

2006 Oregon Youth Services Survey for Families

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Addictions and Mental Health Division

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Executive Summary

In mid-2006, the Addictions and Mental Health Division (AMH) surveyed family members¹ about their perceptions of the delivery of mental health services to their children enrolled in the Oregon Health Plan (OHP). The Youth Services Survey for Families (YSS-F) was mailed to parents or guardians of children who received OHP mental health services between April 1, 2005 and August 31, 2005. AMH received 2,031 responses, for an overall response rate of 20.5 percent out of 9,892 surveys mailed to valid addresses.

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 outcomes. Building on previous surveys, the 2006 survey results provide additional trend data for tracking family members' satisfaction with OHP mental health services for their children. The survey yielded 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, psychiatric residential, and psychiatric 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 the child's school attendance, arrest history, and use of alcohol or illegal drugs.

AMH will use the survey findings to help guide its ongoing efforts to improve the quality of state-funded mental health services for children. The data also can serve as a basis on which to monitor the implementation of the Children's System Change Initiative (CSCI). The goal of Oregon's CSCI is to increase the availability and quality of individualized, intensive home and community-based services so that children can receive services in the least restrictive environment possible.

The CSCI was implemented in October, 2005. Some respondents may have included responses indicative of the preliminary effects of the system preparing for

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.

implementation of the CSCI. Impact of the CSCI will be more evident in the 2007 survey, which will cover services delivered from April 1, 2006 to August 31, 2006.

Highlights of the 2006 survey results are reported on the following page. Other sections of the report present more detailed analyses.

Performance domain scores

- In each of the five performance domains, more than half of all respondents reported being satisfied.
- Compared with 2005, survey respondents in 2006 reported slightly higher satisfaction levels in each domain except for treatment outcome. However, all domain scores remained below their peak levels reported in previous years (2003 or 2004).
- As in 2005, families whose children received psychiatric day treatment services tended to report the highest satisfaction scores across domains in 2006, while those whose children received psychiatric residential treatment services often reported lower scores.

For all domains except access to care, 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. This finding paralleled a finding of the 2005 survey.

Coordination of services

- Respondents' satisfaction with coordination of services improved notably from survey years 2005 to 2006². Overall, 61 percent of respondents reported being satisfied with the coordination of mental health services between different external programs, compared with 55 percent in the 2005 survey.
- The highest percentages of satisfaction were reported for coordination between the mental health system and the services provided by education (71 percent) and child welfare (67 percent). Lower satisfaction was reported for coordination with substance abuse treatment (44 percent), the OYA (46 percent), developmental disabilities (51 percent), and juvenile justice (52 percent) systems.

² Services were received in the year prior to the year of the survey itself.

- On average, family members reported receiving special services from two state funded programs external to mental health, for children.

63% of responders reported coordinating with 2 services, 34% of responders reported coordinating with up to three services, 22% coordinated with up to four services, and 15% coordinated with five services or more to meet their children's needs, in addition to mental health. Education and child welfare were the systems most frequently reported for coordination of services with mental health.

Introduction

In 2002, AMH began sending the standardized YSS-F questionnaire to the families of children who received outpatient mental health services through OHP. This survey instrument, developed through the Mental Health Statistical Improvement Project (MHSIP) and endorsed by the National Association of State Mental Health Program Directors (NASMHPD)ⁱ, 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 outcomes

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.

The survey, amended by AMH in 2005, included important content areas and populations by

- expanding the survey population to include the families of children who received *psychiatric residential* and *day treatment* services and
- 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..

Coordination of services for children who need mental health care is considered a key practice for improving mental health outcomes. Comprehensive, coordinated care for such children can reduce caregiver strain and missed workdays, children's school absences, and utilization of ambulatory care services.ⁱⁱ Reports have suggested that greater emphasis on community-based treatment and cross-agency collaboration can improve mental health care for children.ⁱⁱⁱ The goal of Oregon's CSCI is to increase the availability and quality of individualized, intensive home and community-based services so that children can receive services in the least restrictive environment possible. Coordination of services within communities is imperative for the success of this approach.

The 2006 survey collected the first comparative data with which to track family members' satisfaction with psychiatric residential and day treatment services and with service coordination. The domain score results for children receiving outpatient services are comparable to results from the 2002 through 2005 surveys.

In addition, the 2006 survey collected baseline data regarding each child's school attendance, arrest history, and use of alcohol or illegal drugs, as well as whether the child's mental health service provider had tried to help the family obtain other social services such as housing, employment, financial assistance, and alcohol/drug abuse services. Analyses of those data are available upon request.

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

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

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

Methodology

As part of its ongoing program for monitoring the quality of OHP mental health care, AMH surveyed family members of children who had received mental health services between April 1, 2005, and August 31, 2005.

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” (1) to “Strongly Disagree” (5). For the 2006 survey, as in 2005, AMH incorporated additional questions about satisfaction with the coordination of services.

AMH also added questions recommended by the NASMHPD Research Institute’s DIG/URS Consumer Survey Workgroup. One set of additional questions addressed the social connectedness of adult caregivers; another set addressed the child’s school attendance, arrest history, and use of alcohol or illegal drugs, and whether the child’s mental health service provider had tried to help the family obtain other social services such as housing, employment, financial assistance, and alcohol/drug abuse services.

Appendix B presents the complete 2006 survey questionnaire in both English and Spanish.

Survey methods

AMH contracted with Acumentra Health to administer the 2006 survey. The population included parents or guardians of 10,821 children who had received OHP mental health services at least once during the period from April 1, 2005 to August 31, 2005, 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 one of three types of services: psychiatric residential, day, or outpatient. Family members were asked to evaluate the care given to their children at the highest level of acuity.

- 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 psychiatric 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 16, 2006, 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 7. After filtering out incorrect addresses and responders who had returned the survey, a second mailing went out to non-responders on July 17.

Survey response

The mailing list of 10,821 potential participants contained 929 family members for whom no valid address could be identified or who asked to be removed from the mailing list. From the remaining 9,892 surveys mailed to valid addresses, 2,031 responders returned a survey form by the August 31, 2006 deadline, for an overall response rate of 20.5 percent. Completed surveys received after August 31 were not included in the analysis.

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

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

For analytical purposes, each child in the survey was categorized as being enrolled in a given MHO at the 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.

Table 1 displays the survey response from families whose children received outpatient services from 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 service that was delivered.

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

MHO	Number of responses	Number of surveys sent	Response rate (%)
ABHA	131	598	22
CCMHO	96	532	18
FamilyCare	62	338	18
GOBHI	157	859	18
JBH	253	1168	22
LaneCare	251	1053	24
MVBCN	324	1637	20
VIBHS	353	1713	21
WCHHS	53	274	19

Table 2. Survey response rate by service type.

	Number of responses	Number of surveys sent	Response rate (%)
Outpatient	1856	9094	20
Day	106	449	24
Residential	69	349	20

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

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

Characteristics		Responders	Non-responders
Sex	Female	45%	45%
	Male	55%	55%
Age group	0–5	5%	6%
	6–12	47%	44%
	13–17	41%	40%
	18–21	7%	10%
Race/Ethnicity	Non-White	18%	19%
	White	82%	81%
Rural/Urban	Rural	45%	43%
	Urban	55%	57%

Overall, the differences between the characteristics of children of responders and non-responders are small. Therefore, the responder set is assumed to represent the population from which it was drawn.

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”). This required reverse coding of responses, since the Likert scale used on the survey form ranged from 1 = “Strongly Agree” to 5 = “Strongly Disagree.” 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 Participation domain score 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 psychiatric residential treatment is not plan-based and not every MHO offers psychiatric day treatment services.

Survey Results

Domain scores

Figure 1 shows that in 2006, families reported slightly higher satisfaction levels in each domain except for treatment outcome, compared with 2005. However, all domain scores remained below their peak levels reported in previous years (2003 or 2004). Table A-1 in Appendix A presents these data in tabular form.

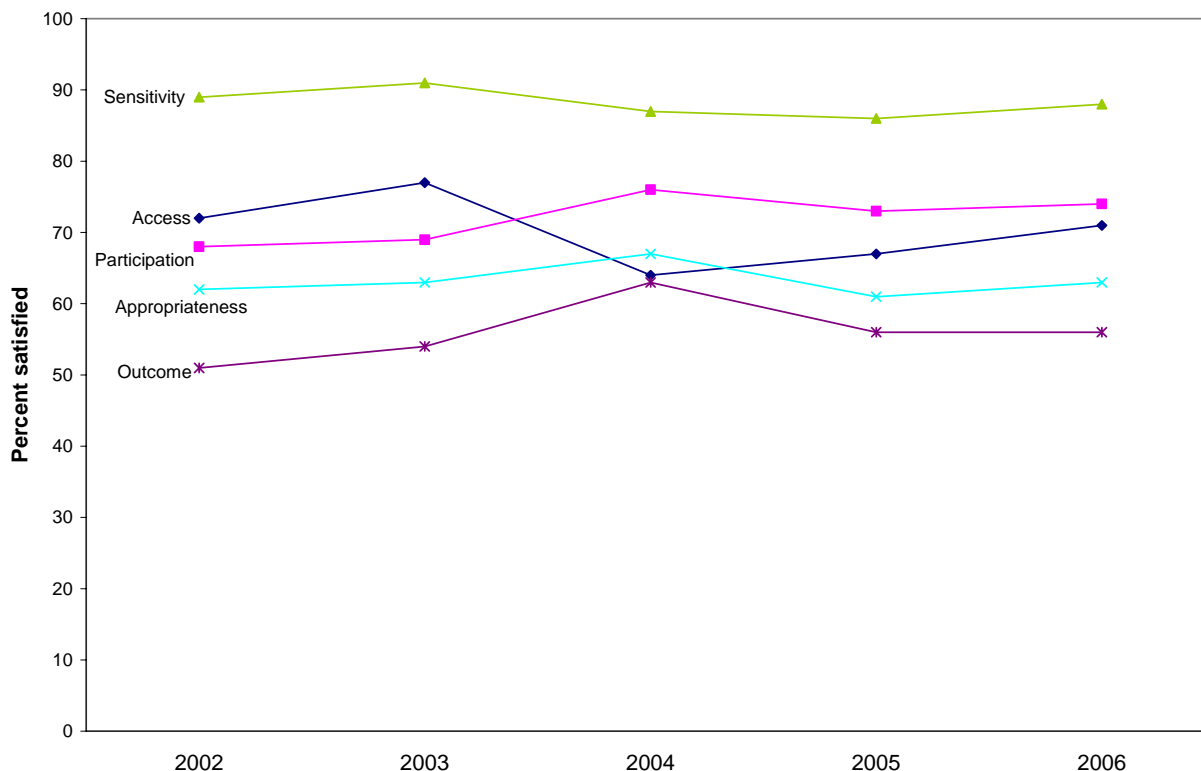


Figure 1. Domain scores: Outpatient only, 2002–2006.

Table A-2 in Appendix A 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, and 2006. 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 A-3 in Appendix A shows the aggregate percentages of positive responses to individual survey items by facility type in 2006. Table A-4 shows the percentages of positive responses by MHO (outpatient only). Both tables include the responses on survey questions related to the caregiver’s social connectedness (questions 23–29), in addition to the standard YSS-F items.

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 of the responses to individual items, because for a responder's answers to be included in a domain score, the responder must answer at least two-thirds of the items in that domain. Unless the required number of items is answered, the response is not counted in the domain score, but it *is* counted in the aggregate score for the individual item.
2. The domain score calculation is designed conservatively for the purpose of characterizing satisfaction, 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." Again, the aggregated scores for individual items within the domain may be higher than the domain score itself.

Table 4 on page 14 compares 2005 and 2006 domain scores among the three types of treatment services. In 2006, responders whose children were in psychiatric day treatment reported higher satisfaction in all domains, compared with the aggregate. Families whose children received psychiatric residential treatment services reported less satisfaction than the aggregate for access to services and for treatment outcomes. However, from 2005 to 2006, the scores for residential treatment services rose notably for appropriateness of services, cultural sensitivity, and access.

Table 5 compares the 2005 and 2006 domain scores by MHO (outpatient only). Most MHOs showed improvement in satisfaction with appropriateness, cultural sensitivity, and access, while the trends for treatment outcomes and family participation were more varied.

Tables A-5 and A-6 in Appendix A display the 2006 domain scores by facility type and by MHO, respectively, 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. These tables reveal the relatively large variation in experiences reported by responders to the 2006 survey.

Table 4. Domain scores by service type, 2005 vs. 2006.

Service type	Appropriateness		Outcome		Participation		Cultural Sensitivity		Access	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Outpatient	60	63	56	56	73	74	85	88	67	71
Residential	54	65	54	52	72	74	79	91	53	61
Day	72	77	58	63	83	82	91	92	69	74
Aggregate	61	63	56	56	73	74	86	88	67	71

Table 5. Domain scores by MHO, 2005 vs. 2006: Outpatient only.

MHO	Appropriateness		Outcome		Participation		Cultural Sensitivity		Access	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
ABHA	59	59	56	58	73	66	87	83	69	72
CCMHO	56	59	54	47	68	68	83	92	65	67
FamilyCare	47	71	48	73	69	85	79	97	60	59
GOBHI	55	57	52	49	67	66	82	83	67	67
JBH	58	59	51	51	73	75	84	89	68	76
LaneCare	65	68	63	60	76	83	86	89	72	76
MVBCN	63	63	57	58	74	73	88	88	68	70
VIBHS	58	64	53	54	72	73	86	87	63	69
WCHHS	59	62	60	58	72	71	81	92	62	77
Aggregate	60	63	56	56	72	74	86	88	66	71

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, 13–17, and 18–21 years. Figure 2 shows the domain scores by age group. Table A-7 in Appendix A presents these data in tabular form.

Variations in domain scores by age group were statistically significant only in the Participation domain. Satisfaction with family participation fell from 83 percent for the youngest group to 61 percent for the oldest group.

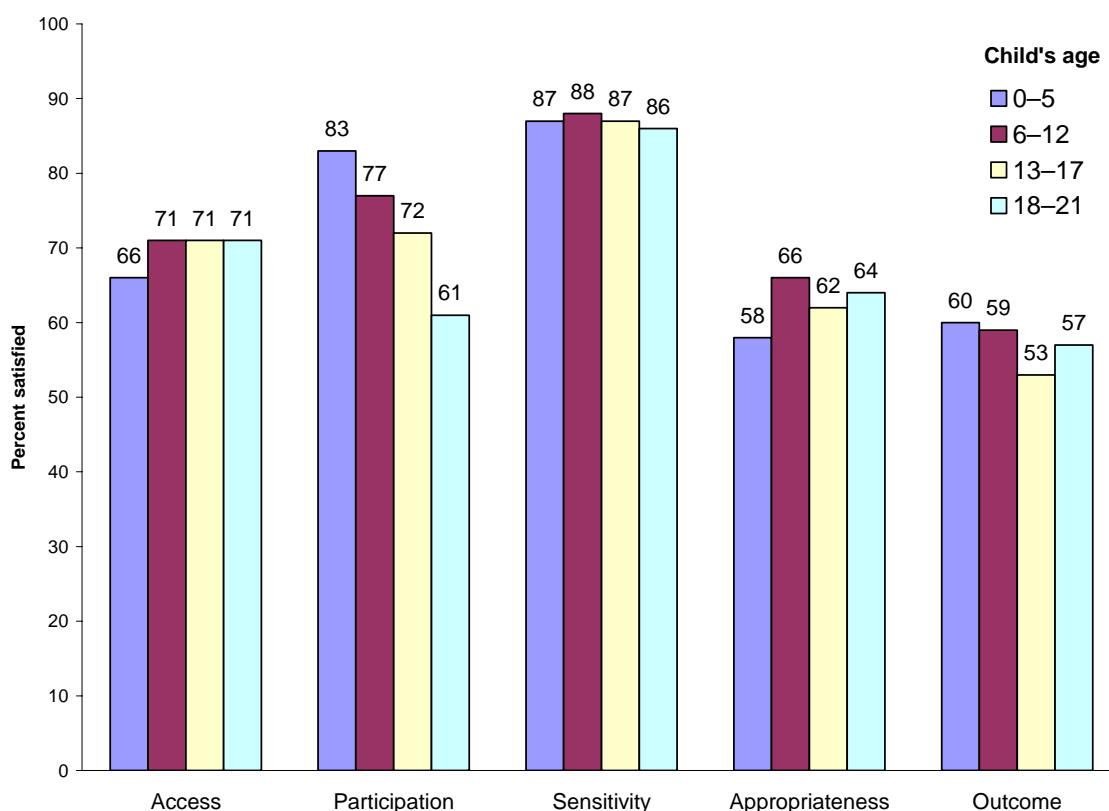


Figure 2. Domain scores by child's age.

Domain scores by gender

Table 6 shows the domain scores by gender. The chi-square analysis revealed no statistically significant differences.

Table 6. Domain scores by child's gender.

Domain	Female	Male
Appropriateness	65	63
Access	72	69
Participation	73	75
Outcome	57	55
Cultural Sensitivity	88	88

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 7 displays domain scores by responders' place of residence.

Table 7. Domain scores by rural/urban residence.

Domain	Rural	Urban
Appropriateness*	60	66
Access	68	72
Participation*	71	77
Outcome	54	57
Cultural Sensitivity	87	89

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

In 2006, responders living in urban areas reported significantly higher satisfaction with appropriateness of services and with family participation than did those in rural areas. In each of those two domains, the 2005 scores were nearly identical for the two sets of responders, but in 2006, the urban scores were notably higher than in 2005, while the rural scores showed little change.

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

Domain scores by race/ethnicity

Table 8 displays domain scores by the child's race/ethnicity. The table excludes Asian, Native Hawaiian/Other Pacific Islander, and Other children because of the small sample sizes for those categories. The chi-square analysis revealed no statistically significant differences.

Table 8. Domain scores by child's race/ethnicity.

Domain	African American	Hispanic	Native American	White Non-Hispanic
Appropriateness	60	71	56	64
Access	71	70	72	71
Participation	75	86	70	74
Outcome	49	64	50	57
Cultural Sensitivity	86	90	83	88

Domain scores by child's service status

About 55 percent of the survey responders said their children were still receiving services when they completed the survey; 42 percent said their children were no longer receiving services; 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 were computed for each group, as shown in Figure 3. Table A-8 in Appendix A presents these data in tabular form.

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

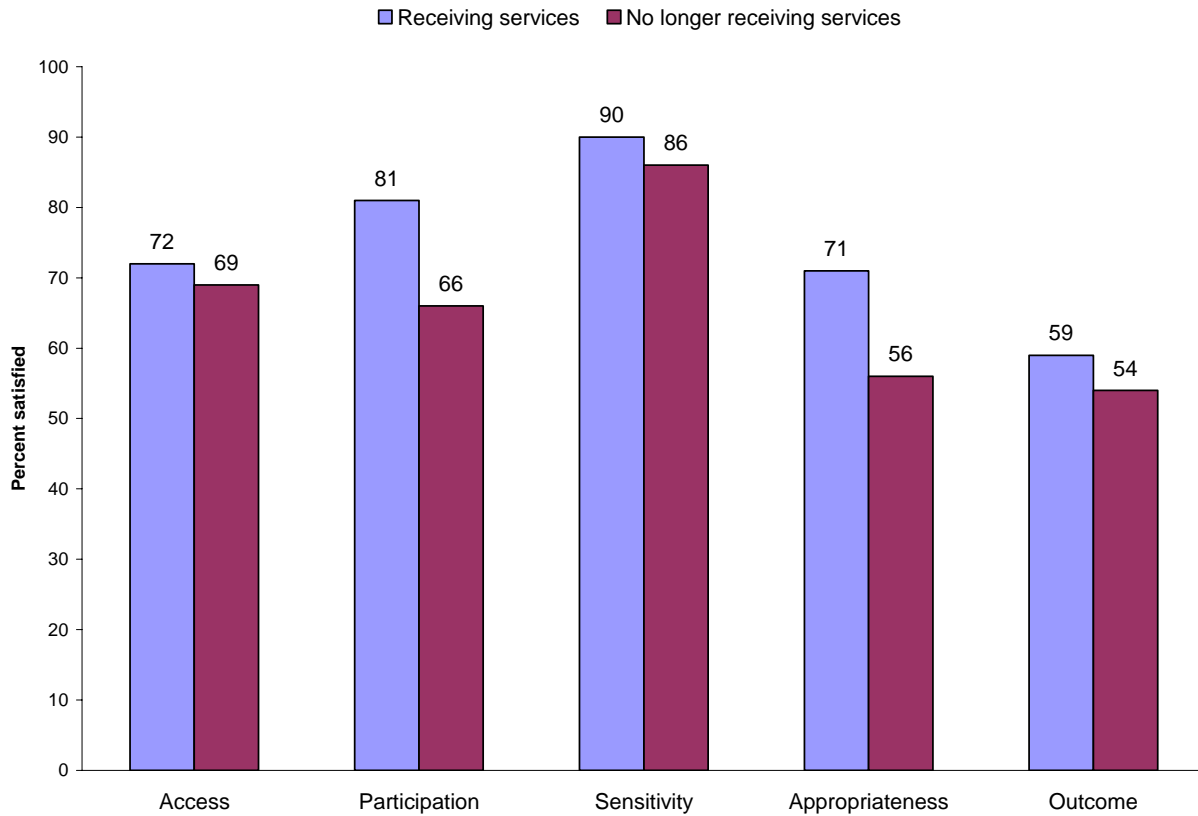


Figure 3. Domain scores by child's service status.

Coordination of services

Many children served by OHP mental health providers also receive services from other state funded agencies. Responders were asked about their levels of satisfaction with the coordination of their children's mental health services with six external programs: child welfare, the Oregon Youth Authority (OYA), juvenile justice, the educational system, developmental disabilities services, and substance abuse treatment. Figure 4 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).

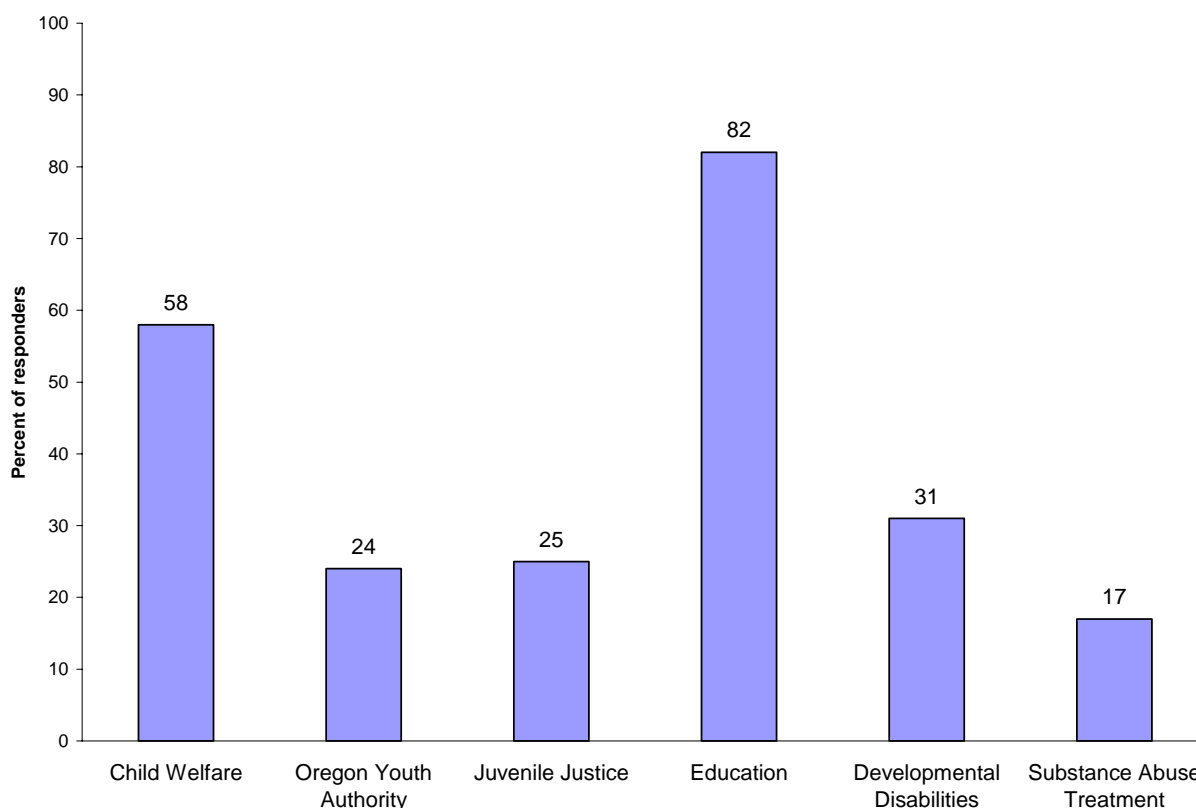


Figure 4. Percent of responders whose children received specific non-mental health services.

On average, responders reported that their children received services from two of these non-mental health programs, consistent with the findings of the 2005 survey. However, 11 percent of responders in 2006 indicated that their children did not receive services from any of these programs, while the same percentage reported requiring coordination with all six programs (see Figure 5).

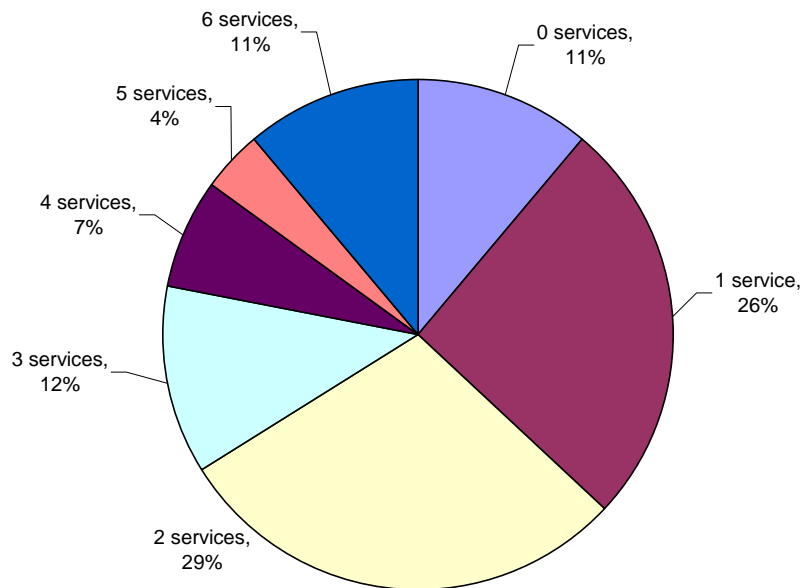


Figure 5. Numbers of non-mental health services for which responders' children required coordination.

Survey responders reported their levels of satisfaction regarding the coordination of services within the mental health system. Overall, 61 percent of responders reported being satisfied (Agree or Strongly Agree on the five-point Likert scale) with the coordination of mental health services among different mental health providers, compared to 55 percent in the 2005 survey.

Table 9 shows the percentages of responders who either “strongly agreed” or “agreed” that they were satisfied with the coordination of services among the specified programs, comparing 2005 and 2006 responses.

Table 9. Percent satisfied with coordination of services, by external program, 2005 vs. 2006.

Service	2005	2006
Among different providers	55	61
Child Welfare	61	67
Oregon Youth Authority	46	46
Juvenile Justice	48	52
Education	56	71
Developmental Disabilities	52	51
Substance Abuse Treatment	49	44

The highest percentages of satisfaction were reported for coordination between the mental health system and the services provided by education (71 percent) and child welfare (67 percent). Lower satisfaction was reported for coordination with substance abuse treatment (44 percent), the OYA (46 percent), developmental disabilities (51 percent), and juvenile justice (52 percent).

Responders' satisfaction with the coordination of services was broken down according to the facility in which the child received treatment. Table 10 displays the coordination satisfaction scores for both 2005 and 2006.

Table 10. Percent satisfied with coordination of specific services, by service type, 2005 vs. 2006.

Service	Outpatient		PDTS		PRTS	
	2005	2006	2005	2006	2005	2006
Among different providers	56	59	65	76	48	65
Child Welfare	60	66	71	68	58	68
Oregon Youth Authority	46	46	62	44	43	56
Juvenile Justice	46	52	61	52	58	50
Education	55	71	74	75	66	65
Developmental Disabilities	51	52	63	38	52	48
Substance Abuse Treatment	48	44	56	46	43	38

In 2005, responders whose children received psychiatric day treatment services (PDTS) generally reported the highest percentages of satisfaction regarding coordination of specific services. In 2006, the same was true regarding coordination among different mental health providers, but not with respect to all specific services. Compared with 2005, responders with children receiving psychiatric day treatment reported lower satisfaction with coordination of all programs except education. In contrast, satisfaction levels for responders with children receiving psychiatric residential services (PRTS) improved notably with respect to coordination among different mental health providers and coordination with child welfare and the OYA.

Satisfaction with coordination of services also was broken down by MHO. Table 11 shows the 2006 satisfaction percentages and the total number of responses by MHO. Table 12 compares the 2005 and 2006 satisfaction scores.

Table 11. Percent (n) satisfied with coordination of specific services, by MHO, 2006.

Service	ABHA	CCMHO	Family Care		GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS
Among different providers	51 (74)	63 (56)	58 (31)	60 (84)	57 (148)	62 (141)	58 (160)	63 (188)	59 (34)	
Child Welfare	68 (68)	71 (55)	70 (30)	64 (99)	66 (125)	64 (124)	72 (183)	65 (212)	67 (30)	
Oregon Youth Authority	47 (34)	73 (22)	58 (12)	39 (49)	51 (49)	55 (49)	40 (70)	36 (77)	50 (10)	
Juvenile Justice	50 (40)	73 (26)	64 (14)	49 (49)	52 (50)	46 (44)	55 (66)	48 (89)	67 (12)	
Education	69 (99)	70 (81)	77 (48)	64 (124)	70 (193)	73 (204)	69 (235)	73 (258)	63 (38)	
Developmental Disabilities	39 (46)	42 (24)	53 (15)	54 (56)	63 (67)	57 (68)	52 (75)	48 (118)	50 (12)	
Substance Abuse Treatment	35 (26)	60 (15)	29 (7)	42 (31)	36 (28)	42 (36)	52 (42)	32 (56)	60 (10)	

Table 12. Percent satisfied with coordination of specific services, by MHO, 2005 vs. 2006.

Service	ABHA		CCMHO		Family Care		GOBHI		JBH		Lane Care		MVBCN		VIBHS		WCHHS	
	05	06	05	06	05	06	05	06	05	06	05	06	05	06	05	06		
Among different providers	57	51	56	63	43	58	53	60	53	57	58	62	56	58	57	63	53	59
Child Welfare	48	68	43	71	38	70	62	64	58	66	63	64	64	72	60	65	61	67
Oregon Youth Authority	43	47	34	73	43	58	47	39	39	51	53	55	45	40	47	36	52	50
Juvenile Justice	45	50	35	73	43	64	56	49	33	52	54	46	46	55	43	48	54	67
Education	54	69	53	70	33	77	49	64	48	70	61	73	58	69	55	73	56	63
Developmental Disabilities	49	39	50	42	29	53	47	54	48	63	53	57	52	52	54	48	47	50
Substance Abuse Treatment	48	35	35	60	50	29	47	42	48	36	56	42	50	52	42	32	58	60

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 6 and Table A-9, Appendix A). The differences were statistically significant in every category.

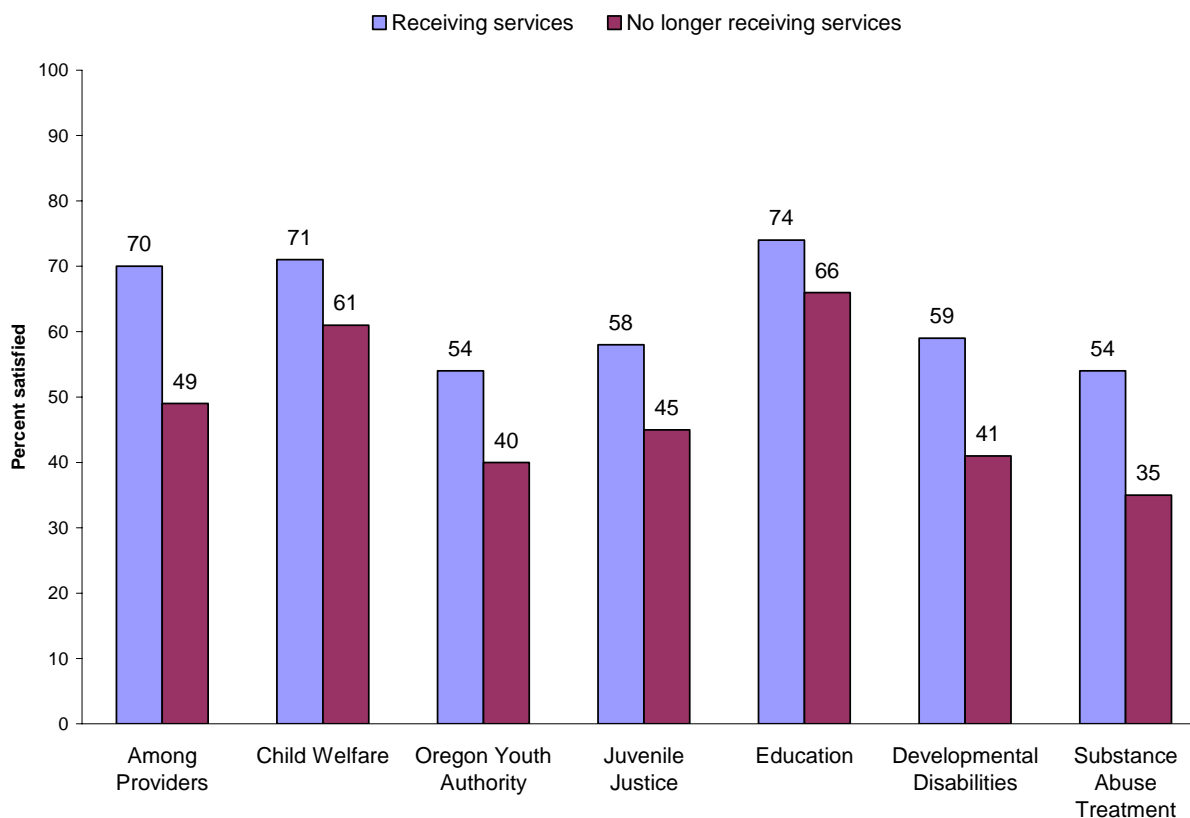


Figure 6. Percent satisfied with the coordination of specific services, by child's service status.

Next, analysts examined the percentage of responders who were satisfied with the coordination between their children's mental health services and *all* other services the child received. Among responders whose children were still receiving mental health services, 67 percent were satisfied with the coordination of all services received, compared with 57 percent of those whose children were no longer receiving services.

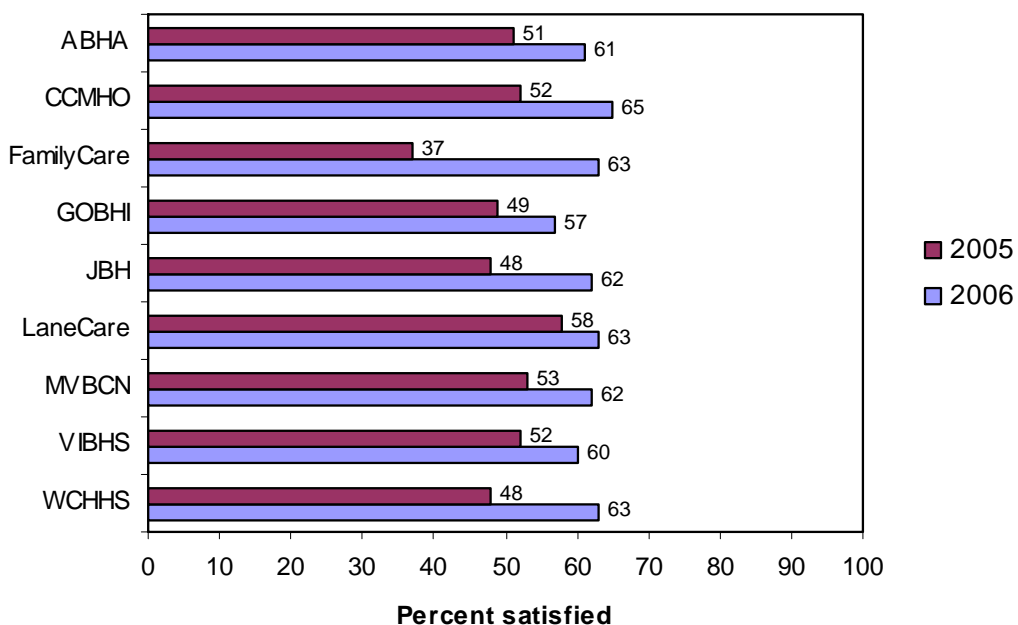
Table 13 on the next page breaks out satisfaction with the coordination of *all* services received according to the type of mental health treatment service.

Table 13. Percent satisfied with coordination of all services, by service type, 2005 vs. 2006.

Service type	2005	2006
Day	66	70
Residential	52	60
Outpatient	52	62

As in 2005, a higher percentage of responders whose children received psychiatric day treatment reported being satisfied with the coordination of *all* services, compared to responders whose children received psychiatric residential or outpatient services. However, the satisfaction scores increased for all service types from 2005 to 2006.

Satisfaction with the coordination of *all* services received was also computed separately for each MHO. As shown in Figure 7, the satisfaction scores improved for all MHOs from 2005 to 2006. Table A-10 in Appendix A displays these data in tabular form with the number of responses per MHO in 2006.

**Figure 7. Percent satisfied with coordination of all services, by MHO.**

Discussion and Conclusions

Domain scores

As shown below, YSS-F responders in 2006 reported slightly higher satisfaction levels in each domain except for treatment outcome, compared with 2005.

Domain	% satisfied	
	2005	2006
Access	67	71
Participation	73	74
Cultural Sensitivity	86	88
Appropriateness	61	63
Outcome	56	56

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

- Satisfaction with *access* to services (convenient times and locations) turned down in 2004 but, since then, has returned to about 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 climbed to 67 percent in 2004 but has declined since then.
- Providers consistently have received high marks for *cultural sensitivity*, with 9 out of 10 responders reporting satisfaction in that area.
- More than half of all responders continue to report being satisfied with mental health *outcomes* for their children.

The 2006 survey responses may reflect families' attitudes toward the initial phase of CSCI implementation, which has focused on increasing family participation in treatment decisions and on using the Child and Adolescent Service Intensity Instrument to determine the appropriate level of care placement. However, the survey was conducted pertaining to treatment received prior to implementation of the CSCI. Some providers or facilities may have been more developed in their implementation processes than others.

Satisfaction has improved slightly with regard to family participation, cultural sensitivity, and appropriateness of services, and more notably for access to services.

However, families have yet to observe changes in treatment outcomes that would increase their relatively low levels of satisfaction in that area.

In other respects, the 2006 survey results are largely consistent with results from 2005. The data revealed relatively slight differences in satisfaction according to the child's demographic group. There were no significant differences based on the child's gender or race/ethnicity. However, satisfaction with family participation was significantly higher among families with younger children than among those with older children.

In 2006, responders living in urban areas reported significantly higher satisfaction with participation and appropriateness than did those in rural areas. In each of those two domains, the 2005 scores were nearly identical for the two sets of responders, but in 2006, the urban scores were notably higher than in 2005, while the rural scores showed little change. This may have been due to urban families' more positive response to the greater array of services being offered for their children closer to home as a result of pre-CSCI implementation. Note also that many children may have received care in urban settings even though they lived in rural areas, thus making the urban/rural distinction less clear.

As in 2005, the 2006 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 access to services, significantly higher percentages of families whose children were still receiving services reported being satisfied, compared with those whose children were no longer in treatment. Additional investigation is needed to determine whether lower satisfaction with domains other than Access is a cause of or a result of terminating care.

Families whose children received psychiatric day treatment services tended to report higher satisfaction levels across domains, while often those whose children received psychiatric residential services reported lower satisfaction. Again, this result was consistent with the 2005 findings. Psychiatric day treatment domain scores may be higher because this type of care is more structured than outpatient treatment, yet allows for integration of clients into the community, as the children remain at home. Domain scores for psychiatric residential treatment may be lower because these children are separated from family members, making communication and family participation more difficult, and/or because these children's conditions are more acute and pose greater challenges for treatment. Unfortunately, the 2006 samples of responses from families with children in psychiatric day and residential treatment were too small to allow sophisticated analyses (106 and 69 responses, respectively). Targeted efforts to increase response rates may prove beneficial for future investigations.

Coordination of services

The 2006 survey results regarding coordination of services build on the baseline data established in 2005, enabling AMH to monitor progress in implementing this key facet of the CSCI.

As in 2005, many responders in 2006 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. 63% of responders reported coordinating with 2 services, 34% of responders reported coordinating with up to three services, 22% coordinated with up to four services, and 15% coordinated with five services or more to meet their children's needs, in addition to mental health. Education and child welfare were the most frequently reported systems for coordination of services with mental health.

The 2006 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, 61 percent of families reported being satisfied with the coordination of mental health services among different providers, compared to 55 percent in 2005. Seven out of 10 responders in 2006 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 (44 percent), the OYA (46 percent), developmental disabilities (51 percent), and juvenile justice (52 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. Paralleling the performance domain scores, 67 percent of responders whose children were still receiving mental health services reported being satisfied with the coordination of *all* services received, compared with 57 percent of those whose children were no longer receiving services.

Next steps

Ongoing surveys of families' attitudes about OHP mental health care and the coordination of the various state-funded services for children will guide AMH in moving toward a more family-driven and individualized model of care. AMH will continue to focus on collaboration with Community Mental Health Programs, MHOs, Planning Advisory Management and Children's System Advisory Councils, family members and youth, advocacy groups, and local and state agency partners.

As CSCI implementation begins, the 2006 YSS-F results (derived from treatment delivered in 2005) point to an ongoing need to increase satisfaction levels,

especially with regard to children's mental health outcomes. In seeking to improve outcomes, AMH should continue its current efforts to

- work with MHOs' quality improvement coordinators and their provider systems to identify successful programs and disseminate information about those programs throughout the state
- identify and systematically implement evidence-based practices for children and adolescents in community mental health settings

AMH will continue to integrate the coordination of mental health services with other state-funded services for children through the CSCI. The 2006 survey results indicate that families have responded favorably to initial 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 direct its focus 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 determine how similar practices might be of benefit to coordination with the remaining non-mental health programs.

Finally, the past two surveys have revealed significantly lower satisfaction levels among families whose children are no longer 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. Detailed Data Tables

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

Table A-1. Domain scores: Outpatient only, 2002–2006*.

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

*Services received in previous year

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

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

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

Table A-3. Percent who agree or strongly agree with an item, by service type, 2006.

		Outpatient	Day	Residential
Access				
1	The location of services was convenient	79	79	66
2	Services were available at convenient time	79	84	67
Participation				
3	I helped to choose my child's services	71	77	75
4	I helped to choose my child's treatment goals	75	81	73
5	I participated in my child's treatment	86	90	93
Cultural Sensitivity				
6	Staff treated me with respect	90	90	90
7	Staff respected my family's religious beliefs	85	87	88
8	Staff spoke with me in a way I can understand	93	95	96
9	Staff were sensitive to my cultural background	84	85	86
Appropriateness				
10	Overall, I am satisfied with the services	72	82	79
11	The people helping my child stuck with us	72	77	76
12	I felt my child had someone to talk to	70	83	78
13	The services my child received were right	66	74	66
14	My family got the help we wanted for my child	62	71	66
15	My family got as much help as needed	54	61	56
Outcome				
16	My child is better at handling daily life	62	65	53
17	My child gets along better with family	62	66	56
18	My child gets along better with friends	62	67	54
19	My child is doing better in school or at work	60	69	52
20	My child is better able to cope when things go wrong	53	60	43
21*	My child is better able to do the things he/she wants to do	60	60	52
22	I am satisfied with our family life right now	62	64	62

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

Table A-3. Percent who agree or strongly agree with an item, by service type, 2006 (cont).

		Outpatient	Day	Residential
Social connectedness				
23	I know people who will listen and understand me when I need to talk	83	82	91
24	I have people that I am comfortable talking to about private things	83	81	90
25	I have people that I am comfortable talking with about my child's problems	86	84	91
26	I have people with whom I can do enjoyable things	83	86	86
27	In a crisis, I would have the support I need from family or friends	83	88	77
28	I have more than one friend	86	81	88
29	I am happy with the friendships I have	84	88	88

Table A-4. Percent who agree or strongly agree with an item, by MHO: Outpatient only, 2006.

Item	ABHA	CCMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggre- gate
1 The location of services was convenient	81	80	80	80	82	78	79	78	83	79
2 Services were available at convenient time	78	76	66	75	80	84	80	78	79	79
3 I helped to choose my child's services	67	69	77	66	66	76	70	70	73	71
4 I helped to choose my child's treatment goals	69	64	87	74	78	84	75	72	71	75
5 I participated in my child's treatment	80	88	92	78	87	89	84	87	89	86
6 Staff treated me with respect	86	92	93	86	92	92	90	89	94	90
7 Staff respected my family's religious beliefs	81	87	93	82	85	85	84	85	92	85
8 Staff spoke with me in a way I can understand	91	95	97	91	95	94	93	92	98	93
9 Staff were sensitive to my cultural background	80	86	90	79	83	85	85	85	94	84
10 Overall, I am satisfied with the services	72	70	82	67	67	75	72	73	71	72
11 The people helping my child stuck with us	65	74	86	66	72	77	72	70	69	72
12 I felt my child had someone to talk to	70	60	77	64	67	76	73	70	81	70
13 The services my child received were right	64	66	77	62	60	69	65	67	65	66
14 My family got the help we wanted for my child	58	56	67	60	59	64	60	65	56	62
15 My family got as much help as needed	48	42	61	52	54	58	52	56	50	54
16 My child is better at handling daily life	61	58	75	57	57	71	64	57	62	62

Table A-4. Percent who agree or strongly agree with an item, by MHO: Outpatient only, 2006 (cont.).

Item	ABHA	CCMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
17 My child is getting along better along family	67	50	75	57	57	69	59	62	62	62
18 My child gets along better with friends	59	52	73	59	56	69	64	62	59	62
19 My child is doing better in school or at work	63	60	73	58	53	61	61	57	64	60
20 My child is better able to cope when things go wrong	57	45	60	46	49	58	55	52	51	53
21 My child is better able to do the things he/she wants to do	62	55	80	60	58	63	58	53	68	59
22 I am satisfied with our family life right now	66	60	81	55	56	65	63	59	60	62
23 I know people who will listen and understand me when I need to talk	84	83	85	81	78	85	87	81	82	83
24 I have people that I am comfortable talking to about private things	86	84	87	80	81	83	87	82	80	83
25 I have people that I am comfortable talking with about child's problems	87	84	87	84	84	89	88	84	82	86
26 I have people with whom I can do enjoyable things	75	82	87	78	84	81	87	82	82	83
27 In a crisis, I would have the support I need from family or friends	84	85	84	82	81	80	85	83	82	83
28 I have more than one friend	77	84	89	83	88	83	89	87	82	86
29 I am happy with the friendships I have	80	81	87	80	83	80	88	88	78	84

Table A-5. Domain scores by service type, with 95 percent confidence intervals, 2006.

Facility type	Appropriateness (CI)	Outcome (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)
Outpatient	63 (60-65)	56 (54-59)	74 (72-76)	88 (86-89)	71 (68-73)
Residential	65 (53-77)	52 (39-64)	74 (63-85)	91 (84-98)	61 (49-73)
Day	77 (69-86)	63 (54-73)	82 (75-90)	92 (87-97)	74 (66-83)

Table A-6. Domain scores by MHO, with 95 percent confidence intervals, 2006: Outpatient only.

MHO	Appropriateness (CI)	Outcome (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)
ABHA	59 (50-67)	58 (49-67)	66 (57-74)	83 (77-90)	72 (64-80)
CCMHO	59 (49-70)	47 (37-58)	68 (58-78)	92 (87-98)	67 (57-77)
FamilyCare	71 (59-83)	73 (61-85)	85 (75-94)	97 (92-100)	59 (46-72)
GOBHI	57 (49-65)	49 (40-57)	66 (58-74)	83 (77-89)	67 (59-74)
JBH	59 (53-65)	51 (45-58)	75 (69-80)	89 (84-93)	76 (71-82)
LaneCare	68 (62-74)	60 (54-67)	83 (78-88)	89 (84-93)	76 (70-81)
MVBCN	63 (57-68)	58 (52-63)	73 (68-78)	88 (84-91)	70 (65-75)
VIBHS	64 (59-69)	54 (48-59)	73 (68-78)	87 (83-90)	69 (64-74)
WCHHS	62 (48-75)	58 (44-72)	71 (58-84)	92 (85-100)	77 (65-89)
Aggregate	63 (61-65)	56 (54-59)	74 (72-76)	88 (86-89)	71 (68-73)

Table A-7. Domain scores by child's age group.

Domain	Age			
	0-5	6-12	13-17	18-21
Access	66	71	71	71
Participation*	83	77	72	61
Cultural Sensitivity	87	88	87	86
Appropriateness	58	66	62	64
Outcome	60	59	53	57

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

Table A-8. Domain scores by child's service status.

Domain	Still receiving services	Not receiving services
Access	72	69
Participation*	81	66
Cultural Sensitivity*	90	86
Appropriateness*	71	56
Outcome*	59	54

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

Table A-9. Percent satisfied with the coordination of specific services, by child's service status.

Service	Still receiving services	Not receiving services
Among different providers*	70	49
Child Welfare*	71	61
Oregon Youth Authority*	54	40
Juvenile Justice *	58	45
Education*	74	66
Developmental Disabilities*	59	41
Substance Abuse Treatment*	54	35

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

Table A-10. Percent satisfied with coordination of all services, by MHO, 2005 vs. 2006.

MHO	2005	2006
ABHA	51	61
CCMHO	52	65
FamilyCare	37	63
GOBHI	49	57
JBH	48	62
LaneCare	58	63
MVBCN	53	62
VIBHS	52	60
WCHHS	48	63

Appendix B. YSS-F Survey Forms

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

Please tell us about the [*outpatient, day treatment, residential*] mental health services your child [*fill in name*] received **between April 1, 2005, and now**. 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. Your answers are completely confidential (private). Your answers will not be shared with your child's health care providers, and will not affect any benefits that you or your child are receiving or might receive.

If your child received services from more than one provider since April 2005, **please rate either your child's current [*outpatient, day treatment, residential*] mental health service provider** (if there is one) **or your child's most recent 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"/> Biological Father | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adoptive Mother | <input type="checkbox"/> Non-relative |
| <input type="checkbox"/> Adoptive Father | |

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.*)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White (Caucasian) |
| <input type="checkbox"/> Black (African American) | <input type="checkbox"/> Other |

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

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.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I have been satisfied with the services my child receives.	1	2	3	4	5
2. I helped to choose my child's services.	1	2	3	4	5
3. I helped to choose my child's treatment goals.	1	2	3	4	5
4. The people helping my child stuck with us no matter what.	1	2	3	4	5
5. I felt my child had someone to talk to when s/he was troubled.	1	2	3	4	5
6. I participated in my child's treatment.	1	2	3	4	5
7. The services my child and/or family received were right for us.	1	2	3	4	5
8. The location of services was convenient for us.	1	2	3	4	5
9. Services were available at times that were convenient for us.	1	2	3	4	5
10. My family got the help we wanted for my child.	1	2	3	4	5
11. My family got as much help as we needed for my child.	1	2	3	4	5
12. Staff treated me with respect.	1	2	3	4	5
13. Staff respected my family's religious/spiritual beliefs.	1	2	3	4	5
14. Staff spoke with me in a way that I understood.	1	2	3	4	5
15. Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5

<i>AS A DIRECT RESULT OF THE MENTAL HEALTH SERVICES MY CHILD RECEIVED:</i>					
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
16. My child is handling daily life better.	1	2	3	4	5
17. My child is getting along better with family members.	1	2	3	4	5
18. My child is getting along better with friends and other people.	1	2	3	4	5
19. My child is doing better in school and/or at work.	1	2	3	4	5
20. My child is better able to cope when things go wrong.	1	2	3	4	5
21. My child is better able to do the things he or she wants to do.	1	2	3	4	5
22. I am more satisfied with our family life.	1	2	3	4	5
<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.	1	2	3	4	5
24. I have people that I am comfortable talking to about private things.	1	2	3	4	5
25. I have people that I am comfortable talking with about my child's problems.	1	2	3	4	5
26. I have people with whom I can do enjoyable things.	1	2	3	4	5
27. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5
28. I have more than one friend.	1	2	3	4	5

29. I am happy with the friendships I have.	1	2	3	4	5
---	---	---	---	---	---

30. Since April 1, 2005, 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)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
9	1	2	3	4	5

31. Since April 1, 2005, I have been satisfied with the coordination of my child’s mental health services and...

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

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, when (month and year) did your child *last* see this provider?

Month: _____ Year: _____

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

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

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

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

36. 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
 - ii. My child is too young to be in school
 - iii. My child was expelled from school
 - iv. My child is home schooled
 - v. My child dropped out of school
 - vi. Other

37. How many times has your child been arrested since he or she *began* seeing this provider? (*Enter "0" if your child has not been arrested since that time. Check "Don't know" if you do not know or do not remember whether your child was arrested.*)

_____ times, or Don't know

38. How many times was your child arrested in the 12 months *before* he or she started treatment with this provider?

_____ times, or Don't know

39. 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 during this time)

40. Please mark all crimes for which your child has *ever* been arrested.

- | | |
|--|---|
| <input type="checkbox"/> Physical or Sexual Assault | <input type="checkbox"/> Drug-Related Crimes |
| <input type="checkbox"/> Robbery, Burglary, Larceny, or Theft | <input type="checkbox"/> Damaging Property |
| <input type="checkbox"/> Driving Under the Influence | <input type="checkbox"/> Disturbing the Public Peace |
| <input type="checkbox"/> Parole or Probation Violation | <input type="checkbox"/> Resisting Police |
| <input type="checkbox"/> Obstructing Justice, Perjury, or Contempt | <input type="checkbox"/> Child arrested, but I don't know why |
| <input type="checkbox"/> Child has never been arrested | <input type="checkbox"/> Child arrested for another reason |

41. Did the child's provider try to help the child's family find housing?

- Yes, the provider tried to help, and the family found housing or better housing
 Yes, the provider tried to help, but the family didn't find housing or better housing
 No, the provider didn't try to help, though the family wanted housing or new housing
 No, but the family didn't want housing or new housing
 Don't know

42. Did the child's provider try to help the child's caretaker find a job or a new job?

- Yes, the provider tried to help, and the caretaker found a job or a new job
 Yes, the provider tried to help, but the caretaker didn't find a job or a new job
 No, the provider didn't try to help, though a caretaker wanted a job or a new job
 No, but the caretaker didn't want a job or a new job
 Don't know

43. Did the provider try to help the child's caretaker with finances (money)?

- Yes, the provider tried to help, and the caretaker's financial situation got better
 Yes, the provider tried to help, but the caretaker's financial situation didn't get better
 No, the provider didn't try to help, though the caretaker wanted help with money
 No, but the caretaker didn't want help with his/her financial situation
 Don't know

44. Did the provider try to help someone in the child's family (other than the child) to obtain mental health services or alcohol/drug services?

- Yes, the provider tried to help, and a family member received services
 Yes, the provider tried to help, but a family member didn't receive services
 No, the provider did not try to help, though a family member wanted services
 No, but family members didn't want services
 Don't know

45. Which of the following do you either *think* or *know* your child has 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. Heroin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
G. Other drugs <i>not</i> sold in stores and <i>not</i> prescribed by your doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

46. 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 Oregón
Oficina de Salud Mental y Servicios de Adicción
ENCUESTA PARA FAMILIAS SOBRE SERVICIOS PARA JÓVENES

Por favor hablemos sobre los **servicios de salud mental** [*tratamiento ambulatorio, diurno, residencial*] que su hijo [*poner aquí el nombre*] recibió **desde el 1 de abril de 2005 hasta la fecha**. Nos gustaría que nos dijera lo que sabe sobre el niño, aunque no sea su padre o tutor legal. Sus repuestas son estrictamente confidenciales (privadas). Sus respuestas no se compartirán con los proveedores de salud de su hijo y no afectarán a ningún beneficio que usted o su hijo estén recibiendo o podrían recibir. Si su hijo recibió servicios de salud mental de más de un proveedor desde abril de 2005, **responda sobre el proveedor actual de salud mental de su hijo** (si lo hay) **o sobre el último proveedor de salud mental de su hijo**.

A) ¿Cuál es su relación con el niño? (*Marque una*)

- | | |
|--|---|
| <input type="checkbox"/> Madre biológica | <input type="checkbox"/> Padre de crianza / Proveedor |
| <input type="checkbox"/> Padre biológico | <input type="checkbox"/> Abuela |
| <input type="checkbox"/> Madrastra | <input type="checkbox"/> Abuelo |
| <input type="checkbox"/> Padrastro | <input type="checkbox"/> Otro parentesco |
| <input type="checkbox"/> Madre adoptiva | <input type="checkbox"/> No es familia |
| <input type="checkbox"/> Padre adoptivo | |

B) ¿Es usted el tutor legal del niño en este momento?

- Sí No

C) ¿Vive el niño normalmente con usted?

- Sí No

D) ¿Vive el niño con usted ahora?

- Sí No

E) ¿Es su hijo de origen español/hispano/latino?

- Hispano o latino No es hispano ni latino

F) ¿Cuál es la raza de su hijo? (*Marque todas las razas a las que considera que su hijo puede pertenecer.*)

- | | |
|---|---|
| <input type="checkbox"/> Indígena americano/Nativo de Alaska | <input type="checkbox"/> Asiático |
| <input type="checkbox"/> Nativo de Hawai/Otras islas del Pacífico | <input type="checkbox"/> Blanco (Caucásico) |
| <input type="checkbox"/> Negro (Afro-americano) | <input type="checkbox"/> Otro |

G) Fecha de nacimiento del niño _____ / _____ / _____

Díganos si está *Totalmente de acuerdo*, *De acuerdo*, *Indeciso*, *En desacuerdo*, o *Totalmente en desacuerdo* con cada una de las siguientes afirmaciones marcando el número correcto.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
1. Estoy satisfecho con los servicios que recibe mi hijo.	1	2	3	4	5
2. Ayudé a elegir los servicios de mi hijo.	1	2	3	4	5
3. Ayudé a elegir los objetivos del tratamiento de mi hijo.	1	2	3	4	5
4. La gente que ayudó a mi hijo nos apoyó en todo momento.	1	2	3	4	5
5. Yo sabía que mi hijo tenía alguien con quien hablar cuando tenía problemas.	1	2	3	4	5
6. Participé en el tratamiento de mi hijo.	1	2	3	4	5
7. Los servicios que mi recibió hijo o mi familia fueron apropiados.	1	2	3	4	5
8. El lugar donde se ofrecían los servicios era conveniente para nosotros.	1	2	3	4	5
9. Los servicios estaban disponibles en horarios convenientes para nosotros.	1	2	3	4	5
10. Mi familia recibió la ayuda que deseábamos para mi hijo.	1	2	3	4	5
11. Mi familia recibió toda la ayuda que necesitábamos para mi hijo.	1	2	3	4	5
12. El personal me trató con respeto.	1	2	3	4	5
13. El personal respetó las creencias religiosas y espirituales de mi familia.	1	2	3	4	5
14. El personal me habló de un modo que yo podía entender.	1	2	3	4	5
15. El personal respetó mi origen étnico/cultural.	1	2	3	4	5

COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE MI HIJO RECIBIÓ:					
	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
16. Mi hijo maneja mejor su vida diaria.	1	2	3	4	5
17. Mi hijo se lleva mejor con la familia.	1	2	3	4	5
18. Mi hijo se lleva mejor con amigos y otras personas.	1	2	3	4	5
19. A mi hijo le va mejor en la escuela o en el trabajo.	1	2	3	4	5
20. Mi hijo está mejor capacitado para enfrentar problemas.	1	2	3	4	5
21. Mi hijo puede hacer mejor las cosas que desea hacer.	1	2	3	4	5
22. Estoy más satisfecho con nuestra vida de familia.	1	2	3	4	5
ADEMÁS DE LOS PROVEEDORES DE SERVICIOS DE SALUD MENTAL DE MI HIJO:					
23. Conozco gente que me escuchará y me entenderá cuando yo necesite hablar.	1	2	3	4	5
24. Tengo gente con quien puedo hablar sobre cosas privadas.	1	2	3	4	5
25. Tengo gente con quien puedo hablar sobre los problemas de mi hijo.	1	2	3	4	5
26. Tengo gente con quien puedo hacer cosas placenteras.	1	2	3	4	5
27. En una crisis, tendría el apoyo que necesito de familiares y amigos.	1	2	3	4	5
28. Tengo más de un amigo.	1	2	3	4	5
29. Estoy contento con las amistades que tengo.	1	2	3	4	5

30. Desde el 1 de abril de 2005, estoy satisfecho con la *coordinación* de servicios entre los distintos proveedores de servicios de salud mental de mi hijo. (En otras palabras, pienso que los proveedores de servicios de salud mental de mi hijo han trabajado en conjunto para lograr un enfoque claro y consistente para ayudar a mi hijo.)

No se aplica (Sólo 1 proveedor)	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
9	1	2	3	4	5

31. Desde el 1 de abril de 2005, estoy satisfecho con la coordinación de los servicios de salud mental de mi hijo y los servicios brindados por ...

	No corresponde	Totalmente de acuerdo	De acuerdo	<i>Indeciso</i>	En desacuerdo	Totalmente en desacuerdo
...Bienestar de Niños	9	1	2	3	4	5
...Autoridad Juvenil de Oregón	9	1	2	3	4	5
...Justicia de Menores	9	1	2	3	4	5
...educador o escuela de mi hijo	9	1	2	3	4	5
...Discapacidades de Desarrollo	9	1	2	3	4	5
...proveedor de tratamiento para alcohol/drogas	9	1	2	3	4	5

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

Mes: _____ Año: _____

33a. ¿Sigue su hijo recibiendo 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 de servicios de salud mental, ¿aproximadamente cuándo (mes y año) vio su hijo *por última vez* a este proveedor?

Mes: _____ Año: _____

34. ¿Fue su hijo expulsado o suspendido desde que *comenzó* a ver a su proveedor actual (o más reciente)? (*Marque uno.*)

Sí No No sé / No recuerdo

35. ¿Fue su hijo expulsado o arrestado durante los 12 meses *previos* a comenzar a ver a este proveedor? (*Marque uno.*)

Sí No No sé / No recuerdo

36. Desde que mi hijo comenzó a recibir servicios de salud mental de este proveedor, el número de días que mi hijo ha estado en la escuela es

- a. Mayor que antes
 b. Casi el mismo que antes
 c. Menor que antes
 d. No corresponde (*Marque por qué la pregunta no corresponde:*)
- i. Mi hijo no tenía problemas de asistencia antes de comenzar con los servicios
 - ii. Mi hijo es demasiado pequeño para ir a la escuela
 - iii. Mi hijo fue expulsado de la escuela
 - iv. Mi hijo recibe instrucción en casa
 - v. Mi hijo dejó la escuela
 - vi. Otro

37. ¿Cuántas veces fue su hijo arrestado desde que comenzó a ver este proveedor?
 _____ veces o No sé / No recuerdo

38. ¿Cuántas veces fue arrestado su hijo en los 12 meses *previos* a comenzar el tratamiento con este proveedor?

_____ veces o No sé / No recuerdo

39. Los encuentros con la policía incluyen ser arrestado, tener problemas con la policía o ser llevado por la policía a un refugio o a un programa de crisis. Desde que su hijo comenzó a recibir servicios de salud mental con este proveedor, sus encuentros con la policía...

- a. Han disminuido b. Se mantienen iguales
 c. Han aumentado d. No corresponde

40. Marque todos los delitos por los cuales su hijo ha sido arrestado *alguna vez*.

- | | |
|---|--|
| <input type="checkbox"/> Agresión física o sexual | <input type="checkbox"/> Delitos relacionados con drogas |
| <input type="checkbox"/> Robo con violencia, Hurto, Ratería, o Robo | <input type="checkbox"/> Daño a la propiedad |
| <input type="checkbox"/> Conducir bajo la influencia de alcohol, etc. | <input type="checkbox"/> Alteración del orden público |
| <input type="checkbox"/> Violación de libertad condicional o probatoria | <input type="checkbox"/> Resistencia a la policía |
| <input type="checkbox"/> Obstrucción de la Justicia, Perjurio
o Desacato al Tribunal | <input type="checkbox"/> Fue arrestado, pero no sé por qué |
| | <input type="checkbox"/> Fue arrestado por otros motivos |

Mi hijo nunca fue arrestado

41. El proveedor ¿trató de ayudar a la familia del niño a encontrar vivienda o vivienda mejor?

- Sí, el proveedor trató de ayudar, y la familia encontró vivienda o vivienda mejor
 Sí, el proveedor trató de ayudar, pero la familia no encontró vivienda o vivienda mejor
 No, el proveedor no trató de ayudar, aunque la familia quería vivienda o vivienda mejor
 No, pero la familia no quería vivienda o vivienda mejor
 No sé

42. El proveedor ¿trató de ayudar a la persona que cuidaba al niño a encontrar trabajo o un trabajo nuevo?

- Sí, el proveedor trató de ayudar, y la persona encontró trabajo o un trabajo nuevo
 Sí, el proveedor trató de ayudar, pero la persona no encontró trabajo o un trabajo nuevo
 No, el proveedor no trató de ayudar, aunque la persona quería trabajo o un trabajo nuevo
 No, pero la persona que cuidaba al niño no quería trabajo o un trabajo nuevo
 No sé

43. El proveedor ¿trató de ayudar a la persona que cuidaba al niño con su situación financiera (de dinero)?

- Sí, el proveedor trató de ayudar y la situación financiera mejoró
 Sí, el proveedor trató de ayudar pero la situación financiera no mejoró
 No, el proveedor no trató de ayudar, aunque la persona quería ayuda con su situación financiera
 No, pero la persona no quería ayuda con sus problemas financieros
 No sé

44. El proveedor ¿trató de ayudar a un miembro de la familia del niño a obtener servicios de salud mental o de alcohol/drogas?

- Sí, el proveedor trató de ayudar, y un miembro de la familia recibió servicios
 Sí, el proveedor trató de ayudar, pero el miembro de la familia no recibió servicios
 No, el proveedor no trató de ayudar, aunque un miembro de la familia quería servicios
 No, pero los miembros de la familia no querían servicios
 No sé

45. ¿Cuál de los siguientes piensa usted (o sabe usted) que consumió su hijo?

A. Alcohol	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé
B. Tabaco (cigarrillos, por ejemplo)	<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
G. Otras drogas no vendidas en almacenes y no prescritas por el doctor de su niño	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé

46. Mi hijo está recibiendo tratamiento para un problema de alcoholismo o adicción a drogas ilegales.

- Sí No No hay certeza

¡Gracias por su tiempo y cooperación para completar este cuestionario!