cambiar de vivienda.
 No, pero no necesitaba una vivienda o cambiar de vivienda.

46. Su proveedor de servicios de salud mental ¿le ayudó a encontrar trabajo o a cambiar de trabajo? (*marque uno*)

- Sí, mi proveedor me ayudó y encontré trabajo o cambié de trabajo.
 Sí, mi proveedor me ayudó pero no encontré trabajo o cambié de trabajo.
 No, mi proveedor no me ayudó, aunque yo quería encontrar trabajo o cambiar de trabajo.
 No, pero no necesitaba un trabajo o cambiar de trabajo.

Muchas personas tienen problemas legales en algún momento de sus vidas. Las siguientes preguntas son sobre los problemas legales que usted tal vez haya tenido en el pasado.

47. ¿Lo arrestaron *durante los 12 meses anteriores* a comenzar el tratamiento con su proveedor actual (o más reciente) de servicios de salud mental?

- Sí No No sé / No recuerdo

48. ¿Lo arrestaron alguna vez *después* de comenzar a recibir los servicios de este proveedor?

- Sí No No sé / No recuerdo

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

_____ días Ninguno No sé / No recuerdo

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

_____ días Ninguno No sé / No recuerdo

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

51. Creo que tengo un problema con el alcohol o las drogas ilegales.

- Sí No No sé

52. Estoy recibiendo tratamiento por un problema con el alcohol o las drogas ilegales.

- Sí No

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

- | | |
|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Metanfetaminas / anfetaminas |
| <input type="checkbox"/> Tabaco (por ej., cigarrillos) | <input type="checkbox"/> Heroína, morfina, otros narcóticos |
| <input type="checkbox"/> Marihuana | <input type="checkbox"/> Otras drogas que no se venden en negocios ni están recetados por un médico (por ej., drogas ilegales) |
| <input type="checkbox"/> Cocaína o crack | |

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

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

55. ¿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"/> Falta de buenos trabajos.	<input type="checkbox"/> Falta de capacitación / educación laboral.
<input type="checkbox"/> Preocupación por perder los beneficios de Medicaid.	<input type="checkbox"/> Falta de servicios de cuidado de niños de precio accesible.
<input type="checkbox"/> Falta de transporte.	<input type="checkbox"/> Otras responsabilidades (por ej., crianza de los hijos).
<input type="checkbox"/> Problema de salud física.	<input type="checkbox"/> Actitudes en el lugar de trabajo sobre la enfermedad mental.
<input type="checkbox"/> Problema de salud mental.	<input type="checkbox"/> Otra razón: _____
<input type="checkbox"/> Antecedentes de arrestos.	

56. ¿Cuál es su nivel más alto de educación?

<input type="checkbox"/> No terminé la escuela secundaria.	<input type="checkbox"/> Hice algunos años de universidad o capacitación terciaria, pero no tengo título.
<input type="checkbox"/> Tengo diploma de escuela secundaria o G.E.D.	<input type="checkbox"/> Tengo título universitario o capacitación terciaria.

57. ¿Su origen es español / hispano / latino? Sí No

58. ¿Cuál es su raza? (*marque todas las razas que correspondan*)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Indígena americano o nativo de Alaska | <input type="checkbox"/> Asiático |
| <input type="checkbox"/> Negro (afroamericano) (caucásico) | <input type="checkbox"/> Blanco |
| <input type="checkbox"/> Nativo de Hawai o de otras islas del Pacífico | <input type="checkbox"/> Otro |

59. ¿Alguien lo ayudó a completar esta encuesta? Sí No

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