



2007 Oregon Youth Services Survey for Families

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

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Presented by

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Addictions and Mental Health Division

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Executive Summary

In mid-2007, the Addictions and Mental Health Division (AMH) surveyed the perceptions of family members¹ about the delivery of mental health services to children enrolled in the Oregon Health Plan (OHP). The Youth Services Survey for Families (YSS-F) was mailed to parents or guardians of children younger than 18 who received OHP mental health services after June 2006. AMH received 2,751 responses, for an overall response rate of 22.3 percent.

The YSS-F probed key issues surrounding family satisfaction in five performance domains: access to services, family participation in treatment, cultural sensitivity, appropriateness of services, and treatment outcome. The survey also collected data on the responding family members' social connectedness, analyzed as a domain in this report. The 2007 survey builds on previous survey results to provide additional trend data for tracking family members' satisfaction with OHP mental health services for children, including comparative 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 programs that provide other services for children: child welfare, the Oregon Youth Authority (OYA), juvenile justice, the educational system, developmental disabilities services, and substance abuse treatment

As modified by AMH, the YSS-F also gathered baseline data in new areas, such as expectations and frequency of services and reasons for beginning services.

AMH will use the survey findings to help guide its ongoing efforts to improve the quality of state-funded mental health services for children through the Children's System Change Initiative (CSCI). The goal of the CSCI, mandated by the Oregon Legislature in 2003, is to serve children in the least restrictive environment possible by moving them, when appropriate, from psychiatric residential treatment and state hospitals into community-based mental health services under managed care.

Highlights of the 2007 survey results are reported on the next page. Other sections of the report present more detailed analysis.

¹ Although the survey was mailed to parents and guardians (including residential treatment centers), this report refers to survey responders as "family members" throughout to maintain consistency with the goals of the Children's System Change Initiative.

Performance domain scores

- For each of the six performance domains, more than half of all responders reported being satisfied, though the domain scores varied widely.
- Compared with 2006, responders in 2007 reported slightly higher levels of satisfaction with access to services, appropriateness of services, participation in services, and treatment outcome. Responders reported about the same levels of satisfaction with cultural sensitivity and social connectedness.
- As in 2006, family members whose children received day treatment services tended to report the highest satisfaction scores across domains in 2007. Responders whose children received outpatient treatment services often reported lower scores.
- For all domains except treatment outcome and social connectedness, satisfaction scores were significantly higher among families whose children were still receiving mental health services than among those whose children were no longer being treated.

Coordination of services

- On average, family members reported receiving special services from two state programs for children in addition to mental health services. Eight out of 10 responders reported coordinating with the educational system, and nearly 6 out of 10 coordinated with child welfare. Twelve percent reported that they coordinated with all six non-mental health services.
- Responders' satisfaction with coordination of services among different mental health service providers improved from 2006 to 2007. Overall, 64 percent of responders reported being satisfied with the coordination of mental health services, compared with 61 percent in the 2006 survey.
- Satisfaction with coordination of children's mental health services with the educational system increased from 2006 to 2007. However, satisfaction with coordination of *all* services the child received fell for children served in all treatment settings.
- The highest satisfaction scores were reported for coordination of mental health services with services provided by education (73 percent) and child welfare (68 percent). Lower satisfaction was reported for coordination with substance abuse treatment (42 percent), the OYA (45 percent), juvenile justice (49 percent), and developmental disabilities (55 percent).

Introduction

In 2002, AMH began sending the standardized YSS-F questionnaire to the families of children who received outpatient mental health services through OHP. The YSS-F, developed through the Mental Health Statistical Improvement Project (MHSIP) and endorsed by the National Association of State Mental Health Program Directors (NASMHPD),² is designed to measure perceptions of services received by children within five performance domains:

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

These five domains are central to ongoing quality improvement efforts and are integral to the transformation of state-funded mental health services for children through the CSCI, set in motion in 2003 by the Oregon Legislature.

In 2005, AMH expanded the scope of the YSS-F by

- expanding the survey population to include the families of children who received *psychiatric residential* and *day treatment* facilities
- adding questions about the *coordination* of services for children—both within the mental health system and between mental health care providers and other state-funded services outside the system
- mailing the survey to all families of children receiving OHP services within a defined period, rather than to only a sample of those families

Coordination of services for children who need mental health care is considered a best practice for improving mental health outcomes and is a key focus of the CSCI. Greater emphasis on community-based treatment and cross-agency collaboration has been shown to improve mental health care for children.³ The most effective interventions address all aspects of the child's and the family's lives, including physical and mental health, family and peer relations, and needs for financial, social, and academic supports. Effective interventions also require communication and collaboration among those providing services for the child and family, so that assessment, treatment planning, and intervention can be coherent, consistent, and comprehensive. Coordination of services within communities is imperative for the

² For more information, see the MHSIP website at www.mhsip.org.

³ Semansky RM, Koyanagi C. Accessing Medicaid's child mental health services: The experience of parents in two states. *Psychiatr Serv* (2003)54:475–476.

success of the CSCI, which seeks to increase the availability and quality of individualized, intensive home and community-based services.

The 2006 and 2007 surveys collected comparative data with which to track family members' satisfaction with residential and day treatment services and with service coordination. The 2007 domain scores for children receiving outpatient services are comparable to results from the 2002 through 2006 surveys.

In 2006, AMH further expanded the scope of the YSS-F by adding questions about the responding family member's satisfaction with his or her *social connectedness*, a new domain recommended by the NASMHPD workgroup. AMH also added questions regarding each child's school attendance, arrest history, and use of alcohol or illegal drugs. The 2007 survey continued data collection in those areas, providing comparative data for the social connectedness domain (presented in the Results section of this report) and descriptive data on school attendance, arrest history, and alcohol/drug use (analyzed in Appendix A).

Methodology

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

The standardized YSS-F survey instrument presents questions designed to measure satisfaction in the domains of access to services, family participation in treatment, cultural sensitivity, appropriateness of services, and treatment outcome. The survey uses a five-point Likert scale, with responses ranging from “Strongly Agree” (5) to “Strongly Disagree” (1). For the 2007 survey, as in 2006, AMH incorporated additional questions about family satisfaction with the coordination of services; the social connectedness of adult caregivers; and the child’s school attendance, arrest history, and use of alcohol or illegal drugs. New questions in 2007 addressed the responder’s expectations of mental health services, frequency of services, and reasons for beginning services.

Appendix C presents the complete 2007 survey questionnaire in both English and Spanish.

Survey methods

The 2007 survey population included parents or guardians of 12,520 children who had received mental health services between June and December 2006, as identified by claims and encounter data from the Division of Medical Assistance Programs (DMAP). All children were younger than 18 when they received services.

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

- A child who received at least one day of psychiatric residential services was categorized solely in the *Residential* group.
- A child who received at least one day of day treatment services but received no psychiatric residential services was categorized solely in the *Day* treatment group.
- A child who received only outpatient services was categorized solely in the *Outpatient* group.

Letters were mailed to all potential participants on May 25, 2007, 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 DMAP enrollment data file. The first survey mailing occurred on June 14.

After filtering out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on July 23.

Survey response

The initial mailing list of 12,520 potential participants contained 159 family members for whom no valid address could be identified or who asked to be removed from the mailing list. From the remaining 12,361 surveys mailed to valid addresses, 2,751 responders returned a survey form by the September 15 deadline, for an overall response rate of 22.3 percent. Surveys received after September 15 were excluded from 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 child in the survey was categorized as being enrolled in a given MHO at the most recent time of service, except when the state did not identify the MHO or when the child was classified as a fee-for-service (FFS) client. Those in residential or day treatment facilities were not included in the analysis by MHO because of the relatively low numbers of responses in the sample.

Table 1 displays the survey response from families whose children received outpatient services through identified MHOs. Note: The table excludes responses for children who were not assigned to an MHO for analytical purposes or who were classified as FFS. However, those children are included in the statewide analyses. Table 2 reports the response rate by the type of treatment setting. Table 3 shows response rates by enrollee demographic variables.

Table 1. Survey response rate by MHO: Outpatient only.

MHO	Number of responses	Number of surveys sent	Response rate (%)
ABHA	117	527	22
CMHO	142	718	20
FamilyCare	42	260	16
GOBHI	248	1116	22
JBH	404	1811	22
LaneCare	398	1617	25
MVBCN	534	2313	23
VIBHS	499	2303	22
WCHHS	189	907	21

Table 2. Survey response rate by treatment setting.

Setting	Number of responses	Number of surveys sent	Response rate (%)*
Outpatient	2578	11641	22
Day	103	363	28
Residential	70	357	20

*Indicates a statistically significant difference in response rates among facility types.

Table 3. Survey response rate by demographic characteristic.

Characteristic	Number of responses	Number of surveys sent	Response rate (%)	
Sex	Female	1171	5429	22
	Male	1580	6932	23
Age group	0–5	230	1151	20
	6–12	1445	6387	23
	13–17	1076	4823	22
Race/Ethnicity*	Non-White	481	2351	20
	White	2136	9438	23
Rural/Urban*	Rural	1076	4511	24
	Urban	1662	7795	21

*Indicates a statistically significant difference in response rates between demographic groups.

Data analysis

Data analysis followed the methodology established for the national YSS-F. Satisfaction scores were calculated for each performance domain, with higher Likert scores representing higher satisfaction levels (e.g., 4 = “Agree” and 5 = “Strongly Agree”). Any survey form missing more than one-third of the items for a domain was excluded from the analysis of that domain. Domain scores for a particular responder were calculated by averaging the scores on all answered items pertaining to a domain (as long as fewer than one-third of the items were missing). An average score greater than 3.5 represented satisfaction with the domain. That is, the domain score was the percentage of responders who reported an average positive value (>3.5) for that domain.

For example, the Participation 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 score for the Participation domain was calculated for a particular responder as long as the responder gave a score for at least 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 Participation domain.

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. The tables that present data for MHOs display responses only from families whose children received outpatient services, because of the relatively low numbers of responses from those whose children received psychiatric residential or day treatment services.

Survey Results

Domain scores

Figure 1 shows that in 2007, families reported slightly higher satisfaction levels in each domain except for cultural sensitivity and social connectedness, compared with 2006. Satisfaction with access, treatment outcome, and cultural sensitivity remained below their peak levels reported in previous years (2003 or 2004). Table B-1 in Appendix B presents these data in tabular form.

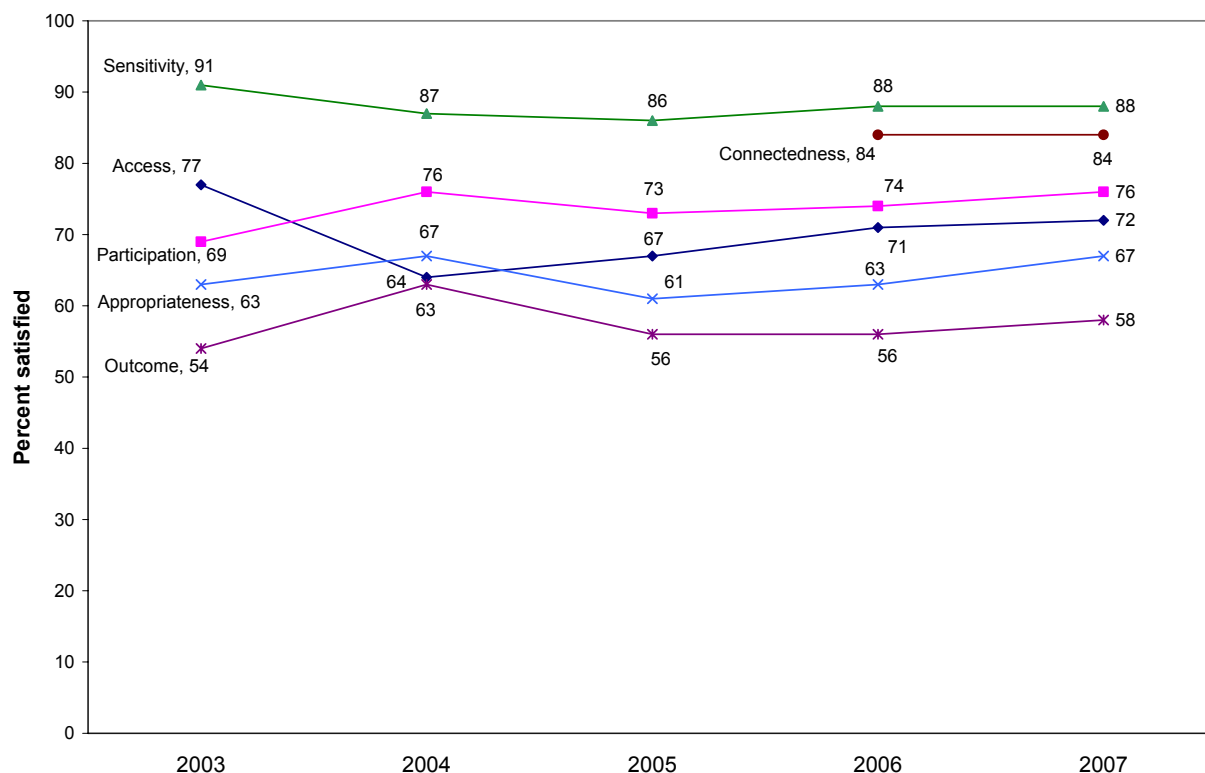


Figure 1. Domain scores: Outpatient only, 2003–2007.

Table B-2 in Appendix B shows the aggregate percentages of responders who reported agreeing or strongly agreeing with each survey item, grouped within each performance domain, in 2002, 2003, 2005, 2006, and 2007. The table shows only data for outpatient services, because no comparable data for psychiatric residential and day treatment facilities are available for years before 2005.

Table B-3 in Appendix B shows the aggregate percentages of positive responses to individual survey items by treatment setting in 2007. Table B-4 shows the percentages of positive responses by MHO (outpatient only).

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, as established for the national YSS-F.

1. The domain score calculation excludes some 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, such that a consistently positive response to the individual items within a domain is necessary to characterize a responder as "satisfied" with that domain. A domain score *greater than 3.5* is necessary to qualify a responder as satisfied (where "4" = Agree and "5" = Strongly Agree). 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."

Table 4 compares 2006 and 2007 domain scores among the three types of treatment settings. In 2007, responders whose children were in day treatment reported higher satisfaction, compared with the aggregate, in all domains except access to care. From 2006 to 2007, the scores for residential treatment facilities rose notably for appropriateness, access, participation, and treatment outcome.

Analysts tested for differences among treatment settings. In the participation domain, the outpatient score was significantly lower than the residential and day treatment scores, when responses from those settings were grouped together.

Table 5 compares the 2006 and 2007 domain scores by MHO (outpatient only). Most MHOs showed improvement in satisfaction with appropriateness and family participation, while the trends for other domains were more varied. Analysts tested for differences among MHOs and found significant differences as indicated in the table. Note that these scores may relate primarily to satisfaction with the MHO's contracted providers rather than with the MHO itself.

Analysts used chi-square tests comparing, within each domain, each MHO with every other MHO; comparing the MHO scores as a group; and finally comparing each MHO with the combined score for all other MHOs. The third approach was thought best to show which MHO may stand out from the rest of the group within a domain, and the data tables show results based on that approach.

Tables B-5 and B-6 in Appendix B display the 2007 domain scores by treatment setting and by MHO, with the 95 percent confidence interval (CI) for each score. The CI indicates the upper and lower limits within which the satisfaction score would be expected to fall 95 times if 100 identical surveys were conducted.

Table 4. Domain scores by treatment setting, 2006–2007.

Setting	Appropriateness		Outcome		Participation		Cultural Sensitivity		Access		Social Connectedness	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
Outpatient	63	67	56	58	74	76*	88	88	71	72	84	84
Residential	65	70	52	64	74	80	91	90	61	70	88	82
Day Treatment	77	74	63	68	82	89*	92	93	74	63	84	87
Aggregate	63	67	56	58	74	76	88	88	71	72	84	84

*indicates a statistically significant difference between this facility type and the other facility types grouped together.

Table 5. Domain scores by MHO, 2006–2007: Outpatient only.

MHO	Appropriateness		Outcome		Participation		Cultural Sensitivity		Access		Social Connectedness	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
ABHA	59	70	58	58	66	77	83	92	72	68	80	86
CMHO	59	66	47	60	68	76	92	86	67	78	84	91*
FamilyCare	71	78	73	63	85	95*	97	98	59	66	84	73
GOBHI	57	67	49	61	66	72	83	85	67	73	80	82
JBH	59	66	51	62	75	73	89	87	76	74	82	85
LaneCare	68	66	60	58	83	79	89	91*	76	71	84	82
MVBCN	63	67	58	59	73	76	88	89	70	70	88	85
VIBHS	64	64	54	54*	73	77	87	86	69	72	84	85
WCHHS	62	69	58	55	71	82	92	86	77	69	76	84
Aggregate	63	67	56	58	74	76	88	88	71	72	84	84

*indicates a statistically significant difference between this MHO and the other MHOs grouped together.

Demographic comparisons

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

Domain scores by age group

Family members' responses were analyzed in groups based on their children's age: 0–5, 6–12, and 13–17 years. For each age group, Table 6 shows the proportion satisfied, or the domain score, and the number in the denominator.

Variations in domain scores by age group were statistically significant in the appropriateness, participation, and treatment outcome domains. Satisfaction with appropriateness of services ranged from 71 percent for the youngest group to 64 percent for the oldest group. The proportion of those satisfied in the treatment outcome domain ranged from 64 percent in the youngest group to 55 percent in the oldest group.

Table 6. Domain scores (n) by child's age.

Domain	Age range		
	0 to 5	6 to 12	13 to 17
Appropriateness*	71 (221)	69 (1420)	64 (1053)
Access	68 (219)	72 (1408)	71 (1055)
Participation*	76 (222)	79 (1420)	75 (1056)
Outcomes*	64 (211)	61 (1396)	55 (1043)
Cultural Sensitivity	85 (214)	89 (1391)	88 (1026)
Social Connectedness	89 (218)	85 (1398)	83 (1033)

*Indicates a statistically significant difference among age groups.

Domain scores by gender

Table 7 shows the domain scores by gender and the numbers of male and females counted in each domain. Satisfaction with treatment outcomes was significantly higher for responders with female children than for those with male children.

Table 7. Domain scores (n) by child's gender.

Domain	Female	Male
Appropriateness	68 (1139)	66 (1555)
Access	72 (1133)	71 (1549)
Participation	75 (1141)	78 (1557)
Outcomes*	61 (1115)	57 (1535)
Cultural Sensitivity	88 (1114)	89 (1517)
Social Connectedness	84 (1118)	85 (1531)

*Indicates a statistically significant difference between gender groups.

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 services elsewhere. 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.”* Table 8 displays the domain scores by responders' place of residence and the number of responders in each domain.

Table 8. Domain scores (n) by rural/urban residence.

Domain	Rural	Urban
Appropriateness	67 (1056)	67 (1626)
Access	71 (1052)	72 (1618)
Participation	76 (1057)	78 (1629)
Outcomes	60 (1035)	58 (1603)
Cultural Sensitivity	89 (1035)	88 (1585)
Social Connectedness	84 (1040)	85 (1597)

Chi-square tests revealed no statistically significant difference between urban and rural location by domain.

*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 9 displays domain scores and denominator numbers by the child's race. The table excludes Asian and Native Hawaiian/Other Pacific Islander because of small sample sizes. The chi-square analysis showed no statistically significant differences, although the domain scores for American Indian/Alaska Native children in access, participation, and cultural sensitivity were notably lower than the scores for other groups. In addition, families of African American children reported notably lower satisfaction with treatment outcomes, compared with other groups.

A separate question asked survey responders whether the child was of Hispanic or Latino origin. Out of 2,555 responders, 16.5 percent reported the child's ethnicity as Hispanic or Latino. Table 10 compares domain scores reported by those families with the scores reported by all other responders. The chi-square analysis revealed significantly higher scores for Hispanic responders in the appropriateness and outcome domains, compared with other responders.

Table 9. Domain scores (n) by child's race.

Domain	American Indian/Alaska Native	African American	White (Caucasian)	Other	Multiracial
Appropriateness	66 (65)	69 (102)	67 (1956)	74 (93)	65 (295)
Access	63 (65)	70 (103)	72 (1950)	73 (93)	67 (291)
Participation	72 (64)	77 (102)	77 (1960)	76 (93)	78 (295)
Outcomes	61 (64)	50 (102)	59 (1930)	65 (91)	58 (284)
Cultural Sensitivity	81 (64)	92 (100)	88 (1911)	90 (92)	89 (287)
Social Connectedness	84 (63)	86 (101)	85 (1927)	78 (92)	83 (291)

Table 10. Domain scores (n) by child's ethnicity.

Domain	Hispanic	Not Hispanic
Appropriateness*	72 (298)	66 (1387)
Access	75 (308)	71 (1476)
Participation	79 (330)	77 (1608)
Outcomes*	64 (258)	58 (1202)
Cultural Sensitivity	91 (368)	88 (1804)
Social Connectedness	86 (349)	84 (1746)

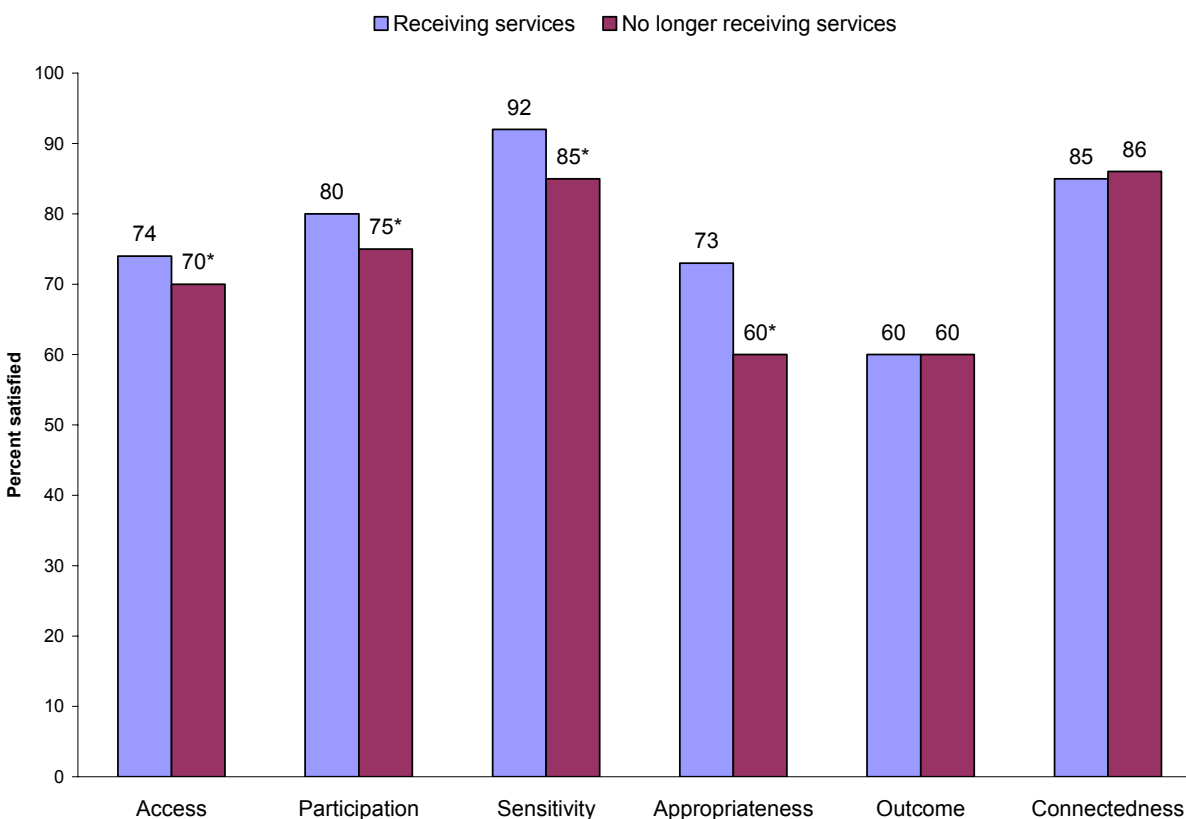
*Indicates a statistically significant difference between ethnic groups.

Domain scores by child's service status

About 56 percent of the survey responders said their children were still receiving services when they completed the survey; 41 percent said their children were no longer receiving services; and 3 percent said they did not know the status of their children's services.

Responders were assigned to two separate groups based on their response to the question "Is your child still receiving mental health services?" Those who said they did not know the status of their children's services were removed from this analysis. Domain scores then were computed for each group, as shown in Figure 2. Table B-7 in Appendix B presents these data in tabular form.

In all domains except treatment outcome and social connectedness, significantly higher percentages of responders whose children were still receiving services reported being satisfied, compared with those whose children were no longer receiving services.



*indicates a statistically significant difference between group proportions.

Figure 2. Domain scores by child's service status.

Coordination of services

Many children served by OHP mental health providers also receive other services from the state. Responders were asked about their satisfaction with the coordination of their children's mental health services with six external programs: child welfare, the Oregon Youth Authority (OYA), juvenile justice, education, developmental disabilities services, and substance abuse treatment. Figure 3 displays the percentages of responders who identified their children as receiving the various non-mental health services, as opposed to "Does not apply," implying that their child was not involved with a particular service. (Some responders may have reported "poor" coordination with a service the child was *not* receiving, but which the responder perceived as needed, rather than checking "Does not apply.")

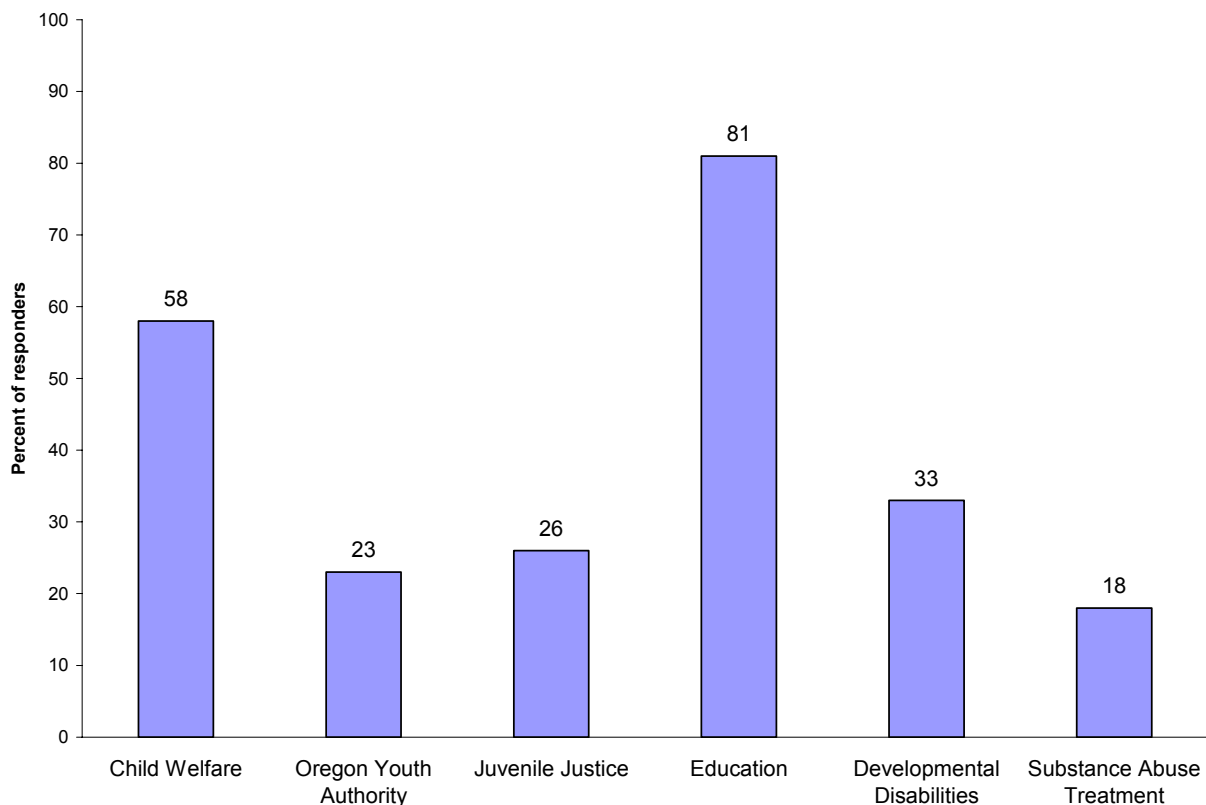


Figure 3. Percent of responders whose children received specific non-mental health services.

On average, responders reported that their children received services from two of these non-mental health programs, consistent with the findings of the 2006 survey. As shown in Figure 4 on the next page, 13 percent of responders in 2007 indicated that their children received no services from any of these programs, and 12 percent reported requiring coordination with all six programs.

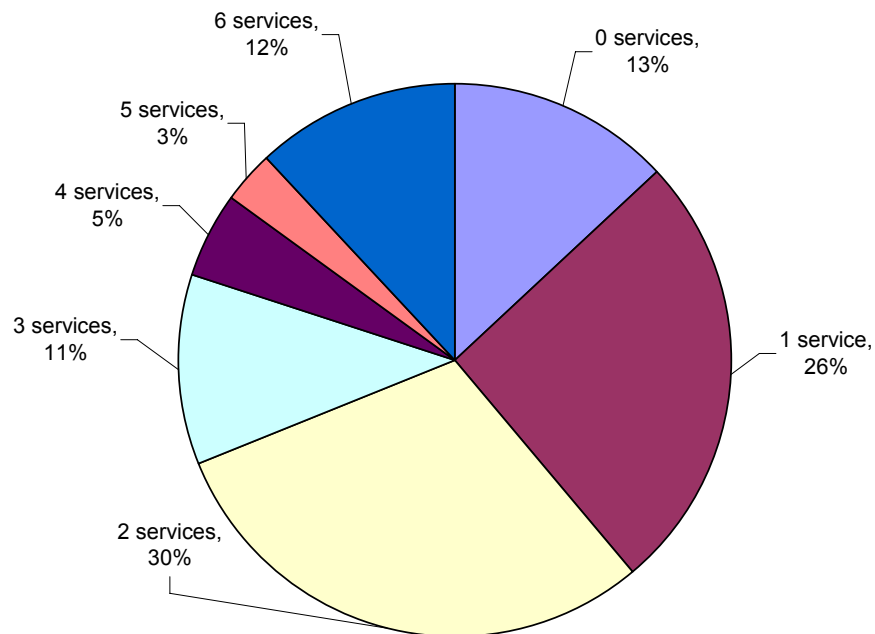


Figure 4. Numbers of non-mental health services for which responders' children required coordination.

Survey responders reported their levels of satisfaction regarding the coordination of services within the mental health system, and between mental health services and the services provided by external programs. Table 11 shows the percentages of responders in 2006 and 2007 who either “strongly agreed” or “agreed” that they were satisfied with the coordination of services among the specified programs. The largest increase in satisfaction occurred among responders reporting coordination of mental health and developmental disabilities services—55 percent in 2007, up from 51 percent in 2006.

Table 11. Percent satisfied with coordination of services, by external program, 2006–2007.

Service	2006	2007
Among different providers	61	64
Child Welfare	67	68
Oregon Youth Authority	46	45
Juvenile Justice	52	49
Education	71	73
Developmental Disabilities	51	55
Substance Abuse Treatment	44	42

As in 2006, the highest percentages of satisfaction in 2007 were reported for coordination between the mental health system and the services provided by education (73 percent) and child welfare (68 percent). Lower satisfaction was reported for coordination with substance abuse treatment (42 percent), the OYA (45 percent), and juvenile justice (49 percent).

Table 12 breaks down responders' satisfaction with the coordination of services according to the type of treatment setting in which the child received services.

Table 12. Percent (n) satisfied with coordination of specific services, by treatment setting, 2007.

Service	Outpatient	Day	Residential
Among different providers	64 (847)	74 (51)	70 (30)
Child Welfare	68 (934)	63 (35)	76 (38)
Oregon Youth Authority	44 (237)	40 (4)	68 (13)
Juvenile Justice	48 (292)	44 (7)	70 (19)
Education	72 (1400)	78 (69)	77 (51)
Developmental Disabilities	54 (418)	68 (23)	57 (13)
Substance Abuse Treatment	41 (174)	31 (4)	75 (9)

The greatest differences in satisfaction scores among treatment settings occurred in the coordination of mental health services with juvenile justice, substance abuse treatment, and OYA services. For example, 70 percent of responders with children in residential facilities reported being satisfied with the coordination of juvenile justice and mental health services, compared with 48 percent for outpatient treatment and 44 percent for day treatment. However, the relatively small numbers of responses from those with children in day treatment and residential facilities suggests the need for caution in interpreting these results.

Table 13 on the next page breaks down satisfaction with coordination of services by MHO in 2007. Table 14 compares the 2006 and 2007 satisfaction scores.

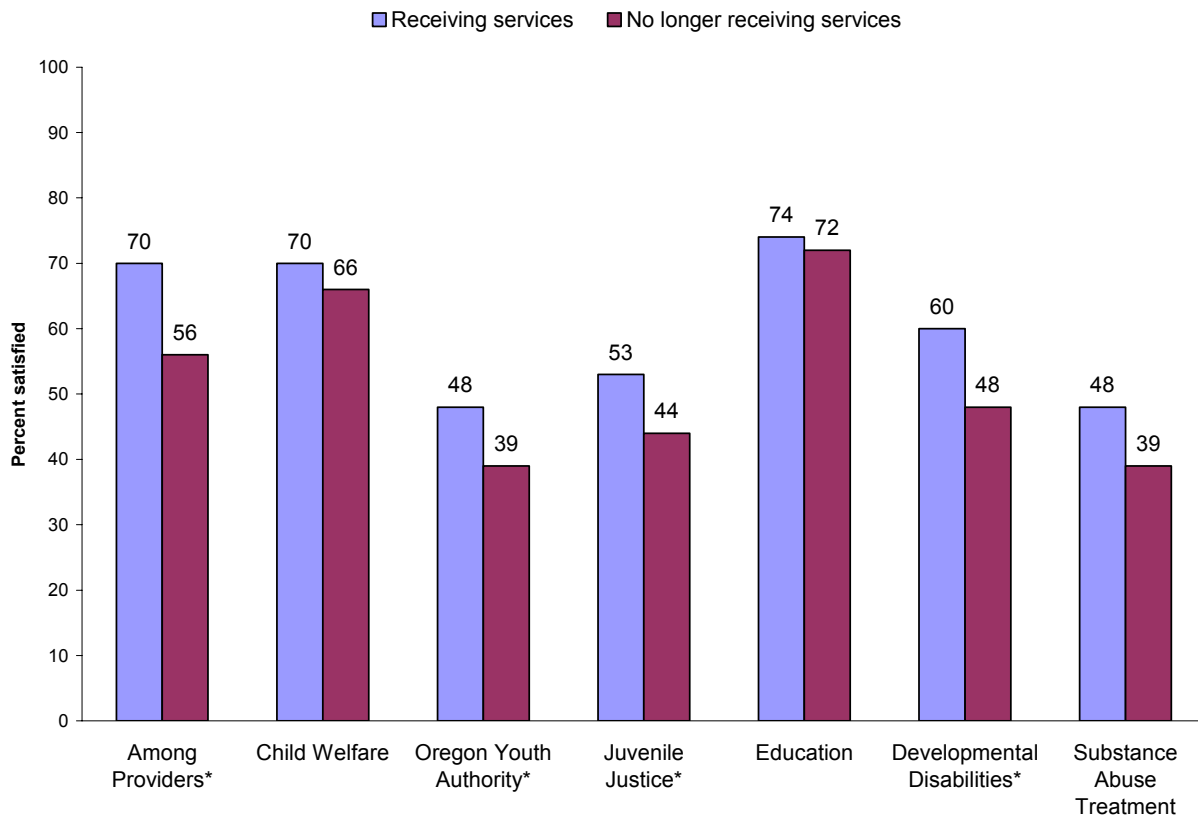
Table 13. Percent (n) satisfied with coordination of specific services, by MHO, 2007.

Service	ABHA	CMHO	Family Care		GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS
Among different providers	70 (49)	65 (55)	68 (13)	61 (79)	63 (146)	66 (130)	69 (176)	58 (145)	56 (53)	
Child Welfare	65 (40)	70 (56)	56 (14)	71 (94)	71 (145)	66 (133)	72 (195)	66 (187)	63 (70)	
Oregon Youth Authority	43 (10)	50 (15)	56 (5)	46 (26)	44 (38)	47 (37)	46 (50)	40 (36)	36 (20)	
Juvenile Justice	48 (15)	56 (18)	78 (7)	41 (26)	38 (38)	50 (41)	54 (63)	48 (52)	52 (32)	
Education	81 (75)	75 (81)	67 (22)	68 (123)	70 (219)	73 (219)	75 (300)	73 (262)	66 (97)	
Developmental Disabilities	51 (19)	56 (25)	64 (7)	51 (47)	52 (60)	57 (58)	59 (91)	50 (73)	53 (37)	
Substance Abuse Treatment	30 (6)	43 (9)	67 (4)	34 (16)	40 (27)	47 (27)	49 (46)	32 (22)	43 (17)	

Table 14. Percent satisfied with coordination of specific services, by MHO, 2006–2007.

Service	ABHA		CMHO		Family Care		GOBHI		JBH		LaneCare		MVBCN		VIBHS		WCHHS	
	06	07	06	07	06	07	06	07	06	07	06	07	06	07	06	07	06	07
Among different providers	51	70	63	65	58	68	60	61	57	63	62	66	58	69	63	58	59	56
Child Welfare	68	65	71	70	70	56	64	71	66	71	64	66	72	72	65	66	67	63
Oregon Youth Authority	47	43	73	50	58	56	39	46	51	44	55	47	40	46	36	40	50	36
Juvenile Justice	50	48	73	56	64	78	49	41	52	38	46	50	55	54	48	48	67	52
Education	69	81	70	75	77	67	64	68	70	70	73	73	69	75	73	73	63	66
Developmental Disabilities	39	51	42	56	53	64	54	51	63	52	57	57	52	59	48	50	50	53
Substance Abuse Treatment	35	30	60	43	29	67	42	34	36	40	42	47	52	49	32	32	60	43

Family members whose children were still receiving mental health services tended to report greater satisfaction with the coordination of specific services than did family members whose children were no longer receiving mental health services (Figure 5 and Table B-8, Appendix B). The differences were statistically significant in juvenile justice, OYA, development disabilities, and coordination among different mental health providers' services.



*Indicates statistically significant difference between group proportions.

Figure 5. Percent satisfied with the coordination of specific services, by child's service status.

Next, analysts examined the percentage of responders who were satisfied with the coordination of their children's mental health services with *all* other services the child received. Table 15 breaks out satisfaction scores according to the setting in which the child received mental health treatment.

Table 15. Percent satisfied with coordination of all services, by treatment setting, 2006–2007.

Setting	2006	2007
Day	70	62
Residential	60	57
Outpatient	62	56

As in 2006, a higher percentage of responders whose children were in day treatment reported being satisfied with the coordination of *all* services, compared with responders whose children received psychiatric residential or outpatient services. However, the satisfaction scores fell for all treatment settings in 2007.

Satisfaction with the coordination of *all* services received was computed separately for each MHO. As shown in Table 16, the satisfaction scores fell for all MHOs except ABHA from 2006 to 2007.

Table 16. Percent satisfied with coordination of all services, by MHO, 2006–2007.

MHO	2006	2007
ABHA	61	62
CMHO	65	62
FamilyCare	63	43
GOBHI	57	53
JBH	62	58
LaneCare	63	55
MVBCN	62	50
VIBHS	60	54
WCHHS	63	51

Expectations of services

The 2007 survey asked a new question concerning responders' expectations in beginning mental health services for their children. As shown in Table 17, the most frequent expectations were that the child would develop better self-esteem (72 percent) and get along better with the family (70 percent).

Table 17. Expectations of mental health services (n=2751).

Expectation	Number "Yes"	% of responses
Didn't know what to expect	413	15
Expected nothing to change	160	6
Expected child would be less depressed	1654	60
Expected child would do better in school	1857	68
Expected child would be more obedient	1871	68
Expected child would develop better self-esteem	1991	72
Expected child would get along better with family	1933	70
Expected child would behave more responsibly	1856	67
Expected child would have fewer legal problems	351	13
Expected child would get along better with other children	1665	61
Expected child would reduce use of or stop using alcohol or drugs	162	6
Expected child would be less likely to hurt self	687	25
Expected child would be less likely to hurt others	909	33

Discussion and Conclusions

Domain scores

As shown below, YSS-F responders in 2007 reported slightly higher satisfaction levels in the access, participation, appropriateness, and outcome domains, compared with 2006. The levels of satisfaction with cultural sensitivity and social connectedness remained roughly the same.

Domain	% satisfied	
	2006	2007
Access	71	72
Participation	74	76
Cultural Sensitivity	88	88
Appropriateness	63	67
Outcome	56	58
Social Connectedness	84	84

Looking back to 2002, when AMH began surveying families whose children received outpatient mental health services, these six-year trends are apparent:

- Satisfaction with *access* to services (convenient times and locations) turned down in 2004 but, since then, has returned to the 2002 level.
- Satisfaction with *family participation* has been fairly stable since 2004, with about three-quarters of survey responders expressing satisfaction.
- Satisfaction with *appropriateness* of services has returned to the level of satisfaction measured in 2004.
- Providers consistently have received high marks for *cultural sensitivity*, with 9 out of 10 responders reporting satisfaction in that area.
- Satisfaction with *treatment outcome* increased slightly in 2007 but remains the below peak level measured in 2004.

Overall, the 2007 survey results are largely consistent with results from 2006, although some new trends are apparent. Domain scores show either a slight increase or an apparent leveling.

Significant differences were apparent in domain scores for certain demographic groups. For example, satisfaction with family participation, appropriateness, and treatment outcome differed significantly according to the child's age. Interestingly, for appropriateness and treatment outcome, the families of older children appeared less satisfied than the families of younger children. Also, satisfaction with treatment

outcome was significantly higher for responders with female children than for responders with male children.

Differences based on the child's race were not statistically significant in 2007. Analysis by ethnicity indicated that the families of Hispanic/Latino children were significantly more satisfied with appropriateness and treatment outcomes than were families of non-Hispanic children. However, as noted in previous survey reports, research has shown that minorities are more likely to rate the quality of their care higher than do non-minorities, despite quantitative differences in other measures of care that show the opposite to be true. For example, Hispanic responders often rate the quality of their care higher than do non-Hispanic responders.⁴ Such reporting differences point to the need for caution in drawing conclusions about differences in satisfaction with care among people of different cultural backgrounds.

As in the previous two years, the 2007 survey revealed marked differences in satisfaction levels according to whether or not the responder's child was still receiving mental health services. In all domains except treatment outcome and social connectedness, significantly higher percentages of families whose children were still receiving services reported being satisfied, compared with those whose children were no longer in treatment.

Families whose children received day treatment services tended to report higher satisfaction levels across domains, while often those whose children received outpatient services reported lower satisfaction. This result differs from the findings in 2006, when lower scores were observed primarily for the residential treatment cohort. However, the numbers of responses on behalf of children treated in those settings may be too small to support definitive conclusions.

Coordination of services

As in previous surveys, many responders in 2007 reported receiving services from several state-funded programs in addition to mental health. On average, family members reported coordinating with two of the other six services. More than 8 out of 10 responders reported coordinating with the educational system, and nearly 6 out of 10 reported coordinating with child welfare. Twelve percent reported coordinating with all six non-mental health services.

The 2007 survey results indicate that the state's efforts to improve coordination of services have increased satisfaction with this aspect of the system. Across the state, 64 percent of families reported being satisfied with the coordination of mental

⁴ 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.

health services among different providers, compared with 61 percent in 2006. Seven out of 10 responders in 2007 were satisfied with the coordination between mental health services and the educational system, while two-thirds were satisfied with the coordination with child welfare. Lower satisfaction was reported for coordination with substance abuse treatment (42 percent), OYA (45 percent), juvenile justice (49 percent), and developmental disabilities (55 percent). These results may reflect AMH's initial strong emphasis on coordinating mental health services with the services provided by schools and the child welfare system.

A higher percentage of responders whose children were in day treatment reported being satisfied with the coordination of *all* services, compared with responders whose children received psychiatric residential or outpatient services. However, the satisfaction scores decreased for all treatment settings from 2006 to 2007.

Next steps

Ongoing surveys of families' attitudes about OHP mental health care and the coordination of state-funded services for children will guide AMH in moving toward a more family-driven and individualized model of care. The 2007 YSS-F results point to an ongoing need to increase satisfaction levels, especially regarding the children's mental health outcomes and appropriateness of treatment.

As CSCI implementation proceeds, AMH will continue to centralize the coordination of mental health services with other state-funded services for children. The 2007 survey results indicate that families have responded favorably to efforts to improve coordination. To date, however, those efforts have focused primarily on coordination with the educational and child welfare systems. To improve overall satisfaction levels, AMH needs to shift its emphasis toward improving coordination with other state-funded service systems. AMH should identify the specific practices that have improved coordination with education and child welfare and apply similar practices to coordination with other non-mental health programs.

Finally, the past three surveys have revealed significantly lower satisfaction levels among families whose children no longer are receiving mental health services, compared with families whose children are still in treatment. AMH may wish to study the experiences of those whose children have stopped treatment to assess why services were terminated and what effect the termination may have had on the families' overall satisfaction with the mental health system.

Appendix A. Additional Analysis

In addition to analyzing the data on performance domains and coordination of services, Acumentra Health analyzed the 2007 responses to survey questions related to the child's school attendance, arrest history, and use of alcohol or illegal drugs. The following tables and charts summarize the results of frequency analysis of those data.

Child's school attendance

A total of 57 survey responders answered both questions about their children's history of expulsion or suspension from school (Figures A-1 and A-2). Of those, 19 percent said the child had been expelled or suspended since he or she began seeing the current or most recent mental health provider, and 18 percent said the child had been expelled or suspended during the 12 months before he or she began seeing this provider.

Has your child been expelled or suspended since he or she began seeing his or her current (or most recent) provider?

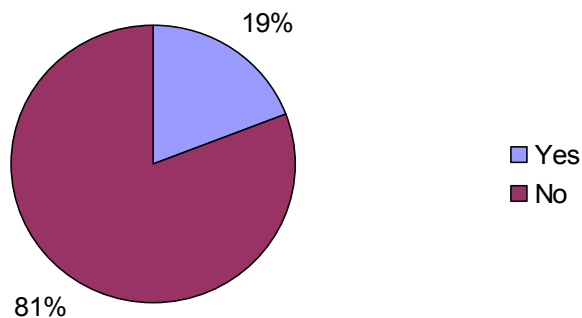


Figure A-1. Expulsions or suspensions since seeing current provider (n=57).

Was your child expelled or suspended during the 12 months before he or she began seeing this provider?

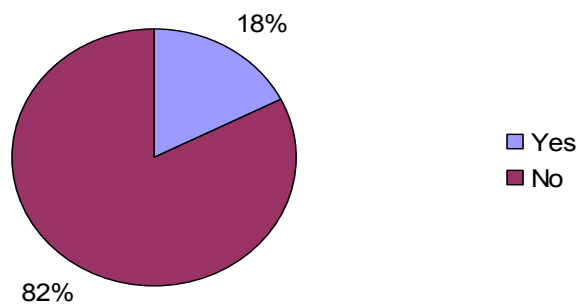


Figure A-2. Expulsions or suspensions in previous 12 months (n=57).

Another question asked whether the child's school attendance had changed since he or she began to receive mental health services from the current or most recent provider. Among 2,343 responders, more than 40 percent said the question did not apply, for reasons that included: (1) the child had no problem with attendance before starting services, (2) the child was too young to be in school, (3) the child was expelled from school, (4) the child was home-schooled, and (5) the child dropped out of school. Of the 1,364 responders who reported a change in the child's school attendance, 38 percent said the child's attendance had increased, while 10 percent said the child's attendance had declined (Figure A-3).

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

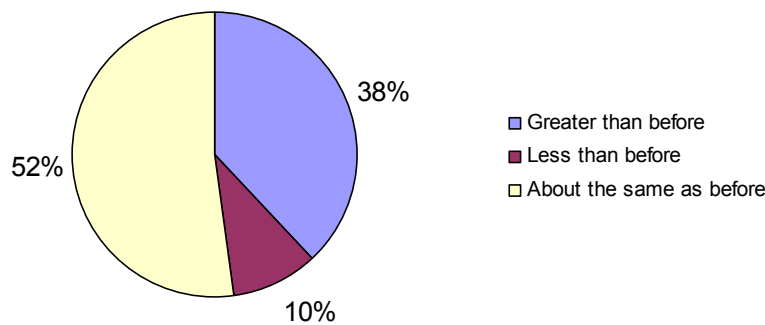


Figure A-3. School attendance since receiving mental health services (n=1364).

Child's arrest history

A total of 59 responders answered both questions about their children's arrest history before and since seeing the child's current or most recent mental health provider (Figures A-4 and A-5). Three percent of those responders reported that the child had been arrested since beginning treatment, while 5 percent said the child had been arrested during the 12 months before beginning treatment.

Has your child been arrested since he or she began seeing this provider?

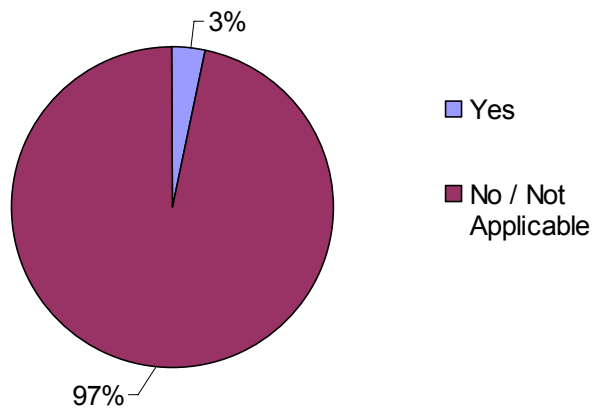


Figure A-4. Arrest history since seeing provider (n=59).

Was your child arrested in the 12 months before he or she started treatment with this provider?

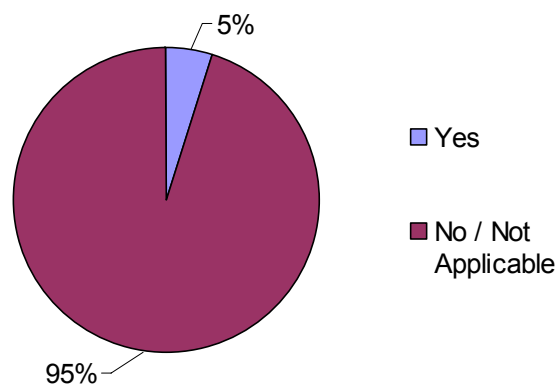


Figure A-5. Arrest history in 12 months before seeing provider (n=59).

Another question asked whether the child's encounters with police had changed since the child began to receive mental health services from the current or most recent provider. Encounters were defined as being arrested, hassled by police, or taken to a shelter or crisis program. Among 2,604 responders, 85 percent said the question did not apply because the child had had no such encounters since receiving mental health services. Of the 396 responders who reported a change in the child's encounters with police, 44 percent said the encounters had decreased, while 27 percent said they had increased (Figure A-6).

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

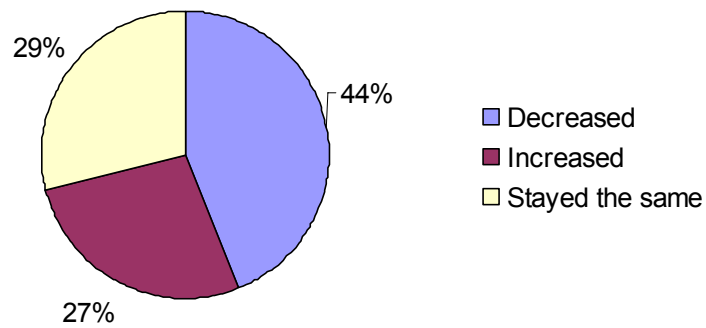


Figure A-6. Encounters with police since receiving mental health services (n=396).

Child's alcohol and drug use

Among 2,601 responders, 2 percent reported that their children were receiving treatment for problems with alcohol or illegal drugs at the time of the survey (Figure A-7). Responders said they thought or knew that their children were using various substances, as shown in Table A-1.

My child is now receiving treatment for a problem with alcohol or illegal drugs.

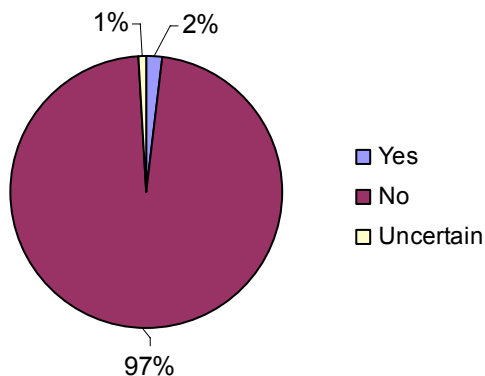


Figure A-7. Status of child's substance abuse treatment (n=2601).

Table A-1. Known or suspected substance use by responders' children.

Substance	Number "Yes"	% of responses
Alcohol	345	15
Tobacco	359	15
Marijuana	273	12
Cocaine or Crack	30	1
Methamphetamine	41	2
Inhalants	36	2
Heroin	3	<1
Other drugs not sold in stores or prescribed	56	2

Appendix B. Detailed Data Tables

Tables B-1 and B-2 display historical 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 of the relatively low numbers of responses on behalf of children served in residential or day treatment facilities.

Table B-1. Domain scores: Outpatient only, 2002–2007.

Domain	2002	2003	2004	2005	2006	2007
Access	72	77	64	67	71	72
Participation	68	69	76	73	74	76
Cultural Sensitivity	89	91	87	86	88	88
Appropriateness	62	63	67	61	63	67
Outcome	51	54	63	56	56	58
Social Connectedness	n.a.	n.a.	n.a.	n.a.	84	84

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

		2002	2003	2005	2006	2007
Access						
1	The location of services was convenient	79	78	76	79	80
2	Services were available at convenient time	73	75	73	79	78
Participation						
3	I helped to choose my child's services	67	68	70	71	74
4	I helped to choose my child's treatment goals	70	71	72	75	76
5	I participated in my child's treatment	85	85	82	86	87
Cultural Sensitivity						
6	Staff treated me with respect	87	87	87	90	91
7	Staff respected my family's religious beliefs	84	84	82	85	86
8	Staff spoke with me in a way I can understand	91	92	90	93	93
9	Staff were sensitive to my cultural background	83	84	83	84	84
Appropriateness						
10	Overall, I am satisfied with the services	67	68	69	72	74
11	The people helping my child stuck with us	66	67	68	72	74
12	I felt my child had someone to talk to	65	67	67	70	73
13	The services my child received were right	58	60	63	66	68
14	My family got the help we wanted for my child	58	59	60	62	64
15	My family got as much help as needed	45	50	50	54	55
Outcome						
16	My child is better at handling daily life	54	55	61	62	63
17	My child gets along better with family	54	53	61	62	64
18	My child gets along better with friends	54	54	60	62	64
19	My child is doing better in school or at work	56	58	58	60	61
20	My child is better able to cope when things go wrong	50	46	52	53	54
21*	My child is better able to do the things he/she wants to do	—	—	—	59	62
22	I am satisfied with our family life right now	49	49	58	62	62

*Omitted from calculation of domain score for consistency with national survey data.

Table B-3. Percent who agree or strongly agree with an item, by treatment setting, 2007.

		Outpatient	Day	Residential
Access				
1	The location of services was convenient	80	70	67
2	Services were available at convenient time	78	77	80
Participation				
3	I helped to choose my child's services	74	83	68
4	I helped to choose my child's treatment goals	76	88	76
5	I participated in my child's treatment	87	93	93
Cultural Sensitivity				
6	Staff treated me with respect	91	95	90
7	Staff respected my family's religious beliefs	86	89	90
8	Staff spoke with me in a way I can understand	93	98	94
9	Staff were sensitive to my cultural background	84	93	83
Appropriateness				
10	Overall, I am satisfied with the services	74	80	75
11	The people helping my child stuck with us	74	81	74
12	I felt my child had someone to talk to	73	82	77
13	The services my child received were right	68	79	72
14	My family got the help we wanted for my child	64	75	72
15	My family got as much help as needed	55	64	63
Outcome				
16	My child is better at handling daily life	63	68	62
17	My child gets along better with family	64	68	69
18	My child gets along better with friends	64	71	69
19	My child is doing better in school or at work	61	66	64
20	My child is better able to cope when things go wrong	54	61	55
21*	My child is better able to do the things he/she wants to do	62	61	64
22	I am satisfied with our family life right now	62	69	62
Social Connectedness				
23	I know people who will listen and understand me when I need to talk	82	81	74
24	I have people that I am comfortable talking to about private things	82	84	77
25	I have people that I am comfortable talking with about my child's problems	86	87	86
26	I have people with whom I can do enjoyable things	83	82	82
27	In a crisis, I would have the support I need from family or friends	84	81	79
28	I have more than one friend	85	85	79
29	I am happy with the friendships I have	84	92	80

*Omitted from calculation of domain score for consistency with national survey data.

Table B-4. Percent who agree or strongly agree with an item, by MHO: Outpatient only, 2007.

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
1 The location of services was convenient	76	82	76	83	83	77	79	81	75	80
2 Services were available at convenient time	75	82	71	79	77	82	77	79	77	78
3 I helped to choose my child's services	77	71	90	68	69	78	75	76	79	75
4 I helped to choose my child's treatment goals	80	72	90	71	74	81	75	76	82	76
5 I participated in my child's treatment	84	87	98	87	88	87	86	86	88	87
6 Staff treated me with respect	97	91	100	88	88	93	91	90	92	91
7 Staff respected my family's religious beliefs	88	85	90	83	83	88	86	86	83	86
8 Staff spoke with me in a way I can understand	95	94	98	94	91	95	94	91	95	93
9 Staff were sensitive to my cultural background	85	83	93	82	81	85	86	85	84	84
10 Overall, I am satisfied with the services	78	71	80	72	73	75	77	73	77	74
11 The people helping my child stuck with us	75	74	85	66	71	78	74	76	77	74
12 I felt my child had someone to talk to	75	71	78	72	68	72	76	72	79	73
13 The services my child received were right	69	65	71	67	67	67	68	67	70	67
14 My family got the help we wanted for my child	66	64	76	68	64	64	64	60	68	64
15 My family got as much help as needed	52	60	51	58	56	54	57	54	55	55
16 My child is better at handling daily life	61	64	66	65	66	63	63	59	65	63

Table B-4. Percent who agree or strongly agree with an item, by MHO: Outpatient only, 2007 (cont.).

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
17 My child is getting along better with family	64	64	66	65	66	63	65	62	60	64
18 My child gets along better with friends	64	63	68	67	65	62	66	59	62	63
19 My child is doing better in school or at work	65	58	66	61	63	63	61	56	59	61
20 My child is better able to cope when things go wrong	51	55	53	58	54	54	56	51	51	54
21 My child is better able to do the things he/she wants to do	62	59	59	63	64	63	61	57	67	62
22 I am satisfied with our family life right now	65	64	73	63	64	64	62	58	60	62
23 I know people who will listen and understand me when I need to talk	77	89	68	80	82	83	83	82	83	82
24 I have people that I am comfortable talking to about private things	77	88	68	79	83	82	83	83	82	82
25 I have people that I am comfortable talking with about child's problems	85	89	66	82	87	86	87	85	84	85
26 I have people with whom I can do enjoyable things	82	88	73	82	85	80	84	84	86	83
27 In a crisis, I would have the support I need from family or friends	81	92	73	83	87	81	85	82	86	84
28 I have more than one friend	87	89	76	85	86	81	84	86	85	85
29 I am happy with the friendships I have	87	91	78	82	87	81	84	85	84	84

Table B-5. Domain scores by treatment setting, with 95 percent confidence intervals, 2007.

Facility type	Appropriateness (CI)	Outcome (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)	Social Connectedness (CI)
Outpatient	67 (65-68)	58 (56-60)	76 (75-78)	88 (87-89)	72 (70-74)	84 (83-86)
Residential	70 (59-80)	64 (52-75)	80 (70-89)	90 (83-98)	70 (59-80)	82 (73-91)
Day	74 (65-82)	68 (59-77)	89 (83-95)	93 (88-98)	63 (54-72)	87 (80-94)
Aggregate	67 (65-69)	58 (57-61)	76 (75-79)	88 (87-89)	72 (70-73)	84 (83-86)

Table B-6. Domain scores by MHO, with 95 percent confidence intervals, 2007: Outpatient only.

MHO	Appropriateness (CI)	Outcome (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)	Social Connectedness (CI)
ABHA	70 (61-78)	58 (49-67)	77 (69-84)	92 (87-97)	68 (59-76)	86 (79-82)
CMHO	66 (59-74)	60 (52-68)	76 (69-83)	86 (81-92)	78 (71-85)	91 (87-96)
FamilyCare	78 (65-91)	63 (49-78)	95 (86-100)	98 (93-100)	66 (51-80)	73 (60-87)
GOBHI	67 (61-73)	61 (54-67)	72 (67-78)	85 (81-90)	73 (68-79)	82 (77-87)
JBH	66 (61-70)	62 (57-67)	73 (68-77)	87 (83-90)	74 (69-78)	85 (82-89)
LaneCare	66 (61-71)	58 (53-63)	79 (75-83)	91 (88-94)	71 (67-76)	82 (78-86)
MVBCN	67 (63-71)	59 (55-64)	76 (72-79)	89 (86-92)	70 (67-74)	85 (82-88)
VIBHS	64 (60-69)	54 (49-58)	77 (74-81)	86 (83-89)	72 (68-76)	85 (82-88)
WCHHS	69 (62-76)	55 (48-63)	82 (76-87)	86 (81-91)	69 (62-76)	84 (79-89)

Table B-7. Domain scores by child's service status, 2007.

Domain	Still receiving services	Not receiving services
Access*	74	70
Participation*	80	75
Cultural Sensitivity*	92	85
Appropriateness*	73	60
Outcome	60	60
Social Connectedness	85	86

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

Table B-8. Percent satisfied with the coordination of specific services, by child's service status, 2007.

Service	Still receiving services	Not receiving services
Among different providers*	70	56
Child Welfare	70	66
Oregon Youth Authority*	48	39
Juvenile Justice*	53	44
Education	74	72
Developmental Disabilities*	60	48
Substance Abuse Treatment	48	39

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

Appendix C. YSS-F Survey Forms



Oregon Department of Human Services Addictions and Mental Health Division YOUTH SERVICES SURVEY FOR FAMILIES

PLEASE NOTE: This survey is being mailed to the caregivers of all children aged 0 to 17 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 caregivers, it is possible that some questions will seem odd or inappropriate to you, in light of your own child's age, 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, 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 child's health care providers or other authorities, and will not affect any benefits that you or your child 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.

Please tell us about the **[outpatient, day treatment, residential] mental health services** your child *[fill in name]* received **between June 1, 2006 and now**. If you have cared for the child, we would like you to tell us what you know about the child, even if you are not the child's parent or legal guardian. If your child received [outpatient, day treatment, residential] mental health services from more than one provider since June of 2006, **please rate only your child's current [outpatient, day treatment, residential] mental health services provider. If your child is no longer receiving [outpatient, day treatment, residential] services, then please rate only your child's most recent [outpatient, day treatment, residential] mental health services provider.**

A) What is your relationship to the child? *(Please check one.)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Foster Care Parent / Provider | <input type="checkbox"/> Adoptive Father |
| <input type="checkbox"/> Biological Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Non-relative |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Adoptive Mother | |

B) Are you currently the child's legal guardian? Yes No

C) Does the child usually live with you? Yes No

D) Is the child living with you now? Yes No

E) Is your child of Spanish/Hispanic/Latino Origin?

Hispanic or Latino/a Not Hispanic or Latino/a

F) What is your child's race? *(Check all races that you consider your child to be.)*

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

G) What is your child's date of birth? ____ / ____ / _____

H) Please indicate the extent to which you agree or disagree with the following statement: **The child's parent or caregiver directed the child's mental health treatment and made most of the treatment decisions, including decisions about treatment goals and which services and supports were needed.**

<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5	4	3	2	1

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 child's current (or most recent) provider.**

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. I have been satisfied with the services my child receives.	5	4	3	2	1
2. I helped to choose my child's services.	5	4	3	2	1
3. I helped to choose my child's treatment goals.	5	4	3	2	1
4. The people helping my child stuck with us no matter what.	5	4	3	2	1
5. I felt my child had someone to talk to when s/he was troubled.	5	4	3	2	1
6. I participated in my child's treatment.	5	4	3	2	1
7. The services my child and/or family received were right for us.	5	4	3	2	1
8. The location of services was convenient for us.	5	4	3	2	1
9. Services were available at times that were convenient for us.	5	4	3	2	1

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
10. My family got the help we wanted for my child.	5	4	3	2	1
11. My family got as much help as we needed for my child.	5	4	3	2	1
12. Staff treated me with respect.	5	4	3	2	1
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1
14. Staff spoke with me in a way that I understood.	5	4	3	2	1
15. Staff were sensitive to my cultural/ethnic background.	5	4	3	2	1
<i>AS A DIRECT RESULT OF THE MENTAL HEALTH SERVICES MY CHILD RECEIVED:</i>					
16. My child is handling daily life better.	5	4	3	2	1
17. My child is getting along better with family members.	5	4	3	2	1
18. My child is getting along better with friends and other people.	5	4	3	2	1
19. My child is doing better in school and/or at work.	5	4	3	2	1
20. My child is better able to cope when things go wrong.	5	4	3	2	1
21. My child is better able to do the things he or she wants to do.	5	4	3	2	1
22. I am more satisfied with our family life.	5	4	3	2	1
<i>OTHER THAN MY CHILD'S MENTAL HEALTH SERVICE PROVIDERS:</i>					
23. I know people who will listen and understand me when I need to talk.	5	4	3	2	1
24. I have people that I am comfortable talking to about private things.	5	4	3	2	1

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
25. I have people that I am comfortable talking with about my child's problems.	5	4	3	2	1
26. I have people with whom I can do enjoyable things.	5	4	3	2	1
27. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1
28. I have more than one friend.	5	4	3	2	1
29. I am happy with the friendships I have.	5	4	3	2	1

30. Since June 1, 2006, I have been satisfied with the coordination of services among my child's different mental health service providers. (In other words, I feel that my child's mental health providers have worked together to come up with a clear and consistent approach to helping my child.) Circle one.

Does Not Apply (Only 1 Provider)	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
9	5	4	3	2	1

31. Since June 1, 2006, I have been satisfied with the coordination of my child's mental health services and...

	<u>Does Not Apply</u>	<u>Strongly Agree</u>	<u>Agree</u>	<u>Undecided</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
...services provided by Child Welfare.	9	5	4	3	2	1
... services provided by the Oregon Youth Authority.	9	5	4	3	2	1
...services provided by Juvenile Justice.	9	5	4	3	2	1
...services provided by my child's school or educator.	9	5	4	3	2	1
...services provided by Developmental Disabilities.	9	5	4	3	2	1
...services provided by an Alcohol or Drug treatment provider.	9	5	4	3	2	1

32. When did your child *start* receiving mental health services from his or her current (or most recent) mental health provider? (Your best guess is fine.)

Month: _____ Year: _____

33a. Is your child still receiving mental health services from this provider?

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

33b. If your child is no longer receiving mental health services from this provider, about when (month and year) did your child *last* see this provider?

Month: _____ Year: _____

34. About how many times has your child seen the current (or most recent) mental health service provider? (Please provide your best guess.)

- _____ times or Don't know / Don't remember

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

<input type="checkbox"/> Didn't know what to expect	<input type="checkbox"/> Expected/hoped child would behave more responsibly
<input type="checkbox"/> Expected nothing to change	<input type="checkbox"/> Expected or hoped child would have fewer legal problems
<input type="checkbox"/> Expected or hoped child would be less depressed or anxious	<input type="checkbox"/> Expected or hoped child would get along better with other children
<input type="checkbox"/> Expected or hoped child would do better in school	<input type="checkbox"/> Expected or hoped child would reduce use of or stop using drugs or alcohol
<input type="checkbox"/> Expected or hoped child would be more obedient or respectful	<input type="checkbox"/> Expected or hoped child would be less likely to hurt self
<input type="checkbox"/> Expected or hoped child would develop better self-esteem / be more confident	<input type="checkbox"/> Expected or hoped child would be less likely to hurt others
<input type="checkbox"/> Expected or hoped child would get along better with family	<input type="checkbox"/> Other (please explain): _____

36. How did your child or child's family become involved in receiving services from the current (or most recent) mental health service provider? (Check one.)

- I (or a member of the child's family) decided on my own to seek services
- I (or a member of the child's family) was encouraged by someone to seek services
- I (or the child, or the child's family) was forced to come to services
- Don't know / Don't remember

37. Has your child been expelled or suspended from school since he or she *began* seeing his or her current (or most recent) provider? (Please check one.)

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

38. Was your child expelled or suspended from school during the 12 months *before* he or she began seeing this provider? (Please check one.)

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

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

- a. Greater than before
 b. About the same as before
 c. Less than before
 d. Does not apply (Please select why the question does not apply:)
- i. My child had no problem with attendance before starting services iv. My child is home schooled
 ii. My child is too young to be in school v. My child dropped out of school
 iii. My child was expelled from school vi. Other

40. Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since your child *began* to receive mental health services from this provider, have his or her encounters with the police...

- a. Decreased (gone down) b. Stayed the same
 c. Increased (gone up) d. Doesn't apply (no encounters with police)

41. Has your child been arrested since he or she began seeing this provider?

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

42. Was your child arrested in the 12 months *before* he or she started treatment with this provider?

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

43. Many children and teens use alcohol or drugs. Which of the following substances do you think your child has used or may have used?

A. Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
B. Tobacco (e.g., cigarettes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
C. Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
D. Cocaine or Crack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
E. Methamphetamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
F. Inhalants (e.g., breathing glue, paint to get high)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
G. Heroin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
H. Other drugs <u>not</u> sold in stores & <u>not</u> prescribed for your child by a doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

44. My child is now receiving treatment for a problem with alcohol or illegal drugs.

- Yes No Uncertain

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



**Departamento de Servicios Humanos de Oregon
División de Adicciones y Salud Mental
ENCUESTA DE SERVICIOS JUVENILES PARA
LAS FAMILIAS**

ADVERTENCIA: Esta encuesta se está enviando por correo a los cuidadores de todos los niños de 0 a 17 años de edad que recibieron algún servicio de salud mental pagado con fondos públicos en el estado de Oregon desde el mes de junio de 2006 en adelante. *Debido a que todos los cuidadores recibirán la misma encuesta, es posible que algunas de las preguntas le parezcan extrañas o inapropiadas en vista de la edad del niño, sus circunstancias específicas o sus necesidades de cuidado de la salud. 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 o legal.* El Departamento de Servicios Humanos de Oregon 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 Oregon 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 los proveedores de cuidado de la salud de su hijo ni con ninguna otra autoridad. Tampoco afectarán los beneficios que usted o su hijo están recibiendo o podrían 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.

Coméntenos acerca de los **servicios de salud mental [ambulatorios, en centros de día, de internación]** que su hijo [*completar con el nombre*] recibió **desde el 1° de junio de 2006 hasta la actualidad**. Si usted ha cuidado al niño, nos gustaría que nos comente qué sabe usted acerca del niño, aunque usted no sea su padre, madre o tutor legal. Si su hijo recibió servicios de salud mental de más de un proveedor desde junio de 2006, **indique solamente el proveedor actual de servicios de salud mental [ambulatorios, en centros de día, de internación] del niño. Si el niño ya no recibe servicios [ambulatorios, en centros de día, de internación], indique solamente el proveedor más reciente de servicios de salud mental [ambulatorios, en centros de día, de internación].**

A) ¿Cuál es su relación con el niño? (marque uno)

<input type="checkbox"/> Madre biológica	<input type="checkbox"/> Padre sustituto / proveedor de cuidado sustituto	<input type="checkbox"/> Padre adoptivo
<input type="checkbox"/> Padre biológico	<input type="checkbox"/> Abuela	<input type="checkbox"/> Otro pariente
<input type="checkbox"/> Madrastra	<input type="checkbox"/> Abuelo	<input type="checkbox"/> Sin relación de parentesco
<input type="checkbox"/> Padrastro	<input type="checkbox"/> Madre adoptiva	

- B) ¿Es usted en la actualidad el tutor legal del niño?** Sí No
C) ¿El niño por lo general vive con usted? Sí No
D) ¿El niño está viviendo con usted en la actualidad? Sí No
E) ¿El origen del niño es español / hispano / latino?
 Hispano o latino No hispano o latino

- F) ¿Cuál es la raza del niño? (marque todas las razas que correspondan)**
 Indígena americano o nativo de Alaska Asiático
 Nativo de Hawai o de otras islas del Pacífico Blanco (caucásico)
 Negro (afroamericano) Otro

G) ¿Cuál es la fecha de nacimiento de su hijo? ____ / ____ / ____

H) Indique cuán de acuerdo o en desacuerdo está usted con la siguiente afirmación: El padre o cuidador del niño dirigió el tratamiento de salud mental del niño y tomó la mayoría de las decisiones sobre dicho tratamiento, incluyendo las relacionadas con los objetivos del tratamiento y con los servicios y ayudas que el niño necesitaba.

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

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 el proveedor actual o más reciente del niño.**

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
1. Estoy satisfecho con los servicios que recibe mi hijo.	5	4	3	2	1
2. Ayudé a elegir los servicios para mi hijo.	5	4	3	2	1
3. Ayudé a elegir los objetivos del tratamiento de mi hijo.	5	4	3	2	1
4. Las personas que ayudaban a mi hijo permanecieron firmes con nosotros en todo momento.	5	4	3	2	1
5. Sentí que mi hijo siempre tuvo a alguien con quién hablar cuando tenía problemas.	5	4	3	2	1
6. Participé en el tratamiento de mi hijo.	5	4	3	2	1

7. Los servicios que recibió mi hijo y/o mi familia fueron los correctos.	5	4	3	2	1
8. La ubicación de los servicios era conveniente para nosotros.	5	4	3	2	1
9. Los servicios estaban disponibles en horarios que nos convenían.	5	4	3	2	1
10. Mi familia obtuvo la ayuda que deseábamos para mi hijo.	5	4	3	2	1
11. Mi familia obtuvo toda la ayuda que necesitábamos para mi hijo.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas / espirituales de mi familia.	5	4	3	2	1
14. El personal me habló de tal manera que los pude entender.	5	4	3	2	1
15. El personal respetó mi entorno cultural / étnico.	5	4	3	2	1
COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBÍ MI HIJO:					
16. Mi hijo está manejando mejor su vida diaria.	5	4	3	2	1
17. Mi hijo se está llevando mejor con los miembros de la familia.	5	4	3	2	1
18. Mi hijo se está llevando mejor con sus amigos y otras personas.	5	4	3	2	1
19. A mi hijo le está yendo mejor en la escuela y/o el trabajo.	5	4	3	2	1
20. Mi hijo enfrenta mejor las cosas que salen mal.	5	4	3	2	1
21. Mi hijo es capaz de hacer las cosas que quiere hacer.	5	4	3	2	1

22. Estoy más satisfecho con nuestra vida familiar.	5	4	3	2	1
<i>OTRAS PERSONAS QUE NO SEAN LOS PROVEEDORES DE SERVICIOS DE MI HIJO:</i>					
23. Conozco personas que me escuchan y entienden cuando necesito hablar.	5	4	3	2	1
24. Tengo personas con las cuales tengo confianza para hablar de cosas privadas.	5	4	3	2	1
25. Tengo personas con las cuales tengo confianza para hablar acerca de los problemas de mi hijo.	5	4	3	2	1
26. Tengo personas con las que puedo hacer cosas agradables.	5	4	3	2	1
27. En una crisis, tengo el apoyo que necesito de mi familia o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy feliz con los amigos que tengo.	5	4	3	2	1

30. Desde el 1° de junio de 2006, estoy satisfecho con la coordinación de los servicios entre los diferentes proveedores de servicios de salud mental de mi hijo (en otras palabras, siento que los proveedores de servicios de salud mental de mi hijo han trabajado juntos para lograr un enfoque claro y consistente para ayudar a mi hijo). Haga un círculo en la respuesta correcta.

No corresponde (sólo 1 proveedor)	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
9	5	4	3	2	1

31. Desde el 1° de junio de 2006, estoy satisfecho con la coordinación de los servicios de salud mental de mi hijo y...

	No corresponde	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
... los servicios brindados por el Programa de Bienestar de Niños.	9	5	4	3	2	1

... los servicios brindados por la Autoridad de Asuntos Juveniles de Oregón.	9	5	4	3	2	1
... los servicios brindados por la justicia de menores.	9	5	4	3	2	1
... los servicios brindados por la escuela o educador de mi hijo.	9	5	4	3	2	1
... los servicios brindados por el Programa de Discapacidades del Desarrollo.	9	5	4	3	2	1
... los servicios brindados por un proveedor de tratamiento contra el alcohol o las drogas.	9	5	4	3	2	1

32. ¿Cuándo comenzó su hijo a recibir servicios de salud mental de su proveedor actual (o más reciente) de servicios de salud mental? *(una fecha aproximada está bien)*

Mes: _____ Año: _____

33a. ¿Su hijo todavía recibe servicios de salud mental de este proveedor?

Sí No No sé / No recuerdo

33b. Si su hijo ya no recibe servicios de salud mental de este proveedor ¿cuándo vio su hijo por última vez a este proveedor (mes y año aproximados)?

Mes: _____ Año: _____

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

_____ veces o No sé / No recuerdo

35. ¿Qué esperaba o deseaba usted que pasara como resultado de que su hijo reciba servicios de salud mental? *(marque todos los que correspondan)*

<input type="checkbox"/> No sabía qué esperar.	<input type="checkbox"/> Esperaba / deseaba que mi hijo se comportara con más responsabilidad.
<input type="checkbox"/> No esperaba ningún cambio.	<input type="checkbox"/> Esperaba o deseaba que mi hijo tuviera menos problemas legales.
<input type="checkbox"/> Esperaba o deseaba que mi hijo estuviera menos deprimido o ansioso.	<input type="checkbox"/> Esperaba o deseaba que mi hijo se llevara mejor con otros niños.
<input type="checkbox"/> Esperaba o deseaba que a mi hijo le fuera mejor en la escuela.	<input type="checkbox"/> Esperaba o deseaba que mi hijo dejara de consumir (o redujera el consumo de) drogas o alcohol.
<input type="checkbox"/> Esperaba o deseaba que mi hijo fuera más obediente o respetuoso.	<input type="checkbox"/> Esperaba o deseaba que mi hijo ya no se lastimara tanto a sí mismo.

<input type="checkbox"/> Esperaba o deseaba que mi hijo desarrollara una mejor autoestima / más confianza en sí mismo.	<input type="checkbox"/> Esperaba o deseaba que mi hijo ya no lastimara tanto a otros.
<input type="checkbox"/> Esperaba o deseaba que mi hijo se llevara mejor con la familia.	<input type="checkbox"/> Otros (explicar): _____

36. ¿Cómo fue que su hijo (o la familia del niño) empezó a recibir servicios de salud mental de su proveedor actual (o más reciente)? (marque uno)

- Yo (o un miembro de la familia del niño) decidí por mí mismo obtener los servicios.
- Otra persona me animó a mí (o a un miembro de la familia del niño) a obtener los servicios.
- Me obligaron a mí (o al niño o a la familia del niño) a obtener los servicios.
- No sé / No recuerdo

37. ¿Fue su hijo expulsado o suspendido de la escuela desde que *comenzó* a ver a su proveedor actual (o más reciente)? (marque uno)

- Sí No / No corresponde No sé / No recuerdo

38. ¿Fue su hijo expulsado o suspendido de la escuela en los 12 meses *anteriores* a comenzar a ver a su proveedor? (marque uno)

- Sí No / No corresponde No sé / No recuerdo

39. Desde que mi hijo comenzó a recibir servicios de salud mental de este proveedor, la cantidad de días que mi hijo ha pasado en la escuela es:

- a. Mayor que antes.
- b. Aproximadamente la misma que antes.
- c. Menor que antes.
- d. No corresponde (*seleccione por qué la pregunta no corresponde:*)
- i. Mi hijo no tenía problemas con la asistencia antes de iniciar los servicios.
- ii. Mi hijo es muy pequeño para asistir a la escuela.
- iii. Mi hijo fue expulsado de la escuela.
- iv. Mi hijo recibe educación en el hogar.
- v. Mi hijo abandonó la escuela.
- vi. Otro.

40. Los problemas con la policía incluyen arrestos, inconvenientes con la policía, o que la policía lleve al niño a un refugio o programa para adolescentes en crisis.

Desde que su hijo *comenzó* a recibir servicios de salud mental de este proveedor, ¿cómo evolucionaron sus problemas con la policía?

- a. Se redujeron (menos problemas) b. Siguieron siendo los mismos
- c. Aumentaron (más problemas) d. No corresponde (nunca tuvo problemas con la policía)

41. ¿Fue su hijo arrestado desde que comenzó a ver a este proveedor?

Sí No / No corresponde No sé / No recuerdo

42. ¿Fue su hijo arrestado durante los 12 meses *anteriores* a comenzar el tratamiento con este proveedor?

Sí No / No corresponde No sé / No recuerdo

43. Muchos niños y adolescentes consumen alcohol o drogas. ¿Cuáles de las siguientes sustancias piensa usted que el niño ha consumido?

A. Alcohol	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
B. Tabaco (por ej., cigarrillos)	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
C. Marihuana	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
D. Cocaína o crack	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
E. Metanfetaminas	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
F. Sustancias para inhalar (por ej., inhalar pegamento o pintura para subir el ánimo)	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
G. Heroína	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
H. Otras drogas que <u>no</u> se venden en negocios y que <u>ningún</u> médico recetó al niño	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé

44. Mi hijo está recibiendo tratamiento por un problema con el alcohol o las drogas ilegales.

Sí No No sé

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