September 19, 2001

TO: Interested Persons

FROM: Madeline M. Olson
Assistant Administrator
Office of Mental Health Services

SUBJECT: 2001 Adult Mental Health Services Survey

Attached is the preliminary Report on the Office of Mental Health Services (OMHS) 2001 Adult Survey. The information gathered through this survey is from clients who received Oregon Health Plan mental health services through Mental Health Organizations (MHO) between July and September 2000.

The information presented in this report is representative of adults receiving services from each MHO within defined limits described within the report. OMHS expects each MHO to use the results of this survey, along with other data published by OMHS and information from MHOs' own quality improvement efforts, to help define quality improvement efforts for the future. OMHS will be doing the same.

The report is an initial analysis of information gathered through the survey and based on the results of this analysis a more detailed exploration of the information will be conducted. The results of this survey should be interpreted in light of the many ongoing evaluation efforts being conducted by OMHS. Many of the results from this survey will be incorporated into a new Oregon Health Plan Mental Health Organization Performance Indicators Project Report to be published in the late fall of 2001.

Please contact Jon Collins, PhD, at (503) 945-9726 via email jon.c.collins@state.or.us or contact Darcie Johnson, MSW, at (503) 945-9829 via email darcie.r.johnson@state.or.us with any questions or comments.

# State of Oregon
# Department of Human Services
# Office of Mental Health Services

# Report on the 2001 Adult Survey
**for**
**Oregon Health Plan Mental Health Organizations**

Prepared
9/19/01
by
Data Analysis and Operations Unit
Department of Human Services
Office of Mental Health Services

# State of Oregon
# Department of Human Services
# Office of Mental Health Services
# Report on the 2001 Adult Survey

## Introduction

Each year, Oregon's Office of Mental Health Services (OMHS) conducts a survey to gather information from adults 18 and over who have received outpatient mental health services through Mental Health Organizations (MHO) under the Oregon Health Plan. The information gathered is part of the overall evaluation of Oregon's mental health system and is used with other data to assist in monitoring and improving the mental health service delivery system.

The sample for the survey was randomly selected from a group of people who met criteria for inclusion in the survey, however it is important to remember that the respondents to the survey are self-selected. Our respondents do appear to be similar in terms of demographic make up to the overall population from which they were drawn. For the purpose of analysis and interpretation, our respondent set is considered representative of the population from which it was drawn. The confidence level and the confidence intervals presented in the results section describe how accurate responses are at the statewide and specific MHO levels.

Last year's survey was developed with consumer and stakeholder input and included items that were adapted from the national work of the Mental Health Statistics Improvement Project. Minor changes to this year's survey included:

- The addition and deletion of a few questions
- The response set for most items was changed to a simple yes/no from a broader Likert type scale

These changes made it easier for consumers to answer questions and for analysts to interpret responses.

The revised survey was tested with two separate groups of consumers from drop in centers located in Portland and Salem. The

consumers found the items easy to interpret and liked using the yes/no response set. Many consumers commented that they found the survey relevant to their needs.

In addition to the changes in format, OMHS implemented a new sampling strategy this year to obtain information that was more reliable at the MHO and statewide level. This strategy was essentially successful, as will be described in the results section of the report.

## Procedure

The Adult Mental Health Services Survey was administered via a mail survey in June 2001. The population for the survey was defined as adults, aged 18 or older, who received a Medicaid service other than an assessment or evaluation from an MHO between July and September 2000. During that time period, 17,164 consumers statewide met these criteria for inclusion. In most cases, a random sample was drawn from each MHO's population. Exceptions were made for MHOs with small populations, in which case the population in its entirety was selected to receive a survey. The total number of surveys mailed out was 11,666. Surveys were translated into Spanish or Vietnamese for those consumers who indicated those as their primary languages.

The sample size for each MHO was designed to achieve a 95% confidence level and an item confidence interval of +/- 5% for each MHO. So for example, if 80% of the respondents indicated that services had helped them, we would be 95% confident that the percentage for the population surveyed was between 75% and 85% (or 80 +/- 5%). It was calculated that a statewide return rate of 25% would meet our response goal. The goal for statewide return rate was met and the return rate goal for each MHO was nearly achieved. The few exceptions are described below.

The surveys were mailed out with the unique Medicaid Prime number affixed to the upper left hand corner. This was done to track responses and supply OMHS with information about each respondent in terms of demographics and service usage. Assurance of the confidentiality of responses was given. Recipients of the survey were informed of the location, the use of the Prime number, and given the

option of returning the survey without the Prime number. It was assumed that consumers were giving consent to analyze results if their survey was returned with the Prime number still affixed. The 5% of surveys returned without a Prime number were not used in analyzing the results.

## Results and Discussion

### Sample

Table 1 summarizes the return rate for each MHO and the resulting minimum confidence interval that can be assumed with 95% confidence on survey items.

Table 1. Summary of Return Rate

| MHO | Population | Sample | Return | | Minimum Confidence Interval |
|---|---|---|---|---|---|
| | | | # | % | |
| ABHA | 1255 | 1180 | 259 | 22 | +/- 5 |
| CaapCare | 3782 | 2023 | 537 | 27 | +/- 4 |
| Clackamas | 881 | 881 | 182 | 21 | +/- 7 |
| FamilyCare | 115 | 115 | 35 | 30 | +/- 14 |
| GOBHI | 1291 | 1183 | 263 | 22 | +/- 5 |
| JBH | 3144 | 1382 | 341 | 25 | +/- 5 |
| LaneCare | 1761 | 1284 | 286 | 22 | +/- 5 |
| MVBCN | 2606 | 1478 | 385 | 26 | +/- 5 |
| ODS | 68 | 68 | 13 | 19 | +/- 25 |
| Providence | 728 | 728 | 166 | 23 | +/- 7 |
| Regence | 1453 | 1264 | 286 | 23 | +/- 5 |
| Tuality | 80 | 80 | 17 | 21 | +/- 22 |
| STATE | 17164 | 11666 | 2770 | 24 | +/- 2 |

The proportional demographics of our returned surveys match the original sample in most cases. This judgment was made using the $?^2$ statistic and adjusted residuals. These statistics allowed us to compare the return's demographic proportions to the original sample to see if they are equal. For example, the proportion of African Americans in our return was equivalent to the proportion contained in

the original sample. This means that our results appear to represent the original population from which the sample was randomly drawn.

A summary description of the demographics for the adults who returned the survey is as follows:

- 65.6% female
- 4.2% age 18-22; 83.2% age 23-59; 5.9% age 60-64; 5.1% age 65-74; & 1.7% age 75+
- 81.1% White; 10.1% Asian or Pacific Islander; 4.7% Black; 2.6% Hispanic; 1.3% American Indian; & .2% other or unknown
- 43.1% were diagnosed with Mood Disorders; 30.5% Schizophrenia or other Psychotic Disorders; 12.8% Anxiety Disorders; and the rest were scattered among other diagnostic categories

By comparison a summary description of general adult population of Oregon is as follows:

- 50.4% female (adults and children)
- 62% age 18-65 & 12.8% age 65+
- 87.6% White; 3.0% Asian or Pacific Islander; 1.5% Black; 6.5% Hispanic; & 1.4% American Indian

Factor Analysis

The questions were first analyzed by using a hierarchical cluster analysis to determine if they had any underlying constructs associated with them that would assist in summarizing results. By constructs we are referring to typical performance domains such as access or quality. The result yielded two definite groupings of items. This tells us that two sets of questions seem to be closely associated with each other in some interpretable manner. In this case, they generally fit into the categories of Quality and Outcomes.

The questions singled out in the cluster analysis were then entered into a factor analysis to examine the strength of each grouping of items. The factor analysis supported the earlier cluster analysis and demonstrated that each question was highly associated with a

particular construct or domain. Each of the two factors exhibited a high degree of internal stability: Quality, Cronbach's Alpha = .88 & Outcomes, Cronbach's Alpha = .87. For both factors, the alpha decreases with the removal of any of the items from the factor. The high degree of internal stability indicates that differences between respondents on the factors are real rather than the result of error, such as misunderstanding the questions. For reference, the items that fit into each factor, Quality (Q) and Outcomes (O), are marked below in Table 4.

Performance Score

The presence of two strong factors presents the opportunity to calculate performance scores for Outcomes and Quality. This is done by assigning a value of '1' to all 'yes' responses and a value of '-1' to all 'no' responses. The items associated with Quality or Outcomes can be averaged to produce a score for each of the factors.

Benchmarking

Since this process has not been used before, the statewide average for each factor is the benchmark level of performance for each MHO. The statewide averages are as follows:

- Quality Factor = 0.72
- Outcome Factor = 0.44

The same benchmarks can be used next year to demonstrate improvements. Positive performance for each MHO is represented by the **percentage** of scores that are higher than 0.44 for the Outcome factor and 0.72 for the Quality factor.

Using the described methodology, Tables 2 and 3 show the performance for Quality and Outcomes statewide and for each of the MHOs. The bars represent the percentage of scores above the state average for the Quality factor in Table 2 and the Outcomes factor in Table 3. In both tables, the bold line represents the same percentage but at the statewide level.

It is interesting to note that high performance on the Quality factor does not always correspond to high performance on the Outcome factor, as can be noted by comparing Tables 2 & 3. Using Spearman's Rho the correlation between the two factors is .43, which is significant. But, it means that only about 16% of the variance in consumer perceived Outcomes is accounted for by variance in Quality. By most accounts this would be considered a medium relationship and could suggest that perceived high quality may not always relate to perceived high outcomes.

Table 2. Percent Above Statewide AVG Score for Quality Factor

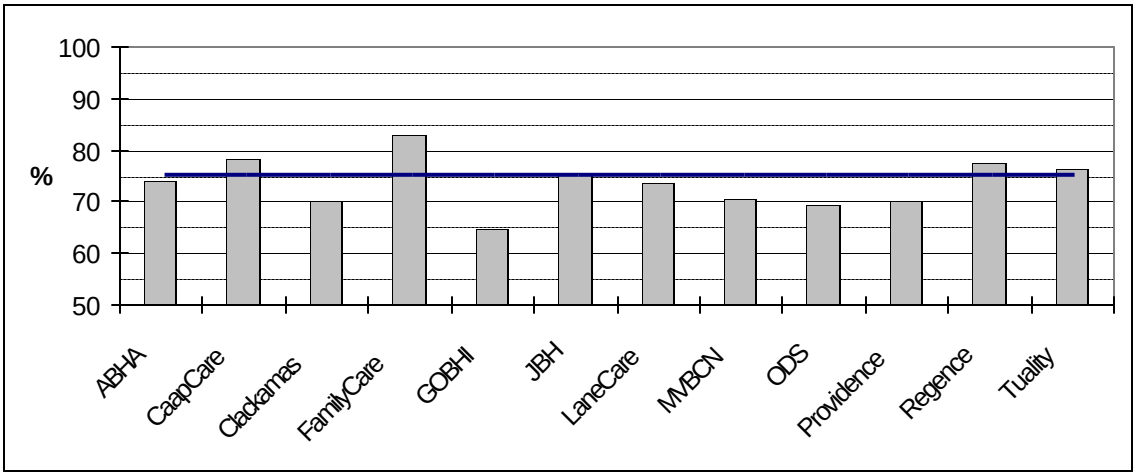
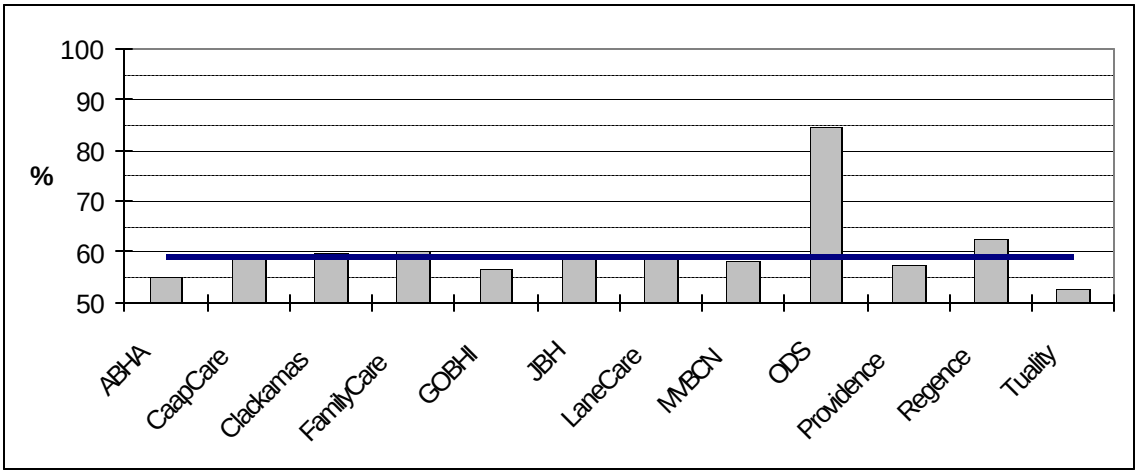



Table 3. Percent Above Statewide AVG Score for Outcomes Factor



Response to Survey Items

Statewide the percent of respondents who indicated “yes” to a particular item is listed below in Table 4. Referring back to Table 1 the reader will note that all percentages have a confidence interval of +/- 2 for the state with a 95% confidence level. The “Q” and the “O” listed in the factor column indicate whether or not the question is part of the Quality Factor or Outcome Factor.

Table 4. Summary of Responses to Survey Items

| Adult survey items (abbreviated) | % “yes” | Factor |
|---|---|---|
| 3. During emergency or urgent need, I get to talk to my case manager or therapist right away | 73.4 | Q |
| 7. Am treated with respect and dignity | 94.1 | Q |
| 8. Therapist or case manager listens to my questions or concerns | 94.3 | Q |
| 12. Get useful information to handle the problems in my life | 85.6 | Q |
| 13. Confident that staff can provide care I need | 85.8 | Q |
| 14. I agree with case manager or therapist about how to deal with my problems | 84.4 | Q |
| 15. Case manager or therapist is warm and supportive | 92.7 | Q |
| 16. Services have helped me | 90.7 | Q |
| 17. If I had other choices, I would still get services from this program | 86.4 | Q |
| 27. My treatment plan fits with what I want | 82.3 | Q |
| 31. I deal better with daily problems | 83.1 | O |
| 32. I am better able to deal with crises | 76.6 | O |
| 33. I am doing better in school and/or work | 59.4 | O |
| 34. I am getting along better with my family | 77.9 | O |
| 35. I am improving my ability to get a job I like | 51.3 | O |
| 36. My symptoms are not bothering me as much | 69.5 | O |
| 40. My housing situation has improved | 69.9 | O |
| 41. I am doing more fun activities | 62.8 | O |
| 42. I feel better about myself | 77.5 | O |
| 43. I am more in control of my life | 77.2 | O |
| 1. Services available at good times | 91.0 | - |
| 2. Place is easy to get to | 91.6 | - |

| | | |
|---|---|---|
| 4. Get appointment when I need one | 84.8 | - |
| 5. See same case manager or therapist each visit | 93.3 | - |
| 9. Staff believe I can grow, change, and recover | 89.0 | - |
| 10. Aware of consumer-run programs | 64.6 | - |
| 11. Therapist or case manager sensitive to cultural or ethnic background | 89.6 | - |
| 23. I feel I can complain about my services | 77.5 | - |
| 24. I feel I am forced to accept treatment that I don't want | 15.5 | - |
| 25. I feel I can disagree with my therapist or case manager | 80.8 | - |
| 26. I was involved in the development of my treatment plan | 81.2 | - |
| 28. I am confused about what services are available | 30.5 | - |
| 29. The program's policies were explained to me | 81.9 | - |
| 30. I want more services than I am currently getting | 37.3 | - |
| 37. I have not been in jail within the past 12 months | 54.4 | - |
| 38. I have not been hospitalized within the past 12 months | 56.4 | - |
| 39. I have less of a problem with alcohol or other drug use | 73.5 | - |

An item that did not fit easily into the format of the above chart, asked respondents to indicate how long they had "to wait before…the first appointment". Among the 63.2% of the respondents that remembered, 21% recalled it took longer than two weeks.

Last year's survey response format was a five point Likert Scale that ranged from "strongly agree" to "strongly disagree" this year's response format was "yes" vs. "no". A direct comparison between of results of last year's survey versus this year's is not entirely possible, since the 2001 survey lacks a "neutral" choice. But, with that caveat in mind, there does appear to be some improvement across the state, as indicated by selected questions from the survey in Table 5.

The result for each MHO on the items in Table 4 is contained in Part 2 of this report. The confidence intervals for each MHO are included in Part 2 as a reminder.

Table 5. Comparison between 2000 and 2001 Survey Items

| Adult survey items (abbreviated) | % "yes" 2001 | % positive 2000 |
|---|---|---|
| Place is easy to get to | 91.6 | 80.0 |
| During emergency or urgent need, I get to talk to my case manager or therapist right away | 73.4 | 62.5 |
| I am treated with respect and dignity | 94.1 | 84.0 |
| I feel I can complain about my services | 77.5 | 62.0 |
| I am better able to deal with crises | 76.6 | 60.7 |
| I am improving my ability to get a job I like | 51.3 | 42.1 |

Ethnic and Cultural Groups

In most cases, the survey returns did not yield enough respondents among members of different non-White ethnic and cultural populations to have confidence intervals of +/-5 at the 95% confidence level. The survey results cannot reliably account for the differing perceptions among ethnic and/or cultural groups very well. Especially, when the diversity among any of the categories listed in table is considered.

However, it is still useful to examine some of the results of the survey from the point of gross ethnic and cultural categories. One item on the survey addressed cultural sensitivity specifically. Of the respondents, 90% indicated that the therapist or case manager was sensitive to their cultural or ethnic background. Only 80% of responding African Americans agreed that the therapist or case manager had been sensitive. The other groups were consistent with the general population on this item.

On the factors of Quality and Outcomes, a comparison among different ethnic/cultural groups was generated for Tables 6 and 7. The percent once again represents the number of respondents with a score above the statewide average score for a given factor.

Table 6. Percent Above Statewide AVG Score for Quality Factor Among Ethnic/Cultural Groups

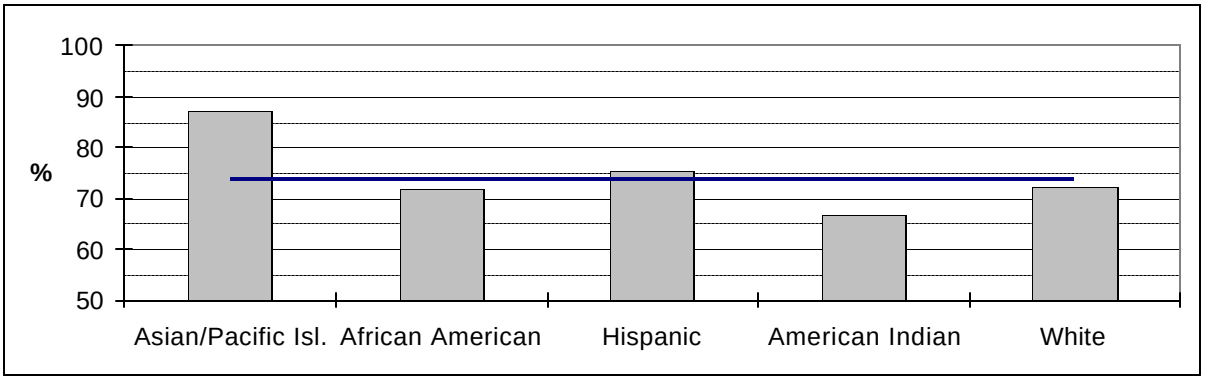
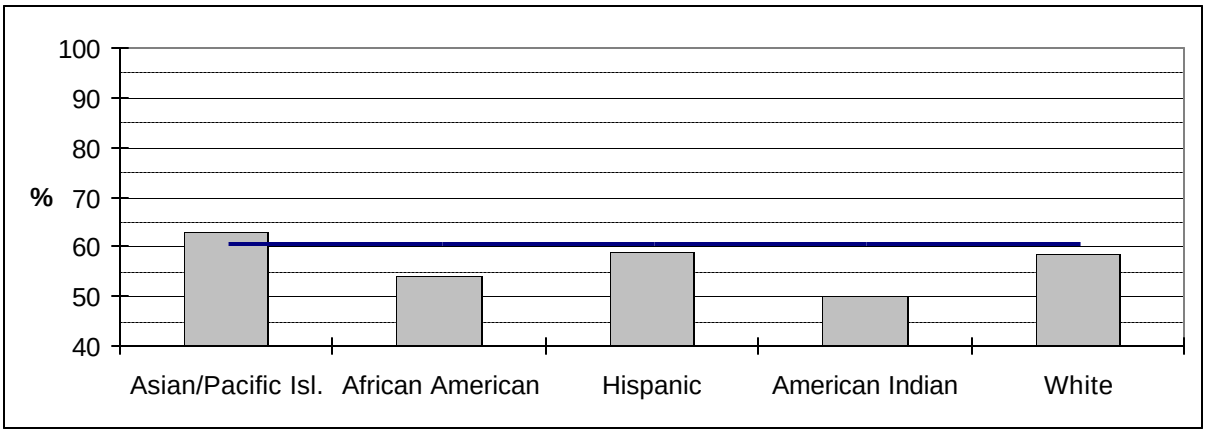



Table 7. Percent Above Statewide AVG Score for Outcomes Factor Among Ethnic/Cultural Groups




## Summary

The 2001 survey process has resulted in the compilation of reliable information that can be interpreted both at the state level and at the MHO level. The information presented in this report summarizes the initial analysis of information gathered from the 2001 survey of adult mental health service recipients. It is a basic summary of statewide results and results for individual MHOs.

Based on information presented in this report and information from the survey that was not presented, further analysis of the data will be done and may result in separate reports. As an example, further analysis of the factor scores related to Quality and Outcomes will be done in relation to service history. Additionally, much demographic

and qualitative information was gathered through the survey, including information related to housing, medication, and open-ended questions. This information will require further analysis.

Please review Part 2 of this report for more specific results related to MHOs.

## Part 2: Survey Item Results for MHOs

The following set of charts presents the percentage of respondents who responded “yes”, except as noted, to survey questions at the individual MHO level. The questions are the same as those summarized at the state level in Table 4 of Part 1.

The information is presented in terms of confidence intervals. Based on the number of surveys returned, we were able to calculate the percentage range (or confidence interval) for each MHO that responses could be judged with 95% confidence. So for example, if the confidence interval is +/-5 and 80% of the respondents for a particular MHO indicated that services had helped them, we would be 95% confident that the percentage for the MHO population surveyed was between 75% and 85% (80 +/- 5%). The minimum confidence interval for each MHO is presented below in Table 6.

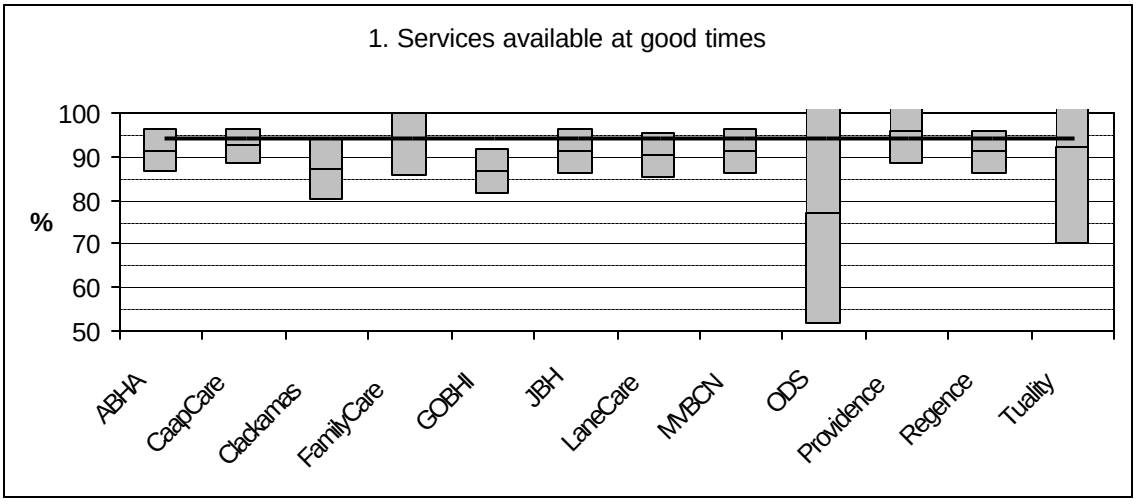
Table 6. Summary of Confidence Intervals

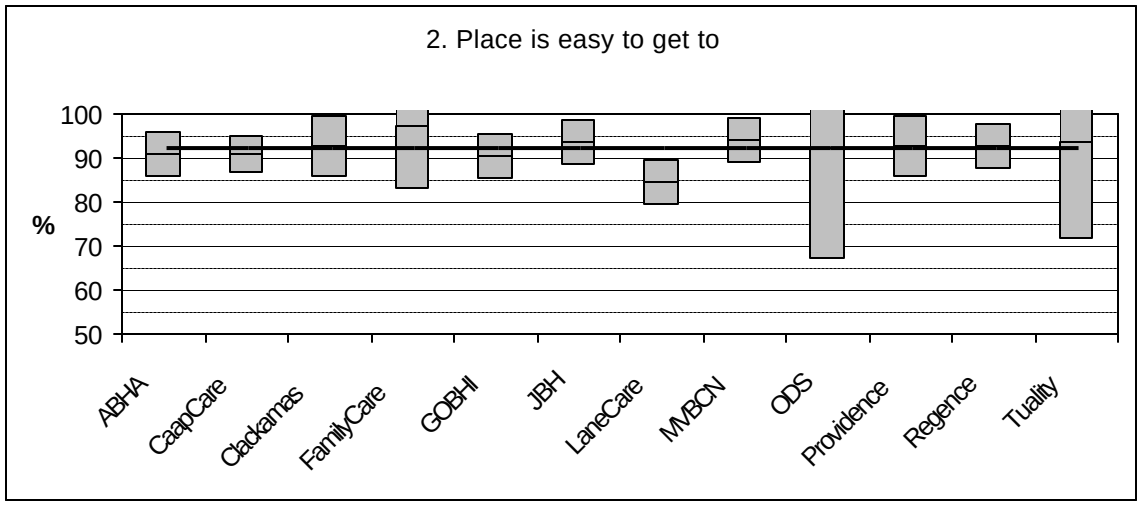
| MHO | Confidence Level | Minimum Confidence Interval |
|---|---|---|
| ABHA | 95% | +/- 5 |
| CaapCare | 95% | +/- 4 |
| Clackamas | 95% | +/- 7 |
| FamilyCare | 95% | +/- 14 |
| GOBHI | 95% | +/- 5 |
| JBH | 95% | +/- 5 |
| LaneCare | 95% | +/- 5 |
| MVBCN | 95% | +/- 5 |
| ODS | 95% | +/- 25 |
| Providence | 95% | +/- 7 |
| Regence | 95% | +/- 5 |
| Tuality | 95% | +/- 22 |
| STATE | 95% | +/- 2 |

MHO Results

The bars in each chart presented below represent the confidence interval for the percentage of respondents who indicated “yes” on a survey item at the MHO level. The line in the middle of each confidence interval represents the actual percent that responded “yes” on the survey. The bold line running across the chart represents the percent that responded “yes” at the statewide level. So using the charts, you can interpret whether or not an MHO’s confidence interval includes the statewide percent, thus noting how similar an individual MHO’s response is to the statewide response on a question.

There is too much information in this set of charts to provide detailed narrative analysis in this report. But, a helpful way to read through the charts is to pick a particular MHO and follow it through all the charts. This allows you to assess the pattern of responses for an MHO. Additionally, for each chart there is usually an MHO that stands out in terms of performance because the confidence interval is entirely above or below the statewide percentage—these standouts are particularly noteworthy.




2. Place is easy to get to
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ABHA
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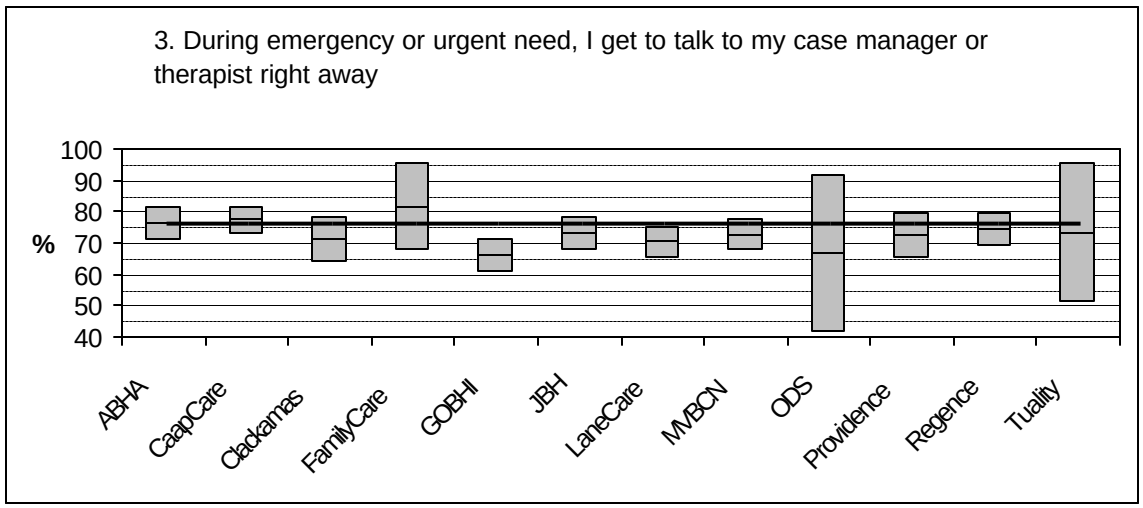
3. During emergency or urgent need, I get to talk to my case manager or therapist right away
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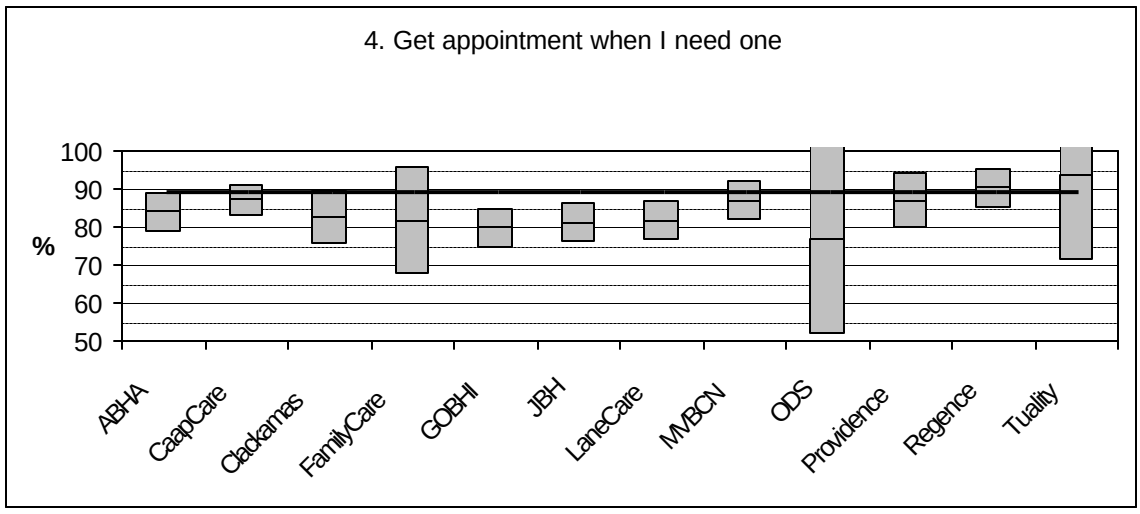
4. Get appointment when I need one
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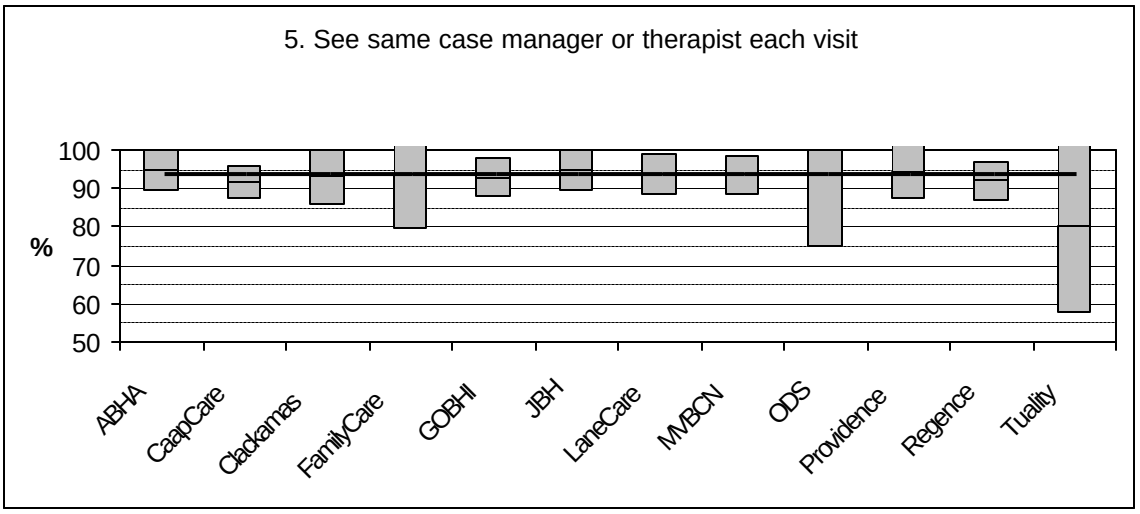
5. See same case manager or therapist each visit
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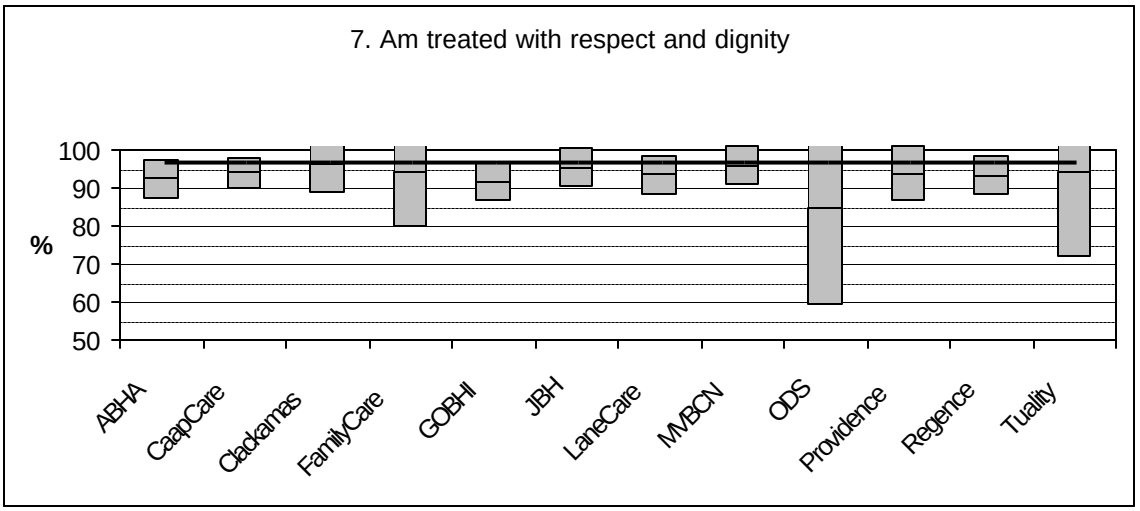
7. Am treated with respect and dignity
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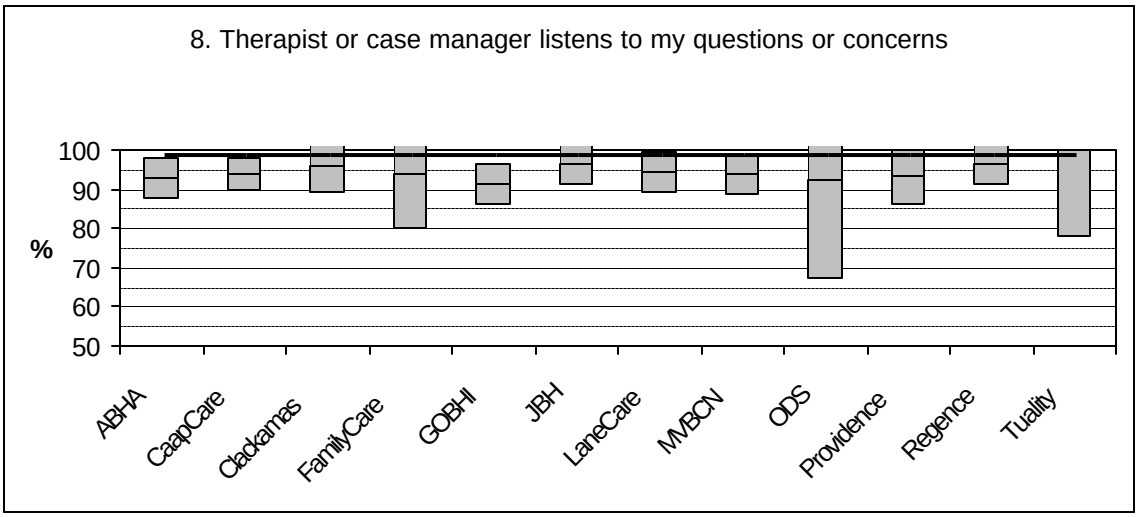
8. Therapist or case manager listens to my questions or concerns
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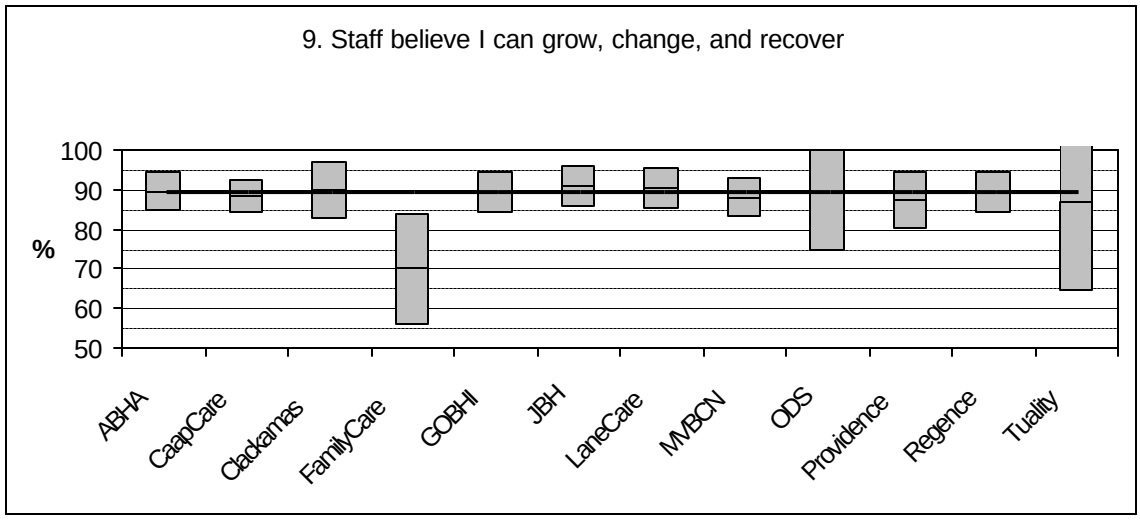
9. Staff believe I can grow, change, and recover
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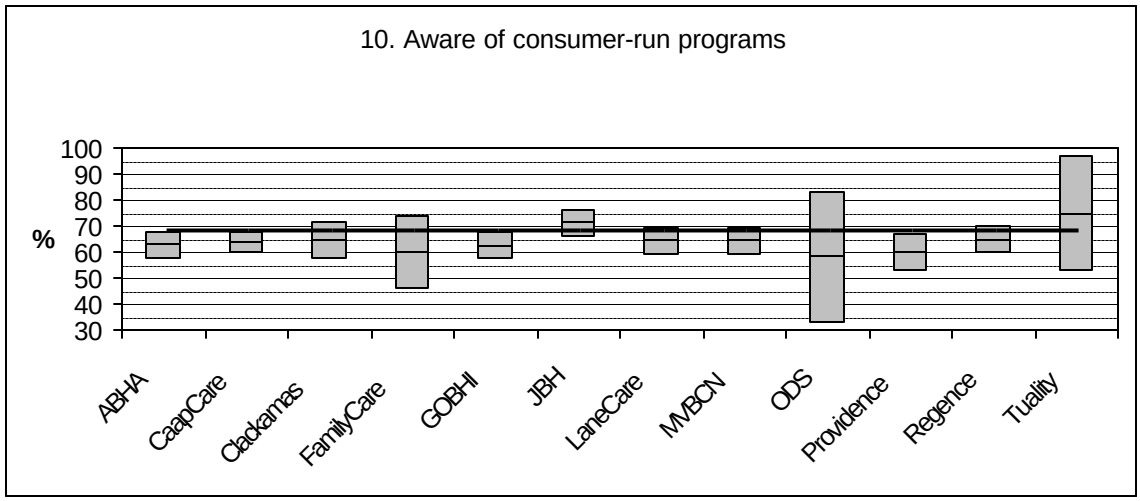
10. Aware of consumer-run programs
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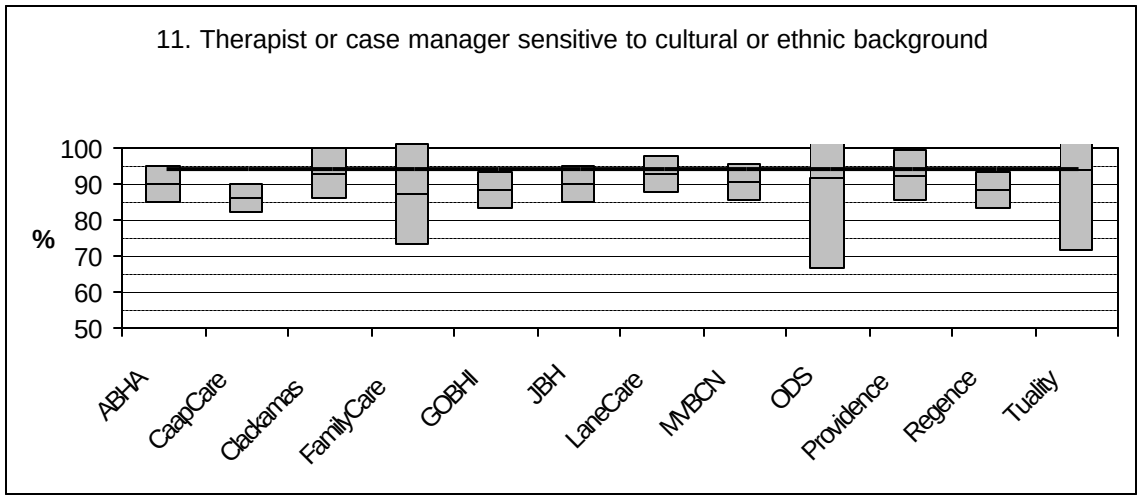
11. Therapist or case manager sensitive to cultural or ethnic background
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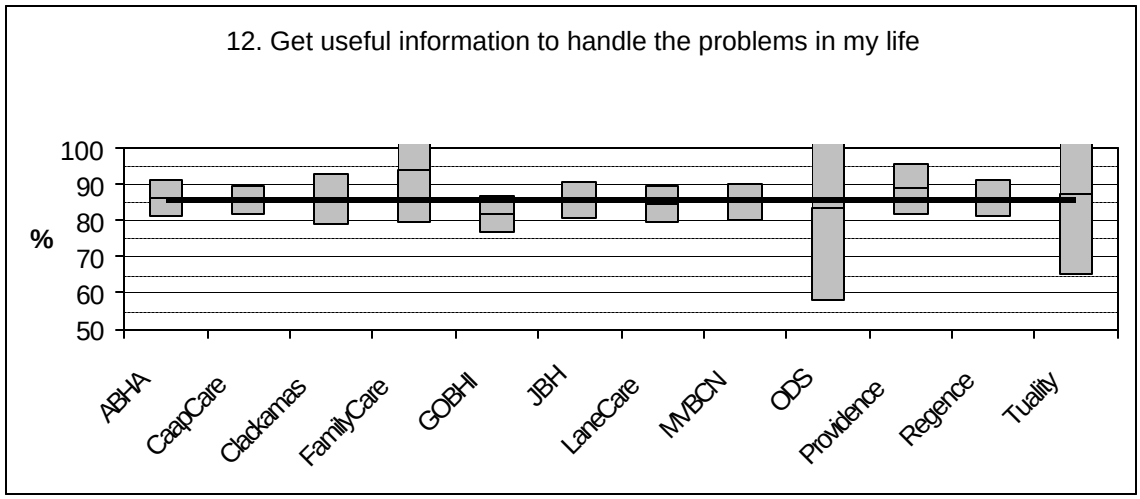
12. Get useful information to handle the problems in my life
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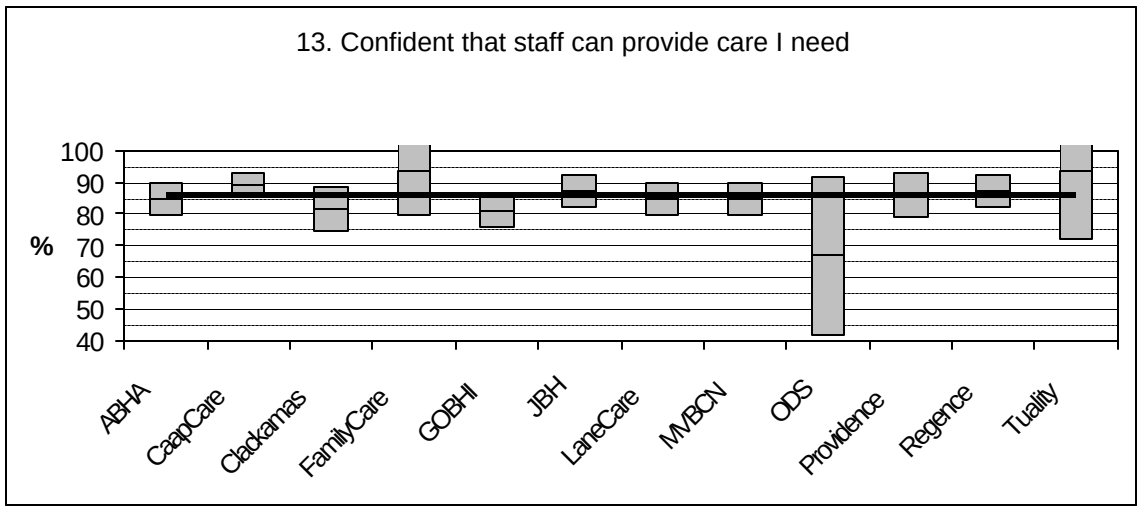
13. Confident that staff can provide care I need
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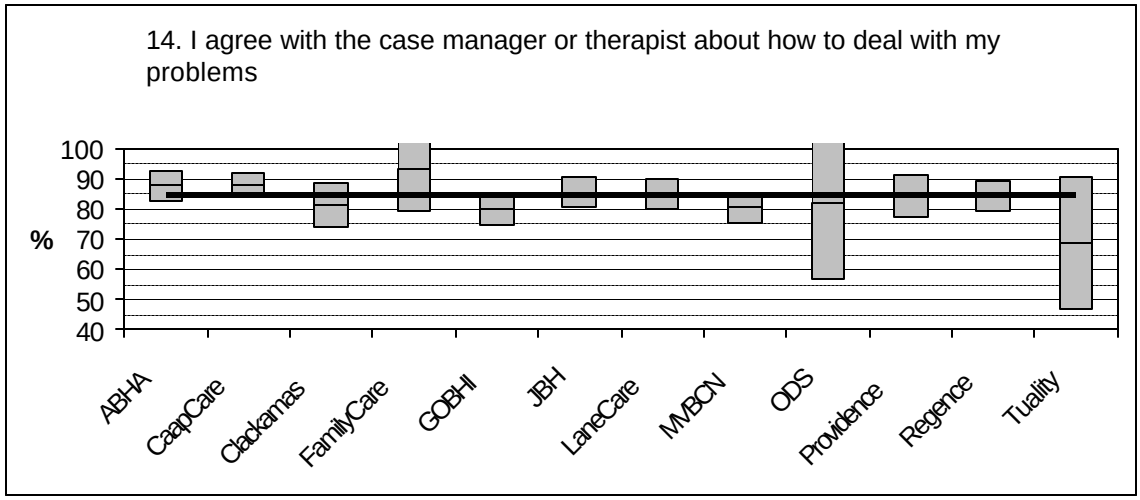
14. I agree with the case manager or therapist about how to deal with my problems
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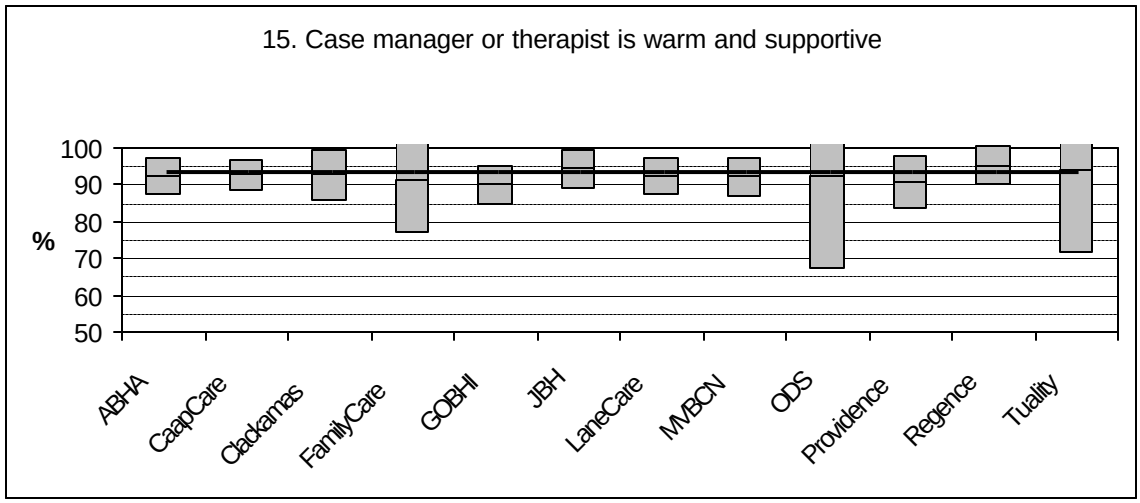
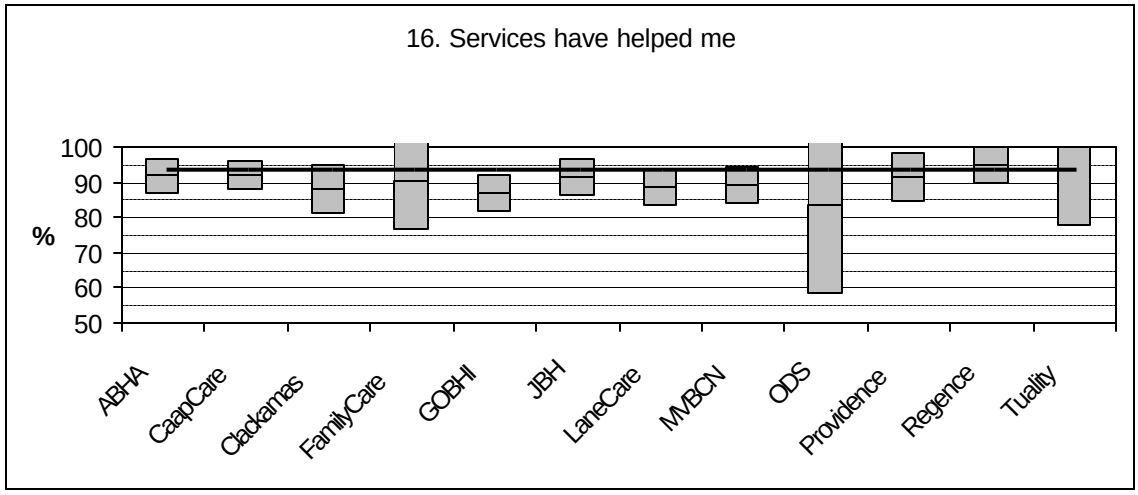
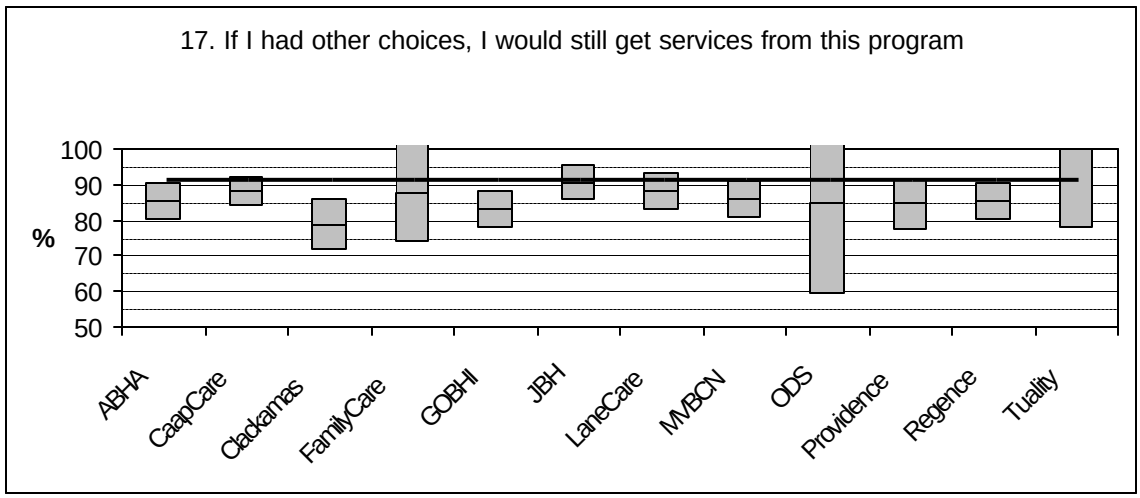
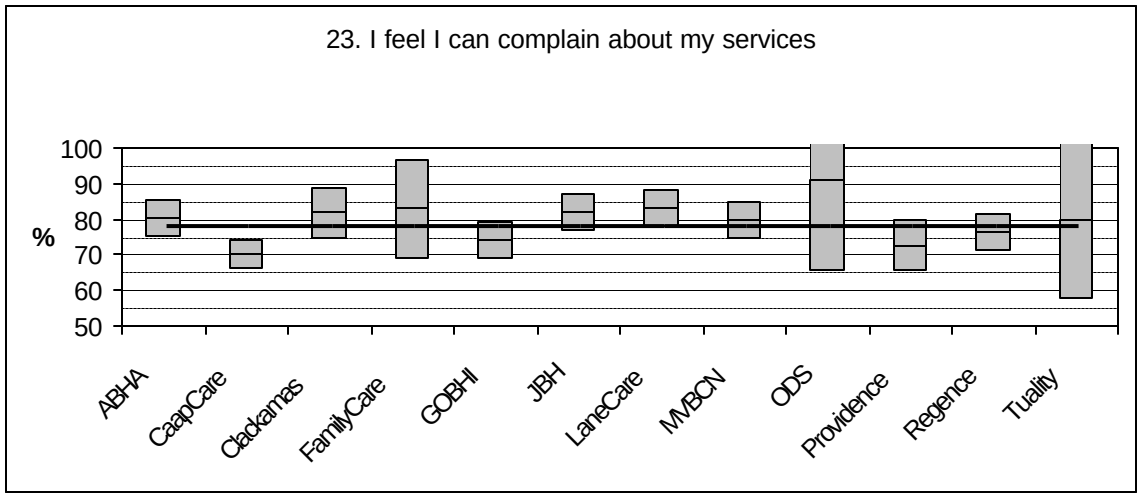
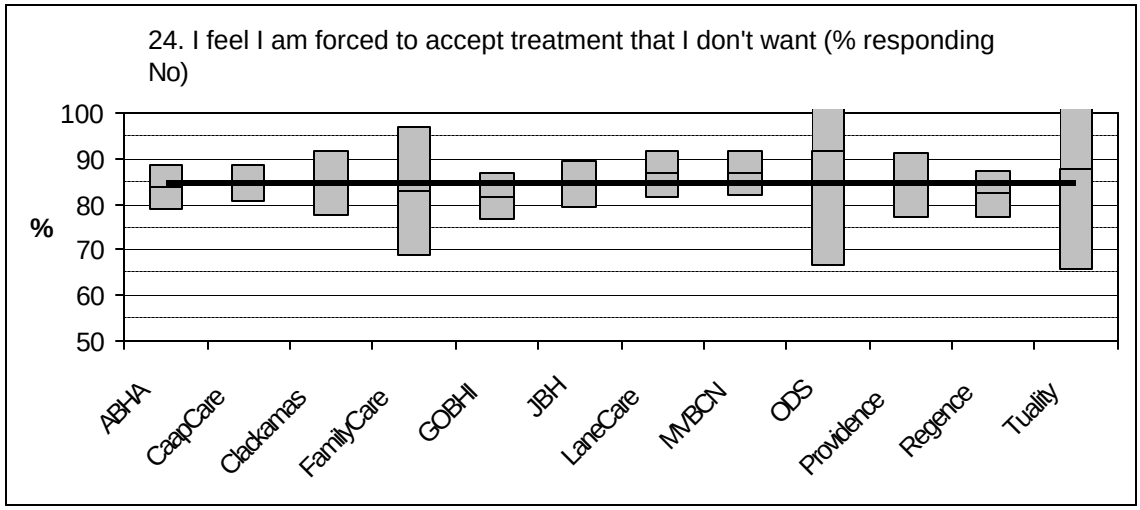
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality

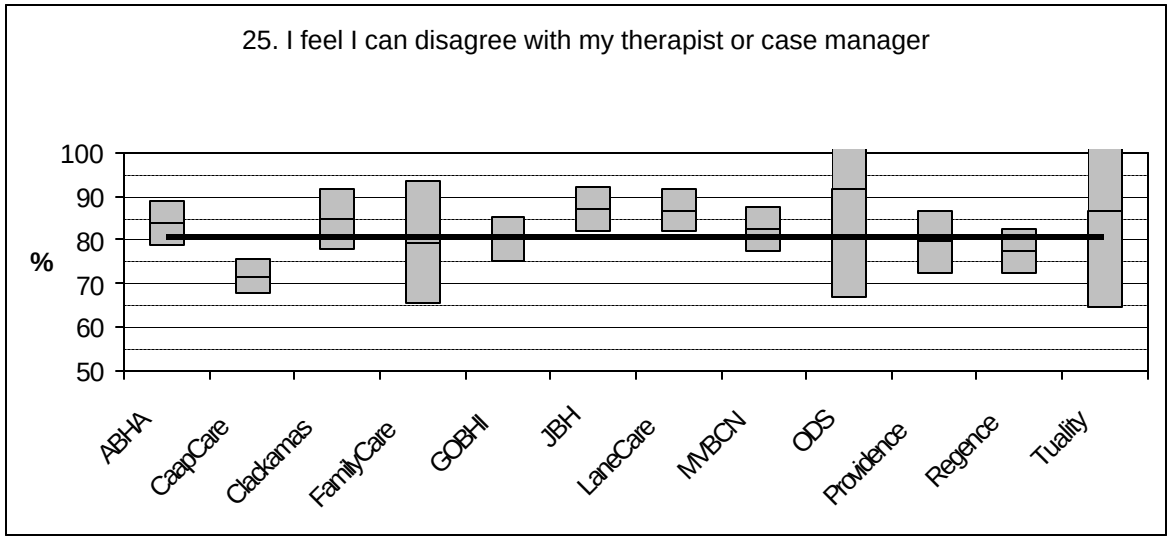

15. Case manager or therapist is warm and supportive
100
90
80
70
60
50
%
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality

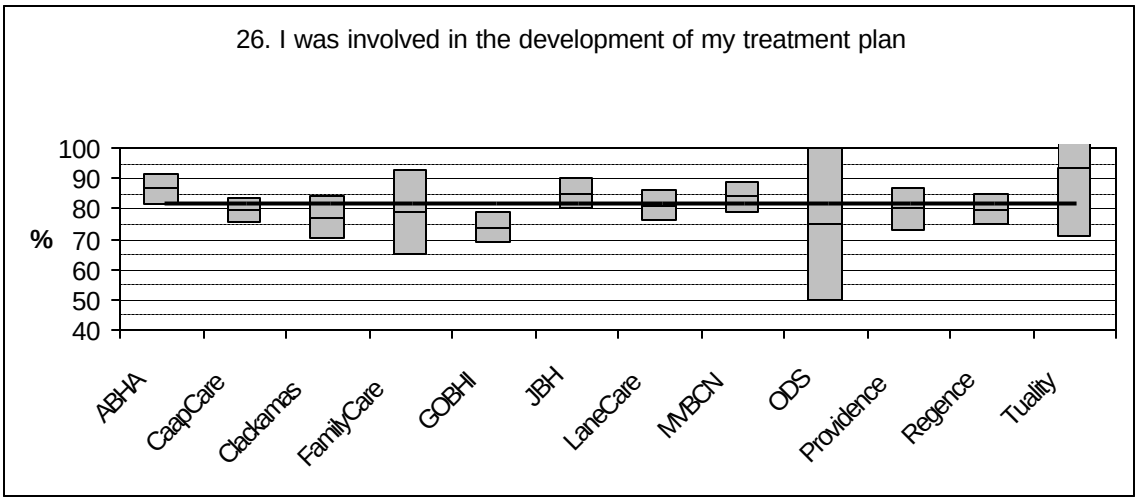

16. Services have helped me
100
90
80
70
60
50
%
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality

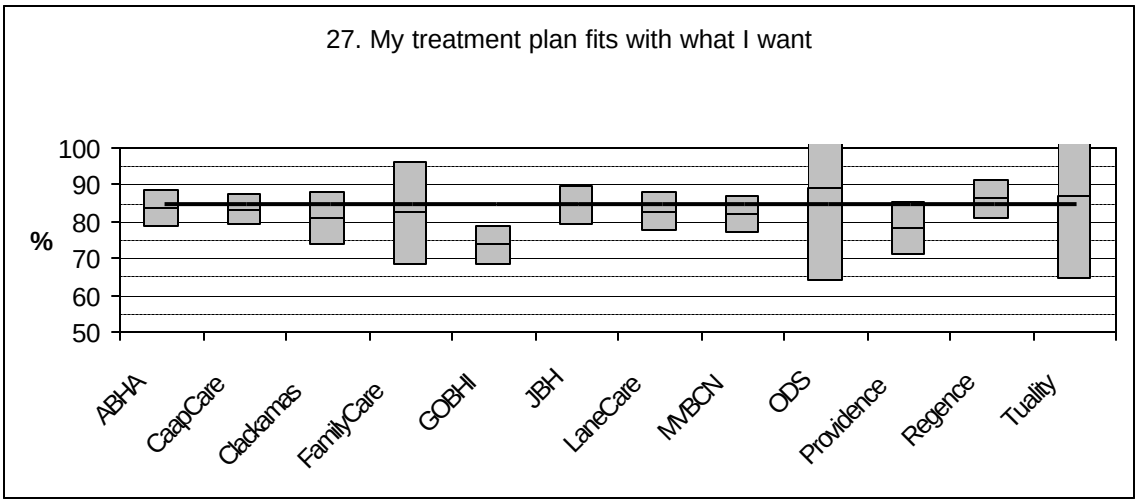

17. If I had other choices, I would still get services from this program
100
90
80
70
60
50
%
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality

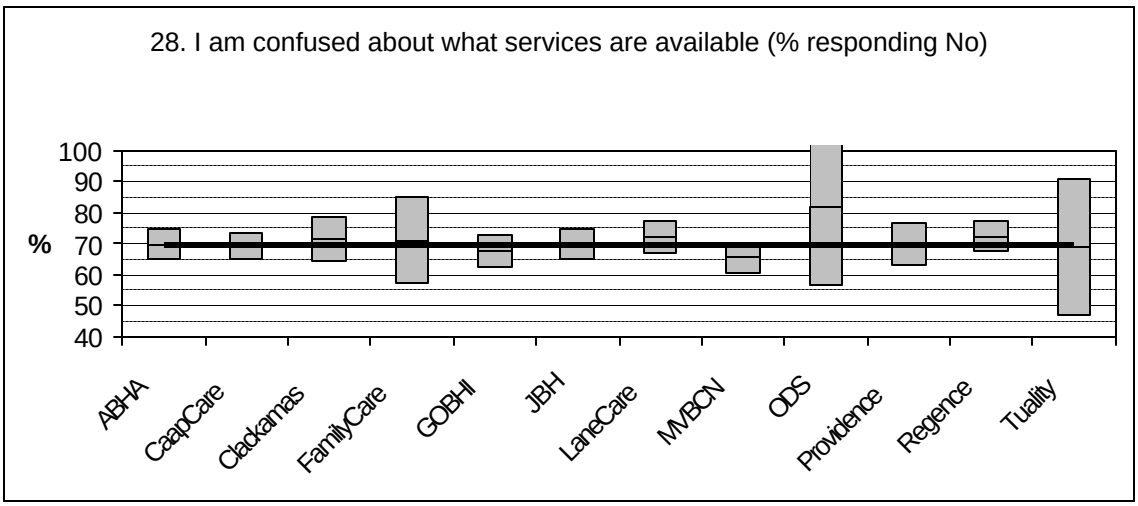

23. I feel I can complain about my services
%
100
90
80
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


24. I feel I am forced to accept treatment that I don't want (% responding No)
%
100
90
80
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


25. I feel I can disagree with my therapist or case manager
%
100
90
80
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


26. I was involved in the development of my treatment plan
100
90
80
%
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


27. My treatment plan fits with what I want
100
90
80
%
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


28. I am confused about what services are available (% responding No)
100
90
80
%
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
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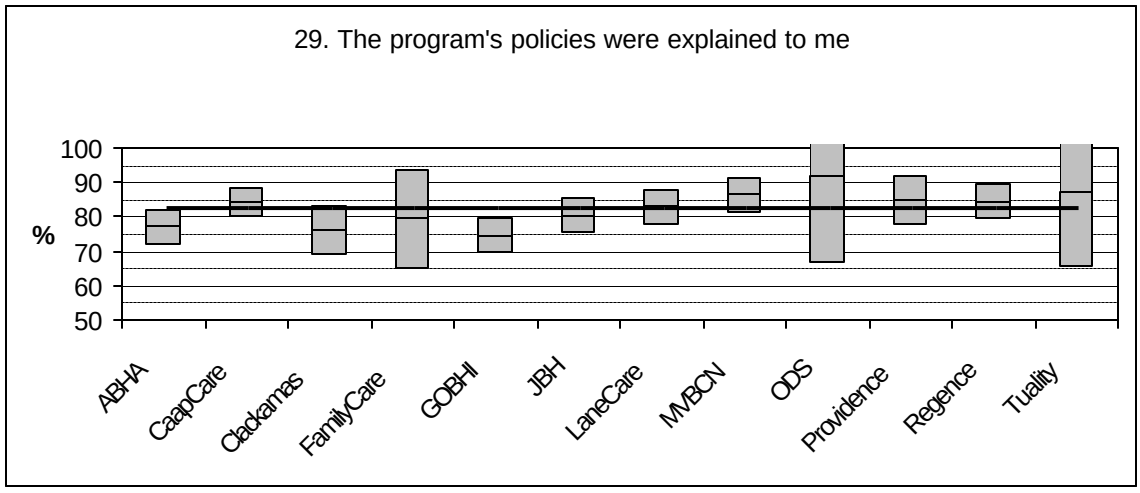
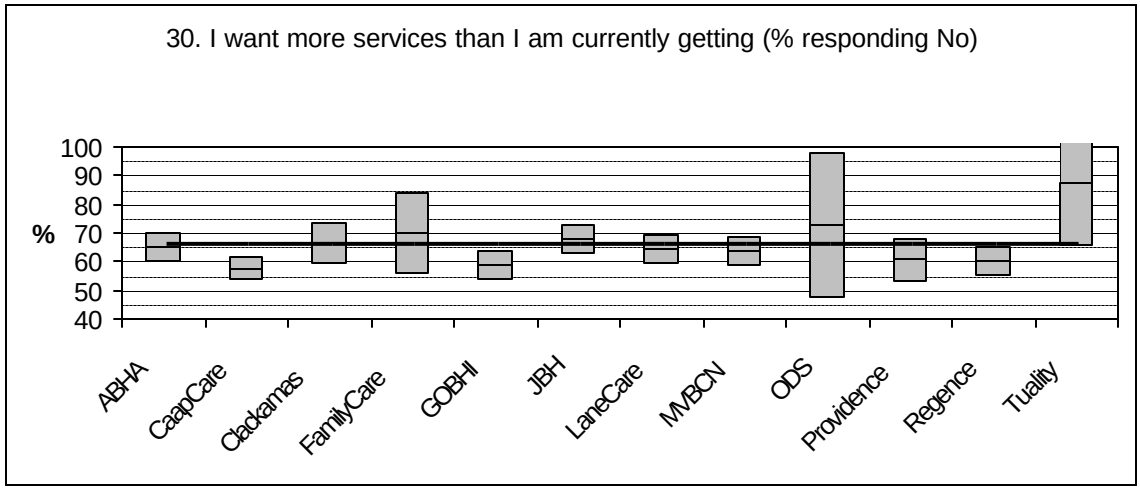
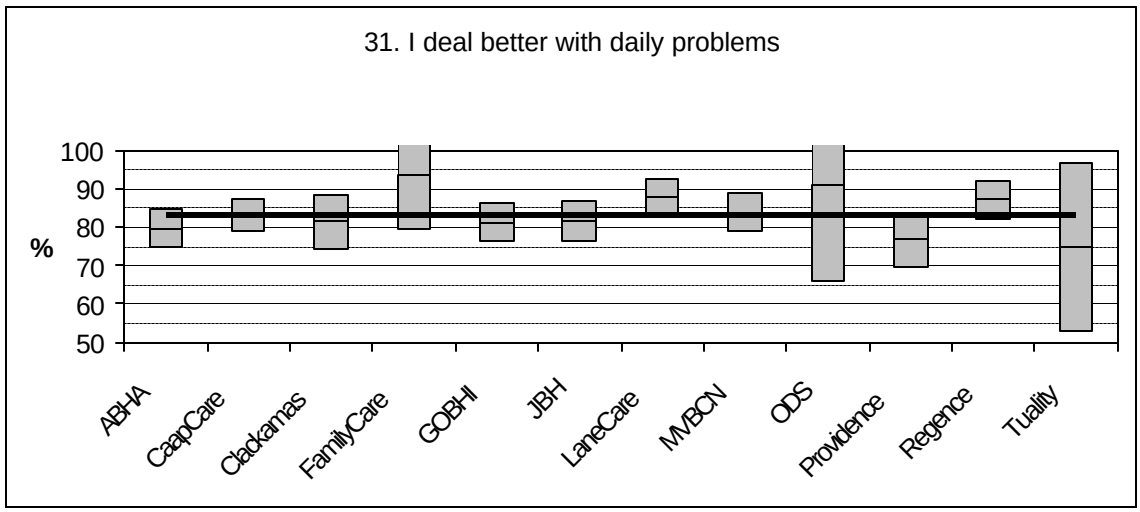
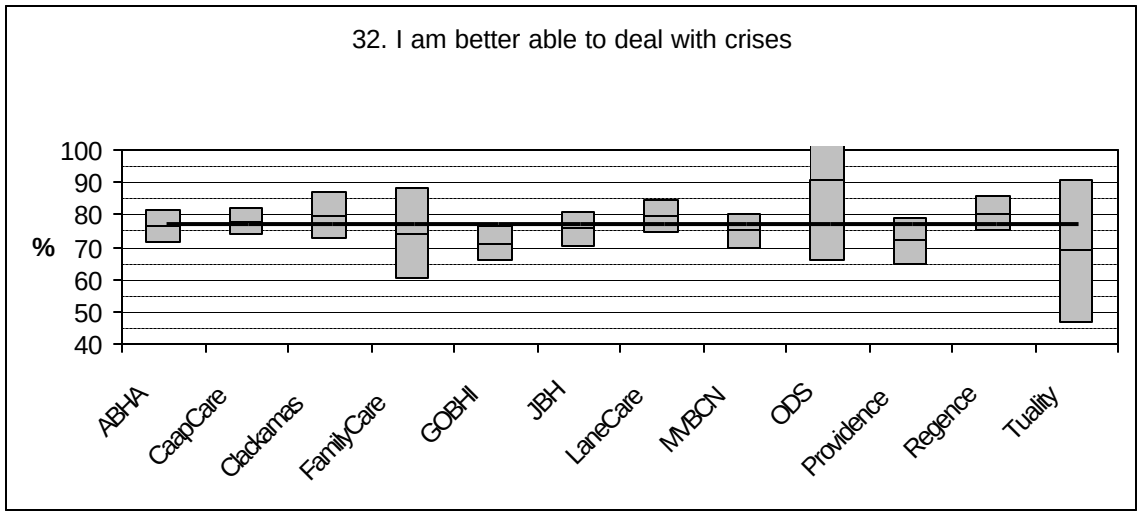
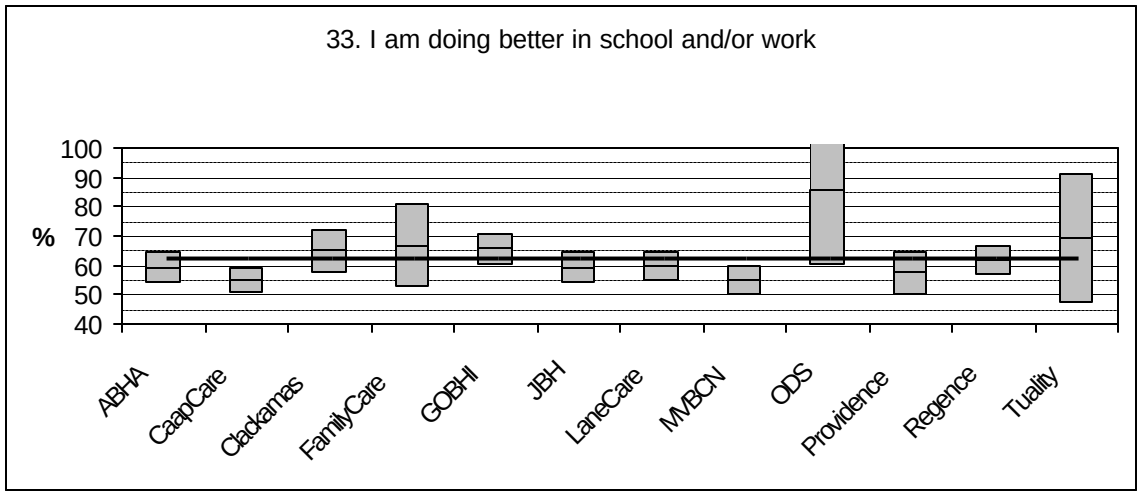
Regence
Tuality


29. The program's policies were explained to me
%
100
90
80
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


30. I want more services than I am currently getting (% responding No)
%
100
90
80
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


31. I deal better with daily problems
%
100
90
80
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


32. I am better able to deal with crises
100
90
80
%
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


33. I am doing better in school and/or work
100
90
80
%
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
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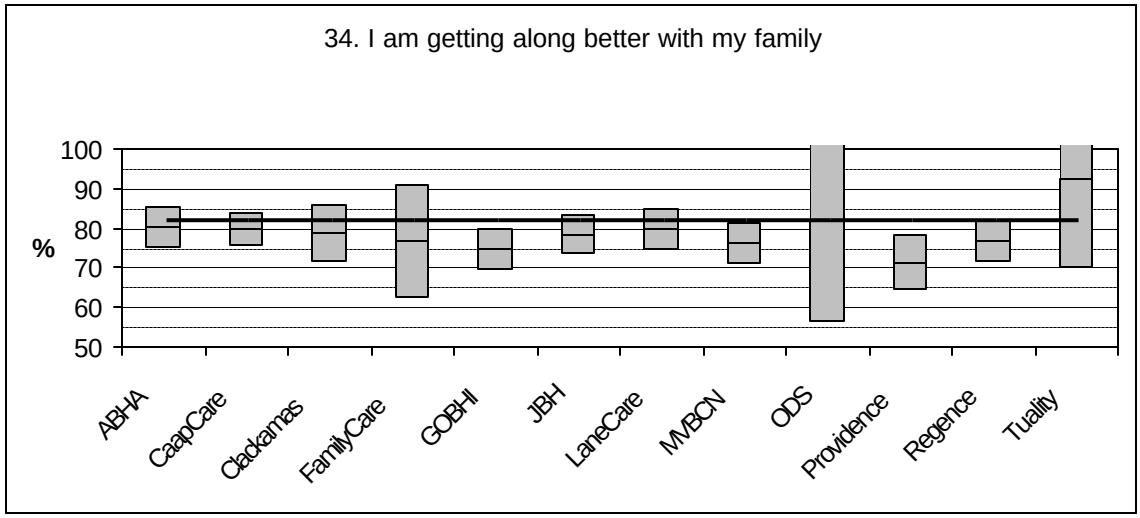
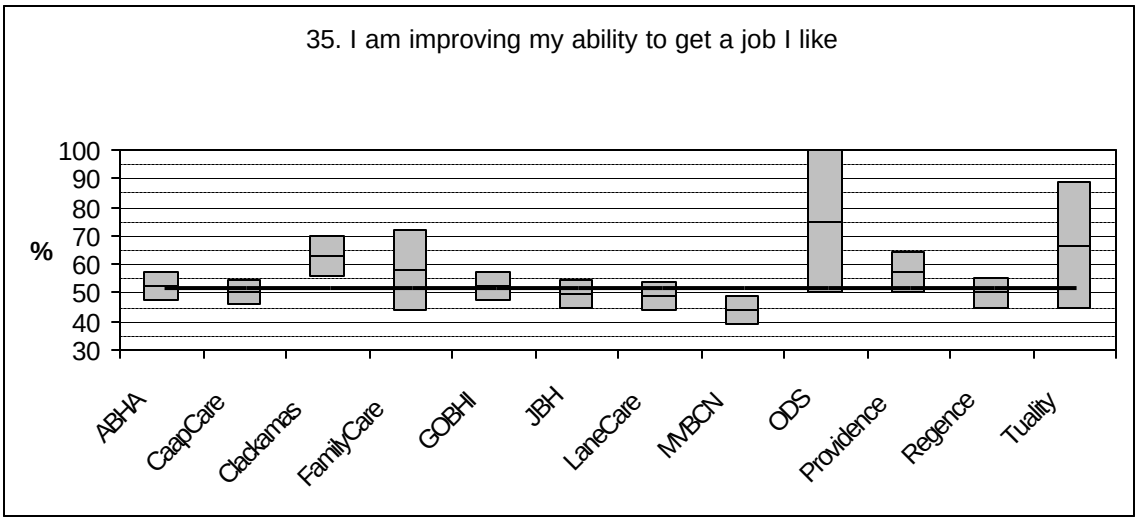
Tuality


34. I am getting along better with my family
100
90
80
%
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


35. I am improving my ability to get a job I like
%
100
90
80
70
60
50
40
30
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
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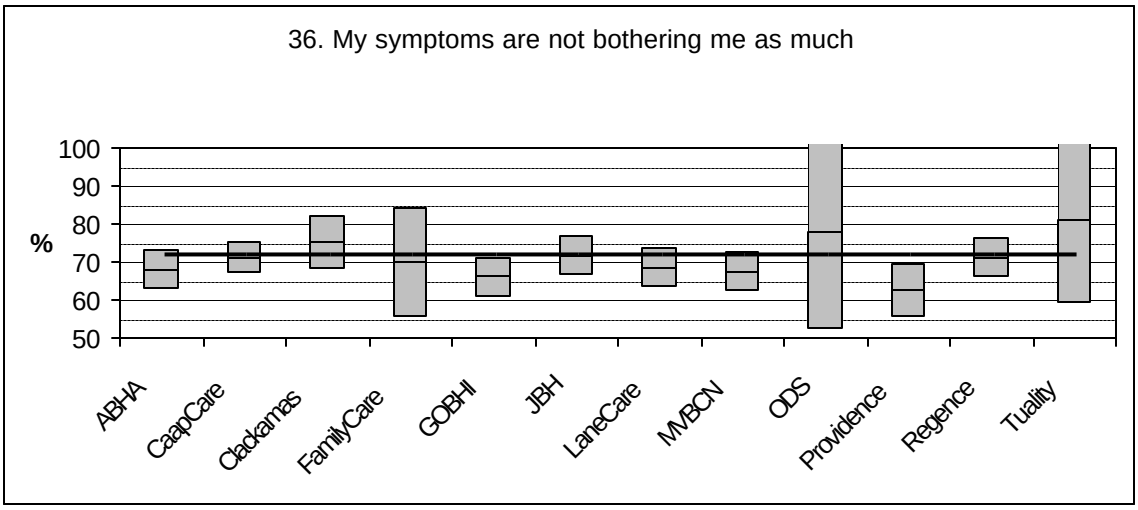
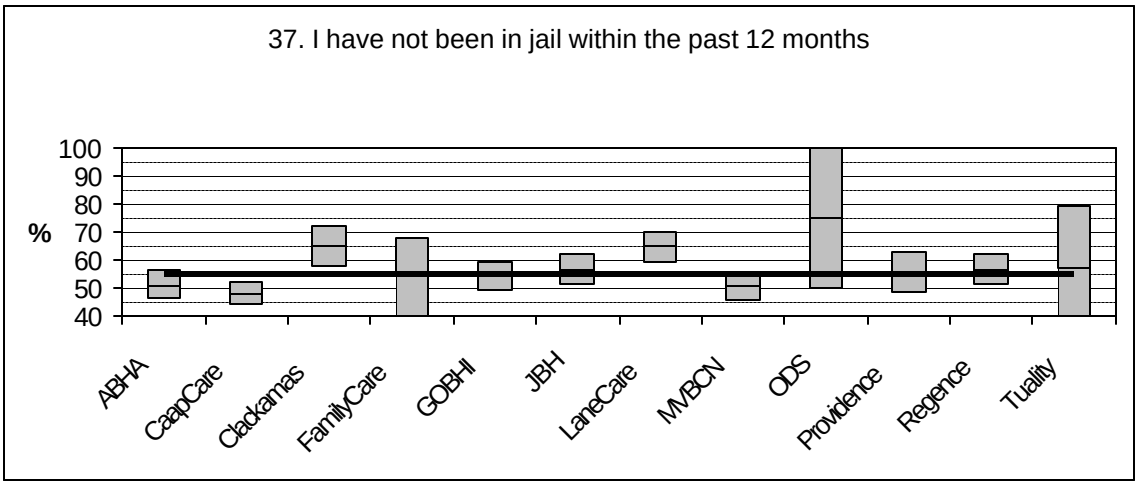
Tuality


36. My symptoms are not bothering me as much
%
100
90
80
70
60
50
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
MVBCN
ODS
Providence
Regence
Tuality


37. I have not been in jail within the past 12 months
%
100
90
80
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
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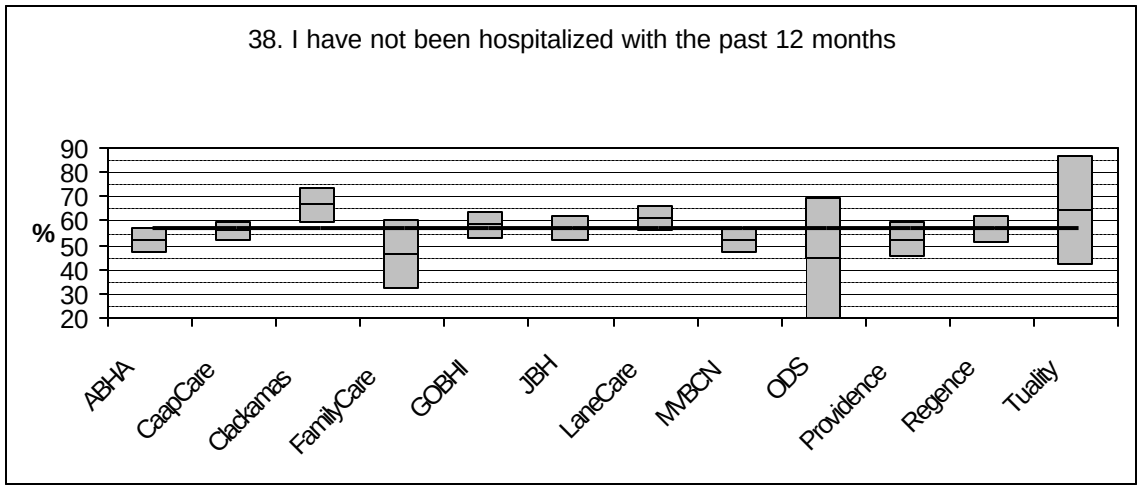
Tuality


38. I have not been hospitalized with the past 12 months
%
90
80
70
60
50
40
30
20
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
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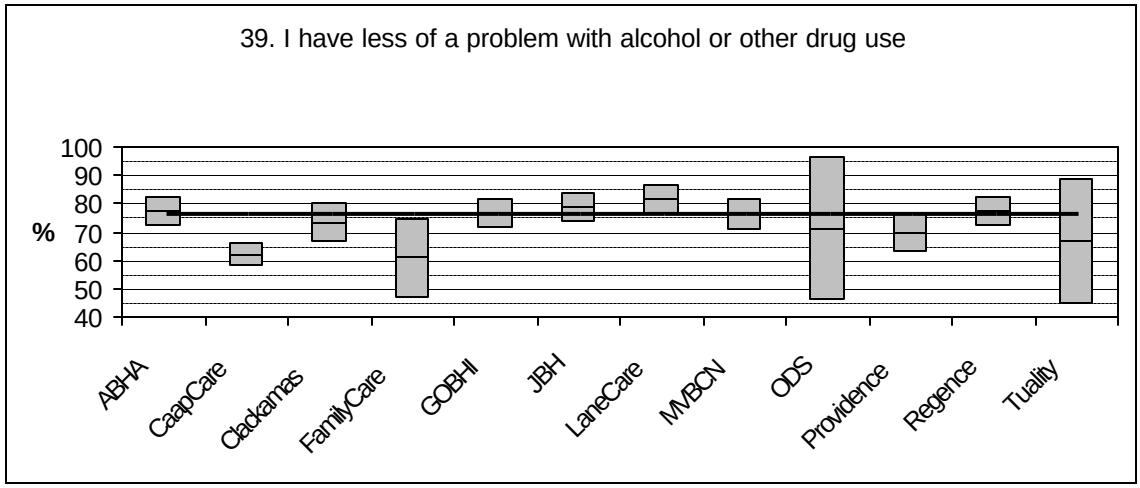
Tuality


39. I have less of a problem with alcohol or other drug use
%
100
90
80
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
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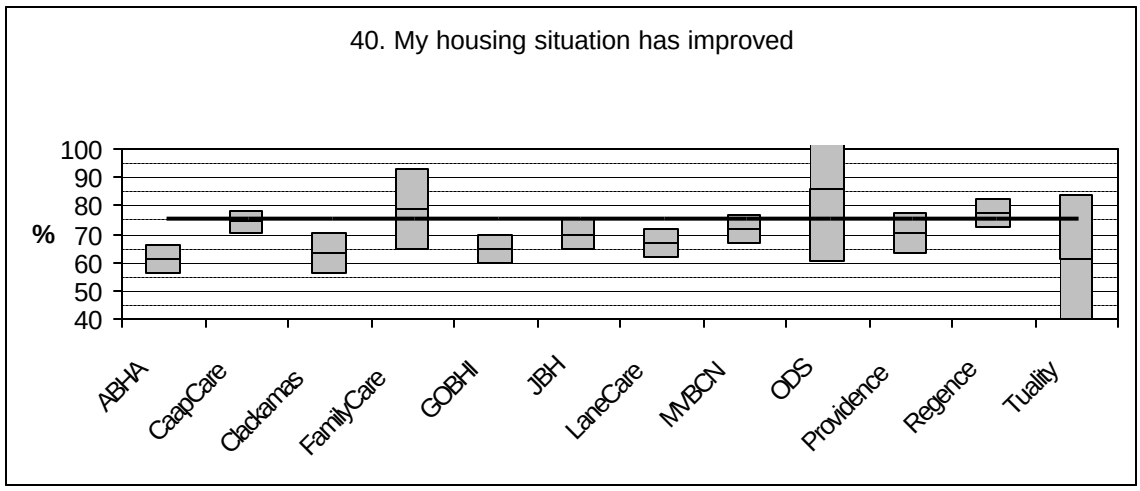
40. My housing situation has improved
%
100
90
80
70
60
50
40
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
LaneCare
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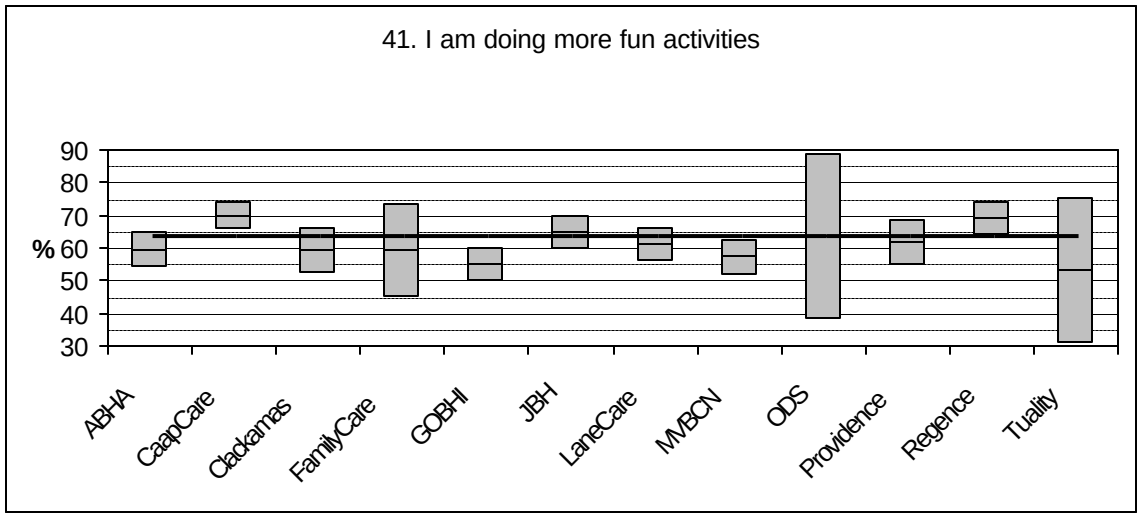
Providence
Regence
Tuality


41. I am doing more fun activities
%
90
80
70
60
50
40
30
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
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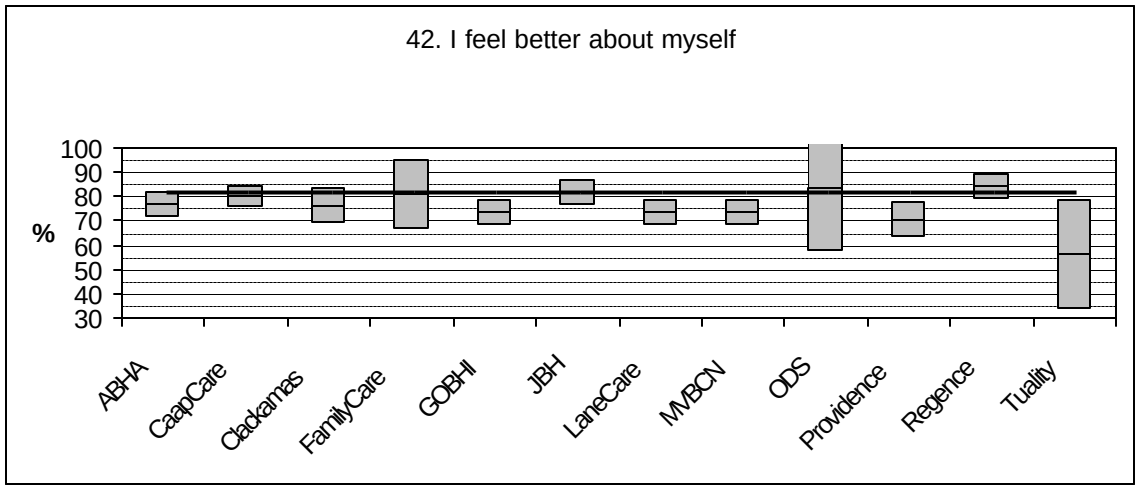
42. I feel better about myself
%
100
90
80
70
60
50
40
30
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
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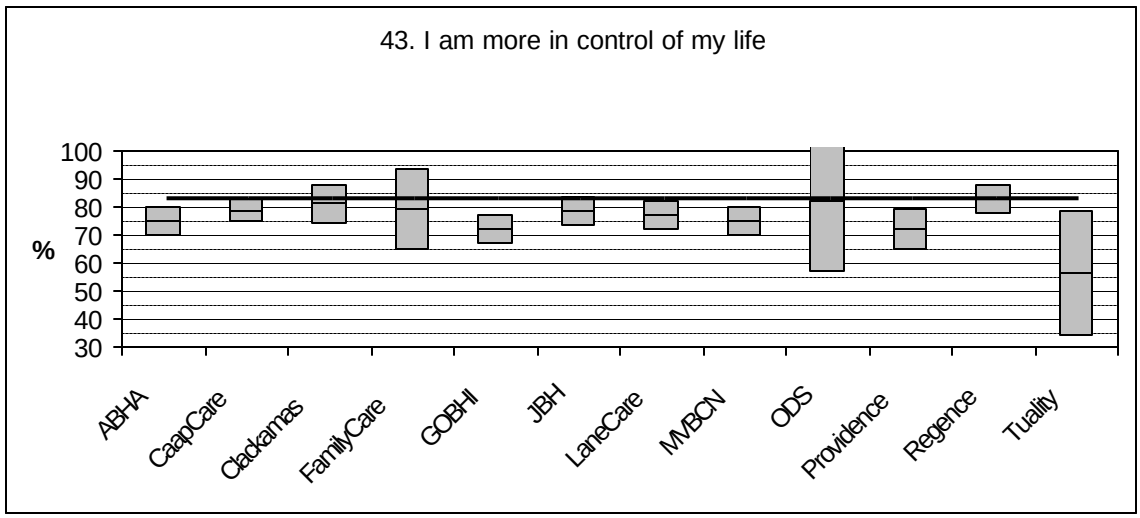
Regence
Tuality


43. I am more in control of my life
%
100
90
80
70
60
50
40
30
ABHA
CaapCare
Clackamas
FamilyCare
GOBHI
JBH
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