



2022 Youth Mental Health Survey Report

Oregon Health Authority - January 2023

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Executive Summary

An estimated 98,000 Oregonians received mental health services through Oregon Medicaid in 2021.¹ Approximately 27,500 of these were youth under the age of 18, of whom 26,600 (96.7%) received services only in an outpatient setting and 900 (3.3%) received services in a residential setting.

To ensure these services meet the needs of Oregonians, and to meet federal requirements, the Oregon Health Authority (OHA) contracted with Comagine Health to administer mental health services satisfaction surveys to youth ages 14 to 17 and caregivers of children and youth under the age of 18 who have received Medicaid-funded mental health services in outpatient, psychiatric residential or psychiatric day treatment settings.

Below are highlights from the surveys conducted in 2022 for services provided during calendar year 2021. Services provided between January 2022 and the time the survey was completed may be included in respondents' assessment. Trends are provided over the previous five years, where applicable.

Summary of the Youth Services Survey (YSS) Results

Statewide, 687 youth between the ages of 14 and 17 responded to the YSS for a response rate of 17.4%. The majority (84.4%) of respondents completed the survey online and received a \$10 gift card incentive, while the remainder completed the paper survey and returned it in a prepaid envelope.

The YSS asked questions regarding the following domains:

- Access
- Cultural sensitivity
- General satisfaction
- Participation
- Treatment outcomes

The survey also asked additional questions regarding the respondents' living situation, school attendance, trauma and other areas. Questions related to telehealth and experiences with virtual sessions were added to the survey in response to the COVID-19 pandemic. Highlights from the 2022 survey are included below.

¹ This number is the total from which the survey sample was pulled and includes those members who had two or more visits during the survey timeframe.

Domain Satisfaction

Satisfaction was highest in the cultural sensitivity domain (87.8%). No statistically significant differences related to cultural sensitivity were identified for any self-identified primary race and ethnicity group when comparing the 2022 results of each group to a weighted average of the other groups.

Satisfaction was lowest in the treatment outcomes (57.5%) domain. There has been a significant downward trend in the treatment outcomes ($p < 0.01$) domain over the last five years.

Treatment Status

Over the last five years, there has been a statistically significant trend upward in respondents who were still receiving treatment at the time of the survey with 59.6% of respondents reporting they were currently in treatment.

Among respondents who were no longer in treatment, 26.5% had been in treatment for one year or more and 26.3% had been in treatment for six months to less than one year.

Medications

Nearly half (45.8%) of respondents reported they were currently taking medication for emotional or behavioral problems with 87.3% reporting that they felt the medication had helped them.

Over the last five years, there has been a significant ($p < 0.01$) upward trend in respondents taking medication for emotional or behavioral problems.

Telehealth

Since 2020, there has been a significant downward trend ($p < 0.01$) in respondents reporting they were “satisfied” with virtual sessions when compared to in-person sessions. During this time there has also been a significant increase in respondents who felt “neutral” about virtual sessions with no trends in the other response categories (strongly dissatisfied, dissatisfied or strongly satisfied).

Youth were significantly more likely to be concerned about privacy during virtual sessions whether or not they had received telehealth services during the last year.

Summary of the Youth Services Survey for Families (YSSF) Results

A total of 1,838 caregivers of children and youth under the age of 18 responded to the YSSF for a response rate of 17.8%. The majority (83.9%) of respondents completed the survey online and received a \$10 gift card incentive, while the remainder completed the paper survey and returned it in a prepaid envelope.

The survey asked questions regarding the following domains:

- Access
- Cultural sensitivity
- Daily functioning
- General satisfaction
- Participation
- Social connectedness
- Treatment outcomes

The survey also asked additional questions regarding the child's living situation, school attendance, trauma and other areas. The survey was expanded in 2020 to include questions related to telehealth services and access.

Domain Satisfaction

Over the last five years there have been significant downward trends ($p < 0.01$) in the social connectedness, cultural sensitivity, daily functioning, treatment outcomes and participation domains among all survey respondents.

Cultural Sensitivity

Over the last five years, there has been a significant downward trend ($p < 0.01$) in satisfaction with cultural sensitivity. This downward trend was only statistically significant ($p < 0.01$) among caregivers of youth ages 13–17 and caregivers of this group were also significantly less ($p < 0.01$) satisfied when compared to other age groups.

Treatment Status

Over half (62.0%) of caregivers said their child was still receiving mental health services, which is significantly higher ($p < 0.01$) than in 2021. Less than half (43.9%) of caregivers whose child had stopped treatment reported that they stopped because their child no longer needed treatment.

Medical Care

While most caregivers (89.7%) reported having their child as being in excellent, very good or good health, there has been a significant downward trend ($p < 0.01$) in caregivers reporting

their child was in excellent, very good or good health and a significant upward trend ($p < 0.01$) in caregivers reporting their child was being in fair or poor health over the last five years.

Telehealth

The majority (69.0%) of caregivers reported that their child had one or more virtual (phone or video) sessions with their mental health provider in the past 12 months. Urban caregivers were significantly ($p < 0.01$) more likely to have had a virtual session in the last 12 months than rural or frontier caregivers combined.

Comparison of YSS and YSSF Responses

Pairs of youth and caregiver respondents from the same household were matched and their satisfaction across domains and different questions were compared. Youth reported significantly higher ($p < 0.01$) levels of satisfaction in the participation domain while there was no statistically significant difference in the other four domains that both surveys had in common. See the Youth vs. Caregiver Satisfaction section for more.



Introduction

Patient feedback on their experience of care is a critical component of quality improvement. The Mental Health Statistics Improvement Program (MHSIP) surveys are designed and validated surveys that measure youth and family perceptions of the quality and efficiency² of youth's mental health services.³ The National Association of State Mental Health Program Directors has endorsed Version 1.2 of the survey, which is the version OHA adapted. As with any survey, these results are not intended to be an end in themselves, but rather a starting point to provide insight and prompt readers to explore further with their own analyses or additional data collection.

This report details the survey administration methodology and a summary of statewide results, with results specific to coordinated care organizations (CCOs) and certified community behavioral health clinics (CCBHCs) presented in Appendix D and E, respectively. CCOs will receive their own raw data from OHA. Also presented in Appendix F and G are statewide results by self-identified primary race and ethnicity and racial groups and by location, for the YSS and YSSF, respectively.

² Ganju V, Smith ME, Adams N, et al. The MHSIP Quality Report: The Next Generation of Mental Health Performance Measures. Rockville, MD: Center for Mental Health Services, Mental Health Statistics Improvement Program, 2005.

³ MHSIP is supported by the Center for Mental Health Services, an agency within the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.



Methodology

The Surveys

The YSS has been validated by the MHSIP for youth ages 14 to 17 who are receiving mental health services.⁴ The YSSF has been validated for caregivers of youth ages 0 to 17 who are receiving mental health services. Both surveys can be referenced in Appendix A.

The 21 endorsed MHSIP questions were slightly different in the two surveys, and grouped into seven domains:

- Access
- Cultural sensitivity
- Daily functioning (YSSF only)
- General satisfaction
- Participation
- Social connectedness (YSSF only)
- Treatment outcomes

OHA expanded both the youth and family surveys by:

⁴ The YSS-F is endorsed by the National Association of State Mental Health Program Directors.

- Including in the survey population the families of children and youth who received services in psychiatric residential and psychiatric day treatment facilities
- Adding questions about the coordination of services
- Adding questions about telehealth
- Adding questions about school attendance, arrest history (YSSF), and use of alcohol or drugs
- Adding questions about medication usage and the benefits of the medication
- Adding a “not applicable” option for the MHSIP questions

Sample

The YSSF was sent to a sample of caregivers (n=11,503) whose children received Medicaid-funded mental health services between January 1, 2021, and December 31, 2021, as identified by claims data from OHA’s Medicaid Management Information System (MMIS). Enrollees who were 17 years of age or younger and had two or more mental health service encounters in that time frame in an outpatient, day treatment or residential setting were eligible for inclusion in the survey sample.

The YSS was sent to all youth ages 14–17 who were included in the YSSF sample (n=4,484).

OHA pulled the samples in April 2022, over-sampling minority race and ethnic populations to ensure those groups were represented. OHA made every effort to include at least 500 members from each CCO in the sample, and at least 300 members from each CCBHC. For smaller CCOs or CCBHCs that did not serve 500 members, 100% of those member populations were included in the sample.

Survey Administration

Each caregiver and youth ages 14–17 received up to three letters by U.S. mail encouraging survey completion. For families with a YSS-eligible youth, the caregiver received the YSSF and the youth received the YSS. Comagine Health mailed letters to eligible youth and families in May 2022 informing them about the survey. The letters instructed recipients on how to access the online survey using a unique password, and informed recipients that they would receive a paper questionnaire by mail if they did not complete the online survey. All survey participants were offered a \$10 Starbucks or Amazon gift card as an incentive for completing the online version of the survey.

The letters and surveys were sent in both English and Spanish, depending on the youth’s language preference as identified in the state enrollment data. Participants could select either English or Spanish when completing the online survey regardless of their listed language preference. All letters contained instructions for requesting the survey in the alternate language, if needed. See Appendix A for English and Spanish versions of the surveys.

After filtering out incorrect addresses, respondents who had already completed a survey online, and those who requested to opt out, Comagine Health mailed a follow-up letter and paper survey form to non-respondents in June (YSSF) and July (YSS). Comagine Health mailed a second follow-up letter and paper survey form to non-respondents in August. Each time, recipients were offered the incentive for completing the survey online and provided a self-addressed and postage-paid return envelope.

Individuals were able to opt out, or refuse participation, by indicating this in the paper survey, by contacting Comagine Health using a dedicated voicemail box or email address, or by submitting a blank survey.

All survey responses are confidential. Refer to Appendix B for survey data security and quality assurance procedures.

Weighting and Analysis

Comagine Health applied post-stratification weights to each survey respondent. Post-stratification weighting ensures that the results of this survey are generalizable to the population of interest: all youth under 18 years of age receiving Medicaid-funded mental health services with at least two encounters, and the subset of those ages 14 to 17 years.

Although caregivers completed the YSSF, weighting was performed based on the youth's characteristics for both the YSS and YSSF, not the caregivers' characteristics.

Most results are presented as weighted frequencies with chi-square tests applied, where applicable, to identify statistically significant differences between respondent groups. This is done by comparing one group's score, for example children ages 13-17, to the other age groups' score combined (children ages 0-5 and ages 6-12) to see if there is a statistically significant difference between the two groups. Trending of specific item results are presented as weighted percentages. A trend test, called the Cochran-Armitage Trend Test, was applied to identify significant upward or downward trends over time.

Five-year trends and single-year comparisons are examined using chi-square and Cochran-Armitage Trend Tests to determine whether observed variation is statistically significant. A p-value of $p \leq 0.05$ is considered significant and indicates the observed differences are likely not due to chance alone. In this report, any statistically significant trend or variation will have a p-value of $p \leq 0.05$, but the individual p-value will not be identified. Those p-values of $p < 0.01$ will be specified in the report.

See Appendix C for the R program code used to weight the YSSF results.

Survey Limitations

Patient experience of care surveys are immensely valuable, though they do come with some notable limitations. While the MHSIP domain portions of the survey have remained untouched, OHA has added and removed additional questions of interest over the years to better inform state-level policy development work. These added questions have not been through the same validation process as the core MSHIP domain questions and it is unknown what effect, if any, they have on the validity of the preceding MHSIP items.

Survey Length

The length of the survey may deter some potential respondents, especially those with mental or cognitive challenges. The YSS is 6 to 7 pages and the YSSF is 11 to 12 pages. Additionally, if respondents had mental or cognitive challenges, those challenges may have affected the respondents' ability to understand and respond accurately to some questions.

Survey Timing

The sample frame includes services between January and December 2021, so respondents may be responding to care provided over a year in the past. Furthermore, 40.4% of YSS respondents and 34.5% of YSSF respondents indicated that the youth was no longer receiving care at the time of the survey. The more time that passes between receipt of mental health services and survey completion can cause recall bias, which may influence results. However, the issue of recall bias is not unique to the 2022 survey, as all years of Oregon's MHSIP surveys have this lookback period.



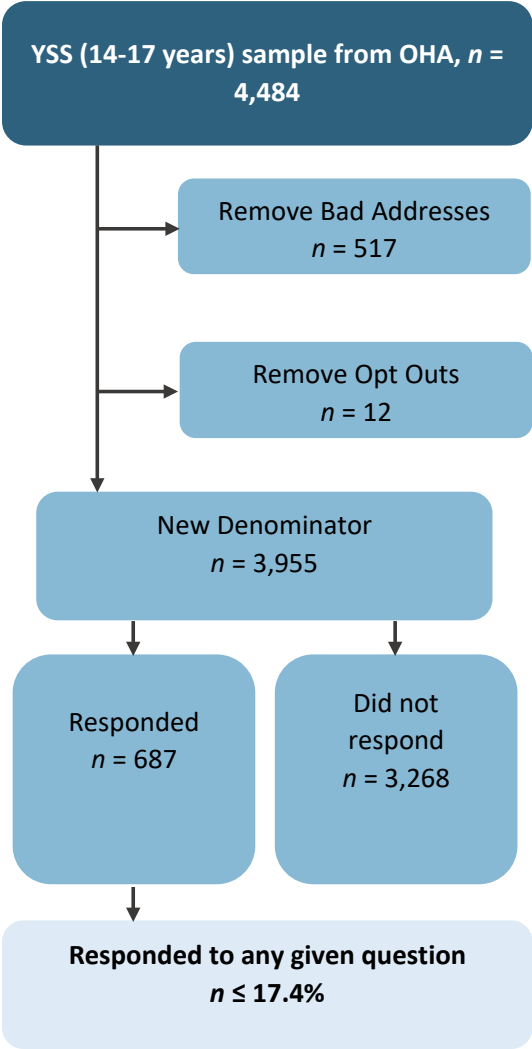
Youth Services Survey (YSS)

Survey Response

Statewide, 687 youth between the ages of 14 and 17 responded to this survey for a response rate of 17.4%. Most respondents (84.4%) completed the survey online.

The survey response rates were adjusted for bad addresses and those who opted out of the survey. Bad addresses were identified before the initial mailing by removing participants who had blank or unusable addresses listed in their MMIS enrolment data or addresses that could not be verified by the United States Postal Service database. After the initial mailing, bad addresses were removed when letters or surveys were returned. However, if they were returned with an address change, then the survey was mailed to the new address. All addresses were checked using the National Change of Address system maintained by the United States Postal Service prior to each mailing. Individuals were able to opt-out, or refuse participation, by calling or emailing Comagine Health or by indicating that they did not feel the survey applied to them at the beginning of the paper survey. See Figure 1 for details.

Figure 1. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.



Demographics

There were 687 youth ages 14 to 17 years who returned a survey with at least one question answered. Self-reported race and ethnicity and gender of respondents are summarized in Table 1, along with state-identified ethnicity, age and location.

Table 1. Demographic Characteristics.

Demographic Characteristics		Respondents
Race and Ethnicity	American Indian or Alaska Native	10%
	Asian	5%
	Black or African American	6%
	Hispanic	16%
	Multiracial	6%
	Native Hawaiian or Other Pacific Islander	1%
	White	45%
	Other*	1%
	Unknown**	11%
Hispanic Indicator***	Hispanic or Latino	10%
	Not Hispanic or Latino	44%
	Unknown	47%
Gender	Female	34%
	Male	35%
	Transgender	27%
	Other	11%
Age***	14 to 15	55%
	16 to 17	45%
Location***	Urban	49%
	Rural	49%
	Frontier	2%
	Unknown	0%

*“Other” category is determined by respondents who felt their primary race category was not represented in the options listed in the survey and chose to list their race.

**“Unknown” category is determined by respondents who selected either “Don’t know,” “Don’t want to answer,” or did not select any response.

***Data is state-identified using MMIS enrolment data.

Note: The OHA MHSIP Reporting Program will update demographic survey questions in the 2023 surveys to reflect REAL-D standards. For more information on these standards, see the box on page 44.

YSS Results

Table 2 lists the questions for each domain.

Table 2. MHSIP Domain Questions.

Domain	Questions
Access	The location of the services was convenient
	Services were available at times that were convenient for me
Cultural sensitivity	Staff treated me with respect
	Staff respected my family's religious/spiritual beliefs
	Staff spoke with me in a way that I understood
	Staff was sensitive to my cultural/ethnic background
General satisfaction	I am satisfied with the services I received
	The people helping me stuck with me no matter what
	I felt I had someone to talk to when I was troubled
	I received services that were right for me
	I got help I wanted
	I got as much help as I needed
Participation	I helped to choose my services
	I helped to choose my treatment goals
	I participated in my own treatment
Treatment outcomes	I am better at handling daily life
	I get along better with family members
	I get along better with friends and other people
	I am doing better in school and/or work
	I am better able to cope when things go wrong
	I am satisfied with my family life right now

Domain Satisfaction

Satisfaction was highest in the cultural sensitivity domain (87.8%) and lowest in the treatment outcomes (57.5%) domain. Since 2018, there have been significant downward trends in both the general satisfaction and treatment outcomes ($p < 0.01$) domains. When examining the domains by respondent characteristics, some trends and differences can be identified and will be expanded on in the sections below.

It should be noted that respondents are agreeing or disagreeing with the statements included in each domain and the data is reported as “satisfaction.”

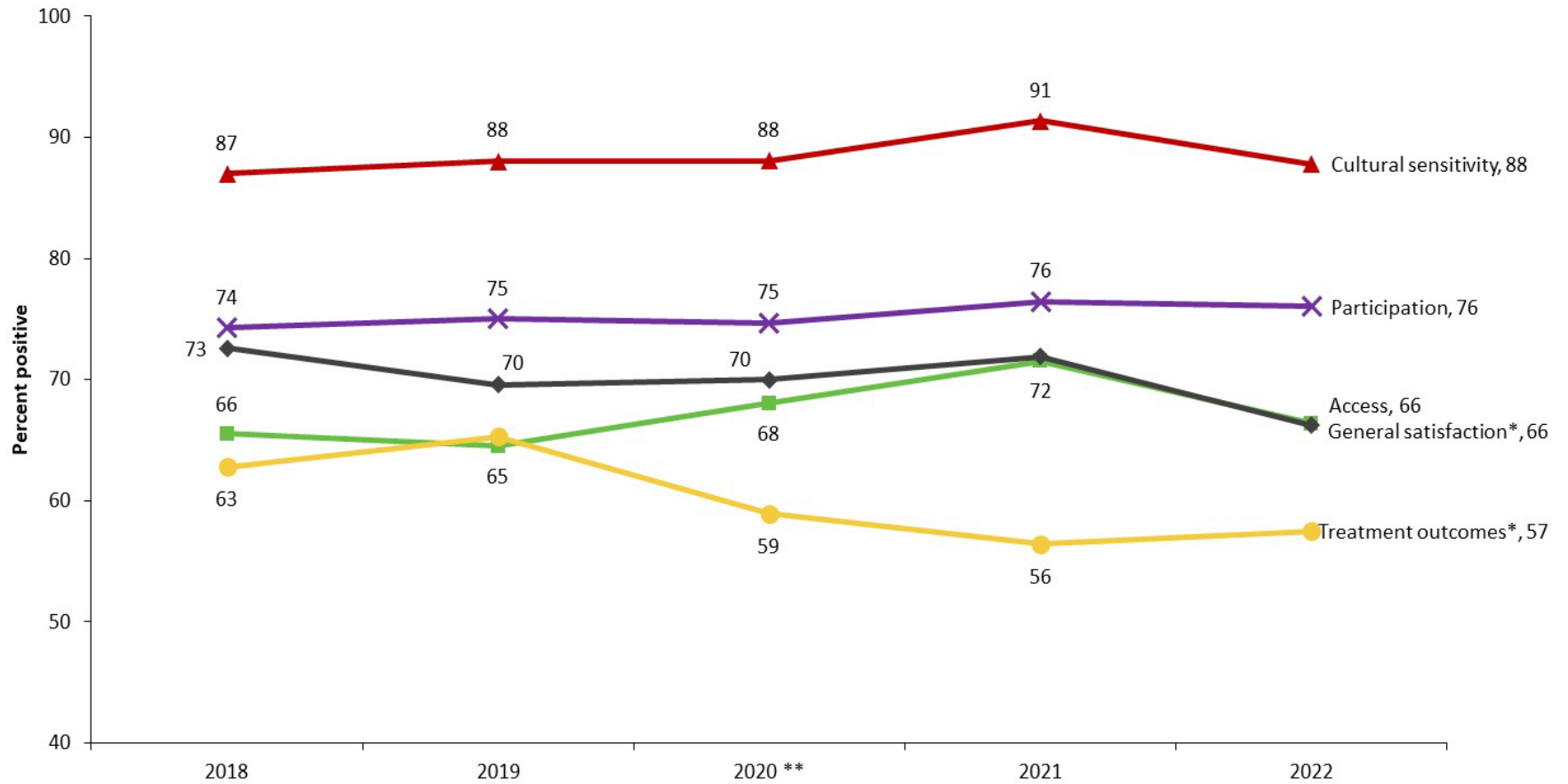
Table 3 summarizes statewide domain satisfaction. Domain satisfaction according to CCO, CCBHC, region, and self-identified race and ethnicity as well as racial group are presented in Appendix D, E, F and G, respectively.

Table 3. YSS Domain Satisfaction.

Domain	Satisfied
Access	66.4%
Cultural sensitivity	87.8%
General satisfaction	66.2%
Participation	76.0%
Treatment outcomes	57.5%

Figure 2 summarizes domain trends from 2018 to 2022.

Figure 2. YSS Domain Satisfaction Trends.



*Indicates a statistically significant upward or downward trend ($p \leq 0.05$) over the last five years for that domain.

**2020 results included respondents from provider types who were not included in other survey years. Responses from these provider types were minimal (2.3%), but care should be taken when interpreting trending.

Access

The access domain examines responses to the statements: “The location of the services was convenient” and “Services were available at times that were convenient for me.” Over the last five years, there have been no significant trends in the access domain.

When examining the data by different respondent treatment types, youth receiving treatment in outpatient settings reported significantly higher ($p < 0.01$) satisfaction in the access domain than those in residential or day treatment combined.

When directly comparing respondents by their self-identified race and ethnicity, there were no statistically significant differences in the 2022 responses. However, satisfaction in the access domain for all race/ethnic groups remains at 66.4% with little improvement over the last five years. When examining satisfaction in the access domain for different race and ethnic groups, no significant differences or trends were identified.

Cultural Sensitivity

The cultural sensitivity domain asks if staff treated the respondent with respect, respected their family’s religious or spiritual beliefs, spoke to them in a way they understood, and were sensitive to their cultural and ethnic backgrounds. The cultural sensitivity domain has remained the highest rated domain (87.8%, 2022) since 2018.

When comparing groups, respondents who identified as male were significantly less satisfied in the cultural sensitivity domain than those who identified as female, transgender, or “other.”

Youth receiving residential or day treatment scored significantly lower ($p < 0.01$) levels of satisfaction in the cultural sensitivity domain than those receiving outpatient services.

Respondents were grouped by their self-identified primary race and ethnicity and the 2022 data of each group was compared to the weighted combined average of the others. No statistically significant differences related to cultural sensitivity were identified for any self-identified primary race and ethnicity group.

General Satisfaction

The general satisfaction domain examines responses to the statements:

- I am satisfied with the services I received.
- The people helping me stuck with me no matter what.
- I felt I had someone to talk to when I was troubled.
- I received services that were right for me.

- I got help I wanted.
- I got as much help as I needed.

Since 2018, there has been a significant downward trend in the general satisfaction domain with 66.2% of respondents responding favorably to the statements above.

Respondents receiving residential or day treatment were significantly less ($p < 0.01$) satisfied in this domain than those receiving outpatient services.

When comparing respondents from self-identified primary race and ethnicity groups, there were no significant differences in their responses to each of the individual statements in the satisfaction domain.

Participation

The participation domain asks if the respondent chose their services, treatment goals and if they participated in their own treatment. In the last five years, there have been no significant trends with 76.0% of respondents feeling satisfied with their participation.

Rural respondents had a significant upward trend in satisfaction since 2018 with no significant trends in urban or frontier locations. However, when directly comparing 2022 responses from rural and urban locations, there was no statistically significant difference in their satisfaction levels. The small number of responses from frontier locations were included as rural in this comparison.

Respondents ages 14 to 15 felt significantly less ($p < 0.01$) satisfied when compared to those ages 16 to 17 years old. Those who self-identified as male were significantly less ($p < 0.01$) satisfied than those who identified as other genders.

Respondents receiving residential or day treatment were significantly less satisfied in the participation domain than those receiving outpatient treatment. Respondents were not asked why they were receiving residential or day treatment, but the data suggests data suggests youth in these higher acuity levels of treatment feel they have less choices in services and treatment and may not participate in their own treatment.

There were no significant differences when comparing self-identified primary race and ethnicity groups in this domain or the individual questions within the domain.

Treatment Outcomes

The treatment outcomes domain examines responses to the statements:

- I am better at handling daily life.
- I get along better with family members.
- I get along better with friends and other people.
- I am doing better in school and/or work.

- I am better able to cope when things go wrong.
- I am satisfied with my family life right now.

Since 2018, there has been a significant downward trend ($p < 0.01$) in the treatment outcomes domain, and it received the lowest number of positive responses (57.5%) this year.

When analyzing trends by respondent location, some differences appear. Between 2015 and 2019, urban respondents had an upward trend in their satisfaction within the treatment outcomes domain. However, beginning in 2020, satisfaction among urban respondents has dipped and continues to show a significant downward trend ($p < 0.01$). When directly comparing the responses from those in urban settings with those living in other settings, there were no statistically significant differences. This suggests that rural respondents already had lower satisfaction and the drop in satisfaction from urban respondents is driving the downward trend in the overall treatment outcomes domain. The number of frontier respondents was too limited for analysis.

Satisfaction with treatment outcomes among respondents who self-identified as female had a significant downward trend ($p < 0.01$) over the last five years. Those who identify as male, transgender or “other” have had no significant trends during this time. However, there was no statistical difference in the current satisfaction levels of any gender when compared to all other genders combined.

Since 2018, youth receiving outpatient care have shown a statistically significant downward trend ($p < 0.01$) in satisfaction with treatment outcomes. However, when directly comparing those who received outpatient care with those who received day or residential treatment, there was not a statistically significant difference this year.

Youth ages 16 to 17 were significantly more satisfied with treatment outcomes than youth ages 14 to 15.

Treatment Status

At the time of the survey, 59.6% of respondents were still receiving mental health services. Since 2018, there has been a statistically significant trend upward in respondents who were still receiving treatment at the time of the survey. Respondents who were still receiving mental health services reported seeing their most recent provider for:

- 51.1% for one year or more
- 24.3% for six months to less than one year
- 14.1% for 3–5 months
- 4.7% for 1–2 months
- 5.8% had received services for less than one month

When analyzing only those respondents who were no longer receiving treatment, they reported seeing their last provider for:

- 26.5% for one year or more
- 26.3% for six months to less than one year
- 25.8% for 3–5 months
- 14.2% for 1–2 months
- 7.2% had received services for less than one month

Medical Care

Regular and reliable medical care is an important aspect for maintaining and improving overall health. In the last year, 68.7% of youth had seen a medical doctor or nurse in a clinic or office either for a health check-up or because they were sick, 14.4% had seen a medical provider in a hospital emergency room, and 12.7% couldn't remember. A few (14.0%) reported not seeing a medical provider at all in the last year for a health checkup or because they were sick.

Youth were asked if they were currently prescribed medications for emotional or behavioral problems with 45.8% of respondents reporting they were currently taking medication. Of those on medication, 88.6% stated that a doctor or nurse had told them what side effects to watch for. In 2022, a question was introduced to the survey asking YSS respondents if they felt the medication helped; 87.3% stated that it had.

Over the last five years, there has been a significant ($p < 0.01$) upwards trend in respondents taking medication for emotional or behavioral problems. When respondents were grouped by age, those ages 14 to 15 showed a significant upward trend ($p < 0.01$) in medication usage while those ages 16 to 17 did not have a significant upward or downward trend.

Certified Community Behavioral Health Clinics (CCBHC)

CCBHCs are intended to offer comprehensive health services for individuals with serious or complex mental illnesses or addictions. They primarily provide behavioral health support while also providing medical care as a secondary service.

When comparing satisfaction in the service domains between respondents who received care at a CCBHC with those who were not receiving care from a CCBHC, there were no significant differences.

Coordinated Care Organizations (CCO)

A CCO is a managed care network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (OHP - Medicaid). In 2021, Oregon had 16 CCOs. The CCOs manage about 90% of the OHP

population.⁵ If a Medicaid-eligible individual is not enrolled in a CCO, they are instead on an open card (also called “fee-for-service”). Individuals on an open card can access care from any provider who accepts Medicaid. However, their care is not managed or coordinated in the same manner as that of a CCO member.

When comparing satisfaction in the service domains between respondents who received care at a CCO with those who used an open card, both groups had similar satisfaction levels.

Further analysis of respondent’s experiences with their CCO can be viewed in the individual supplemental reports produced by Comagine Health. Appendix D contains responses by CCO and comparisons between CCOs, including statistically significant differences.

Telehealth Services

Telehealth questions were introduced to the survey in 2020. Since that time, there has been a significant downward trend ($p < 0.01$) in respondents reporting they were “satisfied” with virtual sessions when compared to in-person sessions. During this time, there has been a significant increase in respondents who felt “neutral” about virtual sessions. No trends in the other response categories (strongly dissatisfied, dissatisfied or strongly satisfied) were apparent.

When comparing age groups, respondents ages 14 to 15 were significantly less ($p < 0.01$) satisfied with virtual mental health sessions than those ages 16 to 17.

Rural respondents who had virtual sessions were significantly more satisfied with telehealth sessions than urban respondents. Frontier respondents were too few for statistical comparison. Telehealth may be a tool that can help if distance to a provider is an identified barrier.

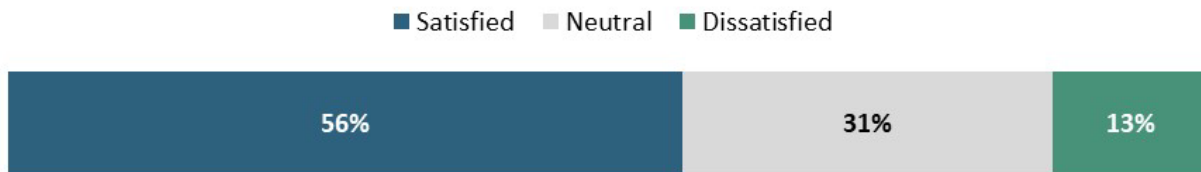
When comparing self-identified race and ethnicity groups, those who classified themselves as white were significantly more ($p < 0.01$) satisfied with telehealth services than other races combined. While no specific races scored significantly lower than the others combined, Asian, Black and Multiracial groups had too few responses for statistical analysis. Responses from these groups were included in the comparison category for each analysis.

During the last year, nearly two-thirds (66.8%) of youth respondents had a virtual (video or phone) session with their mental health provider in the last year, and 11.6% of respondents reported seeing a medical doctor virtually for a health checkup or because they were sick.

Prior to the last year, 39.7% of respondents had never had a virtual session with any type of provider. Unsurprisingly, since 2020 there was a significant upward trend ($p < 0.01$) in both those who had used telehealth services with their mental health provider in the last year and those who had used telehealth services with any provider prior to the last 12 months.

⁵ [Oregon Health Authority: OHP Data and Reports: Oregon Health Plan.](#)

Figure 3. How satisfied were you with the virtual session(s) compared to in-person sessions?



Over half (56.2%) of youth respondents reported being either satisfied or strongly satisfied using virtual sessions when compared to in-person sessions (see Figure 3).

Respondents agreed or strongly agreed with the following statements:

- 59.3% stated, “I prefer seeing my provider in-person.”
- 54.6% stated, “I liked not traveling to appointments.”
- 37.7% stated, “I had lower anxiety around my virtual sessions.”
- 31.0% stated, “I was less comfortable talking to my provider virtually.”

While only a few (13.0%) respondents were dissatisfied or strongly dissatisfied with virtual sessions, nearly half (45.0%) disagreed with the statement, “It was easier for me to focus in the virtual session(s).”

When comparing responses among self-identified genders (female, male, transgender or other), males were significantly less ($p < 0.01$) likely to prefer seeing their provider in person and to not agree that privacy during virtual sessions was a concern. Female respondents were significantly less likely to agree that they had lower anxiety during virtual sessions.

Privacy during appointments was significantly ($p < 0.01$) less likely to be a concern for self-identified white respondents. White respondents were also less likely to prefer seeing their providers in person. When analyzing by race and ethnicity groups, the limitations of small numbers constrained the rates that could be calculated. Due to these constraints, using groupings of self-identified race and ethnicity is a way to provide additional detail in the analysis by race and ethnicity. The data was grouped into three categories: white, non-white and unknown. The unknown category was 17.7% of the total group.

This data highlights that youth have mixed feelings regarding virtual sessions. While telehealth offers convenience and flexibility, there are other factors that respondents value and consider important to their treatment progress. Telehealth services continue to be a useful tool, however, individual choices about the location of services need to be considered when meeting with treatment providers.

Living Situation

In 2022, most youth (81.9%) lived with one or both parents. In the last six months:

- 19.0% had lived with another family member
- 4.8% had lived in a foster home
- 3.8% had lived in a residential treatment center
- 2.4% had lived in a hospital
- 2.2% had been homeless or living on the streets

Respondents could select more than one option. There were no significant trends related to current living situations. However, there were statistically significant ($p < 0.01$) trends downward in both youth who had been in a local jail or detention facility and those who had been in a residential treatment center. It is outside the scope of this analysis to determine if this correlates with less youth in either of those locations.

It should be noted that respondents who did not have a valid address in the MMIS enrollment data or were no longer living at the address indicated in the survey sample, were unlikely to receive a copy of the survey and therefore would not be included in this data.

School

Mental health can influence school attendance. Youth respondents reported the following absences during their last month of school:

- 16.7% for more than 10 days
- 10.3% for 6 to 10 days
- 14.4% for 3 to 5 days
- 9.8% for 2 days
- 19.8% for 1 day or less
- 10.5% Not applicable/not in school and
- 18.4% Do not remember

Since 2018, there has been a significant upward trend ($p < 0.01$) in youth reporting they were absent from school either 6 to 10 days or more than 10 days during the last month of the school year. During that same period, there was a significant upward trend ($p < 0.01$) in youth who replied, “do not remember.” The YSS does not ask why a youth was not in school, but the YSSF expands on this section.



Youth Services Survey for Families (YSSF)

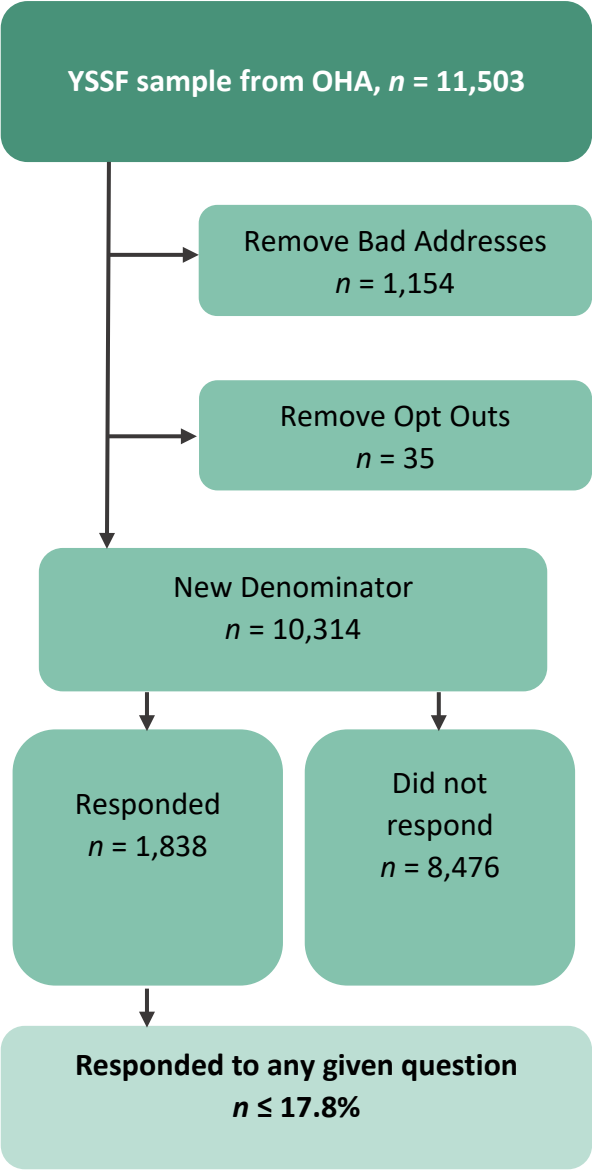
Survey Response

A total of 1,838 caregivers of children and youth under the age of 18 responded to the 2022 YSSF for a response rate of 17.8%. Most respondents (83.9%) completed the survey online with the remainder returning the survey via a prepaid envelope. Those who responded online received a \$10 incentive.

Respondents who answered at least one question were included in the data. The survey response rates were adjusted for bad addresses and those who opted out of the survey. Bad addresses were identified before the initial mailing by removing participants who had blank or unusable addresses listed in their MMIS enrolment data. After the initial mailing, bad addresses were removed when letters or surveys were returned. However, if they were returned with an address change, then the survey was mailed to the new address. All addresses were checked using the National Change of Address system maintained by the United States Postal Service prior to each mailing.

Individuals were able to opt-out, or refuse participation, by calling or emailing Comagine Health or by indicating that they did not feel the survey applied to them at the beginning of the paper survey. See Figure 4 for details.

Figure 4. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.



Demographics

A total of 1,838 caregivers of children and youth under the age of 18 responded to the 2022 Youth Services Survey for Families (YSSF). Caregiver-reported primary race and gender of the children of respondents are summarized in Table 4, along with state-identified ethnicity, age and location.

Table 4. Demographic Characteristics.

Demographic Characteristics		Respondents
Race and Ethnicity	American Indian or Alaska Native	6%
	Asian	3%
	Black or African American	7%
	Hispanic	11%
	Multiracial	6%
	Native Hawaiian or Other Pacific Islander	0.6%
	White	53%
	Other*	0.3%
	Unknown**	13%
Hispanic Indicator***	Hispanic or Latino	7%
	Not Hispanic or Latino	46%
	Unknown	47%
Gender	Female	37%
	Male	45%
	Transgender	16%
	Other	3%
Age***	0 to 5	5%
	6 to 12	48%
	13 to 17	47%
Location***	Urban	49%
	Rural	48%
	Frontier	2%
	Unknown	0.3%

*“Other” category is determined by respondents who felt their primary race category was not represented in the options listed in the survey and chose to list their race.

**“Unknown” category is determined by respondents who selected either “Don’t know,” “Don’t want to answer” or did not select any response.

*** Data is state-identified by MMIS enrollment data.

YSSF Results

Domain Satisfaction

Satisfaction was highest in the cultural sensitivity domain (85.6%) and lowest in the treatment outcomes (59.3%) and daily functioning (59.1%) domains. Over the last five years there have been significant downward trends ($p < 0.01$) in the social connectedness, cultural sensitivity, daily functioning, treatment outcomes and participation domains. When examining the domains by respondent characteristics, some trends and differences can be identified and will be expanded on in the sections below. Domain satisfaction according to CCO, CCBHC, self-identified race and ethnicity, and location are presented in Appendix D, E, F and G, respectively.

Current year results are compared between respondent groups to determine if there are statistically significant differences. This is done by comparing one group's score, for example youth who live in urban locations, to the other groups score combined (youth who live in rural, frontier and unknown) to see if there is a statistically significant difference between the two groups.

It should be noted that respondents are agreeing or disagreeing with the statements included in each domain and the data is reported as "satisfaction."

A full list of all questions for each domain are displayed in Table 5.

Table 5. MHSIP Domain Questions.

Domain	Questions
Access	The location of services was convenient for us
	Services were available at times that were convenient for us
Cultural Sensitivity	Staff treated me with respect
	Staff respected my family's religious/spiritual beliefs
	Staff spoke with me in a way that I understood
	Staff were sensitive to my cultural/ethnic background
Daily Functioning	My child is handling daily life better
	My child is getting along better with family members
	My child is getting along better with friends and other people
	My child is doing better in school and/or at work
	My child is better able to cope when things go wrong
	My child is better able to do the things he or she wants to do
General Satisfaction	I have been satisfied with the services my child receives
	The people helping my child stuck with us no matter what
	I felt my child had someone to talk to when he or she was troubled
	The services my child and/or family received were right for us
	My family got the help we wanted for my child
	My family got as much help as we needed for my child
	My child is handling daily life better

Domain	Questions
Treatment Outcomes	My child is getting along better with family members
	My child is getting along better with friends and other people
	My child is doing better in school and/or at work
	My child is better able to cope when things go wrong
	I am more satisfied with our family life
Participation	I helped to choose my child's services
	I helped to choose my child's treatment goals
	I participated in my child's treatment
Social Connectedness	I know people who will listen and understand me when I need to talk
	I have people that I am comfortable talking to about private things
	I have people that I am comfortable talking with about my child's problems
	I have people with whom I can do enjoyable things
	In a crisis, I would have the support I need from family or friends
	I have more than one friend
	I am happy with the friendships I have

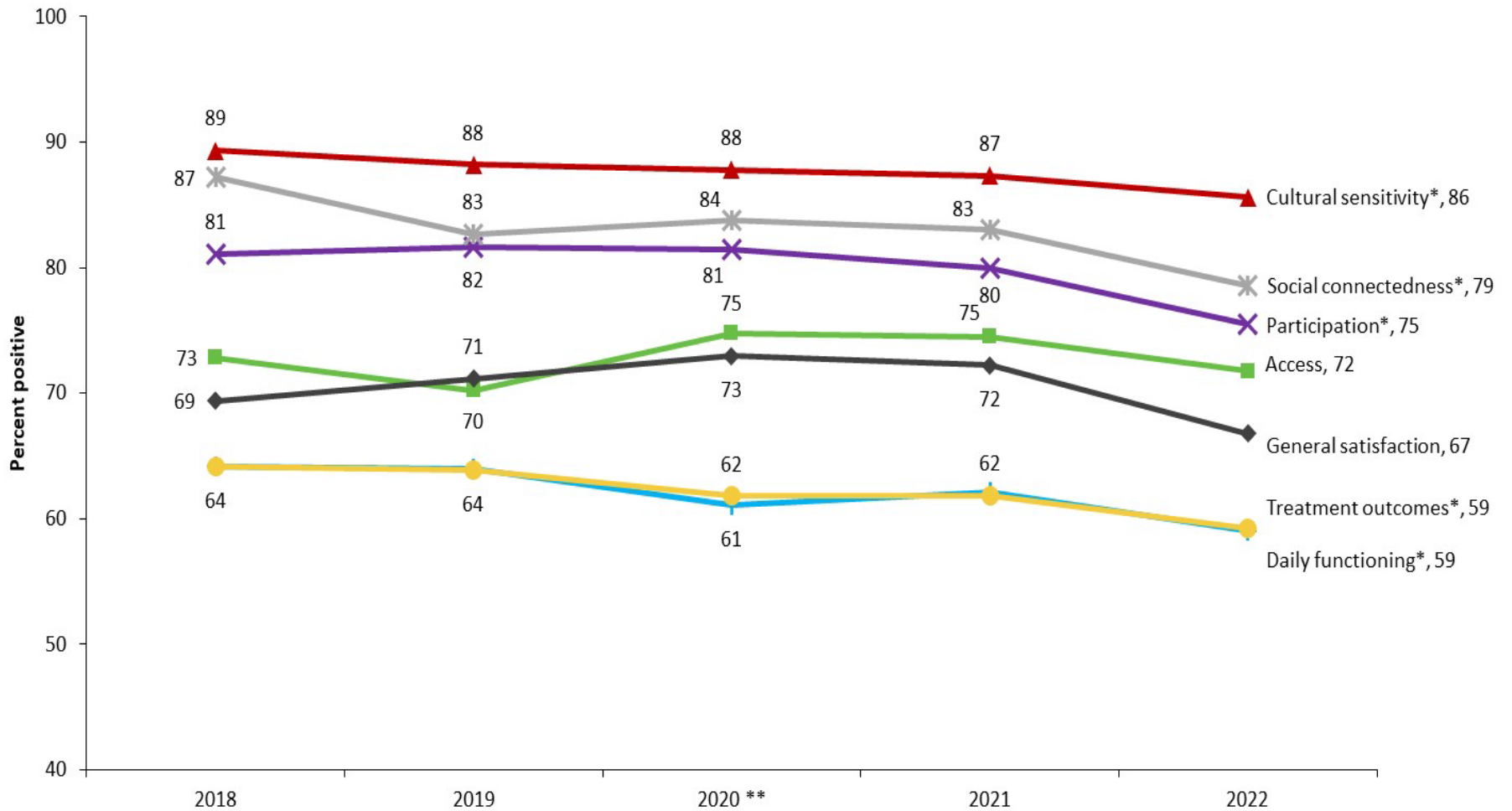
Table 6 summarizes statewide domain satisfaction.

Table 6. YSSF Statewide Domain Satisfaction.

Domain	Satisfied
Access	71.7 %
Cultural Sensitivity	85.6 %
Daily Functioning	59.1 %
General Satisfaction	66.8 %
Participation	75.5 %
Social Connectedness	78.6 %
Treatment Outcomes	59.3 %

Figure 5 shows trends in domain satisfaction from 2018 through 2022.

Figure 5. YSSF Domain Satisfaction Trends: 2018–2022.



*Indicates a statistically significant upward or downward trend ($p \leq 0.05$) over the last five years for that domain.

**2020 results included respondents from provider types who were not included in other survey years. Responses from these provider types was minimal (3.2%), but care should be taken when interpreting trending.

Access

The access domain asks if the location or times of services were convenient for the respondents as the caregiver of the youth receiving care. A majority (71.7%) of caregivers responded favorably to these statements.

While there are no significant trends in the access domain when analyzing the respondents as whole, some differences become apparent when results are separated by the characteristics of the youth receiving treatment. When analyzing caregiver-identified racial and ethnic groups, caregiver-identified Hispanics were more satisfied in the access domain than other races, and those with Spanish identified as their primary language were also more satisfied than those who did not identify Spanish as their primary language.

Cultural Sensitivity

The cultural sensitivity domain asks whether the caregiver felt that the staff treated them and their religious or spiritual beliefs with respect. It further asks if staff spoke to the caregiver in a way that they understood and were sensitive of the caregiver's cultural and ethnic background.

Over the last five years, there has been a significant downward trend ($p < 0.01$) in satisfaction with cultural sensitivity, however, it has remained the domain with the highest level of satisfaction (85.6%; 2022) throughout this period.

The downward trend was only statistically apparent ($p < 0.01$) among caregivers of youth ages 13–17 (other age groups were 0–5 and 6–12). Caregivers of youth ages 13–17 were also significantly less ($p < 0.01$) satisfied when compared to other age groups.

While satisfaction among all caregiver-identified genders showed significant downward trends (male, $p < 0.01$), only caregivers who identified their child's gender as "other" were significantly less ($p < 0.01$) satisfied than the other groups.

When analyzing the location of the caregiver, this downward trend ($p < 0.01$) appears only in rural locations (frontier and urban locations were also analyzed). However, there were no statistically significant differences between urban, rural or frontier groups when the current year's data was compared.

When analyzing cultural sensitivity by primary race and ethnicity groups, caregiver-identified white children had a significant trend downward ($p < 0.01$) in satisfaction as did those who were identified as Black or African American children. There were small number limitations when analyzing Asian, Native Hawaiian or Other Pacific Islander, or other*⁶ race groups.

While small number limitations were present over the five-year trending period, only Native Hawaiian or Other Pacific Islander and "other" could not have their 2022 responses be independently compared to that of other races. Both these groups were included in the comparison group when analyzing if any primary race or ethnic group had a significant

⁶ *"Other" category is determined by respondents who felt their primary race category was not represented in the options listed in the survey and chose to list their race.

difference compared to all other groups combined. Caregivers of Black or African American children were significantly ($p < 0.01$) less satisfied when compared to other groups.

Caregivers who identified their child as Black or African American were significantly ($p < 0.01$) less likely to feel that staff spoke with them in a way they understood. Caregivers who identified their child as Hispanic were significantly more likely to feel their religious or spiritual beliefs were treated with respect ($p < 0.01$) as was their cultural or ethnic background. However, caregivers who identified their children as white were significantly more likely to report their religious or spiritual beliefs were not respected.

OHA included additional questions to further evaluate caregiver's experiences with cultural sensitivity during their child's treatment. These questions were not included in the MHSIP cultural domain calculations. Among caregivers:

- 84.1% felt their child's provider communicated effectively in the child's primary language
- 82.9% felt their child's provider communicated effectively in the caregiver's primary language
- 70.6% felt their child's provider considered the child's cultural values
- 69.5% felt their child's provider considered the caregiver's cultural values in their child's care

When analyzing responses by caregiver-identified primary race, those who were identified as multiracial have shown a significant trend upward ($p < 0.01$) in satisfaction in all four questions over the last five years. When comparing 2022 responses, there were no significant differences between the race or ethnic groups. There were small number limitations for those identified as Asian, Native Hawaiian or other Pacific Islander, or other.*

Daily Functioning

The daily functioning domain analyzes responses to the following statements:

- My child is handling daily life better.
- My child is getting along better with family members.
- My child is getting along better with friends and other people.
- My child is doing better in school and/or at work.
- My child is better able to cope when things go wrong.
- My child is better able to do the things he or she wants to do.

Since 2018, there has been a significant downward trend ($p < 0.01$) in satisfaction with the daily functioning domain and it received the lowest score (59.1%) this year.

When analyzing responses by caregiver location, only urban respondents showed a downward trend ($p < 0.01$) in this domain. While this downward trend was only present among urban

respondents, there was no significant difference in the 2022 responses when directly comparing urban respondents' satisfaction to rural and frontier respondents combined satisfaction.

Caregivers of youth receiving outpatient services had a significant downward trend ($p < 0.01$) in their satisfaction with the daily functioning domain over the last five years. However, they were still significantly ($p < 0.01$) more satisfied with the daily functioning domain than caregivers of youth receiving residential or day treatment.

Caregivers who identified their child as Black or African American were less likely to feel their child was better able to do the things they wanted to do.

General Satisfaction

The general satisfaction domain analyzes responses to the following statements:

- I have been satisfied with the services my child receives.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he or she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

This year, 66.8% of caregivers responded positively to the statements above making general satisfaction the second lowest scoring domain. While there were no statistically significant trends when looking at the population as a whole, some trends did emerge when responses were analyzed by demographic characteristic. Caregivers of children ages 13–17 showed a significant decrease ($p < 0.01$) over the last five years and were significantly ($p < 0.01$) less satisfied than caregivers of youth ages 0–5 or 6–12.

Caregivers who identified their children as Black or African American were significantly less likely to feel the services they received were right for them.

Caregivers who identified their children as American Indian or Alaska Native were significantly more likely to agree that their family got the help they wanted for their child and received as much help as they needed.

Treatment Outcomes

The treatment outcomes domain analyzes responses to the following statements:

- My child is handling daily life better.
- My child is getting along better with family members.

- My child is getting along better with friends and other people.
- My child is doing better in school and/or at work.
- My child is better able to cope when things go wrong.
- I am more satisfied with our family life.

Since 2018, caregivers' satisfaction with treatment outcomes has shown a significant downward trend ($p < 0.01$) with 59.8% responding positively to the above statements this year. While satisfaction with treatment outcomes has trended ($p < 0.01$) downward among urban respondents, when directly comparing their 2022 scores with other locations (frontier, rural or unknown), there was no statistically significant difference between the groups. This suggests that lower satisfaction in treatment outcomes is common in all locations now.

When directly comparing 2022 responses, caregivers who were indicated as Spanish-speaking ($n=79$) were significantly more satisfied with the treatment outcomes domain than those who were indicated as English-speaking ($n=1,391$). However, there was no significant difference among caregivers who identified their child's primary race or ethnicity as Hispanic ($n=113$).

When comparing specific questions within the treatment outcomes domain, caregivers who identified their child as American Indian or Alaska Native were significantly more likely to feel their child was doing better in school or work and were more satisfied with their family life. Caregivers who identified their child as white were less likely to feel their child was doing better in school or work.

Participation

The participation domain analyzes domain responses to the following statements:

- I helped to choose my child's treatment goals.
- I participated in my child's treatment.
- I know people who will listen and understand me when I need to talk.

Since 2018, there has been a significant decrease ($p < 0.01$) in satisfaction with the participation domain by caregivers. However, 75.5% of caregivers responded positively to statements included in this domain.

Caregivers who identified their child as male were significantly more ($p < 0.01$) satisfied with participation while caregivers who identified their child as other genders (female, transgender, other) were significantly less satisfied.

Caregivers of youth receiving residential services were significantly more ($p < 0.01$) satisfied than those receiving day or outpatient treatment.

Caregivers of youth ages 13–17 showed a significant downward trend ($p < 0.01$) in satisfaction over the last five years, while caregivers of other age groups (0–5 and 6–12) did not. Additionally, caregivers of children ages 13–17 were also significantly less satisfied ($p < 0.01$)

with the participation domain when compared to other groups. This suggests that caregivers of teens are driving the downward trend in the participation domain.

Caregivers of youth ages 13–17 may have less direct involvement in setting treatment goals or directly participating in their child’s care and the data may reflect this change. Care should be taken when interpreting this data as low involvement or “satisfaction” in this domain does not necessarily indicate that the caregiver is unsatisfied. Matched caregiver (YSSF) and youth (YSS) responses showed youth responded significantly ($p < 0.01$) more favorably to the statement, “I helped to choose my [their] treatment goals,” and “I participated in my own treatment,” than their caregivers did.

Social Connectedness

The social connectedness domain analyzes responses to the following statements:

- I know people who will listen and understand me when I need to talk.
- I have people that I am comfortable talking to about private things.
- I have people that I am comfortable talking with about my child’s problems.
- I have people with whom I can do enjoyable things.
- In a crisis, I would have the support I need from family or friends.
- I have more than one friend.
- I am happy with the friendships I have.

Since 2018 there has been a significant trend downward ($p < 0.01$) in the social connectedness domain although it received the second highest score (78.6%) this year. This downward trend is present in most of the subsets that were analyzed, implying that the survey population as a whole is feeling less connected.

When comparing primary race and ethnicity populations, caregivers who identified their child as Hispanic were significantly ($p < 0.01$) less satisfied in the social connectedness domain than other race or ethnic groups. They had significantly fewer positive responses to the following statements:

- I know people who will listen and understand me when I need to talk. ($p < 0.01$)
- I have people that I am comfortable talking to about private things.
- I have people that I am comfortable talking with about my child’s problems. ($p < 0.01$)
- I have more than one friend. ($p < 0.01$)

Caregivers who identified their child’s primary race as white had significantly higher scores in statements about having people who will understand them when they need to talk, listen when they talk about private things, and to speak with about their child’s problems.

Caregivers who identified their child’s primary race as American Indian or Alaska Native had significantly higher scores in questions related to having more than one friend and being happy with the friendships they have.

Caregivers who identified their child’s primary race as Black or African American also had significantly higher scores in response to the statement, “I have more than one friend,” and did not score significantly lower than any other group in questions that were part of this domain.

Treatment Status

At the time of the survey, 62.0% of respondents said their child was still receiving mental health services and more youth were currently receiving services than in 2021 ($p < 0.01$). Since 2019, there has been a significant increase ($p < 0.01$) in youth receiving treatment for one year or more with a significant decrease ($p < 0.01$) in most other treatment durations. The exception was a treatment duration of one to two months, which had no significant change. This trend was present in last year’s data.

Those whose child had stopped treatment reported the following treatment lengths:

- 31.4% for one year or more
- 26.4% for 6 months to less than 1 year
- 20.4% for 3-5 months
- 13.4% for 1-2 months
- 8.3% for less than 1 month

Caregivers who reported that their child was no longer receiving services identified one major reason as:

- 43.9% reported that their child no longer needed treatment
- 13.9% reported that treatment was not working as well as expected
- 10.6% reported that treatment was no longer possible due to problems unrelated to treatment effectiveness
- 31.8% reported “other” reasons

Among caregivers who reported that their child was no longer receiving services, during the last five years there were fewer reports (significant downward trend ($p < 0.01$)) that they stopped because the child no longer needed treatment. There was an increase (significant upward trend ($p < 0.01$)) among respondents listing “other” and describing their reason for discontinuing treatment, which suggests that youth are stopping treatment for reasons beyond those highlighted in this survey. These written responses are provided to OHA. The other answer options were: “Treatment was not working as well as expected” and “treatment was no longer possible due to problems unrelated to treatment (transportation, cost, etc.)”

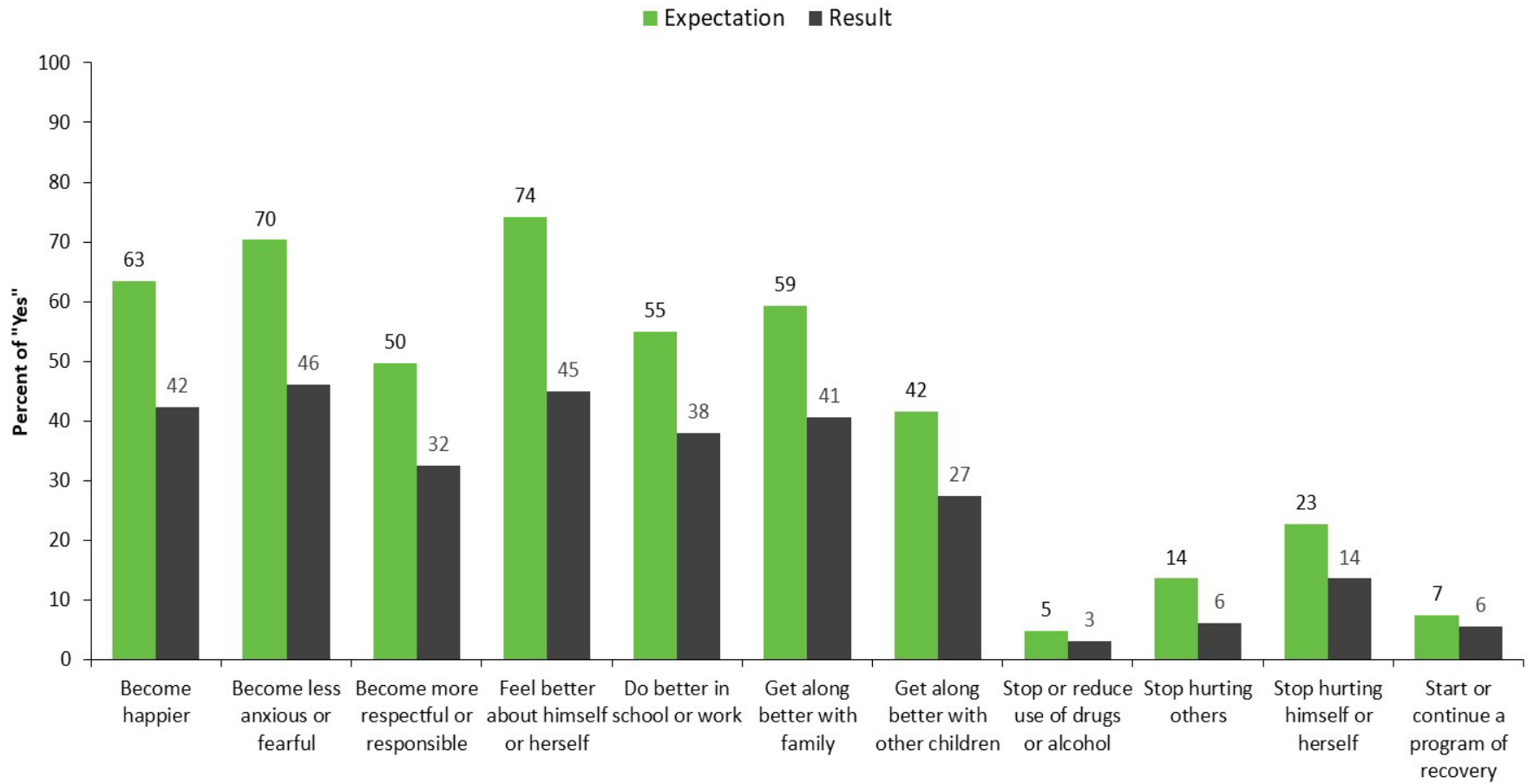
Expectation and Results

Caregivers' most frequently reported expectations of their child's mental health treatment were for their child to:

- Feel better about themselves (74.2%)
- Become less anxious or fearful (70.3%)
- Become happier (63.4%)
- Get along better with family (59.3%)

The above were also the most commonly reported results of treatment with nearly half of respondents believing that that the youth had "been feeling better about [themselves]" (44.9%), "become less anxious or fearful" (46.0%), "become happier" (42.2%) and "been getting along better with family (40.6%). Figure 6 summarizes expectations and results of mental health services.

Figure 6. 2022 Respondent Expectations of Treatment and Results.



Caregivers' expectations from their child's treatment and the results of that treatment were compared to see the rates at which children achieved the expected results. Over the last five years, there has been a significant downward trend in youth who achieved their caregivers' expectation that they would do better in school or work ($p < 0.01$) and get along better with family through treatment. There was also an increase (significant upward trend [$p < 0.01$]) in caregivers reporting that their child had met their expectation to get started or continue a program of recovery.

The majority (62.0%) of respondents reported that their child was currently in treatment and therefore may not yet have achieved all their treatment goals.

Medical Care

Among additional factors, a child's overall health includes both their physical and mental health. Poor physical health can lead to, or exacerbate, mental health issues and is especially concerning in children ages 0–17. Over half (60.0%) of caregivers rated their child's general health as excellent or very good and 29.7% reported their child's general health as good. Some children (9.4%) had fair health while even less (0.9%) were considered in poor health. Since 2018, there has been a significant downward trend ($p < 0.01$) in caregivers reporting their child was in excellent, very good or good health, and a significant upward trend ($p < 0.01$) in caregivers reporting their child as being in fair or poor health.

Having a primary health care provider or other practitioner who provides check-ups, routine medical care and advice is an important part of maintaining good health, and the majority (93.3%) of caregivers reported having one for their child. There were no significant trends in caregivers reporting if their child did or did not have a medical practitioner.

Over one-third of respondents (36.1%) reported that psychotropic medications were prescribed for their child while they were receiving treatment from their mental health provider. Since 2018, there has been a significant upward trend ($p < 0.01$) in the percentage of respondents whose child had been prescribed psychotropic medications.

Among those whose child was prescribed psychotropic medications, 95.8% of caregivers understood the benefits and side effects of the medication and 75.5% thought the medications had helped their child. Over the last five years, there has been a significant increase (upward trend) in caregivers feeling that their child had benefited from the psychotropic medication.

Prescriptions of psychotropic medications were analyzed by the caregiver-identified primary race and ethnicity of their child and compared to the prescription rates of other primary race and ethnicities combined to identify significant differences. Caregivers of white children were significantly more likely to have their child prescribed psychotropic medication while those with Hispanic children were significantly less ($p < 0.01$) likely to have been prescribed this type of medication. Caregivers of children whose primary language was Spanish were also significantly less likely to have been prescribed psychotropic medication than those who primarily spoke English or another language (combined). It is outside the scope of this survey to determine the factors that contribute to this difference.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs are intended to offer comprehensive health services for individuals with behavioral health concerns. They primarily provide behavioral health support while also providing medical care as a secondary service.

When comparing satisfaction in the core MHSIP domains between respondents who received mental health care at a CCBHC with those who did not, there were no significant differences.

Further analysis of respondents' experiences with their CCBHC can be viewed in the individual supplemental reports produced by Comagine Health. Appendix E contains responses by CCBHC and comparisons between CCBHCs, including statistically significant differences.

Coordinated Care Organizations (CCO)

A CCO is a managed care network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (OHP - Medicaid). In 2022, Oregon had 16 CCOs. The CCOs manage about 90% of the OHP population.⁷ If a Medicaid eligible individual is not enrolled in a CCO, they are instead on an open card (also called "fee-for-service"). Individuals on an open card can access care from any provider who accepts Medicaid. However, their care is not managed or coordinated in the same manner as that of a CCO member.

When comparing satisfaction in the core MHSIP domains between respondents who received mental health care at a CCO with those who used an open card, there were no significant differences.

Further analysis of respondent's experiences with their CCO can be viewed in the individual supplemental reports produced by Comagine Health. Appendix D contains responses to individual MHSIP domain questions by CCO with comparison to the statewide average.

Telehealth Services

The majority (69.0%) of caregivers reported that their child had one or more virtual (phone or video) sessions with their mental health provider in the past 12 months. Prior to the last 12 months, 60.8% of youth had a virtual session with any provider. In 2021, social distancing measures began decreasing and physical and mental health providers were able expand their in-person services. Telehealth usage has remained high, suggesting that providers, youth and caregivers find value in this service option.

Caregivers agreed or strongly agreed with the following statements:

- 63.7% stated, "I liked not traveling to their appointments."
- 62.9% stated, "It was easier to schedule appointments for virtual sessions."

⁷ [Oregon Health Authority: OHP Data and Reports: Oregon Health Plan.](#)

- 62.5% stated, “Arranging childcare was easier for virtual sessions.”
- 60.4% stated, “I preferred that my child see their provider in person.”
- 17.0% stated, “My child’s privacy in virtual sessions was a concern for me.”

There were significant variations in telehealth satisfaction and usage when comparing the age groups of the youth. Youth aged 13 to 17 were significantly ($p < 0.01$) more likely to have had a telehealth session than those who were younger. Urban caregivers reported their child was more likely to have had a virtual session in the last 12 months ($p < 0.01$) than those in other locations (rural, frontier or unknown).

There were no significant differences in telehealth utilization when considering the caregiver-identified race and ethnicity of the child. However, caregivers who identified their child as Hispanic were significantly more likely to prefer their child have in-person sessions. It is unclear in the context of this survey how, or if, interpretation services or language barriers factor into this preference.

Caregivers who identified their child as transgender were significantly ($p < 0.01$) less likely to prefer their child see their provider in person than caregivers who identified their child’s gender as male, female or “other.”

Just under one in three (31.0%) caregivers reported that their child had not had a virtual session with their mental health provider in the last 12 months. When asked why:

- 53.8% preferred their child see their provider in person
- 13.3% had providers who did not offer virtual sessions
- 10.5% were not aware that virtual sessions were available
- 2.3% did not have the technology to access virtual sessions (phone, computer or internet)
- 1.7% had privacy concern about my child using virtual sessions

Respondents could select more than one reason for not using virtual sessions and over a quarter (25.9%) selected “other” and described their reason for not using this service. Since 2020, there has been a significant ($p < 0.01$) upward trend in both caregivers whose child didn’t receive telehealth services and those who state they prefer their child see their provider in person. Youth respondents (YSS) were significantly more likely to be concerned about privacy during virtual sessions whether or not they had received telehealth services during the last year.

As 2020 and 2021 were years when many areas in Oregon experienced limited access to in-person services due to COVID-19, trending should be approached with caution.

Care Coordination

The Children’s System of Care Wraparound initiative is a comprehensive, intensive service coordination program offered by all CCOs. The wraparound program is for youth ages 0 to 17

years who have been involved with two or more child-serving systems. This program is currently not available for the fee-for-service population. Only 13.2% of caregivers reported that their child was served under this system.

Satisfaction with the care coordination between the child's mental health provider and other providers was consistently high:

- Doctor, nurse or other health care provider (93.8%)
- Another mental health provider (89.9%)
- Special education teacher (85.4%)
- Developmental disabilities worker (84.3%)
- Oregon Youth Authority (84.0%)
- Local juvenile justice department (81.9%)
- Alcohol or drug treatment provider (81.7%)
- Child welfare worker (78.8%)

Over the last five years, there has been a significant upward trend in satisfaction with coordination with the child's doctor, nurse or other health care provider ($p < 0.01$), the Oregon Youth Authority ($p < 0.01$), the local juvenile justice department, the developmental disabilities worker, alcohol or drug treatment provider and another mental health provider.

School

Poor mental health can lead to low school attendance. Most caregivers (86.4%) reported that their child attended a public or private school during the time they were being served by a mental health provider. The children of 9.1% of respondents had been suspended or expelled during the 12 months before they began seeing a mental health provider, while 8.4% of caregivers reported their child had been suspended or expelled in the first 12 months after they began seeing a mental health provider.

Over the last five years, there has been an increase (significant upward trend ($p < 0.01$)) in caregivers reporting that the number of days their child had been in school was about the same or less than before receiving mental health services.

Common responses from caregivers who said questions about attendance did not apply to their child were:

- 77.8 % said they did not have a problem with attendance before starting services
- 6.5% said they were homeschooled
- 1.9% said they were too young to attend school

A few children had dropped out of school (1.0%) or been expelled (0.3%).

Crisis

Caregivers were asked if, “During the time your child was seeing his or her most recent mental health service provider, did you or your child need assistance as the result of a mental health crisis?” Feeling as if your child is in crisis poses considerable stress to a caregiver and receiving assistance during this time is important. The definition for what constitutes a mental health crisis was left to the caregiver to determine.

One in five caregivers (22.0%) reported that they or their child needed assistance as a result of a mental health crisis. Among these, 63.6% were satisfied with the way their child’s mental health provider assisted them with the crisis, 14.3% were not satisfied, and 14.7% received care from another source. Respondents were not asked to specify the other source.

Over the last five years, there were no significant trends related to whether a child or caregiver needed assistance as a result of a mental health crisis or whether the caregiver was satisfied when assistance was provided.

Law Enforcement

Caregivers were asked whether their child had ever had an encounter with the police and 13.4% said that they had. When considering only those children who had encounters with police before treatment, 41.4% had decreased their encounters after receiving mental health services.

Of caregivers:

- 12.4% reported their child had been arrested in the 12 months before starting treatment
- 6.3% reported that their child had been arrested in the 12 months after starting treatment

Alcohol and Drugs

In 2022, 16.7% of caregivers of youth ages 13 to 17 stated they believed that their child either had used, or now uses, alcohol or drugs. Among those who believed their child had used alcohol or drugs, 29.0% said their child received treatment or other help for an alcohol or drug use problem. Of those who received treatment, 70.5% said the treatment or other help provided what their child needed.

When analyzing the youth by age groups, caregivers of youth ages 13 to 17 showed a significant downward trend ($p < 0.01$) in believing their child has used or was using drugs. There were no significant trends for youth ages 6 to 12 or 0 to 5 with both groups having too few responses for statistically significant trending.

Few caregivers (1.5%) of youth ages 6 to 12 believed that their child either has used, or now uses, alcohol or drugs. Among those who believed their child had ever used alcohol or drugs, 19.4% said their child received treatment or other help for an alcohol or drug use problem, and of those 100% said the treatment or other help provided what their child needed. No caregivers of youth under age 5 believed their child had used alcohol or drugs.

Trauma

Trauma experienced as a child can lead to lifelong physical, mental health and behavioral difficulties. Addressing these events can be challenging, but treatment can lead to holistic health and improved overall functioning. Nearly two-thirds of caregivers (63.2%) reported that their child's mental health service provider had asked about the child's history of trauma when the child first started seeing them. Over one-third (38.4%) of caregivers said that problems related to their child's trauma had been adequately addressed during treatment and 18.6% said the problems had not been addressed. Many caregivers (43%) were not sure or said the question was not applicable.



Youth vs. Caregiver Satisfaction

Pairs of youth (YSS) and caregiver (YSSF) respondents from the same household were matched and their satisfaction across MHSIP domains and different questions were compared. The total sample available for each response ranged from n=318 to n=342 because not all questions were answered.

Youth reported significantly ($p < 0.01$) higher levels of satisfaction in the participation domain when compared to their caregivers (75.1% vs. 58.1%) while there was no statistically significant difference in the other four domains.

Youth were significantly more likely to respond positively to following statements than the corresponding statements by their caregivers:

- “Staff respected my family’s religious/spiritual beliefs.”
- “I [they] helped to choose my [their] treatment goals.” ($p < 0.01$)
- “I participated in my own treatment.” ($p < 0.01$)

Caregivers were significantly more likely to respond positively to following statements than their child was to their correlating statements:

- “I felt I [my child] had someone to talk to when I was [they were] troubled.”
- “They are satisfied with their family life right now.”

Conclusion

In conclusion, the Oregon Health Authority continues to work diligently to increase behavioral health services and options, and to improve the quality of services. This survey is one effort to include the member voice in this important work.

The COVID-19 public health emergency has added complexity to delivery and access of services. Telehealth has been available for many to help bridge these gaps.

Some of OHA's recent and ongoing work includes:

- Launched in January of 2021, OHA developed a new level of care for Oregon Health Plan (OHP) members called Intensive In-Home Behavioral Health Treatment (IIBHT). This service offers a community-based alternative to youth and their families who may struggle with complex mental health challenges. Youth in IIBHT receive at least four hours of services a week from a multidisciplinary team and may include individual and family therapy, peer-delivered services, psychiatric services (including medication management), case management and skills training.
- Mobile Response and Stabilization Services launched in January 2023 are an expanded version of the previous crisis response system focused on providing 24/7 connection for youth and their families and includes immediate face to face response and up to 8 weeks of stabilization services. MRSS teams will be delivered in the community, as requested by the youth and their family.
- Making grant funding available to increase and expand capacity in children's psychiatric residential treatment facilities and young adult residential treatment programs.
- Interdisciplinary Assessment Teams are being developed with two goals: 1) to provide rapid access to evaluation, assessment and stabilization services for youth and especially for those who are in child welfare custody and placed in temporary lodging, in emergency department boarding, in shelter care, in county juvenile facilities or in the custody of Oregon Youth Authority. 2) A longer-term goal is to increase statewide education, consultation and telemedicine evaluations, assessment and treatment capacity, with specific emphasis on increasing access to psychiatric and developmental assessments in communities that lack access to providers.

NOTE on REALD Data collection and reporting

REALD is an effort to increase and standardize Race, Ethnicity, Language, and Disability (REALD) data collection across the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA). REALD was advanced through the passage of House Bill 2134 passed by the Oregon legislature in 2013.

MHSIP data collection in 2022 included race groups in accordance with REALD guidelines but not other sections. In the 2023 data collection, the OHA MHSIP Program will update all demographic survey questions to reflect REALD standards and coordinate more detailed reporting of REALD data to better represent experiences and disparities of people receiving mental health care services through Medicaid.

The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS [413.042](#) and [413.161](#)). In 2014 the administrative rules detailing the data collection standards were completed ([OARs 943-070-0000 thru 943-070-0070](#)). Additional information, including an implementation guide, is available on the [REALD website](#).



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Appendix A: Survey Data Security and Quality Assurance Procedures Satisfaction

This appendix contains copies of the 2022 outpatient and residential survey forms in the following order:

- YSS – English version
- YSS – Spanish version
- YSSF – English version
- YSSF – Spanish version

Please note that the surveys have been slightly re-formatted in order to fit into this report. No content was changed.



Please note: this survey is to be filled out only by youth who received services when they were between the ages of 14 and 17. A separate survey is sent to parents and caregivers.

**To complete this survey online, go to: <https://tinyurl.com/OHASurvey2022>
Enter your Access Code: [Access Code]**

Please check this box if you do not believe this survey applies to you and/or do not wish to complete it.

Note: This survey is being mailed to thousands of youth who received mental health services under the Oregon Health Plan **between January 1, 2021 and now**. *The same survey is mailed to all youth, so some questions may not apply to you*, such as foster care or encounters with the law; we include them because it is important for DHS to understand how youth in Oregon might benefit from supports and services other than, or in addition to, mental health services. Please skip any questions that seem inappropriate to you. Your answers are completely confidential (private) and will not be shared with your health care providers or with any authorities. Your answers will not affect any benefits that you are receiving or might receive.

We would like to know what you think about the mental health services you received between **January 1, 2021 and now**. If you received mental health services from more than one provider, then please rate *only your most recent provider*.

What type of provider is your most recent mental health services provider? (Please check *one*)

- a. Counselor or Therapist
- b. Child Welfare Worker
- c. Social Worker
- d. Psychologist
- e. School Counselor
- f. Another mental health provider
- g. Doctor, nurse, or other health care provider
- h. Other type of provider, specify:

Please tell us how much you agree or disagree with each statement below by circling ONE number after each statement. If the statement is about something you haven't experienced, circle the 9 to indicate it doesn't apply to you. **AGAIN, these statements refer ONLY to your MOST RECENT mental health service provider.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. I am satisfied with the services I received.	5	4	3	2	1	9
2. I helped to choose my services.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
3. I helped to choose my treatment goals.	5	4	3	2	1	9
4. The people helping me stuck with me no matter what.	5	4	3	2	1	9
5. I felt I had someone to talk to when I was troubled.	5	4	3	2	1	9
6. I participated in my own treatment.	5	4	3	2	1	9
7. I received services that were right for me.	5	4	3	2	1	9
8. The location of the services was convenient.	5	4	3	2	1	9
9. Services were available at times that were convenient for me.	5	4	3	2	1	9
10. I got the help I wanted.	5	4	3	2	1	9
11. I got as much help as I needed.	5	4	3	2	1	9
12. Staff treated me with respect.	5	4	3	2	1	9
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1	9
14. Staff spoke with me in a way that I understood.	5	4	3	2	1	9
15. Staff was sensitive to my cultural/ethnic background.	5	4	3	2	1	9
AS A DIRECT RESULT OF SERVICES I RECEIVED:						
16. I am better at handling daily life.	5	4	3	2	1	9
17. I get along better with family members.	5	4	3	2	1	9
18. I get along better with friends and other people.	5	4	3	2	1	9
19. I am doing better in school and/or work.	5	4	3	2	1	9
20. I am better able to cope when things go wrong.	5	4	3	2	1	9
21. I am satisfied with my family life right now.	5	4	3	2	1	9

22. What has been the most helpful thing about the services you received over the last 6 months? _____

23. What would improve services here? _____

24. If you experienced trauma*, were the problems related to this trauma adequately addressed during your treatment?

- a. Yes c. Not sure
 b. No d. Did not experience trauma

**Trauma results from events or circumstances that were physically or emotionally harmful or even life threatening and have affected your ability to function.*

Please answer the following questions to let us know how you are doing.

25. How long did you receive services from this provider?

<input type="checkbox"/> a. Less than 1 month	<input type="checkbox"/> c. 3-5 months	<input type="checkbox"/> e. One year or more
<input type="checkbox"/> b. 1-2 months	<input type="checkbox"/> d. 6 months to less than 1 year	

26. Are you still getting services from this provider?

- a. Yes b. No

27. Are you currently living with one or both parents?

- a. Yes b. No

28. Have you lived in any of the following places in the last 6 months?

(Please check all that apply)

<input type="checkbox"/> a. With one or both parents	<input type="checkbox"/> h. Residential treatment center
<input type="checkbox"/> b. With another family member	<input type="checkbox"/> i. Hospital
<input type="checkbox"/> c. Foster home	<input type="checkbox"/> j. Local jail or detention facility
<input type="checkbox"/> d. Therapeutic foster home	<input type="checkbox"/> k. State correctional facility
<input type="checkbox"/> e. Crisis shelter	<input type="checkbox"/> l. Runaway/homeless/on the streets
<input type="checkbox"/> f. Homeless shelter	<input type="checkbox"/> m. Other (please describe):
<input type="checkbox"/> g. Group home	

29. In the last year, did you see a medical doctor (or nurse) for a health check up or because you were sick? (Please check all that apply)

<input type="checkbox"/> a. Yes, in a clinic or office	<input type="checkbox"/> d. Yes, other setting
<input type="checkbox"/> b. Yes, in a hospital emergency room	<input type="checkbox"/> e. No
<input type="checkbox"/> c. Yes, by virtual visit (phone or video)	<input type="checkbox"/> f. Don't know / don't remember

Medication	Yes	No
30. Are you on medication for emotional/behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>
30a. If yes, did the doctor/nurse tell you what side effects to watch for?	<input type="checkbox"/>	<input type="checkbox"/>
30b. Overall, have these medications helped you?	<input type="checkbox"/>	<input type="checkbox"/>

31. How often were you absent from school during the last month of the school year?

<input type="checkbox"/> a. 1 day or less	<input type="checkbox"/> e. More than 10 days
<input type="checkbox"/> b. 2 days	<input type="checkbox"/> f. Not applicable/not in school
<input type="checkbox"/> c. 3 to 5 days	<input type="checkbox"/> g. Do not remember
<input type="checkbox"/> d. 6 to 10 days	

32. In the past 12 months, have you had a virtual (video or phone) session with your mental health provider? (If not, skip to question 32c).

- a. Yes b. No

32a. How satisfied were you with the virtual session(s) compared to in-person sessions?

- a. Strongly Satisfied
 b. Satisfied
 c. Neutral
 d. Dissatisfied
 e. Strongly Dissatisfied

32b. How strongly do you agree or disagree with the following statements about your experiences during virtual sessions?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
a. I liked not traveling to appointments.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
b. I preferred seeing my provider in-person.	5	4	3	2	1	9
c. I had lower anxiety around my virtual session(s).	5	4	3	2	1	9
d. It was easier for me to focus in the virtual session(s).	5	4	3	2	1	9
e. I was less comfortable talking to my provider virtually.	5	4	3	2	1	9
f. Privacy in virtual sessions was a concern for me.	5	4	3	2	1	9
g. Other (please describe):						

32c. What were the reasons you have not had a virtual session in the last 12 months?

(check all that apply)

- a. I wasn't aware that virtual sessions were available
- b. I preferred to see my provider in person
- c. My provider did not offer virtual sessions
- d. I didn't have the technology to access virtual sessions (access to a phone, computer, or internet)
- e. I had privacy concerns about using virtual sessions
- f. My parent or guardian had concerns about using virtual sessions
- g. Other reason (please describe):

33. Prior to the past 12 months, had you ever had a virtual (video or phone) session with any provider?

- a. Yes
- b. No

Please answer questions 34 to 38 to let us know a little about you.

34. How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry? _____

35. Which of the following describes your racial or ethnic identity? (Please check ALL that apply.)

<p>American Indian or Alaska Native</p> <p><input type="checkbox"/> 1. American Indian</p> <p><input type="checkbox"/> 2. Alaska Native</p> <p><input type="checkbox"/> 3. Canadian Inuit, Metis, or First Nation</p> <p><input type="checkbox"/> 4. Indigenous Mexican, Central American, or South American</p>	<p>Asian</p> <p><input type="checkbox"/> 9. Asian Indian</p> <p><input type="checkbox"/> 10. Cambodian</p> <p><input type="checkbox"/> 11. Chinese</p> <p><input type="checkbox"/> 12. Communities of Myanmar</p> <p><input type="checkbox"/> 13. Filipino/a</p> <p><input type="checkbox"/> 14. Hmong</p> <p><input type="checkbox"/> 15. Japanese</p> <p><input type="checkbox"/> 16. Korean</p> <p><input type="checkbox"/> 17. Laotian</p> <p><input type="checkbox"/> 18. South Asian</p> <p><input type="checkbox"/> 19. Vietnamese</p> <p><input type="checkbox"/> 20. Other Asian</p>	<p>Black or African American</p> <p><input type="checkbox"/> 27. African American</p> <p><input type="checkbox"/> 28. Afro-Caribbean</p> <p><input type="checkbox"/> 29. Ethiopian</p> <p><input type="checkbox"/> 30. Somali</p> <p><input type="checkbox"/> 31. Other African (Black)</p> <p><input type="checkbox"/> 32. Other Black</p>
<p>Hispanic or Latino/a/x</p> <p><input type="checkbox"/> 5. Central American</p> <p><input type="checkbox"/> 6. Mexican</p> <p><input type="checkbox"/> 7. South American</p> <p><input type="checkbox"/> 8. Other Hispanic or Latino/a/x</p>	<p>Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> 21. CHamoru (Chamorro)</p> <p><input type="checkbox"/> 22. Marshallese</p> <p><input type="checkbox"/> 23. Communities of the Micronesia Region</p> <p><input type="checkbox"/> 24. Native Hawaiian</p> <p><input type="checkbox"/> 25. Samoan</p> <p><input type="checkbox"/> 26. Other Pacific Islander</p>	<p>Middle Eastern/ Northern African</p> <p><input type="checkbox"/> 33. Northern African</p> <p><input type="checkbox"/> 34. Middle Eastern</p> <p>White</p> <p><input type="checkbox"/> 35. Eastern European</p> <p><input type="checkbox"/> 36. Slavic</p> <p><input type="checkbox"/> 37. Western European</p> <p><input type="checkbox"/> 38. Other White</p>
		<p>Other Categories</p> <p><input type="checkbox"/> 39. Others (please list)</p> <p>_____</p> <p><input type="checkbox"/> 40. Don't know</p> <p><input type="checkbox"/> 41. Don't want to answer</p>

36. If you selected more than one racial or ethnic identity above, please circle the ONE that best represents your racial or ethnic identity.

37. Do one of the answers below better describe your racial or ethnic identity?

<p><input type="checkbox"/> a. No. I do not have just one primary racial or ethnic identity.</p>	<p><input type="checkbox"/> d. Don't know</p>
<p><input type="checkbox"/> b. No. I identify as Biracial or Multiracial.</p>	<p><input type="checkbox"/> e. Don't want to answer</p>
<p><input type="checkbox"/> c. N/A. I only checked one category.</p>	<p><input type="checkbox"/> f. N/A. I selected a primary race above</p>

38. What is your gender? (Please check all that apply)

<p><input type="checkbox"/> a. Male</p>	<p><input type="checkbox"/> b. Female</p>	<p><input type="checkbox"/> c. Transgender</p>	<p><input type="checkbox"/> d. Other</p>
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39. Your Birth Date: _____

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



Identificación de la encuesta: [Survey_ID]

Tenga en cuenta que: esta encuesta solo deben responderla aquellos jóvenes que recibieron servicios entre los 14 y los 17 años de edad. A los padres y los cuidadores se les envía una encuesta aparte.

Para completar esta encuesta en línea, ingrese a: <https://tinyurl.com/OHASurvey2022>

Introduzca su código de acceso: [Access Code]

Marque esta casilla si cree que esta encuesta no se aplica a usted y/o no quiere completarla.

Nota: Esta encuesta se les envía a miles de jóvenes que han recibido servicios de salud mental bajo el Plan de Salud de Oregon **entre el 1 de enero de 2021 y la actualidad**. *A todos los jóvenes se les envía la misma encuesta, por lo tanto, es posible que algunas preguntas no sean aplicables en su caso*, como cuidados de acogida o encuentros con la ley; los incluimos porque para el DHS es importante entender de qué manera los jóvenes de Oregon podrían beneficiarse con servicios y apoyo distintos a los servicios de salud mental o que se sumen a los de salud mental. Omita aquellas preguntas que le parezcan inapropiadas. Sus respuestas son absolutamente confidenciales (privadas) y no las compartiremos con sus proveedores de atención de la salud ni con ninguna autoridad. Sus respuestas no afectarán los beneficios que recibe o que podría recibir.

Nos gustaría saber qué es lo que piensa sobre los servicios de salud mental que recibió entre el **1 de enero de 2021 y ahora**. Si desde enero de 2021 hasta ahora ha recibido servicios de más de un proveedor, **califique solo a su proveedor *más reciente***.

¿Qué tipo de proveedor es su más reciente proveedor de servicios de salud mental? (Marque una opción)

- a. Consejero o Terapeuta
- b. Trabajador de Bienestar Infantil
- c. Trabajador Social
- d. Psicólogo
- e. Consejero Escolar
- f. Otro proveedor de salud mental
- g. Médico, enfermero u otro proveedor de atención médica
- h. Otro tipo de proveedor, especifique:

Indíquenos qué tan de acuerdo o en desacuerdo está con cada una de las afirmaciones que aparecen abajo. Para eso, encierre en un círculo UNO de los números que están después de cada afirmación. Si la afirmación se refiere a algo que no tiene que ver con usted, encierre en un círculo el “9” para indicar que no aplica a usted. **UNA VEZ MÁS: estas afirmaciones SOLO se refieren a su proveedor de servicios de salud mental MÁS RECIENTE.**

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
1. Estoy satisfecho con los servicios que recibí.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
2. Yo participé en la elección de mis servicios.	5	4	3	2	1	9
3. Yo participé en la elección de mis objetivos de tratamiento.	5	4	3	2	1	9
4. Las personas que me ayudaron estuvieron junto a mí sin que importara qué pasara.	5	4	3	2	1	9
5. Sentí que tenía alguien con quien hablar cuando tenía problemas.	5	4	3	2	1	9
6. Yo participé en mi propio tratamiento.	5	4	3	2	1	9
7. Recibí servicios que fueron adecuados para mí.	5	4	3	2	1	9
8. La ubicación de los servicios fue conveniente.	5	4	3	2	1	9
9. Los servicios estuvieron disponibles en horarios convenientes para mí.	5	4	3	2	1	9
10. Obtuve la ayuda que buscaba.	5	4	3	2	1	9
11. Obtuve tanta ayuda como necesitaba.	5	4	3	2	1	9
12. El personal me trató con respeto.	5	4	3	2	1	9
13. El personal respetó las creencias religiosas/ espirituales de mi familia.	5	4	3	2	1	9
14. El personal habló conmigo de una manera que yo pudiera entender.	5	4	3	2	1	9
15. El personal se mostró respetuoso y considerado respecto de mi origen cultural/étnico.	5	4	3	2	1	9
COMO RESULTADO DIRECTO DE LOS SERVICIOS QUE RECIBÍ:						
16. Me manejo mejor en mi vida cotidiana.	5	4	3	2	1	9
17. Me llevo mejor con mis	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
familiares.						
18. Me llevo mejor con mis amigos y con otras personas.	5	4	3	2	1	9
19. Me va mejor en la escuela o en el trabajo.	5	4	3	2	1	9
20. Me siento más capacitado para salir adelante cuando las cosas no salen bien.	5	4	3	2	1	9
21. En este momento estoy satisfecho con mi vida familiar.	5	4	3	2	1	9

22. ¿Qué fue lo que más le ayudó de los servicios que recibió en los últimos 6 meses?

23. ¿Qué cree que mejoraría los servicios aquí? _____

24. Si experimentó un trauma*, ¿se abordaron adecuadamente los problemas relacionados con este trauma durante su tratamiento?

- a. Sí c. No estoy seguro
 b. No d. No experimentó trauma

**un trauma es el resultado de eventos o circunstancias que fueron física o emocionalmente dañinos, o incluso potencialmente mortales, y que han afectado su capacidad para desenvolverse en la vida.*

Responda las siguientes preguntas para hacernos saber cómo marcha todo con usted.

25. ¿Por cuánto tiempo recibió servicios de este proveedor?

<input type="checkbox"/> a. Menos de 1 mes	<input type="checkbox"/> c. De 3 a 5 meses	<input type="checkbox"/> e. Un año o más
<input type="checkbox"/> b. De 1 a 2 meses	<input type="checkbox"/> d. 6 meses a menos de 1 año	

26. ¿Continúa recibiendo servicios de este proveedor?

- a. Sí b. No

27. ¿Vive actualmente con uno de sus padres o con ambos?

- a. Sí b. No

28. ¿Ha vivido en alguno de los siguientes lugares en los últimos 6 meses?

(Marca todas las opciones que correspondan)

- a. Con uno o ambos padres
- b. Con otro familiar
- c. En un hogar de acogida
- d. En un hogar de acogida terapéutico
- e. En un refugio para momentos de crisis
- f. En un refugio para personas sin hogar
- g. En un hogar grupal
- h. En un centro residencial de tratamiento
- i. En un hospital
- j. En la prisión local o en un centro de detención
- k. En un centro correccional estatal
- l. Como fugitivo, sin hogar o en la calle
- m. Otro (describa):

29. En el último año, ¿vio a un médico (o enfermero) para hacerse un control de salud o porque estaba enfermo? (Marca todas las que correspondan)

<input type="checkbox"/> a. Sí, en una clínica o consultorio	<input type="checkbox"/> d. Sí, otra configuración
<input type="checkbox"/> b. Sí, en la sala de emergencias de un hospital	<input type="checkbox"/> e. No
<input type="checkbox"/> c. Sí, visita virtual (teléfono o video)	<input type="checkbox"/> f. No lo sé/no me acuerdo

Medicamentos	Sí	No
30. ¿Está tomando medicamentos por problemas emocionales o de conducta?	<input type="checkbox"/>	<input type="checkbox"/>
30a. Si su respuesta fue Sí, ¿le explicó el médico o el enfermero de qué efectos secundarios debía estar atento?	<input type="checkbox"/>	<input type="checkbox"/>
30b. En general, ¿le han ayudado estos medicamentos?	<input type="checkbox"/>	<input type="checkbox"/>

31. ¿Con qué frecuencia faltó a la escuela en el último mes?

- a. 1 día o menos
- b. 2 días
- c. De 3 a 5 días
- d. De 6 a 10 días
- e. Más de 10 días
- f. No corresponde/no asisto a la escuela
- g. No me acuerdo

32. En los últimos 12 meses, ¿ha tenido una sesión virtual (por video o teléfono) con su proveedor de salud mental? (si la respuesta es No, vaya directamente a la pregunta 32c).

- a. Sí
- b. No

32a. ¿Qué tan satisfecho estuvo con las sesiones virtuales en comparación con las sesiones en persona?

- a. Totalmente satisfecho
- b. Satisfecho
- c. Indeciso
- d. Insatisfecho
- e. Totalmente insatisfecho

32b. ¿Qué tan de acuerdo o en desacuerdo está con las siguientes afirmaciones sobre sus experiencias durante las sesiones virtuales?

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
a. Me gustaba el no tener que viajar a las citas.	5	4	3	2	1	9
b. Preferí recibir atención de mi proveedor en persona.	5	4	3	2	1	9
c. Me sentía con menos ansiedad en torno a mi(s) sesión/sesiones virtual(es).	5	4	3	2	1	9
d. Me resultó más fácil concentrarme en la(s) sesión/sesiones virtual(es).	5	4	3	2	1	9
e. Me sentía menos cómodo hablando con mi proveedor de manera virtual.	5	4	3	2	1	9
f. La privacidad en las sesiones virtuales fue una inquietud para mí.	5	4	3	2	1	9
g. Otra (describa):						

32c. ¿Cuáles han sido los motivos por los que no ha tenido una sesión virtual en los últimos 12 meses? (marque todas las opciones que correspondan)

- a. No sabía que habían sesiones virtuales disponibles.
- b. Preferí atenderme con mi proveedor en persona.
- c. Mi proveedor no ofrecía sesiones virtuales.
- d. No contaba con la tecnología para acceder a sesiones virtuales (acceso a un teléfono, computadora o internet).
- e. Tenía inquietudes de privacidad sobre el uso de las sesiones virtuales.
- f. Mi padre/madre o tutor tenía inquietudes sobre el uso de sesiones virtuales.
- g. Otro motivo (describa)

33. Con anterioridad a los últimos 12 meses, ¿alguna vez tuvo una sesión virtual (por video o teléfono) con algún proveedor?

- a. Sí b. No

Responda las preguntas 34 a 38 de la página siguiente para contarnos un poco acerca de usted.

34. ¿Cómo define su raza, etnia, afiliación tribal, país de origen o ascendencia?

35. ¿Cuál de las siguientes opciones describe su identidad racial o étnica? (*Marque TODAS las opciones que correspondan.*)

<p>Indígenas norteamericanos y nativos de Alaska</p> <p><input type="checkbox"/> 1. Indígena estadounidense</p> <p><input type="checkbox"/> 2. Nativo de Alaska</p> <p><input type="checkbox"/> 3. Inuit canadiense, métis o indígena canadiense</p> <p><input type="checkbox"/> 4. Indígena mexicano, centroamericano o sudamericano</p>	<p>Asiática</p> <p><input type="checkbox"/> 9. Indígena asiático</p> <p><input type="checkbox"/> 10. Camboyano</p> <p><input type="checkbox"/> 11. Chino</p> <p><input type="checkbox"/> 12. Comunidades de Myanmar</p> <p><input type="checkbox"/> 13. Filipino</p> <p><input type="checkbox"/> 14. Hmong</p> <p><input type="checkbox"/> 15. Japonés</p> <p><input type="checkbox"/> 16. Coreano</p> <p><input type="checkbox"/> 17. Laosiano</p> <p><input type="checkbox"/> 18. Sudasiático</p> <p><input type="checkbox"/> 19. Vietnamita</p> <p><input type="checkbox"/> 20. Otro origen asiático</p>	<p>Negro o afroestadounidense</p> <p><input type="checkbox"/> 27. Afroestadounidense</p> <p><input type="checkbox"/> 28. Afrocaribeño</p> <p><input type="checkbox"/> 29. Etíope</p> <p><input type="checkbox"/> 30. Somalí</p> <p><input type="checkbox"/> 31. Africano de otro origen (negro)</p> <p><input type="checkbox"/> 32. Otro grupo étnico negro</p>
<p>Hispano y Latino(a/x)</p> <p><input type="checkbox"/> 5. Centroamericano(a)</p> <p><input type="checkbox"/> 6. Mexicano(a)</p> <p><input type="checkbox"/> 7. Sudamericano(a)</p> <p><input type="checkbox"/> 8. Hispano(a) o latino(a/x) de otro origen</p>	<p>Indígena de Hawái y Isleño(a) del Pacífico</p> <p><input type="checkbox"/> 21. Chamoru</p> <p><input type="checkbox"/> 22. Marshalés</p> <p><input type="checkbox"/> 23. Comunidades de la región de Micronesia</p> <p><input type="checkbox"/> 24. Hawaiano nativo</p> <p><input type="checkbox"/> 25. Samoano</p> <p><input type="checkbox"/> 26. Nativo(a) de otras Islas del Pacífico</p>	<p>De Oriente Medio/del Norte de África</p> <p><input type="checkbox"/> 33. De Oriente Medio</p> <p><input type="checkbox"/> 34. Del Norte de África</p> <p>Blanca</p> <p><input type="checkbox"/> 35. De Europa del Este</p> <p><input type="checkbox"/> 36. Eslavo</p> <p><input type="checkbox"/> 37. De Europa Occidental</p> <p><input type="checkbox"/> 38. Otro grupo étnico blanco</p>
		<p>Otras categorías</p> <p><input type="checkbox"/> 39. Otros (enumere)</p> <p>_____</p> <p><input type="checkbox"/> 40. No sé</p> <p><input type="checkbox"/> 41. No deseo responder</p>

36. Si seleccionó más de una identidad racial o étnica arriba, encierre en un CÍRCULO UNA OPCIÓN que mejor represente su identidad racial o étnica.

37. ¿Cuál describiría mejor su identidad racial o étnica?

<p><input type="checkbox"/> a. No. tengo solo una identidad racial o étnica principal.</p>	<p><input type="checkbox"/> d. No sé</p>
<p><input type="checkbox"/> b. No. Me identifico como birracial o multirracial.</p>	<p><input type="checkbox"/> e. No deseo responder</p>
<p><input type="checkbox"/> c. N/C. Solo marqué una de las categorías anteriores.</p>	<p><input type="checkbox"/> f. N/C. seleccioné una carrera principal arriba.</p>

38. ¿Cuál es su sexo? (*Marca todas las opciones que correspondan*)

<p><input type="checkbox"/> a. Masculino</p>	<p><input type="checkbox"/> b. Femenino</p>	<p><input type="checkbox"/> c. Transgénero</p>	<p><input type="checkbox"/> d. Otro</p>
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39. Su fecha de nacimiento: _____

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



HEALTH SYSTEMS DIVISION
YOUTH SERVICES SURVEY FOR FAMILIES

Kate Brown, Governor



Survey ID: [Survey_ID]
Child's Name: [First_Name]

To complete this survey online, go to: <https://tinyurl.com/OHASurvey2022>

Enter your Access Code: [Access Code]

Please check this box if you do not believe this survey applies to your child and/or do not wish to complete it.

This survey is being mailed to the parents or caregivers of thousands of children who may have received publicly funded mental health services in Oregon last year. **Please help us by answering some questions about the mental health services your child [FIRST NAME] received between January 1, 2021 and now.** If your child was between the ages of 14 and 17 when they received services, they may also receive a similar survey to complete.

If your child has received services from more than one provider, please rate your child's **most recent** mental health services provider.

What type of provider is your child's most recent mental health services provider? (Please check one)

- a. Counselor or Therapist
- b. Child Welfare Worker
- c. Social Worker
- d. Psychologist
- e. School Counselor
- f. Another mental health provider
- g. Doctor, nurse, or other health care provider
- h. Other type of provider, specify:

Please note that because the same survey is mailed to all parents/caregivers, some questions may not apply to your child. Difficult topics like drug/alcohol use, educational challenges, or legal concerns, are included in order to learn from families what services should be available when families ask for assistance. It is OK to skip any question you are not comfortable answering.

Please tell us if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each statement below by circling ONE appropriate number for each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The child's parent or caregiver made most of the treatment decisions, including decisions about the treatment plan and goals.	5	4	3	2	1
1. I have been satisfied with the	5	4	3	2	1

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
services my child receives.					
2. I helped to choose my child's services.	5	4	3	2	1
3. I helped to choose my child's treatment goals.	5	4	3	2	1
4. The people helping my child stuck with us no matter what.	5	4	3	2	1
5. I felt my child had someone to talk to when he or she was troubled.	5	4	3	2	1
6. I participated in my child's treatment.	5	4	3	2	1
7. The services my child and/or family received were right for us.	5	4	3	2	1
8. The location of services was convenient for us.	5	4	3	2	1
9. Services were available at times that were convenient for us.	5	4	3	2	1
10. My family got the help we wanted for my child.	5	4	3	2	1
11. My family got as much help as we needed for my child.	5	4	3	2	1
12. Staff treated me with respect.	5	4	3	2	1
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1
14. Staff spoke with me in a way that I understood.	5	4	3	2	1
15. Staff were sensitive to my cultural/ethnic background.	5	4	3	2	1
<i>AS A DIRECT RESULT OF THE MENTAL HEALTH SERVICES MY CHILD RECEIVED:</i>					
16. My child is handling daily life better.	5	4	3	2	1
17. My child is getting along better with family members.	5	4	3	2	1
18. My child is getting along better with friends and other people.	5	4	3	2	1

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
19. My child is doing better in school and/or at work.	5	4	3	2	1
20. My child is better able to cope when things go wrong.	5	4	3	2	1
21. My child is better able to do the things he or she wants to do.	5	4	3	2	1
22. I am more satisfied with our family life.	5	4	3	2	1
<i>OTHER THAN MY CHILD'S MENTAL HEALTH SERVICE PROVIDERS...</i>					
23. I know people who will listen and understand me when I need to talk.	5	4	3	2	1
24. I have people that I am comfortable talking to about private things.	5	4	3	2	1
25. I have people that I am comfortable talking with about my child's problems.	5	4	3	2	1
26. I have people with whom I can do enjoyable things.	5	4	3	2	1
27. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1
28. I have more than one friend.	5	4	3	2	1
29. I am happy with the friendships I have.	5	4	3	2	1

30. How long has your child received services from their most recent mental health provider?

- a. Less than 1 month
 d. 6 months to less than 1 year
 b. 1-2 months
 e. One year or more
 c. 3-5 months

31. Is your child still receiving mental health services? (If yes, skip to question 32)

- a. Yes
 b. No
 c. Don't know

31a. If your child is no longer receiving mental health services, then why?

(Please check the ONE major reason why treatment ended)

- a. My child no longer needed treatment.
- b. Treatment was not working as well as expected.
- c. Treatment was no longer possible due to problems unrelated to treatment effectiveness, e.g., transportation, cost, etc.
- d. Other (please describe):

32. In the past 12 months, has your child had a virtual (video or phone) session with their mental health provider? (If not, skip to question 32b).

- a. Yes
- b. No

32a. How strongly do you agree or disagree with the following statements about your experiences during your child’s virtual sessions with their provider?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
a. I liked not traveling to their appointments.	5	4	3	2	1	9
b. I preferred that my child see their provider in-person.	5	4	3	2	1	9
c. It was easier to schedule appointments for virtual sessions.	5	4	3	2	1	9
d. Arranging childcare was easier for virtual sessions.	5	4	3	2	1	9
e. My child’s privacy in virtual sessions was a concern for me.	5	4	3	2	1	9
f. Other (please describe):						

32b. What were the reasons your child has not had a virtual session in the last 12 months?

(check all that apply)

- a. I wasn't aware that virtual sessions were available
- b. I preferred that my child see their provider in person
- c. My child's provider did not offer virtual sessions
- d. We didn't have the technology to access virtual sessions (access to a phone, computer, or internet)
- e. I had privacy concerns about my child using virtual sessions
- f. Other reason (please describe):

33. Prior to the past 12 months, has your child ever had a virtual (video or phone) session with any provider?

- a. Yes b. No

34. Was your child and family served in a Wraparound Program*?

If you are not sure, please refer to the description below.

- a. Yes b. No c. Don't know

A **Wraparound Program is for youth 0 to 17 years old who have been involved with two or more child serving systems. Youth and families in Wraparound Programs may have a **Care Coordinator or Facilitator**, a **Youth or Family Partner**, and a **Child and Family Team**. The **Child and Family Team** meets regularly to review, plan, and guide the youth's progress.*

35. Your child's provider may have worked with some of the providers or agencies listed below. If so, how satisfied were you with the way they worked together to help your child? (Please mark only one response for each provider type listed.)

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not receive services
a. Another mental health provider	5	4	3	2	1	9
b. Child Welfare worker	5	4	3	2	1	9
c. Oregon Youth Authority	5	4	3	2	1	9
d. Local Juvenile Justice department	5	4	3	2	1	9

	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not receive services
e. Special Education teacher	5	4	3	2	1	9
f. Developmental Disabilities worker	5	4	3	2	1	9
g. Alcohol or drug treatment provider	5	4	3	2	1	9
h. Doctor, nurse, or other health care provider	5	4	3	2	1	9

If you checked ‘Dissatisfied’ or ‘Strongly Dissatisfied’ for any of the providers above, please answer question 35a; otherwise skip to question 36.

35a. If you selected that you were Dissatisfied or Strongly Dissatisfied with the way your child’s most recent mental health services provider worked with any of the provider(s) listed above, please tell us why. (Please check all that apply)

- a. Mental health provider did not tell me about other services that were available.
- b. Mental health provider did not contact other provider(s) to help child get services.
- c. Other service provider(s) did not respond when contacted by mental health provider.
- d. Providers did not talk or share information with each other.
- e. Providers did not include me in treatment planning.
- f. Lack of coordination between providers caused delays in my child getting treatment.
- g. Other (please describe):

Questions 36 and 37 refer to your child's most recent mental health services provider. Choose how you would complete each sentence.

36. “When my child started receiving services from this provider, I expected that my child would... (Please check all that apply)

- a. ...become happier.”
- b. ...become less anxious or fearful.”
- c. ...become more respectful or responsible.”
- d. ...feel better about himself or herself.”
- e. ...do better in school or work.”
- f. ...get along better with family.”
- g. ...get along better with other children.”
- h. ...stop or reduce use of drugs or alcohol.”
- i. ...stop hurting others.”
- j. ...stop hurting himself or herself.”
- k. ...start or continue a program of recovery.”

37. “After receiving services from this provider, my child has... (Please check all that apply)

- a. ...become happier.”
- b. ...become less anxious or fearful.”
- c. ...become more respectful or responsible.”
- d. ...been feeling better about himself or herself.”
- e. ...done better in school or work.”
- f. ...been getting along better with family.”
- g. ...been getting along better with other children.”
- h. ...stopped or reduced use of drugs or alcohol.”
- i. ...stopped hurting others.”
- j. ...stopped hurting himself or herself.”
- k. ...started or continued a program of recovery.”

38. Did you feel that your child’s most recent mental health service person considered...

	Yes	No	Don't Know
a. My child’s culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child’s language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Would you say that your child’s general health is:

- a. Excellent b. Very good c. Good d. Fair e. Poor

40. Does your child have a primary health care provider or other practitioner who provides check-ups, routine medical care and advice?

a. Yes

b. No

c. Don't know

Psychotropic Medications (Medicines that change thinking or feeling)		Yes	No	Don't know
41.	Were these types of medicines given to your child while receiving treatment from his or her recent mental health services provider? <i>(If "No", skip to question 42)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41a.	If so, did you understand the benefits and side effects of these medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41b.	Overall, have these medications helped your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. During the time your child was served by his or her most recent mental health services provider, did your child attend a public or private school?

a. Yes

b. No *(If "No," skip to question 46)*

c. Don't know

School Suspensions/Expulsions		Yes	No	Don't know
43	Was your child suspended or expelled from school during the 12 months BEFORE he or she began seeing his or her most recent mental health services provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Was your child suspended or expelled from school in the first 12 months AFTER he or she began seeing his or her most recent mental health services provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Since my child started to receive mental health services from this provider, the number of days my child has been in school is... *(Select one from a-d)*

a. More than before

b. About the same as before

c. Less than before

d. Does not apply *(Please select the main reason why this does not apply)*

i. Child did not have a problem with attendance before starting services

ii. Child is too young to be in school

iii. Child was expelled from school

iv. Child is home schooled

v. Child dropped out of school

vi. Other *(please describe):*

46. During the time your child was seeing his or her most recent mental health service provider, did you or your child need assistance as the result of a mental health crisis?

- a. Yes b. No c. Don't know

46a. If so, are you satisfied with the way your child's most recent mental health provider assisted you with this crisis?

- a. Yes b. No c. Don't know
 d. Received assistance from another source

47. Has your child ever had an encounter with the police? Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program.

- a. Yes b. No (*If "No," skip to question 49a*) c. Uncertain

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

- a. Gone down b. Gone up c. Stayed the same d. Not applicable

Arrests		Yes	No	Don't know
48a.	Was your child arrested in the 12 months <i>BEFORE</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b.	Was your child arrested in the first 12 months <i>AFTER</i> starting treatment with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol/Drugs		Yes	No	Uncertain
49a.	Do you believe that your child either has used or now uses alcohol or drugs? (<i>If no, skip to question 50a</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49b.	If yes, has your child received treatment or other help for an alcohol or drug use problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49c.	If yes, did the treatment or other help provide what he or she needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma	Yes	No	Not Sure	N/A
50a. When your child first began seeing his or her most recent mental health services provider, did the provider ask if your child has a history of trauma* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b. If your child has experienced serious trauma* , were problems related to this trauma* adequately addressed during treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** **Trauma** results from events or circumstances that were physically or emotionally harmful or even life threatening and have affected your ability to function.*

51. In the past 3 years, how many times has your child changed residence (for example, moved from one house to another house, or moved from home to residential treatment)?

- a. 0 times
- b. 1 to 2 times
- c. 3 to 5 times
- d. 6 or more times
- e. Don't know

Please answer questions 52 to 55 to let us know a little about your child.

52. How do you identify your child’s race, ethnicity, tribal affiliation, country of origin or ancestry?

53. Which of the following describes your child’s racial or ethnic identity?

(Please check ALL that apply.)

American Indian or Alaska Native <input type="checkbox"/> 1. American Indian <input type="checkbox"/> 2. Alaska Native <input type="checkbox"/> 3. Canadian Inuit, Metis, or First Nation <input type="checkbox"/> 4. Indigenous Mexican, Central American, or South American	Asian <input type="checkbox"/> 9. Asian Indian <input type="checkbox"/> 10. Cambodian <input type="checkbox"/> 11. Chinese <input type="checkbox"/> 12. Communities of Myanmar <input type="checkbox"/> 13. Filipino/a <input type="checkbox"/> 14. Hmong <input type="checkbox"/> 15. Japanese <input type="checkbox"/> 16. Korean <input type="checkbox"/> 17. Laotian <input type="checkbox"/> 18. South Asian <input type="checkbox"/> 19. Vietnamese <input type="checkbox"/> 20. Other Asian	Black or African American <input type="checkbox"/> 27. African American <input type="checkbox"/> 28. Afro-Caribbean <input type="checkbox"/> 29. Ethiopian <input type="checkbox"/> 30. Somali <input type="checkbox"/> 31. Other African (Black) <input type="checkbox"/> 32. Other Black
	Hispanic or Latino/a/x <input type="checkbox"/> 5. Central American <input type="checkbox"/> 6. Mexican <input type="checkbox"/> 7. South American <input type="checkbox"/> 8. Other Hispanic or Latino/a/x	Native Hawaiian or Pacific Islander <input type="checkbox"/> 21. CHamoru (Chamorro) <input type="checkbox"/> 22. Marshallese <input type="checkbox"/> 23. Communities of the Micronesian Region <input type="checkbox"/> 24. Native Hawaiian <input type="checkbox"/> 25. Samoan <input type="checkbox"/> 26. Other Pacific Islander

54. If you selected more than one racial or ethnic identity above, please circle the ONE that best represents your child’s racial or ethnic identity.

55. Do one of the answers below better describe your child’s racial or ethnic identity?

<input type="checkbox"/> a. No. My child does not have just one primary racial or ethnic identity.	<input type="checkbox"/> d. Don't know
<input type="checkbox"/> b. No. My child identifies as Biracial or Multiracial.	<input type="checkbox"/> e. Don't want to answer
<input type="checkbox"/> c. N/A. I only checked one category.	<input type="checkbox"/> f. N/A. I selected a primary race above

56. What is your child’s gender? (Please check all that apply)

- a. Male b. Female c. Transgender d. Other

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



HEALTH SYSTEMS DIVISION
ENCUESTA PARA LAS FAMILIAS SOBRE LOS
SERVICIOS PARA LOS JÓVENES

Kate Brown, Gobernadora



Identificación del estudio: [Survey_ID]

Nombre del niño: [First_Name]

Para completar esta encuesta en línea, ingrese a: <https://tinyurl.com/OHASurvey2022>

Introduzca su código de acceso: [Access Code]

Marque esta casilla si cree que esta encuesta no se aplica a su niño y/o no quiere completarla.

Esta encuesta se les envía por correo a los padres o cuidadores de miles de niños que pueden haber recibido servicios de salud mental públicamente financiados en Oregon el año pasado. **Ayúdenos respondiendo algunas preguntas sobre los servicios de salud mental que su hijo/a [FIRST NAME] recibió desde el 1 de enero de 2021 hasta la actualidad.** Si su hijo/a tenía entre 14 y 17 años de edad cuando recibió estos servicios, también puede recibir una encuesta similar para completar.

Si su hijo/a ha recibido servicios de más de un proveedor, califique al proveedor de servicios de salud mental *más reciente* de su hijo/a.

¿Qué tipo de proveedor es su hijo/a más reciente proveedor de servicios de salud mental? (Marque *una opción*)

- | | |
|--|---|
| <input type="checkbox"/> a. Consejero o Terapeuta | <input type="checkbox"/> f. Otro proveedor de salud mental |
| <input type="checkbox"/> b. Trabajador de Bienestar Infantil | <input type="checkbox"/> g. Médico, enfermero u otro proveedor de atención médica |
| <input type="checkbox"/> c. Trabajador Social | <input type="checkbox"/> h. Otro tipo de proveedor, especifique: |
| <input type="checkbox"/> d. Psicólogo | |
| <input type="checkbox"/> e. Consejero Escolar | |

Tenga en cuenta que, dado que se envía la misma encuesta a todos los padres/cuidadores, es posible que algunas preguntas no sean aplicables a su hijo/a. Se incluyen temas delicados, como consumo de drogas/alcohol, problemas educativos o problemas legales, a fin de obtener de las familias información sobre qué servicios deberían estar disponibles si solicitan ayuda. **No hay problema** si omite responder cualquier pregunta que le haga sentir incómodo.

Indique si está Totalmente de acuerdo, De acuerdo, Indeciso, En desacuerdo o Totalmente en desacuerdo con cada una de las afirmaciones que encontrará a continuación. Para eso, encierre en un círculo UN número que sea apropiado para cada afirmación.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
El padre/la madre o el cuidador del niño tomaron la mayoría de las decisiones sobre el tratamiento, incluidas aquellas sobre el plan y los objetivos del tratamiento.	5	4	3	2	1
1. Me siento satisfecho con los servicios que recibe mi hijo/a.	5	4	3	2	1
2. Participé en la elección de los servicios de mi hijo/a.	5	4	3	2	1
3. Participé en la elección de los objetivos de tratamiento de mi hijo/a.	5	4	3	2	1
4. Las personas que ayudaron a mi hijo/a permanecieron junto a nosotros sin importar qué.	5	4	3	2	1
5. Sentí que mi hijo/a tenía a alguien con quien hablar cuando le aquejaban problemas.	5	4	3	2	1
6. Participé en el tratamiento de mi hijo/a.	5	4	3	2	1
7. Los servicios que recibió mi hijo/a o mi familia fueron los adecuados para nosotros.	5	4	3	2	1
8. La ubicación de los servicios fue conveniente para nosotros.	5	4	3	2	1
9. Los servicios estuvieron disponibles en horarios que fueron convenientes para nosotros.	5	4	3	2	1
10. Mi familia recibió la ayuda que deseábamos para mi hijo/a.	5	4	3	2	1
11. Mi familia recibió toda la ayuda que necesitábamos para mi hijo/a.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas/espirituales de mi	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
familia.					
14. El personal habló conmigo de una manera que yo pudiera entender.	5	4	3	2	1
15. El personal se mostró respetuoso y considerado con respecto a mi origen cultural/étnico.	5	4	3	2	1
COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBIÓ MI HIJO/A:					
16. Mi hijo/a se maneja mejor en su vida cotidiana.	5	4	3	2	1
17. Mi hijo/a se lleva mejor con la familia.	5	4	3	2	1
18. Mi hijo/a se lleva mejor con sus amigos y con otras personas.	5	4	3	2	1
19. A mi hijo/a le va mejor en los estudios o en el trabajo.	5	4	3	2	1
20. Mi hijo/a se siente más capacitado para salir adelante cuando las cosas van mal.	5	4	3	2	1
21. Mi hijo/a se siente capacitado para hacer las cosas que desea hacer.	5	4	3	2	1
22. Me siento más satisfecho con nuestra vida familiar.	5	4	3	2	1
ADEMÁS DE LOS PROVEEDORES DE SERVICIOS DE SALUD MENTAL DE MI HIJO/A...					
23. Conozco personas que me escucharán y entenderán cuando necesite conversar.	5	4	3	2	1
24. Cuento con personas con las que me siento cómodo hablando de cosas privadas.	5	4	3	2	1
25. Cuento con personas con las que me siento cómodo hablando sobre los problemas de mi hijo/a.	5	4	3	2	1
26. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
27. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1

30. ¿Por cuánto tiempo ha recibido su hijo/a los servicios de su proveedor de salud mental más reciente?

- a. Menos de 1 mes d. 6 meses a menos de 1 año
 b. De 1 a 2 meses e. Un año o más
 c. De 3 a 5 meses

31. ¿Su hijo/a sigue recibiendo servicios de salud mental? (Si la respuesta es Sí, vaya directamente a la pregunta 32)

- a. Sí b. No c. No sé

31a. Si su hijo/a ya no recibe servicios de salud mental, ¿cuál es el motivo? (Marque UN solo motivo, el más importante, por el cual terminó el tratamiento)

- a. Mi hijo/a ya no necesitaba el tratamiento.
 b. El tratamiento no estaba funcionando tan bien como se esperaba.
 c. El tratamiento ya no era posible debido a problemas no relacionados con la eficacia del tratamiento, por ejemplo, transporte, costo, etc.
 d. Otro (describa):

32. En los últimos 12 meses, ¿su hijo/a ha tenido una sesión virtual (por video o teléfono) con su proveedor de salud mental? (Si la respuesta es No, vaya directamente a la pregunta 32b).

- a. Sí b. No

32a. ¿Qué tan de acuerdo o en desacuerdo está con las siguientes afirmaciones sobre sus experiencias durante las sesiones virtuales de su hijo/a con su proveedor?

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
a. Me gustaba el no tener que viajar a las citas.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
b. Preferí que mi hijo/a recibiera atención de su proveedor en persona.	5	4	3	2	1	9
c. Fue más fácil programar citas para sesiones virtuales.	5	4	3	2	1	9
d. Fue más fácil organizar el cuidado infantil para las sesiones virtuales.	5	4	3	2	1	9
e. La privacidad de mi hijo/a en las sesiones virtuales fue una inquietud para mí.	5	4	3	2	1	9
f. Otro (describa):						

32b. ¿Cuáles han sido los motivos por los que su hijo/a no ha tenido una sesión virtual en los últimos 12 meses? (marque *todas las opciones* que correspondan)

- a. No sabía que habían sesiones virtuales disponibles.
- b. Preferí que mi hijo/a recibiera atención de su proveedor en persona.
- c. El proveedor de mi hijo/a no ofrecía sesiones virtuales.
- d. No contaba con la tecnología para acceder a sesiones virtuales (acceso a un teléfono, computadora o internet).
- e. Tenía inquietudes de privacidad sobre el uso de las sesiones virtuales por parte de mi hijo.
- f. Otro motivo (describa)

33. Con anterioridad a los últimos 12 meses, ¿su hijo/a alguna vez tuvo una sesión virtual (por video o teléfono) con algún proveedor?

- a. Sí
- b. No

34. ¿Su hijo/a y su familia fue atendido en a Wraparound Programa *?

Si no está seguro, consulte la descripción más abajo.

- a. Sí b. No c. No sé

***Wraparound: programa para niños y jóvenes de 0 a 17 años que han estado involucrados con dos o más sistemas de atención infantil. Los jóvenes y las familias en Wraparound cuentan con un *Coordinador o Facilitador de atención*, un *Compañero para los jóvenes o la familia* y un *Equipo infantil y familiar*. El equipo infantil y familiar se reúne regularmente para revisar, planificar y guiar el progreso de los jóvenes.**

35. El proveedor de su hijo/a puede haber trabajado con algunos de los proveedores o centros que se enumeran a continuación. Si es así, ¿qué tan satisfecho estuvo con la forma en que trabajaron juntos para ayudar a su hijo/a? (Marque solo una respuesta para cada tipo de proveedor enumerado.)

	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	No recibió servicios
a. Otro proveedor de salud mental	5	4	3	2	1	9
b. Un trabajador de Bienestar Infantil	5	4	3	2	1	9
c. Autoridad Juvenil de Oregon	5	4	3	2	1	9
d. Departamento de Justicia Juvenil Local	5	4	3	2	1	9
e. Maestro de educación especial	5	4	3	2	1	9
f. Trabajador de Discapacidades del desarrollo	5	4	3	2	1	9
g. Proveedor de tratamiento para el consumo de alcohol o drogas	5	4	3	2	1	9
h. Médico, enfermera u otro proveedor de atención médica	5	4	3	2	1	9

Si marcó “Insatisfecho” o “Totalmente insatisfecho” para alguno de los proveedores mencionados anteriormente, responda la pregunta 35a; de lo contrario, vaya directamente a la pregunta 36.

35a. Si seleccionó que estaba Insatisfecho o Totalmente insatisfecho con la forma en que el proveedor de servicios de salud mental más reciente de su hijo/a trabajó con cualquiera de los proveedores mencionados anteriormente, indíquenos el motivo. (Marque todas las opciones que correspondan)

- a. El proveedor de salud mental no me informó sobre otros servicios que estuvieran disponibles.
- b. El proveedor de salud mental no se comunicó con otros proveedores para ayudar a que mi hijo/a obtuviera los servicios.
- c. Los otros proveedores de servicios no respondieron cuando fueron contactados por el proveedor de salud mental.
- d. Los proveedores no hablaron ni compartieron información entre sí.
- e. Los proveedores no me incluyeron en la planificación del tratamiento.
- f. La falta de coordinación entre los proveedores provocó demoras para que mi hijo/a recibiera tratamiento.
- g. Otro (describa):

Las preguntas 36 y 37 se refieren al proveedor de servicios de salud mental más reciente de su hijo. Elige cómo completaría cada oración

36. Cuando mi hijo/a comenzó a recibir servicios de este proveedor, “esperaba que mi hijo/a... (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. ...se sintiera más feliz”.	<input type="checkbox"/> g. ...se llevara mejor con otros niños”.
<input type="checkbox"/> b. ...se sintiera menos ansioso o temeroso”.	<input type="checkbox"/> h. ...dejara o redujera el consumo de drogas o alcohol”.
<input type="checkbox"/> c. ...se volviera más respetuoso o responsable”.	<input type="checkbox"/> i. ...dejara de lastimar a otras personas”.
<input type="checkbox"/> d. ...se sintiera mejor consigo mismo(a)”.	<input type="checkbox"/> j. ...dejara de lastimarse a sí mismo(a)”.
<input type="checkbox"/> e. ... mejorara en el trabajo o la escuela”.	<input type="checkbox"/> k. ...iniciara o continuara un programa de recuperación”.
<input type="checkbox"/> f. ...se llevara mejor con la familia”.	

37. Después de recibir los servicios de este proveedor, “mi hijo/a... (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. ...se ha sentido más feliz”.	<input type="checkbox"/> g. ...se lleva mejor con otros niños”.
<input type="checkbox"/> b. ...se siente menos ansioso o temeroso”.	<input type="checkbox"/> h. ...ha dejado o reducido el consumo de drogas o alcohol”.
<input type="checkbox"/> c. ...se ha vuelto más respetuoso o	<input type="checkbox"/> i. ...ha dejado de lastimar a otras

responsable”.	personas”.
<input type="checkbox"/> d. ...se siente mejor consigo mismo(a)”.	<input type="checkbox"/> j. ...ha dejado de lastimarse a sí mismo(a)”.
<input type="checkbox"/> e. ...ha mejorado en el trabajo o la escuela”.	<input type="checkbox"/> k. ...ha iniciado o continuado un programa de recuperación”.
<input type="checkbox"/> f. ...se lleva mejor con la familia”.	

38. ¿Sintió que el proveedor de servicios de salud mental más reciente de su hijo/a tuvo en consideración los siguientes puntos?

	Sí	No	No sé
a. La cultura de mi hijo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mi cultura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. El idioma de mi hijo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mi idioma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. ¿Diría usted que la salud general de su hijo/a es como se indica a continuación?

- a. Excelente b. Muy buena c. Buena d. Regular e. Mala

40. ¿Su hijo/a cuenta con un proveedor de atención primaria u otro profesional que le realice chequeos, le brinde atención médica de rutina y asesoramiento?

- a. Sí b. No c. No sé

Medicamentos psicotrópicos (Medicamentos que cambian el pensamiento o los sentimientos)	Sí	No	No sé
41. ¿Se le administró estos tipos de medicamentos a su hijo/a mientras recibía tratamiento de su proveedor de servicios de salud mental más reciente? <i>(Si la respuesta es “No”, vaya directamente a la pregunta 42).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41a. Si fue así, ¿entendió los beneficios y efectos secundarios de estos medicamentos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41b. En general, ¿ayudaron estos medicamentos a su hijo/a?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Durante el tiempo en que su hijo/a fue atendido por su proveedor de servicios de salud mental más reciente, ¿asistió su hijo/a a una escuela pública o privada?

- a. Sí b. No c. No sé

(Si la respuesta es “No”, vaya directamente a la pregunta 46)

Suspensiones/expulsiones de la escuela	Sí	No	No sé
43. ¿Fue su hijo/a suspendido o expulsado de la escuela en los 12 meses ANTERIORES al inicio de su atención con su proveedor de servicios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. ¿Fue su hijo/a suspendido o expulsado de la escuela en los primeros 12 meses POSTERIORES al inicio de su atención con su proveedor de servicios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Desde que mi hijo/a comenzó a recibir los servicios de salud mental de este proveedor, la cantidad de días que mi hijo/a ha asistido a la escuela es...

(Seleccione uno de a-d)

<input type="checkbox"/> a. Más que antes	<input type="checkbox"/> b. Casi la misma cantidad que antes	<input type="checkbox"/> c. Menos que antes
<input type="checkbox"/> d. No corresponde <i>(Seleccione el motivo principal por el que no corresponde)</i>		
<input type="checkbox"/> i. El niño/la niña no tenía problemas de asistencia antes de comenzar a recibir los servicios		
<input type="checkbox"/> ii. El niño/la niña es demasiado pequeño(a) para ir a la escuela		
<input type="checkbox"/> iii. El niño/la niña fue expulsado(a) de la escuela		
<input type="checkbox"/> iv. El niño/la niña recibe educación en el hogar		
<input type="checkbox"/> v. El niño/la niña abandonó la escuela		
<input type="checkbox"/> vi. Otro <i>(describa)</i> :		

46. Durante el tiempo en que su hijo/a era atendido por su proveedor de servicios de salud mental más reciente, ¿necesitó usted o su hijo/a ayuda a causa de una crisis de salud mental?

- a. Sí b. No c. No sé

46a. Si fue así, ¿está satisfecho con la forma en que el proveedor de salud mental más reciente de su hijo/a les ayudó con esta crisis?

- a. Sí b. No c. No sé
 d. Recibió ayuda de otra fuente

47. ¿Su hijo/a ha tenido algún encuentro con la policía? Los encuentros con la policía incluyen arrestos, persecución policíaca o traslado, por parte de la policía, a un refugio o programa de crisis.

- a. Sí b. No c. No estoy seguro

*(Si la respuesta es “No”,
vaya directamente a la pregunta 49a)*

48. Desde que su hijo/a comenzó a recibir los servicios de salud mental de este proveedor, los encuentros de su hijo/a con la policía han...

- a. Disminuido b. Aumentado c. Se mantuvieron iguales d. N/C

Arrestos		Sí	No	No sé
48a.	¿Fue su hijo/a arrestado(a) en los 12 meses ANTERIORES al inicio del tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b.	¿Fue su hijo/a arrestado(a) en los primeros 12 meses POSTERIORES al inicio del tratamiento con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol/Drogas		Sí	No	No estoy seguro
49a.	¿Cree que su hijo/a ha consumido o consume actualmente alcohol o drogas? <i>(Si la respuesta es “No”, vaya directamente a la pregunta 50a)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49b.	Si la respuesta es Sí, ¿su hijo/a ha recibido tratamiento u otra ayuda por un problema de consumo de alcohol o drogas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49c.	Si la respuesta es Sí, ¿el tratamiento u otra ayuda proporcionaron lo que él o ella necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma		Sí	No	No estoy seguro	N/C
50a.	Cuando su hijo/a comenzó a recibir atención de su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó si su hijo/a tenía antecedentes de trauma* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b.	Si su hijo/a ha sufrido un trauma* grave, ¿se abordaron adecuadamente los problemas relacionados con este trauma* durante el tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** El **trauma** es el resultado de eventos o circunstancias que fueron física o emocionalmente dañinos, o incluso potencialmente mortales, y que han afectado su capacidad para desenvolverse en la vida.*

51. En los últimos 3 años, ¿cuántas veces ha cambiado su hijo/a de lugar de residencia
(por ejemplo, se mudó de una casa a otra, o se mudó de un hogar a un centro residencial de tratamiento)?

- | | |
|--|---|
| <input type="checkbox"/> a. 0 veces | <input type="checkbox"/> d. 6 o más veces |
| <input type="checkbox"/> b. De 1 a 2 veces | <input type="checkbox"/> e. No sé |
| <input type="checkbox"/> c. De 3 a 5 veces | |

Responda las preguntas 52 a 55 de la página siguiente para contarnos un poco acerca su hijo?

52. ¿Cómo define la raza, etnia, afiliación tribal, país de origen o ascendencia de su hijo/a? _____

53. ¿Cuál de las siguientes opciones describe su identidad racial o étnica de su hijo/a?
(Marque TODAS las opciones que correspondan.)

Indígenas norteamericanos y nativos de Alaska <input type="checkbox"/> 1. Indígena estadounidense <input type="checkbox"/> 2. Nativo de Alaska <input type="checkbox"/> 3. Inuit canadiense, métis o indígena canadiense <input type="checkbox"/> 4. Indígena mexicano, centroamericano o sudamericano	Asiática <input type="checkbox"/> 9. Indígena asiático <input type="checkbox"/> 10. Camboyano <input type="checkbox"/> 11. Chino <input type="checkbox"/> 12. Comunidades de Myanmar <input type="checkbox"/> 13. Filipino <input type="checkbox"/> 14. Hmong <input type="checkbox"/> 15. Japonés <input type="checkbox"/> 16. Coreano <input type="checkbox"/> 17. Laosiano <input type="checkbox"/> 18. Sudasiático <input type="checkbox"/> 19. Vietnamita <input type="checkbox"/> 20. Otro origen asiático	Negro o afroestadounidense <input type="checkbox"/> 27. Afroestadounidense <input type="checkbox"/> 28. Afrocaribeño <input type="checkbox"/> 29. Etíope <input type="checkbox"/> 30. Somalí <input type="checkbox"/> 31. Africano de otro origen (negro) <input type="checkbox"/> 32. Otro grupo étnico negro
Hispano y Latino(a/x) <input type="checkbox"/> 5. Centroamericano <input type="checkbox"/> 6. Mexicano <input type="checkbox"/> 7. Sudamericano <input type="checkbox"/> 8. Hispano o latino(a/x) de otro origen	Indígena de Hawái y Isleño(a) del Pacífico <input type="checkbox"/> 21. Chamoru <input type="checkbox"/> 22. Marshalés <input type="checkbox"/> 23. Comunidades de la región de Micronesia <input type="checkbox"/> 24. Hawaiano nativo <input type="checkbox"/> 25. Samoano <input type="checkbox"/> 26. Nativo de otras Islas del Pacífico	De Oriente Medio/del Norte de África <input type="checkbox"/> 33. De Oriente Medio <input type="checkbox"/> 34. Del Norte de África
		Blanca <input type="checkbox"/> 35. De Europa del Este <input type="checkbox"/> 36. Eslavo <input type="checkbox"/> 37. De Europa Occidental <input type="checkbox"/> 38. Otro grupo étnico blanco
		Otras categorías <input type="checkbox"/> 39. Otros (enumere) _____ <input type="checkbox"/> 40. No sé <input type="checkbox"/> 41. No deseo responder

54. Si seleccionó más de una identidad racial o étnica arriba, encierre en un CÍRCULO UNA OPCIÓN que mejor represente la identidad racial o étnica de su hijo/a.

55. ¿Cuál describiría mejor su identidad racial o étnica de su hijo/a?

<input type="checkbox"/> a. No, mi hijo/a tiene solo una identidad racial o étnica principal.	<input type="checkbox"/> d. No sé
<input type="checkbox"/> b. No, mi hijo/a identifico como birracial o multirracial.	<input type="checkbox"/> e. No deseo responder
<input type="checkbox"/> c. N/C. Solo marqué una de las categorías anteriores.	<input type="checkbox"/> f. N/C. seleccioné una carrera principal arriba.

56. ¿Cuál es el sexo de su hijo/a? *(Marque todas las opciones que correspondan)*

<input type="checkbox"/> a. Masculino	<input type="checkbox"/> b. Femenino	<input type="checkbox"/> c. Transgénero	<input type="checkbox"/> d. Otro
---------------------------------------	--------------------------------------	---	----------------------------------

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

Appendix B: Survey Data Security and Quality Assurance Procedures

Comagine Health stored the electronic data for this survey in REDCap software on a secure server. Only essential team members had access to the raw data to perform data entry. Exported data files were also saved on the secure server, where access was limited. Comagine Health kept the original paper copies of the surveys in a secure location.

Data entry staff members were trained on entering the survey data, and other authorized staff checked 10% of the first 400 surveys, as accuracy was 100%, staff checked 5% of the remaining surveys to ensure consistent and correct data entry. Comagine Health maintained data quality on two tiers. First, built-in data checks in the REDCap software ensured that only valid field values could be entered and enforced the use of custom codes to note missing or out-of-range data. For example, the application checked to make sure that the field corresponding to Question 1 was coded with 1–5 (Strongly Disagree to Strongly Agree), or 9 for NA, or 0 for missing or invalid response on the paper copy.

Second, SAS analytic programs written by the data analyst used logic controls for relevant questions.

Appendix C: Weighting Code

```
#https://rstudio-pubs-static.s3.amazonaws.com/268281_cc370bbbbbbfb437b8650b22d208734d1.html  
#https://www.r-bloggers.com/survey-computing-your-own-post-stratification-weights-in-r/
```

```
#Import the datasets
```

```
#Be sure the datasets include the gender, race group, ethnic group, age group, and desig variables.
```

```
library(readr)  
respondents <- read_csv("//filepath/yssf_dom.csv")  
population <- read_csv("//filepath/yssf_pop.csv")
```

```
library(survey)  
respondents.unwgt <- svydesign(ids = ~1, data=respondents)
```

```
#getting the marginal probabilities for the variables
```

```
#These will need to be manually added in. You may need to rename the variables within the csv (or here).
```

```
#SEX
```

```
table(population$CDE_SEX)  
prop.table(table(population$CDE_SEX))  
# F =14997= 0.5446918  
# M =12536= 0.4553082
```

```
sex_dist <- data.frame(CDE_SEX = c("F","M"),  
                      Freq = nrow(respondents) * c(0.5446918,0.4553082))
```

```
#RACE
```

```
table(population$RACE_GROUP)  
prop.table(table(population$RACE_GROUP))  
# AMERICAN INDIAN/ALASKAN NATIVE      =647=  0.023499074  
# ASIAN                                =178=  0.006464969  
# BLACK                                =615=  0.022336832  
# HISPANIC                             =1985= 0.072095304  
# HAWAIIAN/OTHER PACIFIC ISLANDER     =67=  0.002433444  
# OTHER                                =112=  0.004067846  
# UNKNOWN                              =13587= 0.493480551  
# WHITE                                =10342= 0.375621981
```

```
race_dist <- data.frame(RACE_GROUP = c("AMERICAN INDIAN/ALASKAN  
NATIVE","ASIAN","BLACK","HISPANIC","HAWAIIAN/OTHER PACIFIC  
ISLANDER","OTHER","UNKNOWN","WHITE"),  
                      Freq = nrow(respondents) * c(0.023499074, 0.006464969, 0.022336832, 0.072095304,  
0.002433444, 0.004067846, 0.493480551, 0.375621981))
```



```

#Ethnicity
table(population$ETHNIC_GROUP)
prop.table(table(population$ETHNIC_GROUP))
# HISPANIC    =2619= 0.09512222
# NOT HISPANIC =11151= 0.40500490
# UNKNOWN    =13763= 0.49987288

ETHNIC_dist <- data.frame(ETHNIC_GROUP = c("HISPANIC","NOT HISPANIC","UNKNOWN"),
                          Freq = nrow(respondents) * c(0.0951222,0.40500490,0.49987288))

#Age Groups
table(population$agegrp)
prop.table(table(population$agegrp))
# "0 to 5"    =1611= 0.0585116
# "13 to 17"  =13456= 0.4887226
# "6 to 12"   =12466= 0.4527658

age_dist <- data.frame(agegrp = c("0 to 5","13 to 17","6 to 12"),
                       Freq = nrow(respondents) * c(0.0585116,0.4887226,0.4527658))

#Urbanicity
table(population$desig)
prop.table(table(population$desig))
# Frontier    =471= 0.017106745
# Rural       =11145= 0.404786983
# Unknown     =223= 0.008099372
# Urban       =15694= 0.570006901

Desig_dist <- data.frame(desig = c("Frontier","Rural","Unknown","Urban"),
                        Freq = nrow(respondents) * c(0.017106745,0.404786983,0.008099372,0.570006901))

#Calculate the weights
data.svy.rake <- rake(design = respondents.unwgted,
                    sample.margins = list(~CDE_SEX,~desig,~ETHNIC_GROUP,~RACE_GROUP,~agegrp),
                    population.margins = list(sex_dist,Desig_dist,ETHNIC_dist,race_dist,age_dist))

summary(weights(data.svy.rake))
data.svy.rake.trim <- trimWeights(data.svy.rake, lower=0.3, upper=3,
                                strict=TRUE)
summary(weights(data.svy.rake.trim))
weights <- weights(data.svy.rake.trim)
respondents_weights <- cbind(respondents,weights)

#Export
write.csv(respondents_weights, file = "//filepath/yssf_wt.csv")

```

Appendix D: CCO-Specific Results

The following table shows the percentage of agree or strongly agree responses for each survey domain question by CCO (YSS, Table D-1; YSSF, Table D-2).

The blue up and yellow down arrows indicate when a result is statistically significantly higher or lower when compared to all other CCOs combined. Dashes indicate that results were suppressed because those questions had fewer than 30 responses.

The response options were:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Table D-1. YSS: Average Domain Question Satisfaction by CCO.

Domain	Question	CCO																			
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS/OpenCard	Health Share	IHN	JCC	PCS-Central	PCS-Gorge	PCS-Lane	PCS-Marion Polk	Trillium	Trillium Tri-County	UHA	YCCO	CCO Statewide		
	Total responses	26	32	23	27	26	57	121	35	60	41	20	33	86	21	6	24	46	626		
Access	08. The location of the services was convenient	-	83	-	-	-	74	73	75	69	65	-	67	74	-	-	-	63	72		
	09. Services were available at times that were convenient for me	-	80	-	-	-	75	72	77	72	77	-	72	73	-	-	-	63	71		
Cultural sensitivity	12. Staff treated me with respect	-	97	-	-	-	87	87	93	93	80	-	87	80	-	-	-	87	88		
	13. Staff respected my family's religious/spiritual beliefs	-	85	-	-	-	90	89	▲ 100	91	82	-	85	84	-	-	-	94	88		
	14. Staff spoke with me in a way that I understood	-	85	-	-	-	89	87	93	85	82	-	77	77	-	-	-	88	84		
	15. Staff was sensitive to my cultural/ethnic background	-	86	-	-	-	85	81	90	81	▼ 62	-	86	73	-	-	-	88	79		
General satisfaction	01. I am satisfied with the services I received	-	75	-	-	-	74	72	85	71	79	-	65	75	-	-	-	73	74		
	04. The people helping me stuck with me no matter what	-	68	-	-	-	74	69	76	74	76	-	65	77	-	-	-	73	72		
	05. I felt I had someone to talk to when I was troubled	-	68	-	-	-	59	66	79	67	67	-	60	66	-	-	-	66	67		
	07. I received services that were right for me	-	65	-	-	-	68	67	71	70	72	-	65	71	-	-	-	66	68		
	10. I got help I wanted	-	66	-	-	-	57	65	74	68	65	-	59	72	-	-	-	56	66		
	11. I got as much help as I needed	-	51	-	-	-	45	59	62	60	56	-	50	60	-	-	-	55	59		
Participation	02. I helped to choose my services	-	75	-	-	-	61	57	65	61	▲ 79	-	67	66	-	-	-	59	65		
	03. I helped to choose my treatment goals	-	83	-	-	-	73	▼ 69	85	82	72	-	71	78	-	-	-	77	77		
	06. I participated in my own treatment	-	88	-	-	-	80	83	76	81	78	-	92	78	-	-	-	84	81		
Treatment outcomes	16. I am better at handling daily life	-	64	-	-	-	63	55	64	69	69	-	47	55	-	-	-	57	61		
	17. I get along better with family members	-	60	-	-	-	61	59	66	59	54	-	52	59	-	-	-	57	58		
	18. I get along better with friends and other people	-	67	-	-	-	61	66	65	75	64	-	56	▲ 76	-	-	-	60	67		
	19. I am doing better in school and/or work	-	55	-	-	-	64	58	62	64	57	-	48	▼ 48	-	-	-	58	58		
	20. I am better able to cope when things go wrong	-	63	-	-	-	48	61	59	64	55	-	59	60	-	-	-	64	59		
	21. I am satisfied with my family life right now	-	54	-	-	-	53	52	65	50	57	-	53	59	-	-	-	45	54		

▲ Indicates the result is statistically significantly higher when compared to other CCOs combined.

▼ Indicates the result is statistically significantly lower when compared to other CCOs combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.

Table D-2. YSSF: Average Domain Question Satisfaction by CCO.

Domain	Question	CCO																		
		Advanced Health	AllCare	CHA	CPCCO	EOCCO	FFS/OpenCard	Health Share	IHN	JCC	PCS-Central	PCS-Gorge	PCS-Lane	PCS-Marion Polk	Trillium	Trillium Tri-County	UHA	YCCO	CCO Statewide	
	Total responses	72	92	71	76	74	159	318	117	135	103	65	125	193	51	19	85	83	1673	
Access	08. The location of services was convenient for us	72	84	78	79	75	78	81	80	83	80	83	75	74	72	-	75	▲90	78	
	09. Services were available at times that were convenient for us	77	76	65▼	62	69	73	73	74	▲82	79	79	80	72	78	-	69	71	75	
Cultural sensitivity	12. Staff treated me with respect	90	87	84	85	86	89	89	86	88	▲94	94	86	84	84	-	82	89	87	
	13. Staff respected my family's religious/spiritual beliefs	83	81	76	73	79	79	81	85	87	▲89	84	81	79	77	-	76	86	82	
	14. Staff spoke with me in a way that I understood	89	91	87	92	90	92	92	87	90	95	94	85	87	88	-	85	87	89	
	15. Staff were sensitive to my cultural/ethnic background	77	76	78	77	79	80	83	83	83	86	84	80	77	74	-	▼67	81	80	
Daily functioning	16. My child is handling daily life better	68	66	67	64	74	67	64	65	70	▲73	72	59	▼52	63	-	59	57	64	
	17. My child is getting along better with family members	65	66	59	63	59	60	66	65	65	68	65	61	▼51	63	-	58	53	62	
	18. My child is getting along better with friends and other people	67	67	57	58	60	58	66	62	▲72	65	68	57	▼53	62	-	59	55	63	
	19. My child is doing better in school and/or at work	64	62	58	52	55	57	59	61	▲66	65	70	51	▼49	49	-	49	61	58	
	20. My child is better able to cope when things go wrong	56	59	57	57	54	56	58	60	59	60	65	54	▼45	51	-	46	52	55	
	21. My child is better able to do the things he or she wants to do	64	63	60	59	57	61	63	64	61	▲72	69	55	▼51	55	-	52	63	60	
General satisfaction	01. I have been satisfied with the services my child receives	71	71	74	72	78	74	74	73	▲82	78	76	76	▼68	72	-	71	65	74	
	04. The people helping my child stuck with us no matter what	71	68	67	64	63	72	72	72	74	78	▲83	70	68	67	-	64	66	71	
	05. I felt my child had someone to talk to when he or she was troubled	72	73	73	64	64	76	75	73	▲78	76	75	65	▼62	66	-	63	71	71	
	07. The services my child and/or family received were right for us	62	67	64	68	67	68	74	67	▲78	77	73	72	▼64	63	-	66	65	70	
	10. My family got the help we wanted for my child	66	64	63	55	66	65	67	65	71	▲75	73	68	▼59	62	-	62	60	66	
	11. My family got as much help as we needed for my child	67	61	59	49	57	57	62	62	▲67	67	69	61	▼54	53	-	58	49	60	
Participation	02. I helped to choose my child's services	67	81	75	70	75	79	77	78	82	80	74	▲87	74	73	-	74	68	77	
	03. I helped to choose my child's treatment goals	67	75	66	68	66	70	71	70	77	78	70	77	69	66	-	76	66	72	
	06. I participated in my child's treatment	76	73	66	85	73	76	78	75	74	82	72	▲85	▼71	74	-	82	75	76	
Social connectedness	23. I know people who will listen and understand me when I need to talk	80	80	74	81	73	77	79	76	▲85	▲87	▲89	76	▼69	79	-	72	78	78	
	24. I have people that I am comfortable talking to about private things	81	82	74	81	76	74	78	77	▲86	83	▲91	80	▼73	85	-	73	82	80	
	25. I have people that I am comfortable talking with about my child's problems	81	83	79	80	81	78	83	79	82	▲88	89	82	▼69	84	-	72	84	80	
	26. I have people with whom I can do enjoyable things	83	80	71	85	73	77	79	79	85	87	80	82	▼71	84	-	74	86	79	
	27. In a crisis, I would have the support I need from family or friends	79	82	75	71	▼66	80	74	78	82	84	88	77	▼69	84	-	69	82	77	
	28. I have more than one friend	73	81	73	83	69	79	73	75	75	77	75	74	▼63	▲86	-	67	81	73	
Treatment outcomes	29. I am happy with the friendships I have	78	79	69	80	▼64	▲83	75	75	▲83	81	77	77	▼70	82	-	69	81	76	
	16. My child is handling daily life better	68	66	67	64	74	67	64	65	70	▲73	72	59	▼52	63	-	59	57	64	
	17. My child is getting along better with family members	65	66	59	63	59	60	66	65	65	68	65	61	▼51	63	-	58	53	62	
	18. My child is getting along better with friends and other people	67	67	57	58	60	58	66	62	▲72	65	68	57	▼53	62	-	59	55	63	
	19. My child is doing better in school and/or at work	64	62	58	52	55	57	59	61	▲66	65	70	51	▼49	49	-	49	61	58	
	20. My child is better able to cope when things go wrong	56	59	57	57	54	56	58	60	59	60	65	54	▼45	51	-	46	52	55	
	22. I am more satisfied with our family life	71	67	60	58	63	62	63	67	66	66	63	58	▼52	60	-	53	53	62	

▲ Indicates the result is statistically significantly higher when compared to other CCOs combined.

▼ Indicates the result is statistically significantly lower when compared to other CCOs combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.

Appendix E: CCBHC-Specific Results

The following table shows the percentage of agree or strongly agree responses for each survey domain question by certified community behavioral health clinic (CCBHC); YSS, Table E-1; YSSF, Table E-2.

The blue up and yellow down arrows indicate when a result is statistically significantly higher or lower when compared to all other CCBHCs combined. Dashes indicate that results were suppressed because those questions had fewer than 30 responses.

The response options were:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Table E-1. YSS: Average Domain Question Satisfaction by CCBHC.

Domain	Question	CCBHC												
		Cascadia Behavioral Health	Columbia Community Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Group	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health	CCBHC Statewide	
	Total responses	18	15	19	36	16	495	48	2	1	1	34	189	
Access	08. The location of the services was convenient	-	-	-	74	-	71	74	-	-	-	68	73	
	09. Services were available at times that were convenient for me	-	-	-	72	-	72	78	-	-	-	61	72	
Cultural sensitivity	12. Staff treated me with respect	-	-	-	91	-	87	89	-	-	-	80	87	
	13. Staff respected my family's religious/spiritual beliefs	-	-	-	86	-	88	89	-	-	-	90	88	
	14. Staff spoke with me in a way that I understood	-	-	-	90	-	83	83	-	-	-	82	83	
	15. Staff was sensitive to my cultural/ethnic background	-	-	-	80	-	78	84	-	-	-	85	78	
General satisfaction	01. I am satisfied with the services I received	-	-	-	69	-	74	72	-	-	-	64	74	
	04. The people helping me stuck with me no matter what	-	-	-	76	-	73	66	-	-	-	65	73	
	05. I felt I had someone to talk to when I was troubled	-	-	-	64	-	66	62	-	-	-	52	66	
	07. I received services that were right for me	-	-	-	66	-	69	62	-	-	-	56	69	
	10. I got help I wanted	-	-	-	70	-	66	62	-	-	-	▼ 45	66	
	11. I got as much help as I needed	-	-	-	59	-	57	62	-	-	-	48	57	
Participation	02. I helped to choose my services	-	-	-	52	-	64	70	-	-	-	54	64	
	03. I helped to choose my treatment goals	-	-	-	72	-	77	81	-	-	-	67	77	
	06. I participated in my own treatment	-	-	-	81	-	80	88	-	-	-	77	80	
Treatment outcomes	16. I am better at handling daily life	-	-	-	52	-	61	▲ 73	-	-	-	45	61	
	17. I get along better with family members	-	-	-	66	-	59	64	-	-	-	40	59	
	18. I get along better with friends and other people	-	-	-	64	-	67	73	-	-	-	53	67	
	19. I am doing better in school and/or work	-	-	-	59	-	58	66	-	-	-	48	58	
	20. I am better able to cope when things go wrong	-	-	-	55	-	58	69	-	-	-	55	58	
	21. I am satisfied with my family life right now	-	-	-	57	-	55	53	-	-	-	▼ 32	55	

▲ Indicates the result is statistically significantly higher when compared to other CCBHCs combined.

▼ Indicates the result is statistically significantly lower when compared to other CCBHCs combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.

Table E-2. YSSF: Average Domain Question Satisfaction by CCBHC.

Domain	Question	CCBHC													
		Cascadia Behavioral Health	Columbia Community Mental Health	Deschutes County Mental Health	Klamath Child and Family Treatment Center	Lifeworks NW	Mid Columbia Center for Living	No CCBHC	Options for Southern Oregon	PeaceHealth Medical Group	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health	CCBHC Statewide	
	Total responses	46	37	2	54	70	48	1381	128	3	2	5	57	452	
Access	08. The location of services was convenient for us	88	74	-	83	78	85	▼ 77	86	-	-	-	87	83	
	09. Services were available at times that were convenient for us	▲ 83	57	-	68	▼ 49	73	▲ 76	▲ 77	-	-	-	-	67	69
Cultural sensitivity	12. Staff treated me with respect	87	85	-	78	84	92	88	85	-	-	-	-	91	85
	13. Staff respected my family's religious/spiritual beliefs	83	69	-	73	79	80	82	83	-	-	-	-	81	79
	14. Staff spoke with me in a way that I understood	92	91	-	81	90	94	90	88	-	-	-	-	87	89
	15. Staff were sensitive to my cultural/ethnic background	80	77	-	75	81	84	81	76	-	-	-	-	73	78
Daily functioning	16. My child is handling daily life better	66	67	-	65	57	66	64	68	-	-	-	-	53	66
	17. My child is getting along better with family members	65	64	-	62	67	57	61	63	-	-	-	-	▼ 48	63
	18. My child is getting along better with friends and other people	68	57	-	59	57	63	62	69	-	-	-	-	53	63
	19. My child is doing better in school and/or at work	68	45	-	58	53	66	57	64	-	-	-	-	56	61
	20. My child is better able to cope when things go wrong	63	55	-	54	50	59	55	53	-	-	-	-	47	56
General satisfaction	21. My child is better able to do the things he or she wants to do	61	59	-	62	60	64	60	60	-	-	-	-	59	62
	01. I have been satisfied with the services my child receives	74	65	-	73	65	73	74	73	-	-	-	-	63	72
	04. The people helping my child stuck with us no matter what	68	64	-	66	67	79	71	67	-	-	-	-	58	69
	05. I felt my child had someone to talk to when he or she was troubled	78	64	-	67	65	70	71	74	-	-	-	-	70	71
	07. The services my child and/or family received were right for us	▲ 79	64	-	64	64	68	71	67	-	-	-	-	57	68
Participation	10. My family got the help we wanted for my child	67	49	-	64	62	70	66	63	-	-	-	-	58	64
	11. My family got as much help as we needed for my child	62	▼ 40	-	59	55	64	60	60	-	-	-	-	46	59
	02. I helped to choose my child's services	79	71	-	74	70	72	78	78	-	-	-	-	62	75
	03. I helped to choose my child's treatment goals	70	66	-	61	68	66	72	▲ 78	-	-	-	-	62	70
Social connectedness	06. I participated in my child's treatment	79	77	-	68	80	68	77	71	-	-	-	-	74	75
	23. I know people who will listen and understand me when I need to talk	85	85	-	71	▼ 70	▲ 92	78	80	-	-	-	-	76	79
	24. I have people that I am comfortable talking to about private things	77	85	-	▼ 66	73	90	80	81	-	-	-	-	78	78
	25. I have people that I am comfortable talking with about my child's problems	87	80	-	76	82	90	80	80	-	-	-	-	82	82
	26. I have people with whom I can do enjoyable things	81	83	-	68	77	77	80	78	-	-	-	-	85	77
	27. In a crisis, I would have the support I need from family or friends	80	75	-	72	▼ 67	85	77	79	-	-	-	-	76	76
	28. I have more than one friend	70	83	-	66	67	69	75	76	-	-	-	-	78	72
Treatment outcomes	29. I am happy with the friendships I have	76	87	-	68	75	75	76	79	-	-	-	-	80	77
	16. My child is handling daily life better	66	67	-	65	57	66	64	68	-	-	-	-	53	66
	17. My child is getting along better with family members	65	64	-	62	67	57	61	63	-	-	-	-	▼ 48	63
	18. My child is getting along better with friends and other people	68	57	-	59	57	63	62	69	-	-	-	-	53	63
	19. My child is doing better in school and/or at work	68	45	-	58	53	66	57	64	-	-	-	-	56	61
	20. My child is better able to cope when things go wrong	63	55	-	54	50	59	55	53	-	-	-	-	47	56
	22. I am more satisfied with our family life	63	53	-	58	65	59	61	62	-	-	-	-	50	62

▲ Indicates the result is statistically significantly higher when compared to other CCBHCs combined.

▼ Indicates the result is statistically significantly lower when compared to other CCBHCs combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.

Appendix F: YSS Domain Question Results by Race, Ethnicity and Location

The following table shows the percentage of agree or strongly agree responses for each survey domain question by race and ethnicity, by race groups, and by location.

The blue up and yellow down arrows indicate when a result is statistically significantly higher or lower when compared to all other race and ethnic groups combined. Dashes indicate that results were suppressed because those questions had fewer than 30 responses.

The response options were:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Table F-1. YSS Domain Question Satisfaction by Race and Ethnicity.

Domain	Question	Race and Ethnicity									
		America Indian or Alaska Native	Asian	Black or African American	Hispanic	Multiracial	Native Hawaiian or Other Pacific Islander	Other	Unknown	White	Statewide
	Total responses	66	34	39	107	43	9	5	74	307	683
Access	08. The location of the services was convenient	74	88	74	69	69	-	-	68	71	72
	09. Services were available at times that were convenient for me	77	69	76	73	72	-	-	67	70	72
Cultural sensitivity	12. Staff treated me with respect	80	86	81	90	90	-	-	86	89	88
	13. Staff respected my family's religious/spiritual beliefs	89	85	81	93	92	-	-	88	87	89
	14. Staff spoke with me in a way that I understood	82	77	84	82	82	-	-	87	86	84
	15. Staff was sensitive to my cultural/ethnic background	81	68	79	82	89	-	-	74	79	80
General satisfaction	01. I am satisfied with the services I received	68	70	73	79	69	-	-	72	74	74
	04. The people helping me stuck with me no matter what	79	65	63	77	68	-	-	68	70	72
	05. I felt I had someone to talk to when I was troubled	68	66	75	66	66	-	-	58	65	66
	07. I received services that were right for me	72	67	72	64	74	-	-	63	68	68
	10. I got help I wanted	69	70	70	67	69	-	-	57	65	65
	11. I got as much help as I needed	59	62	64	63	65	-	-	51	55	58
Participation	02. I helped to choose my services	68	58	52	69	62	-	-	63	63	64
	03. I helped to choose my treatment goals	84	76	76	76	70	-	-	75	77	77
	06. I participated in my own treatment	88	77	76	87	73	-	-	78	79	81
Treatment outcomes	16. I am better at handling daily life	58	45	58	58	▲ 79	-	-	61	62	61
	17. I get along better with family members	66	49	63	61	▲ 75	-	-	57	55	58
	18. I get along better with friends and other people	75	69	75	66	74	-	-	64	▼ 62	66
	19. I am doing better in school and/or work	▲ 75	61	69	55	69	-	-	52	56	59
	20. I am better able to cope when things go wrong	59	45	51	64	▲ 74	-	-	53	57	58
	21. I am satisfied with my family life right now	56	50	50	56	67	-	-	52	51	54

▲ Indicates the result is statistically significantly higher when compared to other groups combined.

▼ Indicates the result is statistically significantly lower when compared to other groups combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.

Table F-2. YSS Domain Satisfaction by Race Group.

Domain	Race Group			
	Non-White	White	Unknown	Statewide
Total Responses	253	305	122	680
Access	70	65	63	66
Cultural sensitivity	86	88	91	88
General satisfaction	69	65	64	66
Participation	76	76	76	76
Treatment outcomes	61	54	60	58

Table F-3. YSS Domain Question Satisfaction by Location.

Domain	Question	Location				
		Urban	Rural	Frontier	Unknown	Statewide
	Total responses	338	333	13	0	683
Access	08. The location of the services was convenient	71	72	-	-	72
	09. Services were available at times that were convenient for me	73	70	-	-	72
Cultural sensitivity	12. Staff treated me with respect	87	88	-	-	88
	13. Staff respected my family's religious/spiritual beliefs	87	90	-	-	89
	14. Staff spoke with me in a way that I understood	83	87	-	-	84
	15. Staff was sensitive to my cultural/ethnic background	79	80	-	-	80
General satisfaction	01. I am satisfied with the services I received	74	73	-	-	74
	04. The people helping me stuck with me no matter what	72	73	-	-	72
	05. I felt I had someone to talk to when I was troubled	66	67	-	-	66
	07. I received services that were right for me	68	69	-	-	68
	10. I got help I wanted	65	65	-	-	65
	11. I got as much help as I needed	58	57	-	-	58
Participation	02. I helped to choose my services	▼ 59	▲ 70	-	-	64
	03. I helped to choose my treatment goals	▼ 74	80	-	-	77
	06. I participated in my own treatment	80	82	-	-	81
Treatment outcomes	16. I am better at handling daily life	▼ 57	▲ 66	-	-	61
	17. I get along better with family members	57	61	-	-	58
	18. I get along better with friends and other people	67	64	-	-	66
	19. I am doing better in school and/or work	56	62	-	-	59
	20. I am better able to cope when things go wrong	58	59	-	-	58
	21. I am satisfied with my family life right now	53	55	-	-	54

▲ Indicates the result is statistically significantly higher when compared to other groups combined.

▼ Indicates the result is statistically significantly lower when compared to other groups combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.

Appendix G: YSSF Domain Question Results by Race, Ethnicity and Location

The following table shows the percentage of agree or strongly agree responses for each survey domain question by race and ethnicity, by race groups and by location.

The blue up and yellow down arrows indicate when a result is statistically significantly higher or lower when compared to all other race and ethnic groups combined. Dashes indicate that results were suppressed because those questions had fewer than 30 responses.

The response options were:

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

Table G-1. YSSF Domain Question Satisfaction by Race and Ethnicity.

Domain	Question	Race and Ethnicity									
		American Indian or Alaska Native	Asian	Black or African American	Hispanic	Multiracial	Native Hawaiian or Other Pacific Islander	Other	Unknown	White	Statewide
	Total responses	102	49	134	202	115	11	5	243	976	1832
Access	08. The location of services was convenient for us	80	71	75	▲ 84	82	-	-	75	78	79
	09. Services were available t times that were convenient for us	▲ 86	63	73	76	76	-	-	▼ 68	74	74
Cultural sensitivity	12. Staff treated me with respect	89	87	82	88	89	-	-	87	87	87
	13. Staff respected my family's religious/spiritual beliefs	84	89	74	▲ 90	87	-	-	81	▼ 79	81
	14. Staff spoke with me in a way that I understood	90	86	▼ 81	89	88	-	-	90	90	90
	15. Staff were sensitive to my cultural/ethnic background	81	86	76	▲ 85	86	-	-	76	79	80
Daily functioning	16. My child is handling daily life better	70	65	60	64	69	-	-	63	64	64
	17. My child is getting along better with family members	64	74	56	63	68	-	-	60	61	61
	18. My child is getting along better with friends and other people	70	77	55	67	64	-	-	61	60	62
	19. My child is doing better in school and/or at work	▲ 69	57	58	59	60	-	-	60	▼ 55	58
	20. My child is better able to cope when things go wrong	65	64	49	57	59	-	-	56	54	55
General satisfaction	21. My child is better able to do the things he or she wants to do	69	64	▼ 49	65	62	-	-	58	60	60
	01. I have been satisfied with the services my child receives	80	66	67	76	74	-	-	71	74	74
	04. The people helping my child stuck with us no matter what	75	65	67	73	69	-	-	68	71	70
	05. I felt my child had someone to talk to when he or she was troubled	77	73	66	74	70	-	-	67	71	71
	07. The services my child and/or family received were right for us	76	63	▼ 58	74	73	-	-	66	70	70
	10. My family got the help we wanted for my child	▲ 76	61	63	69	66	-	-	64	64	65
Participation	11. My family got as much help as we needed for my child	▲ 73	58	55	65	63	-	-	58	58	60
	02. I helped to choose my child's services	77	80	78	73	82	-	-	▼ 70	▲ 79	77
	03. I helped to choose my child's treatment goals	70	70	67	69	76	-	-	74	71	71
Social connectedness	06. I participated in my child's treatment	72	62	70	72	79	-	-	81	77	76
	23. I know people who will listen and understand me when I need to talk	79	81	80	▼ 71	79	-	-	78	▲ 80	78
	24. I have people that I am comfortable talking to about private things	79	79	83	▼ 74	75	-	-	77	▲ 81	79
	25. I have people that I am comfortable talking with about my child's problems	81	80	84	▼ 71	78	-	-	78	▲ 83	80
	26. I have people with whom I can do enjoyable things	83	78	79	75	77	-	-	77	81	79
	27. In a crisis, I would have the support I need from family or friends	82	73	81	72	74	-	-	75	79	77
	28. I have more than one friend	▲ 83	76	▲ 85	▼ 64	70	-	-	75	75	74
	29. I am happy with the friendships I have	▲ 87	79	82	72	82	-	-	75	76	77
Treatment outcomes	16. My child is handling daily life better	70	65	60	64	69	-	-	63	64	64
	17. My child is getting along better with family members	64	74	56	63	68	-	-	60	61	61
	18. My child is getting along better with friends and other people	70	77	55	67	64	-	-	61	60	62
	19. My child is doing better in school and/or at work	▲ 69	57	58	59	60	-	-	60	▼ 55	58
	20. My child is better able to cope when things go wrong	65	64	49	57	59	-	-	56	54	55
	22. I am more satisfied with our family life	▲ 73	71	54	63	69	-	-	57	61	61

▲ Indicates the result is statistically significantly higher when compared to other groups combined.

▼ Indicates the result is statistically significantly lower when compared to other groups combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.

Table G-2. YSSF Domain Responses by Race Group.

Domain	Race Group			
	Non-White	White	Unknown	Statewide
Total Responses	498	977	363	1838
Access	▲ 76	71	69	72
Cultural sensitivity	86	86	84	86
Daily functioning	62	58	60	59
General satisfaction	68	67	65	67
Participation	73	76	76	76
Social connectedness	76	80	79	79
Treatment outcomes	62	58	60	59

▲ Indicates the result is statistically significantly higher when compared to other groups combined.

▼ Indicates the result is statistically significantly lower when compared to other groups combined.

Table G-3. YSSF Domain Question Satisfaction by Location.

Domain	Question	Location				
		Urban	Rural	Frontier	Unknown	Statewide
	Total responses	904	883	42	5	1832
Access	08. The location of services was convenient for us	79	78	77	-	79
	09. Services were available t times that were convenient for us	76	72	71	-	74
Cultural sensitivity	12. Staff treated me with respect	88	87	85	-	87
	13. Staff respected my family's relogious/spiritual beliefs	▲ 83	80	72	-	81
	14. Staff spoke with me in a way that I understood	90	89	90	-	90
	15. Staff were sensitive to my cultural/ethnic background	▲ 82	78	▼ 65	-	80
Daily functioning	16. My child is handling daily life better	63	64	74	-	64
	17. My child is getting along better with family members	61	62	69	-	61
	18. My child is getting along better with friends and other people	62	62	67	-	62
	19. My child is doing better in school and/or at work	56	59	59	-	58
	20. My child is better able to cope when things go wrong	54	57	66	-	55
	21. My child is better able to do the things he or she wants to do	59	61	71	-	60
General satisfaction	01. I have been satisfied with the services my child receives	74	73	80	-	74
	04. The people helping my child stuck with us no matter what	71	70	61	-	70
	05. I felt my child had someone to talk to when he or she was troubled	73	69	69	-	71
	07. The services my child and/or family received were right for us	71	68	65	-	70
	10. My family got the help we wanted for my child	66	64	66	-	65
	11. My family got as much help as we needed for my child	60	59	53	-	60
Participation	02. I helped to choose my child's services	▲ 79	75	68	-	77
	03. I helped to choose my child's treatment goals	72	70	58	-	71
	06. I participated in my child's treatment	78	75	65	-	76
Social connectedness	23. I know people who will listen and understand me when I need to talk	79	77	71	-	78
	24. I have people that I am comfortable talking to about private things	79	80	68	-	79
	25. I have people that I am comfortable talking with about my child's problems	80	81	79	-	80
	26. I have people with whom I can do enjoyable things	79	80	69	-	79
	27. In a crisis, I would have the support I need from family or friends	77	78	69	-	77
	28. I have more than one friend	74	75	67	-	74
	29. I am happy with the friendships I have	77	76	64	-	77
Treatment outcomes	16. My child is handling daily life better	63	64	74	-	64
	17. My child is getting along better with family members	61	62	69	-	61
	18. My child is getting along better with friends and other people	62	62	67	-	62
	19. My child is doing better in school and/or at work	56	59	59	-	58
	20. My child is better able to cope when things go wrong	54	57	66	-	55
	22. I am more satisfied with our family life	62	61	66	-	61

▲ Indicates the result is statistically significantly higher when compared to other groups combined.

▼ Indicates the result is statistically significantly lower when compared to other groups combined.

- Indicates fewer than 30 responses for that question; therefore, results were suppressed.