Office of Mental Health and Addiction Services

2005 Oregon Youth Services Survey for Families

OMHAS Contract #109162

December 2005

Presented by

OMPRO
A Healthcare Quality Resource

2020 SW Fourth Avenue, Suite 520
Portland, Oregon 97201-4960
Phone 503-279-0100
Fax 503-279-0190

OMHAS-EQR-OR-05-15

2005 Oregon Youth Services Survey for Families

December 2005

Presented to the Oregon Department of Human Services,
Office of Mental Health and Addiction Services

Table of Contents

Index of Tables and Figures

Executive Summary

In mid-2005, the Office of Mental Health and Addiction Services (OMHAS) surveyed the perceptions of family members* about the delivery of mental health services to their children. The Youth Services Survey for Families (YSS-F) was mailed to parents or guardians of all children who received Oregon Health Plan (OHP) mental health services during the final six months of 2004. Responders were asked to report their levels of satisfaction with services their children had received in the previous 12 months. OMHAS received 3,385 completed responses, for an overall response rate of 29 percent.

The YSS-F probed key issues surrounding satisfaction with five performance domains: access to services, family participation in treatment, cultural sensitivity, appropriateness of services, and treatment outcomes. Building on previous surveys, the 2005 survey results provide additional trend data for tracking the satisfaction of family members with OHP mental health services for their children. The survey also yielded baseline data on satisfaction with

- services provided by the individual mental health organizations (MHOs) that serve OHP enrollees through managed care
- services provided at outpatient, residential, and day treatment facilities
- coordination of services among different mental health care providers and between those providers and state government agencies providing other services for children: child welfare, the Oregon Youth Authority (OYA), juvenile justice, the educational system, developmental disabilities services, and substance abuse treatment

The survey findings with regard to the voice of the consumer will help to guide OMHAS's ongoing efforts to improve the quality of state mental health services for children. In addition, the baseline data can serve as a foundation from which to track the progress of the Children's System Change Initiative (CSCI). The CSCI, mandated by the Oregon Legislature in 2003, is aimed at moving children from psychiatric residential treatment and state hospitals into community-based mental health services under managed care. Data from future surveys will enable the state to track family members' satisfaction with the coordination of services and to study relationships between satisfaction with coordination of care and the domain scores of the YSS-F.

* Although the survey was mailed to parents and guardians (including foster homes), this report refers to survey responders as "family members" throughout to maintain consistency with the goals of the Children's System Change Initiative.

Highlights of the 2005 survey results are reported below.

Performance domain scores

- More than half of all responders reported being satisfied with regard to all five performance domains.
- Higher percentages of responders reported being satisfied with Family Participation in 2004–2005 than in 2002–2003. The reverse, however, was true regarding Access. Satisfaction scores for Appropriateness and Outcome declined from 2004 to 2005.
- Responders whose children received day treatment services tended to report higher satisfaction scores across domains, while those whose children received psychiatric residential services often reported lower domain scores.
- Across all domains, significantly higher percentages of responders whose children were still receiving mental health services reported being satisfied, compared with those whose children were no longer receiving services.
- Higher percentages of responders with younger children reported satisfaction in all domains compared with responders with older children, except in Access.

Coordination of services

- On average, family members reported interacting with two state system services for children in addition to mental health. More than half of responders reported working with the child welfare (62 percent) and educational (68 percent) systems. Fifteen percent reported working with all six services in addition to mental health.
- Overall, responders reported moderate satisfaction with coordination of services across the system. The highest percentages of satisfaction were reported for coordination between mental health services and child welfare (60 percent), and the lowest percentages were reported for coordination between mental health and OYA (46 percent), juvenile justice (48 percent), and substance abuse treatment (49 percent).
- Family members whose children were no longer receiving mental health services reported satisfaction with the coordination of services less often than did family members whose children were still receiving services.

Introduction

As part of its ongoing program for monitoring the improvement of mental health services provided to Oregon children and families, OMHAS surveyed family members of children who received mental health care through OHP between July 1 and December 31, 2004.

For the first part of the survey, OMHAS used the YSS-F instrument developed through the Mental Health Statistical Improvement Project (MHSIP) and endorsed by the National Association of State Mental Health Program Directors.[1] The YSS-F is designed to collect data measuring perceptions of services received by children in five domains:

- access to services (convenience of location and time)
- family involvement or participation in the child's treatment
- staff sensitivity to the child's cultural background
- appropriateness of services received
- treatment outcomes

These five domains are central to ongoing quality improvement efforts and are considered necessary components of the treatment process for children and their families. They are also integral to the transformation of the state's mental health service system for children, set in motion in 2003 by the Oregon Legislature.

For the second part of the survey, OMHAS developed a series of questions to investigate family members' satisfaction with the *coordination* of services—both within the mental health system and between mental health care providers and other state services outside the system (e.g., child welfare, juvenile justice, and education). This part of the questionnaire is new to the Oregon survey and is an important step toward assessing the coordination of care.

Research studies have underscored the lack of coordination of services for children who need mental health care.[2,3] One study showed that comprehensive, coordinated care for such children can reduce caregiver strain, parents' missed work days, children's school absences, and utilization of ambulatory services.[4] Other reports suggest that children's mental health care can improve with more emphasis on community-based treatment and cross-agency collaboration.[5] However, a recent report by the National Health Policy Forum found serious flaws in the mental health delivery system for children, including missed opportunities for early intervention by other systems (such as education and primary care) and an

underdeveloped system of community-based care to enable children with serious mental disorders to stay out of institutions.[6]

The goal of the Children's System Change Initiative (CSCI) is to increase the availability and quality of individualized, intensive home and community-based services so that children can receive services in the least restrictive environment possible. To reach this goal, coordination of services within communities is imperative. One implementation strategy is to create a service model in which a care coordinator works with the child and family to ensure that all the child's needs are met through a service coordination plan.

The 2005 survey results provide baseline data from which to track the progress of the CSCI. Data from future surveys will enable the state to track family members' satisfaction with the coordination of services and to study relationships between satisfaction with coordination of care and the domain scores of the YSS-F. Repeated data collection is essential for improving quality[7] and for informing stakeholders and the public of the CSCI's progress.

---

[1] For more information, see the MHSIP website at www.mhsip.org. Accessed December 21, 2005.

[2] Guevara JP, Feudtner C, Romer D, et al. Fragmented care for inner-city minority children with attention-deficit/hyperactivity disorder. *Pediatrics* (2005)116;512–517.

[3] Hurlburt MS, Leslie LK, Landsverk J, et al. Contextual predictors of mental health service use among children open to child welfare. *Arch Gen Psychiatry* (2004)61;1217–1224.

[4] Farmer JE, Clark MJ, Sherman A, et al. Comprehensive primary care for children with special health care needs in rural areas. *Pediatrics* (2005)116;649–656.

[5] Semansky RM, Koyanagi C. Accessing Medicaid's child mental health services: The experience of parents in two states. *Psychiatr Serv* (2003)54;475–476.

[6] Koppelman J. Mental health and juvenile justice: Moving toward more effective systems of care. National Health Policy Forum, Issue Brief No. 805 (2005).

[7] Stroul BA, Friedman RM. Systems of care: Lessons learned for transforming children's mental health care in the future. National Association of State Mental Health Program Directors. Available online: www.nasmhpd.org/general_files/meeting_presentations/ Bethstroullandbobfriedman62304.pdf. Accessed December 8, 2005.

Methodology

In 2002, 2003, and 2004, OMHAS sent the standardized YSS-F to parents and guardians of children who received outpatient mental health services through OHP. The 2005 survey differed from the previous surveys in several important respects:

- The 2005 survey sought responses from family members of children who had received mental health services in *psychiatric residential* and *day treatment* facilities, in addition to outpatient care.
- For the 2005 survey, OMHAS added questions to the standardized YSS-F survey related to the *coordination* of children's mental health services among different mental health providers and between those providers and external state government agencies.

The 2005 results for children receiving outpatient services are comparable to results from the 2002 through 2004 surveys. Before adopting the standardized YSS-F for the 2002 survey, OMHAS relied on an internally developed survey instrument. Therefore, comparisons to survey results before 2002 are not valid because of different formats and analysis procedures.

Survey instrument

The standardized YSS-F survey instrument has 21 items designed to measure performance in the five major domains of access, participation, cultural sensitivity, appropriateness, and outcome. The questionnaire uses a five-point Likert scale, with responses ranging from "Strongly Disagree" to "Strongly Agree." The OMHAS survey incorporated additional questions about

- whether the child was currently receiving services
- where the child had lived in the past 12 months (13 possible choices of which the respondent could check as many as applied)
- whether the child had been arrested by the police in the past 12 months
- the respondent's satisfaction with the coordination of services, both among different mental health service providers and between those providers and six external agencies (child welfare, Oregon Youth Authority, juvenile justice, education, developmental disabilities, and substance abuse treatment), as measured by the five-point Likert scale

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

Survey methods

OMHAS contracted with OMPRO to administer the 2005 survey. The population included parents or guardians of 13,362 children who received OHP-funded mental health services at least once between July 1 and December 31, 2004, as identified by claims and encounter data from the Office of Medical Assistance Programs (OMAP). All of the children were younger than 18 when they received services.

For purposes of analysis, children were classified as having received one of three types of services: psychiatric residential, day, or outpatient. Family members were asked to evaluate the care given to their children at the highest level of acuity.

Residential: A child who received at least one day of psychiatric residential services between July 1 and December 31, 2004, was categorized solely in the Residential group.

Day: A child who received at least one day of day treatment services between July 1 and December 31, 2004, but received no psychiatric residential services was categorized solely in the Day treatment group.

Outpatient: A child who received only outpatient services between July 1 and December 31, 2004, was categorized solely in the Outpatient group.

Survey distribution

On June 15, 2005, letters were mailed to all potential participants, informing them of the upcoming survey. Each caregiver received the letter and the subsequent survey in English or Spanish depending on the language preference identified in the OMAP enrollment data file. The first survey mailing occurred on June 29. After filtering out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on July 27.

Survey response

Of the 13,362 potential participants, 3,385 returned a completed survey by the September 5, 2004, deadline—2,106 surveys (62 percent) from the first mailing and an additional 1,279 from the second mailing. In addition, there were 1,582 failed addresses with no forwarding address known. Therefore, the final response rate for participants who received and completed the survey by the September 5 deadline was 29 percent.[*]

[*] After September 5, 2005, OMPRO received an additional 106 completed surveys; 35 surveys came back as undeliverable. These surveys were not considered in the analysis.

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

- Accountable Behavioral Health Alliance (ABHA)
- Clackamas County Mental Health Organization (CCMHO)
- 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 purposes of analysis, each child in the survey was categorized as having been enrolled in a given MHO at the time of service. Each child was assigned to the MHO with the enrollment start date closest to December 31, 2004.

Table 1 displays the survey response by MHO. Note that 443 children were not assigned to a particular MHO for this survey, and an additional 124 children were assigned to Tuality Health Alliance. Because Tuality no longer provides mental health care for OHP enrollees, data for Tuality are not analyzed in this report; however, those children are included in the statewide analyses, as are the children not assigned to a particular MHO.

Table 1. Survey response rate by MHO.

MHO	Response rate (%)	Responders/total
ABHA	28	222/782
CCMHO	26	169/649
FamilyCare	20	49/247
GOBHI	29	275/963
JBH	27	398/1467
LaneCare	34	556/1652
MVBCN	30	741/2436
VIBHS	27	646/2380
WCHHS	24	155/637

Note: When analyzing results across MHOs, only those responders whose children received outpatient services were included, because psychiatric residential treatment is not plan-based and not every MHO offers day treatment services.

Response rate also was computed by facility type, as shown in Table 2.

Table 2. Survey response rate by facility type.

	Response rate (%)	Responders/total
Outpatient	29	3150/10,991
Day	31	115/375
Residential	24	101/414

Finally, children of responders were compared to children of non-responders in terms of certain demographic and geographic characteristics (see Table 3).

Table 3. Characteristics of children of responders and non-responders.

Characteristics		Responders (n=3385)	Non-responders (n=9977)
Sex	Female	45%	44%
	Male	55%	56%
Age group	0–5	4%	4%
	6–12	50%	44%
	13–17	37%	39%
	18–21	9%	13%
Race/Ethnicity	Non-White	20%	22%
	White	80%	78%
Rural/Urban	Rural	43%	40%
	Urban	57%	60%
Average age in years	All	12.2	12.6
	Female	12.4	13.0
	Male	12.0	12.3

Overall, there are small differences between the characteristics of children of responders and non-responders, so for purposes of analysis and interpretation, the responder set is assumed to represent the population from which it was drawn. Note, however, that responders to the survey are self-selected. The fact that they returned the survey means that they differ in some respect from those who did not return the survey, but the differences outside of demographic information are not known.

Data analysis

Scores were calculated for each performance domain from the 21-item YSS-F survey instrument. Any survey form missing more than one-third of the items for a domain was excluded from analysis for that domain. Domain scores for a particular responder were calculated by averaging the Likert scores on all answered items pertaining to a particular domain (as long as fewer than one-third of the items were missing). An average score greater than 3.5 indicated satisfaction with the domain, since 4= "Agree" and 5= "Strongly Agree" on the Likert scale. Therefore, the score for each domain was the percentage of responders that reported an average positive value for that domain score, representing agreement or satisfaction.

For example, the Treatment domain consists of three items:

- I helped to choose my child's services.
- I helped to choose my child's treatment goals.
- I participated in my child's treatment.

A Treatment domain score was calculated for a particular responder as long as the responder gave a score for two of these three items. If a responder answered all three questions and gave the scores 3, 4, and 5, respectively, the average of these scores would be (3+4+5)/3 = 4. Since 4>3.5, this responder would be considered "satisfied" in the Treatment domain.

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

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

Living situations

Responders were asked to indicate all the different locations where their children had lived in the previous 12 months. Results are displayed in Table 4.

Table 4. Living situations of children in the 2005 sample.[a]

Living situation	% yes	Total sample (n)
With parents	60	2017
With other family member	17	565
With friends	2	61
In foster home	25	845
In crisis shelter	1	48
In homeless shelter	1	21
In group home	2	80
In residential treatment center	5	174
In hospital	1	45
In jail	1	48
In correctional facility	0	11
On the streets	1	43
Somewhere else	9	290

[a] Percentages add to more than 100 because respondents could choose more than one location.

Twenty percent of responders stated that their child had lived in more than one place in the past 12 months (Figure 1). In addition, 228 responders (7 percent) stated that their child had been arrested in the past 12 months; 12 percent of those 12 and older had been arrested in this period. Overall, there was little difference between the living situations of children who were younger than 12 and those 12 and older, so no further comparisons are outlined in this report.

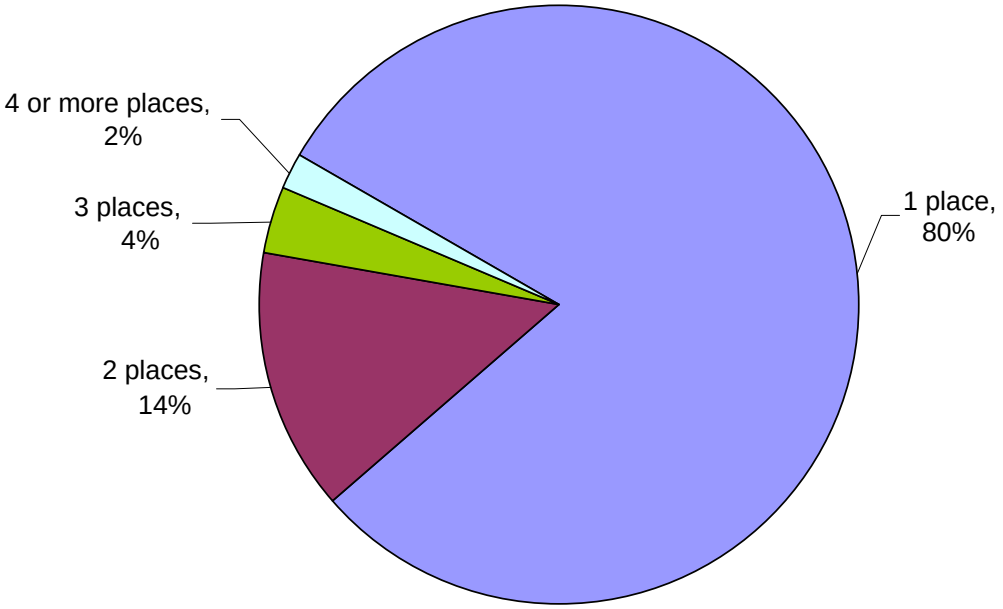

Figure 1. Number of places where responders' children lived in past 12 months.

Domain scores

As shown in Figure 2, higher percentages of responders reported satisfaction in the Participation domain in 2004–2005 than in 2002–2003. The reverse, however, was true regarding Access. The scores of the Appropriateness and Outcome domains declined from 2004 to 2005.

Table B-1 in Appendix B presents these data in tabular form.

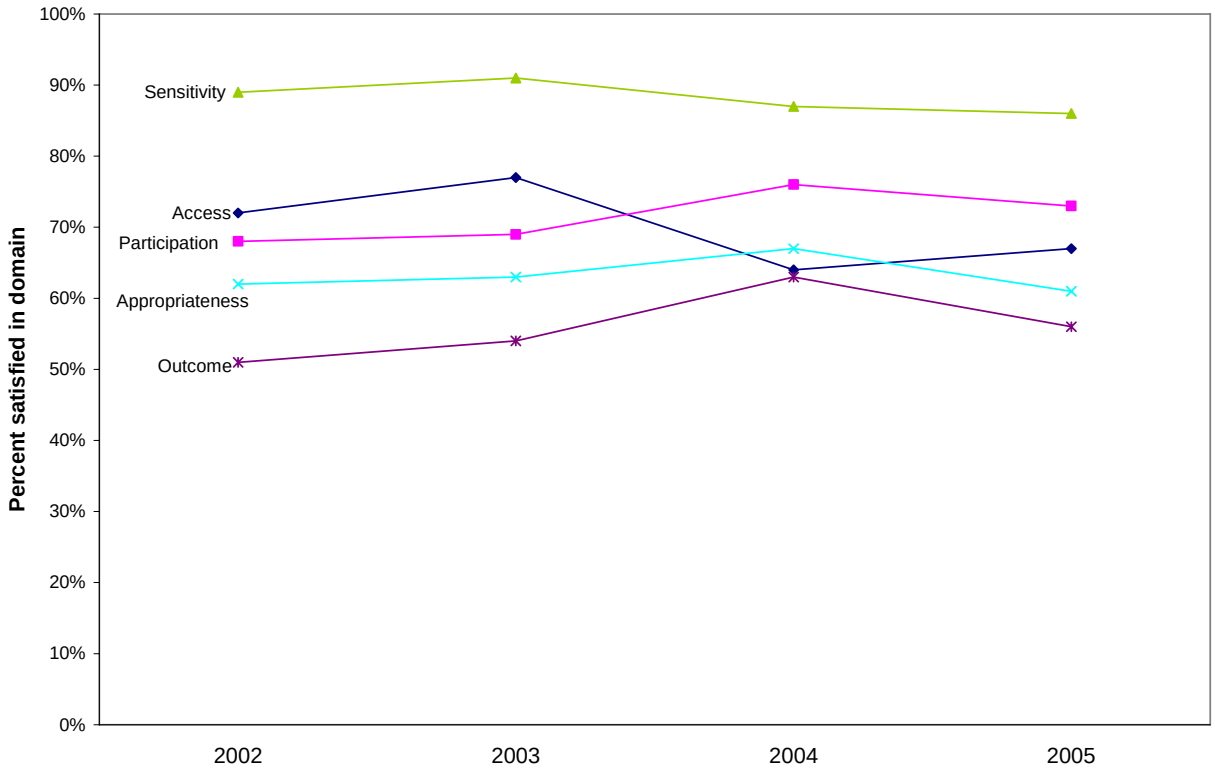

Figure 2. Domain scores: Outpatient only, 2002–2005.

Table B-2 in Appendix B shows the percentages of responders who reported agreeing or strongly agreeing with each survey item, grouped within each performance domain, in 2005, 2003, and 2002. The table shows only data for outpatient services, because no comparable data for psychiatric residential and day treatment are available for years before 2005.

Generally, responders with children in day treatment reported satisfaction more often than did responders whose children were in psychiatric residential treatment. Table B-3 shows positive responses to survey items by facility type. Notable differences occurred in the Appropriateness domain, where satisfaction differed by as much as 20 percentage points between responders with children in psychiatric residential and day treatment (item: "My family got the help we wanted for my child"). In the Access domain, agreement with the item "The location of the services was convenient" was more than 10 percentage points lower for responders with children in psychiatric residential treatment than for those with children in day or outpatient treatment. There were also marked differences regarding items in the Participation domain, especially between day and residential treatment.

Domain scores were compared across MHOs, along with 95 percent confidence intervals (CI), as shown in Table 5. Again, only those responders whose children received outpatient services are included, because psychiatric residential treatment is not plan-based and not every MHO offers day treatment services.

Table 5. Domain scores by MHO, compared with aggregate: Outpatient only.

MHO (n)	Access (CI)	Participation (CI)	Cultural Sensitivity (CI)	Appropriate-ness (CI)	Outcome (CI)
ABHA (207)	69 (63-75)	73 (67-80)	87 (82-91)	59 (52-66)	56 (49-63)
CCMHO (154)	65 (57-73)	68 (61-76)	83 (77-89)	56 (49-64)	54 (46-62)
FamilyCare (47)	60 (45-74)	69 (57-84)	79 (67-91)	47 (32-62)	48 (34-64)
GOBHI (256)	67 (61-73)	67 (61-73)	82 (77-87)	55 (49-61)	52 (46-59)
JBH (364)	68 (63-73)	73 (70-79)	84 (81-88)	58 (54-64)	51 (46-56)
LaneCare (517)	72 (68-76)	76 (72-80)	86 (82-89)	65 (61-89)	63 (58-67)
MVBCN (702)	68 (64-71)	74 (70-77)	88 (86-91)	63 (60-68)	57 (53-61)
VIBHS (581)	63 (59-67)	72 (68-76)	86 (84-89)	58 (54-62)	53 (49-57)
WCHHS (142)	62 (54-70)	72 (64-79)	81 (76-89)	59 (51-67)	60 (53-69)
Aggregate (2970)	**66 (65-69)**	**72 (71-74)**	**86 (84-87)**	**60 (59-62)**	**56 (54-58)**

Finally, domain scores were compared among the three different types of treatment facilities, with 95 percent confidence intervals, as shown in Table 6.

Table 6. Domain scores by facility type, compared with aggregate.

Facility type (n)	Access (CI)	Participation (CI)	Cultural Sensitivity (CI)	Appropriate-ness (CI)	Outcome (CI)
Outpatient (3000)	67 (65-69)	73 (71-74)	85 (84-87)	60 (59-62)	56 (54-58)
Residential (101)	53 (43-62)	72 (62-80)	79 (71-87)	54 (44-63)	54 (45-64)
Day (112)	69 (60-77)	83 (75-89)	91 (86-96)	72 (63-80)	58 (49-67)
Aggregate (3213)	**67 (65-68)**	**73 (72-75)**	**86 (84-87)**	**61 (59-62)**	**56 (54-58)**

Participation, Cultural Sensitivity, and Appropriateness domain scores were higher than the aggregate among responders whose children received day treatment services. Responders whose children were treated in psychiatric residential facilities scored the Access and Cultural Sensitivity domains lower than the aggregate.

Demographic comparisons

Chi-square tests for independent samples were used to evaluate statistically significant differences among subgroups.

Domain scores by age group

Family members' responses were analyzed in four age groups based on their children's age at the time of the survey: 0–5, 6–11, 12–17, and 18–21. Figure 3 shows the domain scores by age group. Table B-5 in Appendix B presents these data in tabular form.

There was statistically significant variation in the domain scores by age group. Generally, responders with children age 12 or younger rated all domains higher than did responders with older children, with one exception: there were no significant differences in the Access domain among age groups.

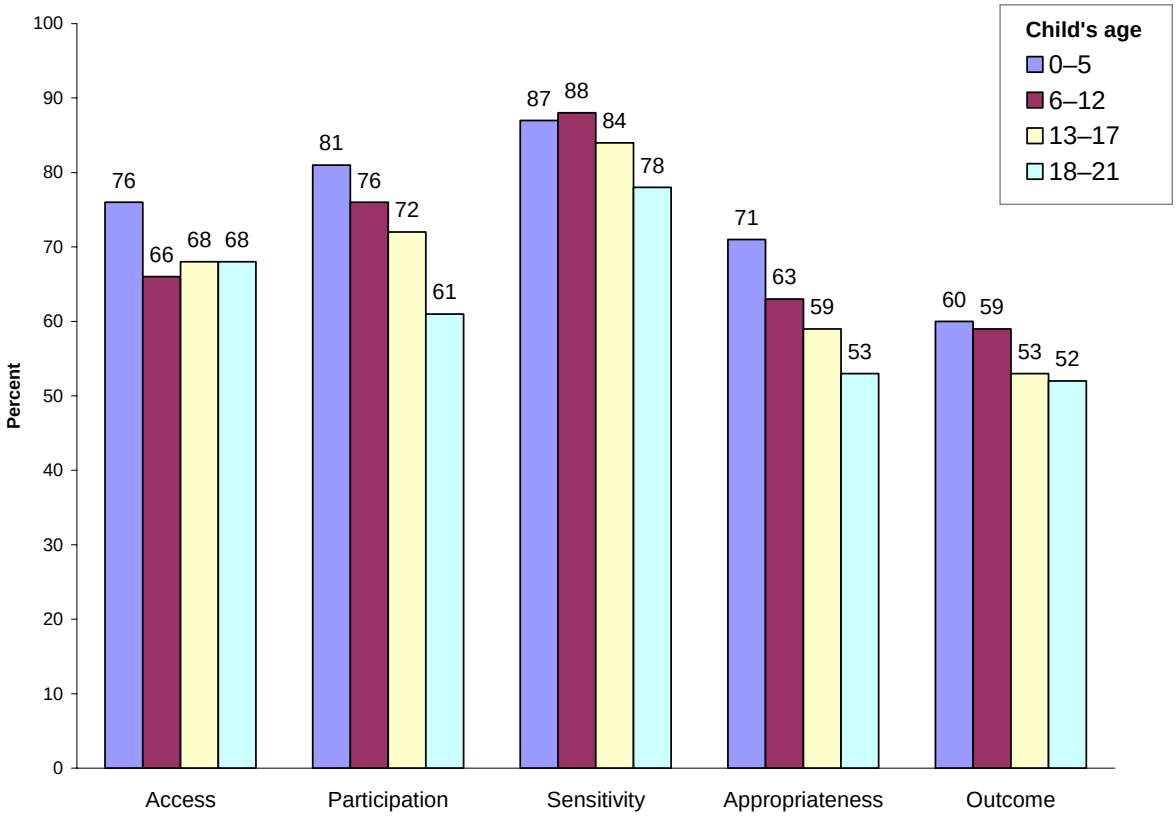

Figure 3. Domain scores by child's age.

Domain scores by gender

Table 7 shows the domain scores by gender group.

Table 7. Domain scores by child's gender.

Domain	Female	Male
Access	67	66
Participation*	70	75
Cultural Sensitivity	85	86
Appropriateness*	62	60
Outcome*	59	54

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

Responders with female children reported significantly higher scores in the Appropriateness and Outcome domains than did responders with male children. In contrast, responders with male children reported a significantly higher score for the Participation domain.

Domain scores by rural/urban residence

Responders were classified as rural or urban based on the ZIP code of their current residence, even though their children may have received mental health treatment in an urban 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."[*] Domain scores by responders' place of residence are displayed in Table 8.

Table 8. Domain scores by rural/urban residence.

Domain	Rural	Urban
Access	68	66
Participation	73	73
Cultural Sensitivity	85	86
Appropriateness	60	61
Outcome*	54	57

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

Responders living in urban areas reported a statistically significantly higher Outcome domain score than did those living in rural areas.

[*] For a list of rural and urban towns in Oregon based on this definition, see the Office of Rural Health website at www.ohsu.edu/oregonruralhealth/urbanruralcheck.pdf.

Domain scores by race/ethnicity

Responders were classified by race/ethnicity as Black, Hispanic, Native American, White, Other, and Unknown. Domain scores by race/ethnicity, excluding Other and Unknown, are displayed in Table 9.

Table 9. Domain scores by race/ethnicity.

Domain	Black (n=165)	Hispanic (n=157)	Native American (n=141)	White (n=2666)
Access	69	71	65	67
Participation*	81	78	75	72
Cultural Sensitivity	90	88	89	85
Appropriateness*	66	68	66	59
Outcome*	58	57	68	55

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

There was a significant variation in the Participation, Appropriateness, and Outcome domain scores, with lower percentages of whites reporting satisfaction, compared with other racial and ethnic groups.

Domain scores by child's service status

About 56 percent of the survey responders confirmed that their children were still receiving services when they completed the survey; 4 percent stated they did not know the status of their children's services. For analysis, responders were assigned to two different groups based on their response to the question "Is your child still receiving mental health services?" Those who reported that they did not know the status of their children's services were eliminated from this analysis. Domain scores were computed for each group, as shown in Figure 4. Table B-6 in Appendix B presents these data in tabular form.

Across all domains, significantly higher percentages of responders whose children were still receiving services reported being satisfied, compared with responders whose children were no longer receiving services.

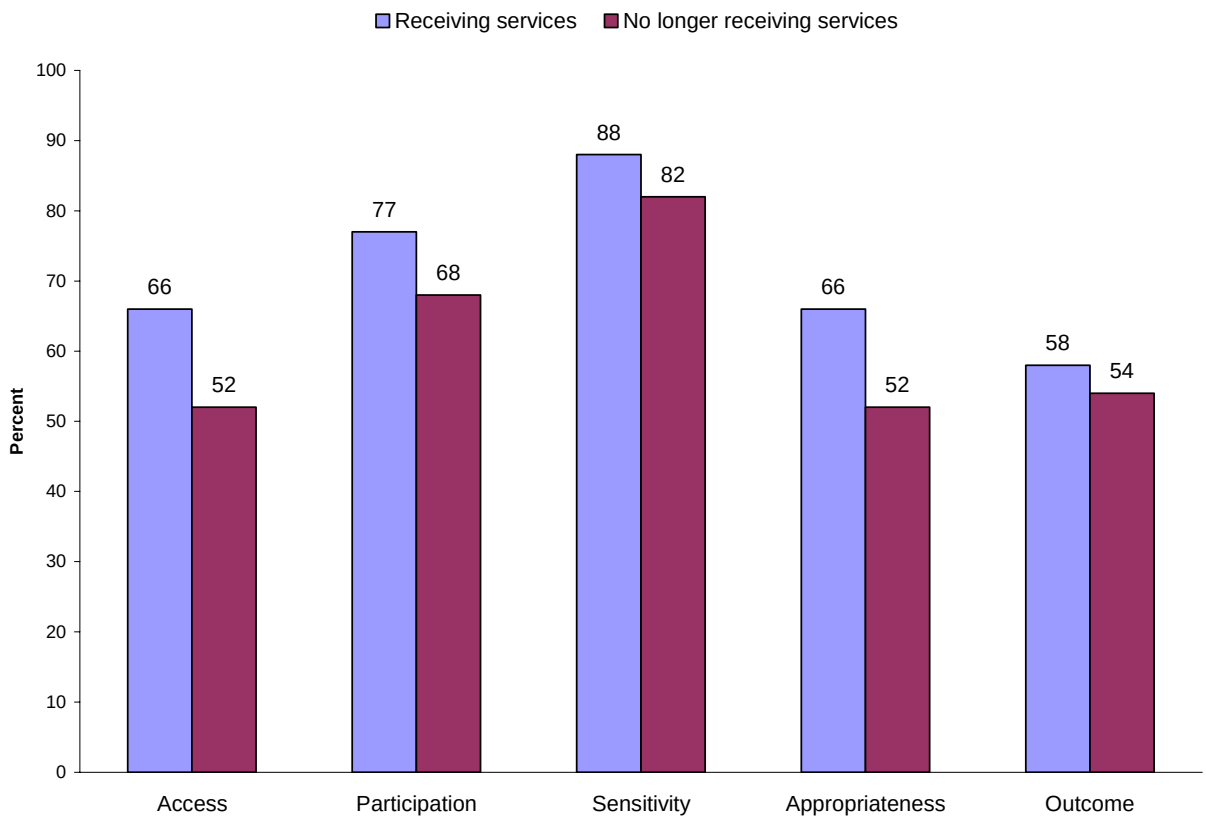

Figure 4. Domain scores by child's service status.

Coordination of services

Survey responders reported their levels of satisfaction regarding the coordination of services within the mental health system. Overall, 55 percent of responders reported being satisfied (Agree or Strongly Agree on the five-point Likert scale) with the coordination of mental health services among different providers.

Many children served by OHP mental health care providers also receive other services from the state. Responders were asked about their levels of satisfaction with the coordination of their children's mental health services with six external agencies: child welfare, the Oregon Youth Authority (OYA), juvenile justice, the educational system, developmental disabilities services, and substance abuse treatment. The percentage of responders who gave a coordination score (as opposed to "Does not apply," implying that their child was not involved with that particular service) for each organization is presented in Figure 5.

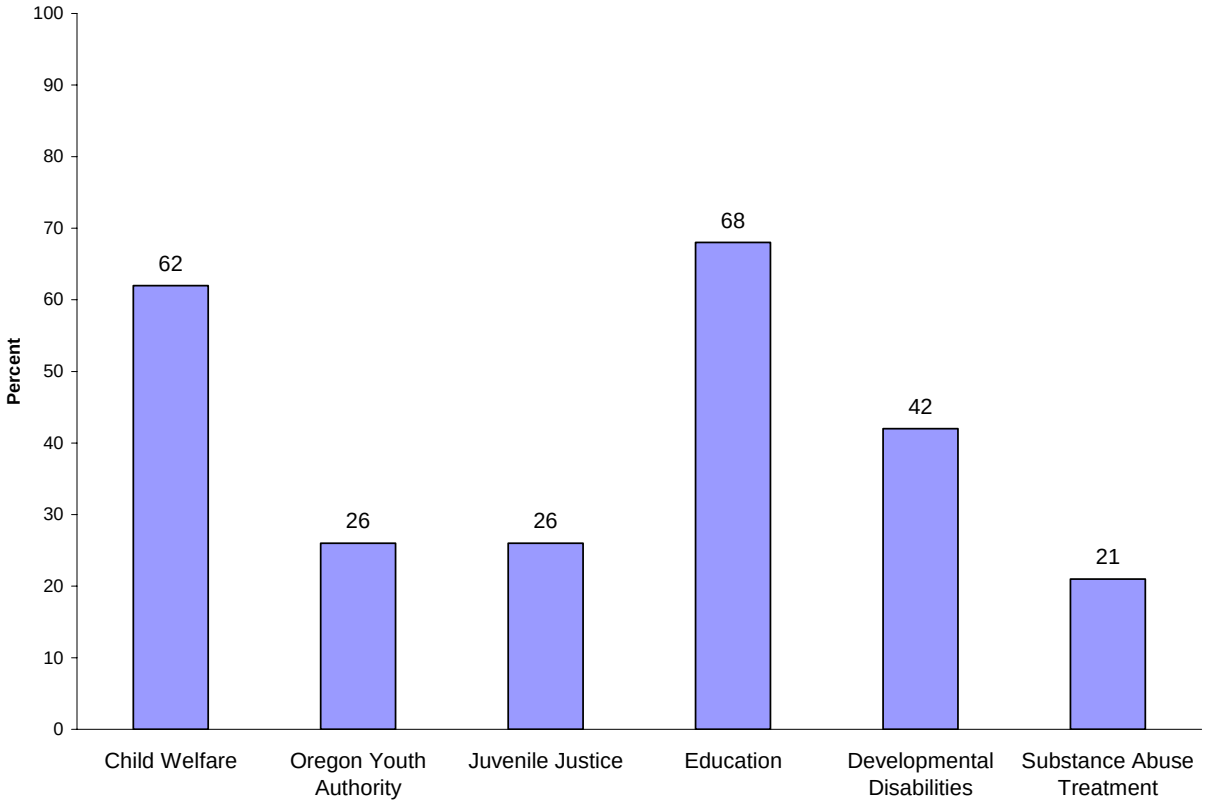

Figure 5. Percent of responders reporting a coordination score for non-mental health services.

On average, responders reported needing coordination with two of these agencies (median and mode both = 2). However, 19 percent of responders implied that their children did not interact with any of these services, while 15 percent reported a coordination score for all six entities (see Figure 6).

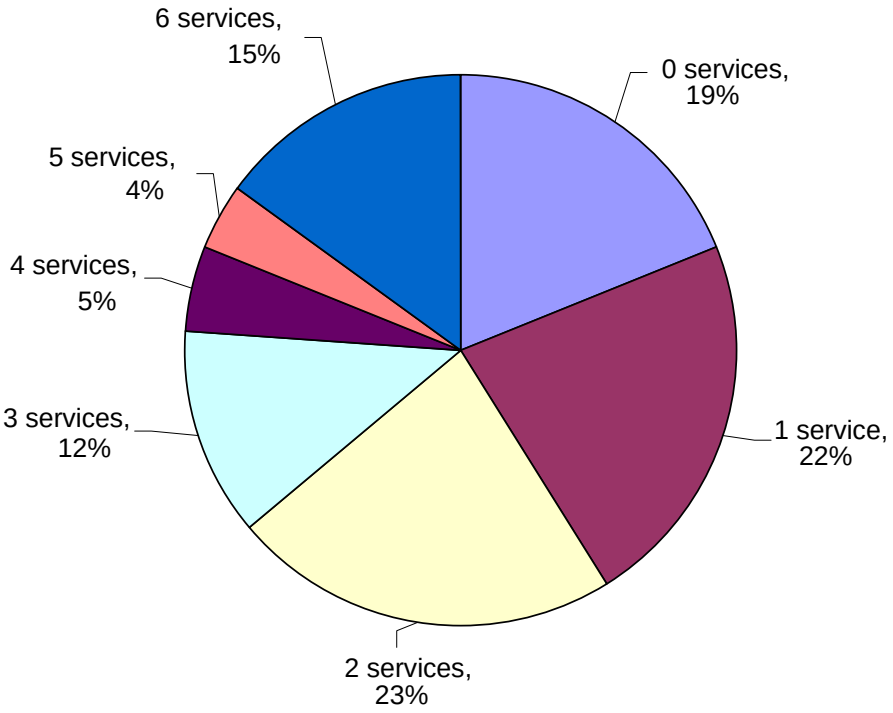

Figure 6. Numbers of non-mental health services for which responders' children required coordination.

Table 10 shows the percentage of responders who either "strongly agreed" or "agreed" that they were satisfied with the coordination of services among the specified agencies.

Table 10. Percent satisfied with coordination of services, by external agency.

Service (n)	% satisfied
Child Welfare (1893)	61
Oregon Youth Authority (753)	46
Juvenile Justice (736)	48
Education (2079)	56
Developmental Disabilities (1227)	52
Substance Abuse Treatment (594)	49

Overall, the lowest percentages of satisfaction were reported for coordination between mental health services and the legal system (OYA, juvenile justice) and between mental health services and substance abuse treatment.

The percent of responders satisfied with the coordination of services was broken down according to the facility in which the child received treatment (Table 11).

Table 11. Percent satisfied with coordination of specific services, by facility type.

	% (n) satisfied with coordination of services		
Service	**Outpatient**	**Day**	**Residential**
Among different providers	56 (2413)	65 (102)	48 (103)
Child Welfare	60 (1736)	71 (79)	58 (78)
Oregon Youth Authority	46 (704)	62 (21)	43 (28)
Juvenile Justice	46 (680)	61 (23)	58 (33)
Education	55 (1882)	74 (106)	66 (91)
Developmental Disabilities	51 (1114)	63 (67)	52 (46)
Substance Abuse Treatment	48 (557)	56 (16)	43 (21)

Generally, responders whose children were receiving services in a day treatment facility reported the highest percentages of satisfaction regarding coordination of specific services.

The percent of responders satisfied with the coordination of each service also was broken down by MHO (Table 12).

Table 12. Percent satisfied with coordination of specific services, by MHO.

Service	ABHA (218)	CCMHO (164)	Family Care (49)	GOBHI (274)	JBH (380)	Lane Care (542)	MVBCN (733)	VIBHS (617)	WCHHS (153)
Among different providers	57 (161)	56 (127)	43 (30)	53 (225)	53 (299)	58 (407)	56 (560)	57 (467)	53 (114)
Child Welfare	48 (111)	43 (77)	38 (24)	62 (154)	58 (200)	63 (322)	64 (402)	60 (354)	61 (77)
Oregon Youth Authority	43 (53)	34 (32)	43 (7)	47 (71)	39 (77)	53 (116)	45 (172)	47 (129)	52 (42)
Juvenile Justice	45 (47)	35 (31)	43 (7)	56 (71)	33 (76)	54 (105)	46 (177)	43 (124)	54 (37)
Education	54 (132)	53 (92)	33 (27)	49 (180)	48 (222)	61 (333)	58 (419)	55 (380)	56 (82)
Developmental Disabilities	49 (75)	50 (48)	29 (14)	47 (111)	48 (136)	53 (180)	52 (247)	54 (233)	47 (59)
Substance Abuse Treatment	48 (42)	35 (26)	50 (6)	47 (53)	48 (63)	56 (86)	50 (138)	42 (109)	58 (31)

Family members who reported that their children were still receiving mental health services were more likely to report satisfaction with the coordination of specific services than were family members whose children were no longer receiving mental health services (Figure 7 and Table B-7, Appendix B).

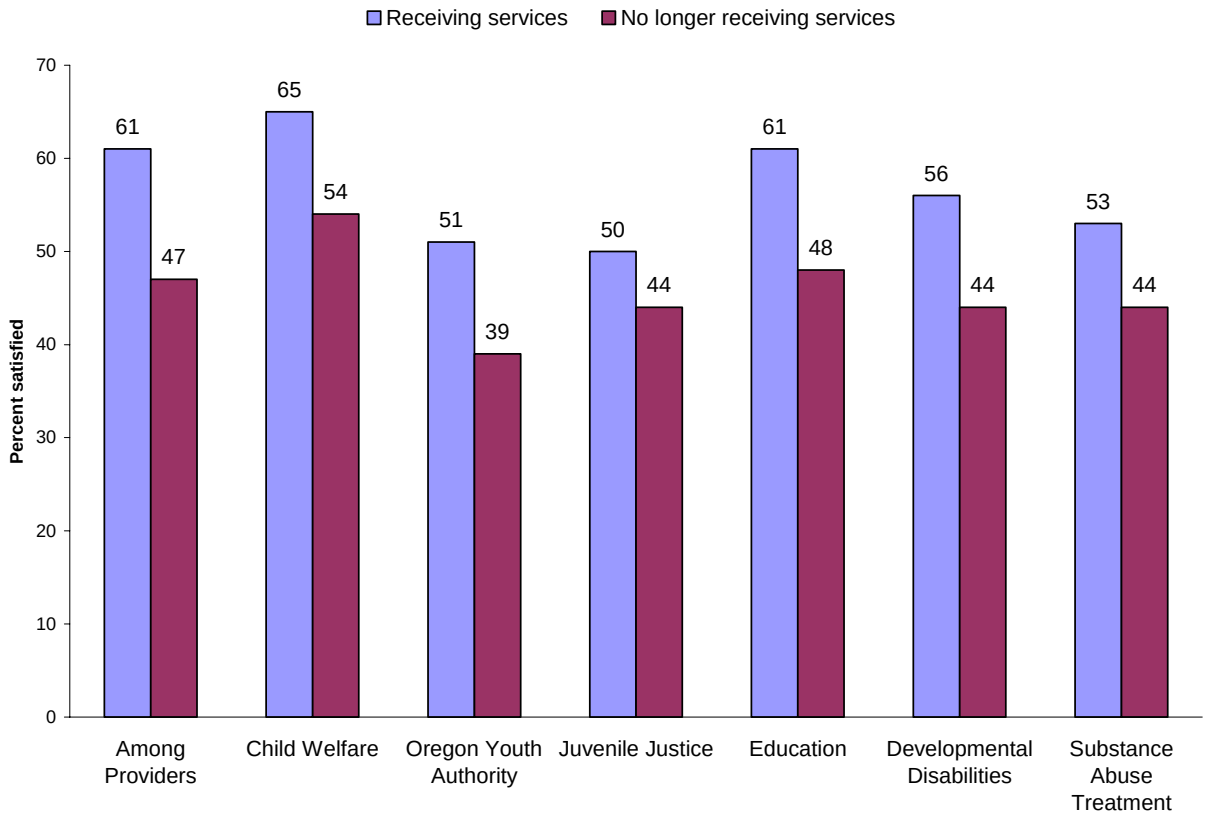

Figure 7. Percent satisfied with the coordination of specific services, by child's service status.

Analysts assessed the *relatedness* of satisfaction with the coordination of different services and found that all seven coordination variables were highly correlated.[†] This high level of relatedness made it feasible to create a single variable for satisfaction with the coordination of services received. Examining a single variable rather than the results of seven separate coordination variables allows a more global examination of family members' satisfaction regarding the coordination of *all* state services with the mental health system.

When the satisfaction scores of all services received by a responder's child were averaged together, the mean level of agreement regarding whether a responder was satisfied with the coordination of all services received was 3.4 (sd = 1.06), falling

[†] A calculation of internal reliability showed that Cronbach's alpha equaled .95.

between "Undecided" and "Agree" on the Likert scale. When computed as a binary score, 48 percent of responders had a satisfaction mean of 3.5 or less; 52 percent had a satisfaction mean of more than 3.5.

Next, analysts examined the percentage of responders who agreed that they were satisfied with the coordination between their mental health services and all other services received according to treatment facility type (Table 13).

Table 13. Percent satisfied with coordination of all services received, by facility type.

Facility type	% satisfied
Day	66
Residential	52
Outpatient	52

A higher percentage of responders whose children were in day treatment reported being satisfied with the coordination of services, compared to responders whose children were receiving psychiatric residential or outpatient services.

Satisfaction with the coordination of all services received was also computed separately for each MHO (Table 14).

Table 14. Percent satisfied with coordination of all services received, by MHO.

MHO (n)	% satisfied
ABHA (187)	51
CCMHO (141)	52
FamilyCare (38)	37
GOBHI (251)	49
JBH (333)	48
LaneCare (460)	58
MVBCN (624)	53
VIBHS (533)	52
WCHHS (124)	48
Aggregate (2719)	**52**

Finally, 57 percent of those whose children were still receiving mental health services were satisfied with the coordination of all services received, compared with 44 percent of those whose children were no longer receiving services.

Discussion and Conclusions

This report summarizes the findings of a statewide survey of family members' perceptions about the way mental health services are delivered to their children. This section highlights and expands on certain key results presented earlier.

Domain scores

In 2005, more than half of all responders reported being satisfied with all five of the domains of the YSS-F: location of services (Access), family involvement in treatment decision making (Participation), staff sensitivity to enrollees' culture (Cultural Sensitivity), satisfaction with services (Appropriateness), and treatment outcome (Outcome). Specific scores by domain are shown below.

Domain	% satisfied
Access	67
Participation	73
Cultural Sensitivity	86
Appropriateness	61
Outcome	56

When compared with scores from 2004, the Access, Appropriateness, and Cultural Sensitivity domain scores from 2005 were similar, whereas there was a 6 percent decrease in the Appropriateness score and a 7 percent decrease in the Outcome domain score from 2004 to 2005. All MHOs scored similarly across all domains in 2005.

Difficulties within these domains of care have been documented elsewhere. For example, researchers have documented problems with access to child psychiatrists and prescription services in Oregon.[8] The CSCI implementation meetings have noted the need to increase family participation in treatment decisions and to assess levels of need properly by using the Child and Adolescent Service Intensity Instrument to determine the appropriate level of care placement. Continued work on the CSCI is expected to increase satisfaction levels across domain scores, especially for families of children in psychiatric residential treatment.

Contrary to expectations, there were scant differences in satisfaction scores between urban and rural responders. Often, people living in rural areas are known to have less access to quality mental health care when compared to people living in urban areas.[9,10] The insignificant differences in this survey may reflect the fact that many of the children received care in urban settings even though they lived in rural areas, thus making the distinction between rural and urban care less clear.

There were, however, marked differences between the levels of satisfaction reported by responders whose children were still receiving services and by those whose children were no longer receiving services. Across all five domains, significantly higher percentages of responders whose children were still receiving services reported being satisfied, compared with those whose children were no longer receiving services. Further investigation is needed to determine whether lower satisfaction is a cause or a result of care termination.

Responders whose children received day treatment services tended to report satisfaction in higher percentages across domains, while often those whose children received psychiatric residential services reported lower domain scores. Day treatment domain scores could be higher because this type of care is more structured than outpatient treatment, yet allows for integration of enrollees in the community as enrollees continue to live at home. Domain scores for psychiatric residential treatment may be lower because these enrollees are receiving more acute care and are separated from family members, making communication and family participation more difficult. Larger samples of responders whose children received day and residential treatment might contribute to a better understanding of these differences. Although the response rates for family members whose children receive day and residential treatment were good (31 and 24 percent, respectively), the sample sizes were small. Targeted efforts to increase response rates may prove beneficial for future investigations, as larger sample sizes will permit more sophisticated analyses.

Other demographic differences were apparent among domain scores. Generally, family members of children over age 12 reported satisfaction less often than did family members of younger children. Responders with older children may be less satisfied with their children's mental health treatment because adolescents often are treated for more acute and/or complex conditions. Also, the parent-child relationship during the transitional developmental phase of adolescence could be influencing satisfaction with care.

Gender differences across domain scores were mixed. Some scores were reported higher by responders with female children (Appropriateness and Outcome); one score was reported higher by responders with male children (Participation); and two scores showed no gender differences (Access and Cultural Sensitivity).

Looking at domain scores by race/ethnicity, lower percentages of whites reported satisfaction across all domains. This result, however, should be interpreted with caution. Research has shown that minorities are more likely to rate the quality of their care higher than non-minorities, despite quantitative differences in other

measures of care that show the opposite to be true. For example, Hispanic people often rate the quality of their health care higher than do whites.[11] Weighting systems have been developed to account for these reporting differences in other surveys, such as CAHPS.[12] Similar analysis techniques should be used before drawing conclusions regarding differences in satisfaction of care among people of different cultural backgrounds. In addition, mental health treatment is stigmatized more strongly in some minority groups than in the non-minority population,[13] possibly limiting the number of people of color who seek treatment. In addition, people who chose to respond to the survey went through a self-selection bias. Thus, domain scores from the populations of people of color who are both receiving mental health treatment and who choose to respond to a survey focusing on mental health may not necessarily represent the experience of the entire population.

Coordination of services

The 2005 survey marked the first time that OMHAS surveyed the family members of child mental health service recipients about the level of coordination needed and about their satisfaction with the coordination of mental health with other state services—child welfare, OYA, juvenile justice, education, developmental disabilities, and substance abuse treatment. These results will serve as baseline data as the monitoring of coordination of services continues.

Many family members reported interacting with several services. On average, family members reported using two of the other six services in addition to mental health. More than half of responders reported working with the child welfare (62 percent) and educational (68 percent) systems. Fifteen percent reported working with all six services in addition to mental health.

Overall, the survey revealed moderate satisfaction with coordination of services. The highest percentage of responders reported being satisfied with coordination between mental health services and child welfare (60 percent), while the lowest percentages reported being satisfied with coordination between mental health and OYA (46 percent), juvenile justice (48 percent), and substance abuse treatment (49 percent). Parallel to the performance domain score results, lower percentages of family members whose children were no longer receiving mental health services reported being satisfied with the coordination of services, compared with family members whose children were still receiving services. Since this study could not determine causality, further investigation is needed to determine whether low satisfaction rates are influencing the cessation of care, or whether no longer receiving services has an effect on satisfaction ratings.

Next steps

Ongoing surveys of consumers' attitudes about OHP mental health care and the coordination of care among different state services will guide OMHAS in moving toward a more family-driven and individualized model of mental health care.

The 2005 survey results show room for improvement in increasing the satisfaction of the family members of children who receive state-funded mental health services. OMHAS will continue to implement a strategy for improving and monitoring the children's treatment system through collaboration with community mental health programs, MHOs, OMHAS's Planning and Management Advisory Council and Children's System Advisory Council, advocacy groups, and local and state agency partners. As part of this strategy, OMHAS will continue to

- identify programs that are performing well and disseminate information about successful programs throughout the state
- identify and systematically implement evidence-based practices for children and adolescents in community mental health settings
- work with MHOs' quality improvement coordinators and their provider systems to improve treatment appropriateness and outcomes for children receiving services
- review current Oregon Administrative Rules and contract language to ensure that those provisions support the goals of the CSCI

In addition, the coordination of mental health services with other state-funded programs could improve. Given that many responders reported interacting with several external state agencies to obtain care for their children, addressing the coordination of services will be a priority.

Widespread implementation of the CSCI can put OMHAS at the forefront of resolving the need for care coordination among children with mental health care needs. OMHAS will continue to integrate services through the CSCI, focusing on centralizing the coordination of services received by children needing mental health care and other state-funded services. A careful evaluation of this endeavor through a statewide performance improvement project also could be beneficial to demonstrate progress and promise.

[8] Semansky RM, Koyanagi C. Accessing Medicaid's child mental health services.

[9] National Rural Health Association. Mental *Health in Rural America*. Issue Paper 14 (May 1999). Available online at: http://www.nrharural.org/advocacy/sub/issuepapers/ipaper14.html. Accessed December 12, 2005.

[10] Anderson RL, Estle G. Predicting level of mental health care among children in a delivery system in a rural state. *J Rural Health*. 2001 Summer;17(3):259–265.

[11] 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.

[12] 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.

[13] U.S. Department of Health and Human Services. *Mental Health: Culture, Race and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration, Center for Mental Health Services. Washington, DC. 2001.

Appendix A. YSS-F Survey Form

[English survey]

Oregon Department of Human Services
Office of Mental Health and Addiction Services
YOUTH SERVICES SURVEY FOR FAMILIES

Please tell us about the [ ] services your child [ ] received **OVER THE PAST 12 MONTHS**. Your answers are completely confidential (private).

Tell us if you **Strongly Disagree, Disagree, Are Undecided, Agree,** or **Strongly Agree** with each statement below.

OVER THE PAST 12 MONTHS:

1. **I have been satisfied with the services my child receives.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

2. **I helped to choose my child's services.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

3. **I helped to choose my child's treatment goals.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

4. **The people helping my child stuck with us no matter what.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

5. **I felt my child had someone to talk to when s/he was troubled.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

6. **I participated in my child's treatment.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

QUESTIONS CONTINUE ON NEXT PAGE →

7. **The services my child and/or family received were right for us.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

8. **The location of services was convenient for us.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

9. **Services were available at times that were convenient for us.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

10. **My family got the help we wanted for my child.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

11. **My family got as much help as we needed for my child.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

12. **Staff treated me with respect.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

13. **Staff respected my family's religious/spiritual beliefs.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

14. **Staff spoke with me in a way that I understood.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

15. **Staff were sensitive to my cultural/ethnic background.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

QUESTIONS CONTINUE ON NEXT PAGE

COMPARED WITH 12 MONTHS AGO:

16. **My child is handling daily life better.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

17. **My child is getting along better with family members.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

18. **My child is getting along better with friends and other people.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

19. **My child is doing better in school and/or at work.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

20. **My child is better able to cope when things go wrong.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

21. **I am more satisfied with our family life.** (CIRCLE ONE)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

22. **Is your child currently receiving mental health services?** (CHECK ONE)

☐ Yes ☐ No ☐ Don't know

23. **Where did your child live <u>in the past 12 months</u>?** (CHECK ALL THAT APPLY)

☐ a. With one or both parents
☐ b. With another family member
☐ c. With a friend
☐ d. Foster home
☐ e. Crisis Shelter
☐ f. Homeless shelter
☐ g. Group home
☐ h. Residential treatment center
☐ i. Hospital
☐ j. Local jail or detention facility
☐ k. State correctional facility
☐ l. Runaway/homeless/on the streets
☐ m. Other (describe): _____

QUESTIONS CONTINUE ON NEXT PAGE →

24. **Was your child arrested by the police at any time in the past 12 months?**

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

25. **In the past 12 months, I have been satisfied with the ***coordination*** of mental health services for my child among different providers.**

Does Not Apply	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
0	1	2	3	4	5

26. **I have been satisfied with the coordination of services for my child between these agencies and mental health providers in the past 12 months.** (ANSWER ALL THAT APPLY)

Mental Health coordination with Child Welfare

Does Not Apply	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
0	1	2	3	4	5

Mental Health coordination with Oregon Youth Authority

Does Not Apply	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
0	1	2	3	4	5

Mental Health coordination with Juvenile Justice

Does Not Apply	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
0	1	2	3	4	5

Mental Health coordination with Education

Does Not Apply	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
0	1	2	3	4	5

Mental Health coordination with Developmental Disabilities

Does Not Apply	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
0	1	2	3	4	5

Mental Health coordination with Substance Abuse Treatment

Does Not Apply	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
0	1	2	3	4	5

Thank you for taking the time to answer these questions!

[Spanish survey]

Departamento de Servicios Humanos de Oregon
Oficina de Servicios de Salud Mental y Adicciones
ENCUESTA PARA FAMILIAS SOBRE SERVICIOS PARA JÓVENES

Cuéntenos sobre los servicios de [ ] que su hijo [ ] recibió **DURANTE LOS ÚLTIMOS 12 MESES**. Sus respuestas son totalmente confidenciales (privadas).

Díganos si está **totalmente en desacuerdo, en desacuerdo, indeciso, de acuerdo** o **totalmente de acuerdo** con cada una de las siguientes afirmaciones.

DURANTE LOS ÚLTIMOS 12 MESES:

1. **Estoy satisfecho con los servicios que mi hijo recibe.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

2. **Ayudé a elegir los servicios de mi hijo.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

3. **Ayudé a elegir los objetivos de tratamiento de mi hijo.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

4. **La gente que ayudó a mi hijo nos apoyó en todo momento.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

5. **Supe que mi hijo tenía alguien con quien hablar cuando estaba preocupado/a.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

6. **Participé en el tratamiento de mi hijo.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

LAS PREGUNTAS CONTINÚAN EN LA PÁGINA SIGUIENTE

7. **Los servicios que mi hijo y/o mi familia recibió fueron correctos para nosotros.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

8. **La ubicación de los servicios fue cómoda para nosotros.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

9. **Los servicios estuvieron disponibles momentos convenientes para nosotros.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

10. **Mi familia recibió la ayuda que deseábamos para mi hijo.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

11. **Mi familia recibió toda la ayuda que necesitábamos para mi hijo.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

12. **El personal me trató con respeto.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

13. **El personal respetó las creencias religiosas o espirituales de mi familia.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

14. **El personal me habló de una manera que entendí.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

15. **El personal fue sensible a mi origen cultural/étnico.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

LAS PREGUNTAS CONTINUAN EN LA PÁGINA SIGUIENTE

EN COMPARACIÓN CON 12 MESES ATRÁS:

16. **Mi hijo está manejando mejor su vida diaria.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

17. **Mi hijo se lleva mejor con los miembros de la familia.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

18. **Mi hijo se lleva mejor con los amigos y otras personas.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

19. **A mi hijo le va mejor en la escuela y/o en el trabajo.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

20. **Mi hijo está mejor capacitado para arreglárselas cuando las cosas van mal.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

21. **Estoy más satisfecho con nuestra vida familiar.** (MARQUE UNA)

Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
1	2	3	4	5

22. **¿Recibe su hijo actualmente servicios de salud mental?** (MARQUE UNA)

☐ Sí ☐ No ☐ No sé

23. **¿Dónde vivió su hijo durante los últimos 12 meses?** (MARQUE TODAS LAS QUE CORRESPONDAN)

- ☐ a. Con uno o ambos padres
- ☐ b. Con otro miembro de la familia
- ☐ c. Con un amigo
- ☐ d. Hogar de acogida
- ☐ e. Alojamiento de crisis
- ☐ f. Alojamiento para personas sin hogar
- ☐ g. Hogar de grupo
- ☐ h. Centro de tratamiento residencial
- ☐ i. Hospital
- ☐ j. Prisión o centro de detención local
- ☐ k. Institución correccional del estado
- ☐ l. Fugitivo/sin hogar/en la calle
- ☐ m. Otros (describa): _____

LAS PREGUNTAS CONTINUAN EN LA PÁGINA SIGUIENTE

24. **¿Fue su hijo arrestado por la policía en algún momento durante los últimos 12 meses?**
☐ Sí ☐ No ☐ No sé / No recuerdo

25. **En los últimos 12 meses, estuve satisfecho con la *coordinación* de los servicios de salud mental para mi hijo entre los distintos proveedores.**

No corresponde	Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
0	1	2	3	4	5

26. **He quedado satisfecho con la coordinación de los servicios para mi hijo entre estas agencias y los proveedores de salud mental en los últimos 12 meses.** (CONTESTE TODO LO QUE CORRESPONDA)

Coordinación de Salud Mental con Bienestar del Niños

No corresponde	Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
0	1	2	3	4	5

Coordinación de Salud Mental con la Entidad Juvenil de Oregón (*OYA*)

No corresponde	Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
0	1	2	3	4	5

Coordinación de Salud Mental con la Justicia de Menores

No corresponde	Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
0	1	2	3	4	5

Coordinación de Salud Mental con Educación

No corresponde	Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
0	1	2	3	4	5

Coordinación de Salud Mental con Discapacidades de Desarrollo

No corresponde	Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
0	1	2	3	4	5

Coordinación de Salud Mental con Tratamiento para el Abuso de Sustancias

No corresponde	Totalmente en desacuerdo	En desacuerdo	Indeciso	De acuerdo	Totalmente de acuerdo
0	1	2	3	4	5

Gracias por su tiempo para contestar estas preguntas

Appendix B. Additional Data Tables

Tables B-1 and B-2 display performance domain scores and percentages of agreement with survey items, respectively, for outpatient services only, because no comparable data for residential and day treatment are available for years before 2005. Similarly, Table B-4 reports agreement with survey items by MHO for outpatient services only, because residential treatment is not plan-based and not every MHO offers day treatment services.

Table B-1. Domain scores: Outpatient only, 2002–2005.

Domain	2002	2003	2004	2005
Access	72	77	64	67
Participation	68	69	76	73
Cultural Sensitivity	89	91	87	86
Appropriateness	62	63	67	61
Outcome	51	54	63	56

Table B-2. Percent who agree or strongly agree with an item: Outpatient only.

		2002	2003	2005
Access				
1	The location of services was convenient	79	78	76
2	Services were available at convenient time	73	75	73
Participation				
3	I helped to choose my child's services	67	68	70
4	I helped to choose my child's treatment goals	70	71	72
5	I participated in my child's treatment	85	85	82
Cultural Sensitivity				
6	Staff treated me with respect	87	87	87
7	Staff respected my family's religious beliefs	84	84	82
8	Staff spoke with me in a way I can understand	91	92	90
9	Staff were sensitive to my cultural background	83	84	83
Appropriateness				
10	Overall, I am satisfied with the services	67	68	69
11	The people helping my child stuck with us	66	67	68
12	I felt my child had someone to talk to	65	67	67
13	The services my child received were right	58	60	63
14	My family got the help we wanted for my child	58	59	60
15	My family got as much help as needed	45	50	50
Outcome				
16	My child is better at handling daily life	54	55	61
17	My child gets along better with family	54	53	61
18	My child gets along better with friends	54	54	60
19	My child is doing better in school or at work	56	58	58
20	My child is better able to cope when things go wrong	50	46	52
21	I am satisfied with our family life right now	49	49	58

Table B-3. Percent who agree or strongly agree with an item, by facility type, 2005.

		Outpatient	Day	Residential
Access				
1	The location of services was convenient	76	72	61
2	Services were available at convenient time	73	77	68
Participation				
3	I helped to choose my child's services	70	82	66
4	I helped to choose my child's treatment goals	72	82	67
5	I participated in my child's treatment	82	93	89
Cultural Sensitivity				
6	Staff treated me with respect	87	91	79
7	Staff respected my family's religious beliefs	82	89	81
8	Staff spoke with me in a way I can understand	90	96	90
9	Staff were sensitive to my cultural background	83	90	79
Appropriateness				
10	Overall, I am satisfied with the services	69	76	65
11	The people helping my child stuck with us	68	74	64
12	I felt my child had someone to talk to	67	78	66
13	The services my child received were right	63	73	57
14	My family got the help we wanted for my child	60	72	52
15	My family got as much help as needed	50	61	42
Outcome				
16	My child is better at handling daily life	61	69	63
17	My child gets along better with family	61	64	60
18	My child gets along better with friends	60	62	57
19	My child is doing better in school or at work	58	63	52
20	My child is better able to cope when things go wrong	52	57	59
21	I am satisfied with our family life right now	58	60	57

Table B-4. Percent who agree or strongly agree with an item, by MHO: Outpatient only.

Item		MHO (number of responses)									
		ABHA (218)	CCMHO (164)	Family Care (49)	GOBHI (274)	JBH (380)	Lane Care (542)	MVBCN (733)	VIBHS (617)	WCHHS (153)	Aggre-gate
1	The location of services was convenient	79	68	69	80	78	78	78	73	67	**76**
2	Services were available at convenient time	73	74	67	69	76	80	74	68	67	**73**
3	I helped to choose my child's services	73	61	71	70	71	73	71	70	65	**70**
4	I helped to choose my child's treatment goals	73	59	67	66	73	76	74	70	69	**72**
5	I participated in my child's treatment	79	82	80	81	85	84	83	81	78	**82**
6	Staff treated me with respect	88	85	84	86	84	89	88	88	83	**87**
7	Staff respected my family's religious beliefs	81	74	82	82	80	84	83	82	82	**82**
8	Staff spoke with me in a way I can understand	90	88	90	88	90	91	93	89	84	**90**
9	Staff were sensitive to my cultural background	85	76	84	83	82	85	84	84	76	**83**
10	Overall, I am satisfied with the services	74	65	59	63	68	74	70	67	65	**69**
11	The people helping my child stuck with us	67	64	55	59	66	72	74	67	61	**68**
12	I felt my child had someone to talk to	65	61	59	62	65	74	70	65	61	**67**
13	The services my child received were right	62	57	53	56	61	70	66	59	60	**63**
14	My family got the help we wanted for my child	57	55	49	54	60	67	62	58	52	**60**

Item		MHO (number of responses)									
		ABHA (218)	CCMHO (164)	Family Care (49)	GOBHI (274)	JBH (380	Lane Care (542)	MVBCN (733)	VIBHS (617)	WCHHS (153)	Aggre-gate
15	My family got as much help as needed	45	40	43	49	50	57	52	48	48	**50**
16	My child is better at handling daily life	58	57	57	56	60	67	63	56	63	**61**
17	My child is better at handling daily life	61	55	57	57	59	66	63	58	61	**61**
18	My child gets along better with friends	64	57	57	60	57	64	61	59	58	**60**
19	My child is doing better in school or at work	57	56	59	57	51	63	59	59	54	**58**
20	My child is better able to cope when things go wrong	50	46	47	49	46	60	52	50	56	**52**
21	I am satisfied with our family life right now	56	52	49	54	56	65	59	58	57	**58**

Table B-5. Domain scores by child's age group.

	Age (n)			
Domain	**0–5 (97)**	**6–12 (1355)**	**13–17 (1010)**	**18–21 (239)**
Access	76	66	68	68
Participation*	81	76	72	61
Cultural Sensitivity*	87	88	84	78
Appropriateness*	71	63	59	53
Outcome*	60	59	53	52

*Indicates statistically significant difference (p<.01).

Table B-6. Domain scores by child's service status.

Domain	**Still receiving services (n=1787)**	**Not receiving services (n=1278)**
Access*	66	52
Participation*	77	68
Cultural Sensitivity*	88	82
Appropriateness*	66	52
Outcome*	58	54

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

Table B-7. Percent satisfied with the coordination of specific services, by child's service status.

Service	**Still receiving mental health services (n=1787)**	**Not receiving mental health services (n=1278)**
Among different providers*	61 (921)	47 (408)
Child Welfare*	65 (811)	54 (333)
Oregon Youth Authority*	51 (206)	39 (107)
Juvenile Justice	50 (205)	44 (108)
Education*	61 (765)	48 (321)
Developmental Disabilities*	56 (421)	44 (159)
Substance Abuse Treatment*	53 (167)	44 (95)

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