



2022 Adult 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 70,400 of these were adults ages 18 years or older, with 68,600 (97.4%) receiving services only in an outpatient setting and 1,800 (2.6%) receiving services in a residential setting.

To ensure these services meet the needs of Oregonians and to meet federal requirements, the Oregon Health Authority (OHA) contracts with Comagine Health to administer mental health service satisfaction surveys to adults who received Medicaid-funded mental health services in outpatient, adult foster care or residential treatment settings.

There are two versions of the adult survey, one for adults who received mental health services in outpatient settings and one for adults who received mental health services in adult foster care or residential treatment settings. Both surveys asked questions under the following domains:

- Access
- Daily functioning
- General satisfaction
- Participation
- Quality/Appropriateness
- Social connectedness
- Treatment outcomes

Both surveys include additional questions regarding areas of specific interest such as: living situation, employment, trauma and other areas. New questions related to telehealth and experiences with virtual sessions were added to the adult outpatient survey in response to the COVID-19 pandemic. Below are highlights from the 2022 surveys, as well as trends over the previous five years, where applicable.

Summary of Outpatient Results

Statewide, 2,295 adults responded to the 2022 outpatient survey for a response rate of 18.2%. The majority (77.3%) completed the survey online, receiving a \$10 gift card incentive, while the remainder completed the paper survey and returned it in a prepaid envelope.

Domain Satisfaction

Satisfaction was highest in the quality/appropriateness (80.7%) domain and lowest in the domain of treatment outcomes (56.9%). Since 2018, there have been significant upward trends ($p < 0.01$) in all domains except the social connectedness domain which had no trend.

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.

Treatment Status

The majority (70.6%) of respondents were still receiving mental health services at the time of the survey. Over the last five years, there has been a significant upward trend ($p < 0.01$) in respondents receiving mental health services at the time of the survey.

Among those who were no longer receiving services, 25.4% of respondents indicated they no longer needed treatment because the problem that led to treatment was resolved. Since 2018, there has been a significant downward trend ($p < 0.01$) in respondents who stopped treatment because their “problem” was resolved.

Care Providers

Among respondents, 81% reported having a primary care provider who gives them checkups, routine medical care and advice. Since 2018, there has been a significant downward ($p < 0.01$) trend in respondents who had a primary care provider.

Expectation and Results

The most frequently reported expectations of mental health services were to become less anxious or fearful (81.5%), to feel better about oneself (75.3%) and to become happier (73.0%). Over the last five years, there has been a significant upward trend ($p < 0.01$) of respondents feeling treatment had resulted in improvement in these three areas.

Trauma

Nearly three-quarters of respondents (74.0%) reported being asked about their history of trauma at the beginning of their mental health treatment. In the last five years, there has been a significant upward trend ($p < 0.01$) in mental health service providers asking about respondents’ history of trauma.

Summary of Residential Results

Statewide, 163 adults responded to the 2022 residential survey for a response rate of 12.0%. Most (79.1%) completed the survey on paper and returned it by mail, while the remainder completed the survey online. There is no incentive offered for online participation for the residential survey.

Domain Satisfaction

Respondents were most satisfied in the domains of quality/appropriateness (80.7%), general satisfaction (79.3%) and access (72.8%). However, all three domains have shown significant decreases in satisfaction over the last five years.

Reasons for Residential Treatment

The top three reasons respondents provided for why they were in residential treatment were: “I want mental health treatment so I can get better” (39.0%), “I need help taking care of myself” (35.4%), and “I need housing” (33.7%).

Progress in Treatment

Over two-thirds of respondents (67.2%) felt they had made progress with their mental health. When asked if they felt ready for more independent living, 39.6% of respondents answered “yes,” 45.8% responded “no,” and 14.6% were not sure.

Crisis

Nearly half of respondents (44.5%) needed assistance as the result of a mental health crisis. Since 2018, there has been a significant upward trend in those needing assistance due to a mental health crisis.



Introduction

The Mental Health Statistics Improvement Program (MHSIP) designed and validated adult outpatient and residential surveys to measure adults' perceptions of the quality and efficiency² of their 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. Since 2006, OHA has contracted with Comagine Health to administer the survey annually to adults receiving Medicaid-funded mental health services in outpatient or residential settings. Patient feedback concerning their experience of care is an important part of efforts to improve quality and health outcomes in populations experiencing mental health difficulties.

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, racial groups and location.

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 adult outpatient survey contained 60 questions, while the adult residential survey contained 63 questions. Many of these questions have multiple parts and can be referenced in the surveys in Appendix A. The MHSIP program maintains a set of endorsed questions (n=37) that are identical on the two surveys, and grouped into seven domains:

- Access
- Daily functioning
- General satisfaction
- Participation
- Quality/Appropriateness
- Social connectedness
- Treatment outcomes

OHA expanded both the outpatient and residential surveys by adding questions on:

- Treatment status
- Treatment expectations and actual results
- Arrest histories before and after treatment
- Current employment status
- Current income source
- Current and recent residence
- Whether the respondents had primary care providers
- Whether their doctors or mental health care providers discussed certain health topics with them, including weight loss and smoking
- Trauma screening
- Service coordination (communication between different service providers who have a shared client)
- Assistance by mental health providers with obtaining housing and employment
- Assistance by mental health providers during mental health crises

OHA expanded the outpatient survey with additional question on:

- Availability of telehealth services
- Experiences using telehealth services

OHA expanded the residential survey with additional questions on:

- Reasons for living in a residential facility
- Types of services received
- Progress made while living there
- Readiness for more independent living

Table 1 lists the MHSIP questions by domain.

Table 1. MHSIP Domain Questions.

Domain	Corresponding Questions
Access	The location of services was convenient (parking, public transportation, distance, etc.).
	Staff were willing to see me as often as I felt it was necessary.
	Staff returned my call in 24 hours.
	Services were available at times that were good for me.
	I was able to get all the services I thought I needed.
	I was able to see a psychiatrist when I wanted.
Daily Functioning	My symptoms are not bothering me as much.
	I do things that are more meaningful to me.
	I am better able to take care of my needs.
	I am better able to handle things when they go wrong.
	I am better able to do things that I want to do.
General Satisfaction	I like the services that I received here.
	If I had other choices, I would still get services from this agency.
	I would recommend this agency to a friend or family member.
Participation	I felt comfortable asking questions about my treatment and medication.
	I, not staff, decided my treatment goals.
Quality/ Appropriateness	Staff here believe my health can improve and I can recover.
	I felt free to complain.
	I was given information about my rights.
	Staff encouraged me to take responsibility for how I live my life.
	Staff told me what side effects to watch out for.
	Staff respected my wishes about who is and who is not to be given information about my treatment.
	Staff were sensitive to my cultural background (race, religion, language).
	Staff helped me obtain the information I needed so that I could take charge of managing my illness.
	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).
Social Connectedness	I am happy with the friendships I have.
	I have people with whom I can do enjoyable things.
	I feel I belong in my community.
	In a crisis, I would have the support I need from family or friends.
Treatment Outcomes	I deal more effectively with daily problems.
	I am better able to control my life.
	I am better able to deal with crisis.
	I am getting along better with my family.
	I do better in social situations.
	I do better in school and/or work.
	My housing situation has improved.
	My symptoms are not bothering me as much.

Sample

The outpatient survey was sent to a sample of adults (n=14,193) who had received Medicaid-funded mental health services only in an outpatient setting from January 1, 2021, through December 31, 2021, as identified by encounter data from OHA's Medicaid Management Information System. Enrollees who were 18 years of age or older and had two or more mental health service encounters in that timeframe were eligible for inclusion in the survey sample.

The residential survey was sent to all adults (n=1,795) who received at least one day of treatment services in a residential or adult foster care facility identified in the same manner.

OHA classified the adults by the highest setting in which they received mental health services. That is, if an adult received both residential and outpatient services within the sampling time frame, they would receive the residential survey.

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 adults from each CCO in the sample, and at least 300 adults from each CCBHC. For smaller CCOs or CCBHCs that did not serve at least 500 or 300 adults respectively, 100% of those member populations were included in the sample.

Survey Administration

Comagine Health mailed introduction letters to eligible adults during April and May 2022 informing them about the survey and encouraging them to complete the survey between late April and early October 2022. This letter 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 within three weeks. Letters sent to adults receiving outpatient services offered a \$10 Starbucks or Amazon gift card as an incentive for completing the survey online.

After filtering out incorrect addresses, respondents who had already completed a survey online, and those who had requested to opt out, Comagine Health mailed a follow-up letter and paper survey form to non-responding adults in May or June, depending on survey type. Comagine Health mailed a second follow-up letter and paper survey form to non-responding adults in July or August. Each time, recipients were given instructions 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 or by contacting Comagine Health using a dedicated voicemail box or email address.

The letters and surveys were sent in both English and Spanish, depending on the adult's language preference identified in Medicaid 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.

Starting in July 2022, Comagine Health began making phone calls to adult outpatient survey respondents who had not yet completed the survey. These calls were to encourage participation or to

offer assistance completing the survey over the phone. These phone calls prioritized participants from CCBHCs with low response rates.

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 adults ages 18 and over receiving Medicaid-funded mental health services with at least two encounters.

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 adults who self-identify as male to the other genders score combined (adults who self-identify as female, transgender and other) 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 survey 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 have deterred some potential respondents. With the adult outpatient survey having 11 printed pages for the English versions and 12 pages for the Spanish versions, the surveys may take significant time to complete, especially for some respondents with individual or cognitive challenges. Additionally, if respondents had mental or cognitive challenges, those challenges may have affected the respondents' ability to understand and respond accurately to some questions. Caregivers are allowed to assist survey participants but must indicate their involvement at the

beginning of the survey. It is unknown how this may influence a participant's responses. 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.

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. 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.



Outpatient Survey

Response Rate

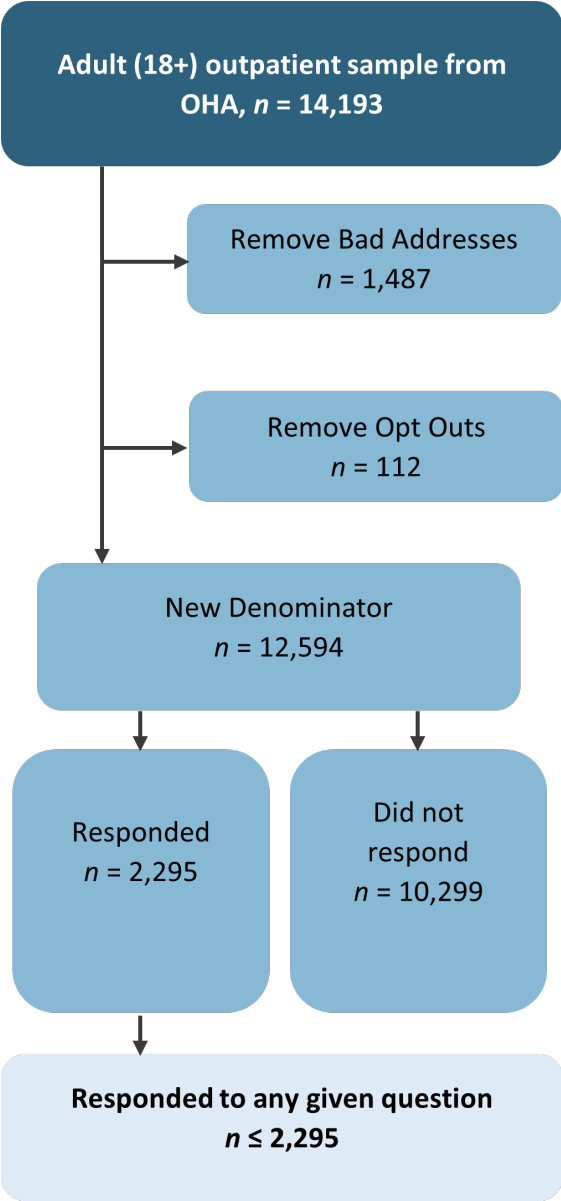
The outpatient survey is for adults ages 18 and older who received Medicaid-funded mental health services only in an outpatient setting. The survey was sent to a sample of adults (n=14,193) who had received services between January 1, 2021, and December 31, 2021.

In 2022, 2,295 adults returned an outpatient survey with at least one question answered for a response rate of 18.2%. Most respondents (77.3%) completed the survey online and received a \$10 gift card incentive.

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 1 for details.

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



Demographics

Table 2 summarizes respondents' self-reported primary race and ethnicity and gender, along with state-identified ethnicity, age and location.

Table 2. Demographic Characteristics.

Demographic Characteristics		Respondents
Race and Ethnicity	American Indian or Alaska Native	4%
	Asian	5%
	Black or African American	3%
	Hispanic	7%
	Multiracial	5%
	Native Hawaiian or Other Pacific Islander	1%
	White	60%
	Other*	1%
	Unknown**	14%
Hispanic Indicator***	Hispanic or Latino	4%
	Not Hispanic or Latino	52%
	Unknown	44%
Gender	Female	57%
	Male	24%
	Transgender	17%
	Other	4%
Age***	18 to 25	19%
	26 to 64	76%
	65+	5%
Location***	Urban	51%
	Rural	46%
	Frontier	3%
	Unknown	0.8%

*“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.

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 48.

Outpatient Survey Results

Domain Satisfaction

Table 3 summarizes statewide domain satisfaction. Domain satisfaction according to CCO, CCBHC, region, self-identified primary race and ethnicity and racial groups are presented in Appendix D, E and F, respectively. Questions from each domain can be located in Table 1.

Table 3. Outpatient Survey Domain Satisfaction.

Domain	Satisfied
Access	72.8%
Daily functioning	59.6%
General satisfaction	79.3%
Participation	71.2%
Quality / Appropriateness	80.7%
Social connectedness	59.0%
Treatment outcomes	56.9%

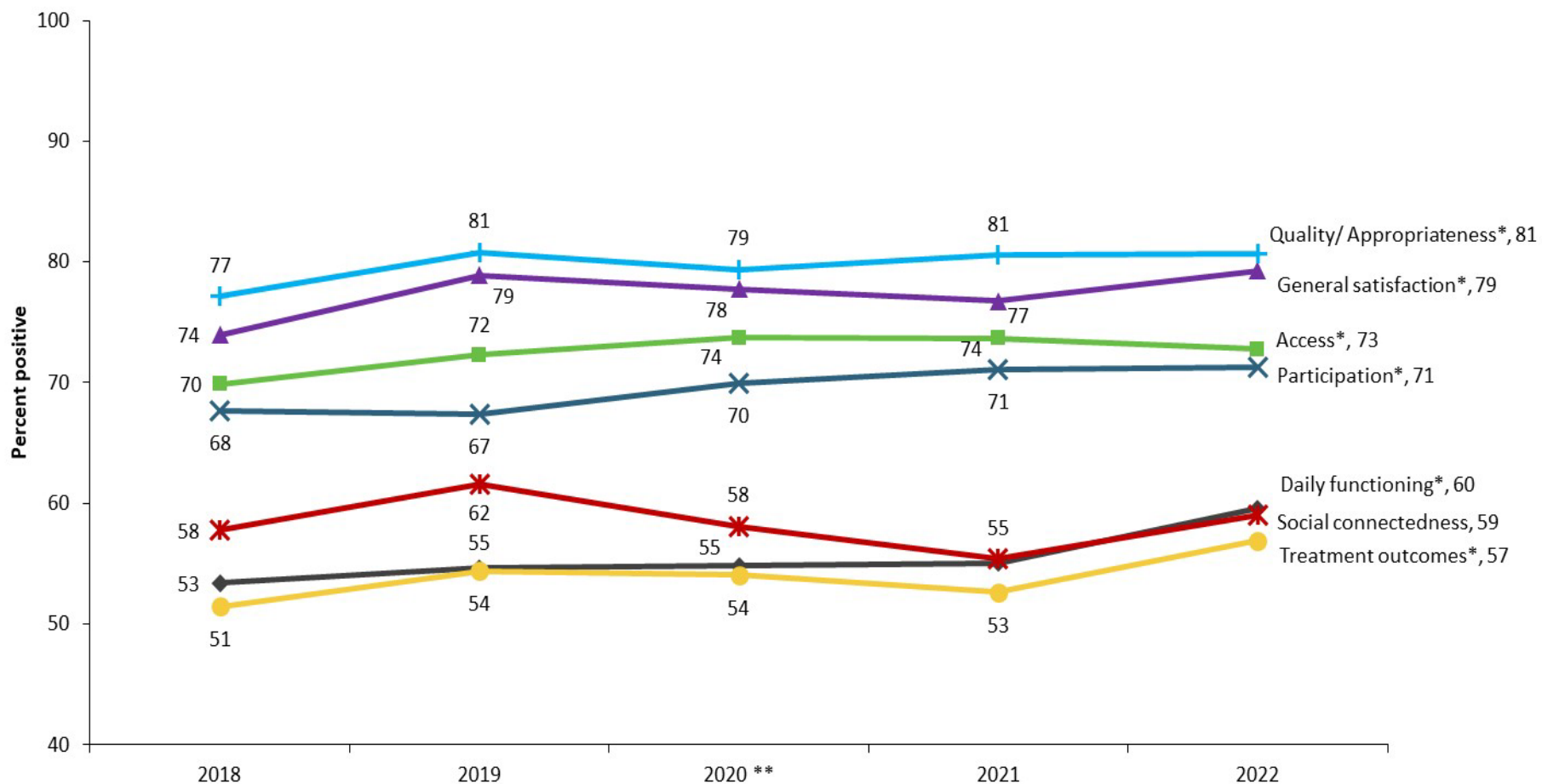
Respondents were most satisfied in the domains of quality/appropriateness (80.7%), general satisfaction (79.3%) and access (72.8%). They were least satisfied in the domain of treatment outcomes (56.9%). Since 2018, there have been significant upward trends ($p < 0.01$) in all domains, apart from the social connectedness domain (no trend).

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, adults who live in urban locations) to the other groups score combined (adults 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."

Figure 2 shows trends in domain satisfaction from 2018 through 2022.

Figure 2. Outpatient Survey 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 (3.4%), but care should be taken when interpreting trending.

Access

The access domain includes response to the following statements:

- The location of services was convenient (parking, public transportation, distance, etc.).
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my call in 24 hours.
- Services were available at times that were good for me.
- I was able to get all the services I thought I needed.
- I was able to see a psychiatrist when I wanted.

Over the past five years, there has been a significant upward trend ($p < 0.01$) in satisfaction rates in the access domain. The majority (72.8%) of respondents provided positive responses to the statements above.

When examining the data by different respondent characteristics, respondents with English as their primary language showed a significant upward trend ($p < 0.01$) over the five-year period while Spanish speaking respondents showed a significant downward trend. Despite this difference, neither Spanish or English-speaking respondents scored significantly higher or lower when compared to the other groups combined (English, Spanish, Other).

Reviewing responses by self-identified race and ethnicity showed that white respondents had significantly ($p < 0.01$) higher rates of satisfaction than other race and ethnicity groups. Respondents who identified as multiracial reported significantly lower satisfaction when compared to other racial/ethnic groups.

Daily Functioning

The daily functioning domain includes response to the following statements:

- My symptoms are not bothering me as much.
- I do things that are more meaningful to me.
- I am better able to take care of my needs.
- I am better able to handle things when they go wrong.
- I am better able to do things that I want to do.

Since 2018, there has been a significant upward trend ($p < 0.01$) in the daily functioning domain with 59.6% of respondents replying positively to the statements above.

When analyzing by respondent characteristic, urban respondents had a significant upward trend ($p < 0.01$) in this domain. Urban respondents also showed significantly higher satisfaction rates ($p < 0.01$) compared to respondents in other locations (rural, frontier and unknown).

Comparing responses by self-identified primary race and ethnicity, white respondents had a significantly higher satisfaction rate ($p < 0.01$) compared to other respondents, while multiracial respondents showed a significantly lower rate.

General Satisfaction

The general satisfaction domain asked if the respondents liked the services they received, if they would use the same agency when given other options, and if they would recommend the agency to others. The majority (79.3%) of responses to these questions were favorable, and over the last five years there has been a significant upward trend ($p < 0.01$) in the domain.

When reviewing general satisfaction by location, urban respondents had a significantly higher score (81.6%) in comparison to all other locations, while rural respondents had a significantly lower score (74.6%) in comparison to all other locations (both $p < 0.01$).

When comparing respondents from self-identified primary race and ethnicity groups, white participants showed a significant upward trend ($p < 0.01$) over the last five years and scored significantly higher ($p < 0.01$) general satisfaction rates when compared to other respondents.

No other primary race or ethnic group scored significantly lower than the other groups combined.

Participation

The participation domain asks if the respondent felt comfortable asking questions about treatment or medications and if they decided their treatment goals rather than the staff. Satisfaction rates for this domain showed a significant upward trend ($p < 0.01$) since 2018 and recorded the highest rate in the five-year period (71.3%).

Since 2018, there has been a significant upward trend ($p < 0.01$) for both rural and urban respondents, returning the highest (68.2%) and second highest (72.9%) rates for those groups, respectively, during the five-year period. However, when directly comparing 2022 responses from rural and urban locations, urban respondents were significantly more satisfied than rural respondents. The small number of responses from frontier or unknown locations were included as rural in this comparison.

Comparing responses by self-identified primary race and ethnicity, white respondents had a significantly higher satisfaction rate ($p < 0.01$) compared to other respondents, while Hispanic and unknown*⁴ respondents showed a significantly lower rate when compared respondents.

Quality/Appropriateness

The quality/appropriateness domain includes response to the following statements:

- Staff here believe my health can improve and I can recover.
- I felt free to complain.

⁴ *"Unknown" category is determined by respondents who selected either "don't know/unknown," "Don't want to answer/Decline" or did not select any response.

- I was given information about my rights.
- Staff encouraged me to take responsibility for how I live my life.
- Staff told me what side effects to watch out for.
- Staff respected my wishes about who is and who is not to be given information about my treatment.
- Staff were sensitive to my cultural background (race, religion, language).
- Staff helped me obtain the information I needed so that I could take charge of managing my illness.
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).

Satisfaction rates for the quality/appropriateness domain had a significant upward trend ($p < 0.01$) with 80.7% of respondents reporting they were satisfied.

Comparing responses by self-identified primary race and ethnicity, white respondents had a significantly higher satisfaction rate ($p < 0.01$) compared to other respondents, while multiracial and unknown*⁵ respondents showed a significantly lower rate when compared respondents.

Social Connectedness

The social connectedness domain asks if respondents are happy with their friendships, have people they can do enjoyable things with, feel they belong in a community, and if they would have support during a crisis.

Across all seven domains, social connectedness was the only domain that did not register a significant upward trend in satisfaction since 2018.

Over the last five years, there has been a significant downward trend in social connectedness for participants residing in frontier locations. However, when comparing the current year responses, there were no significant differences between frontier, rural or urban respondents.

When analyzing a more detailed racial breakdown, those who primarily self-identified as American Indian or Alaska Native were significantly less satisfied in the social connectedness domain when compared to other races and ethnicities. There were no other significant differences in this domain when looking at self-identified race and ethnicity.

Treatment Outcomes

The treatment outcomes domain includes response to the following statements:

- I deal more effectively with daily problems.

^{5*}“Unknown” category is determined by respondents who selected either “don’t know/unknown”, “Don’t want to answer/Decline” or did not select any response.

- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My housing situation has improved.
- My symptoms are not bothering me as much.

Since 2018, there has been a significant upward trend ($p < 0.01$) in the treatment outcomes domain, and 56.9% of the respondents had positive responses to the statements included in this domain.

Analyzing responses by self-identified race and ethnicity, compared against each other, white respondents showed significantly higher levels of satisfaction with treatment outcomes than other groups. Black or African American respondents, as well as American Indian or Alaska Native respondents, both showed significantly lower rates of satisfaction relative to other groups.

Treatment Status

At the time of the survey, 70.6% of respondents were still receiving mental health services. Over the last five years, there has been an increase (significant upward trend [$p < 0.01$]) in respondents currently receiving mental health services at the time of the survey. Those that were still in treatment reported seeing their most recent mental health provider for:

- 61.0% for “one year or more”
- 19.5% for “6 months to less than 1 year”
- 9.3% for “3-5 months”
- 5.4% for “1-2 months”
- 4.9% for “less than 1 month”

Since 2019, when this question was introduced, there has been an increase (significant upward trend [$p < 0.01$]) in respondents seeing, or having seen, their most recent provider for one year or more. There has been a decrease (significant downward trend) in respondents who have seen their most recent provider for 6 months to less than a year ($p < 0.01$) and for those who have seen their providers for less than a month.

Among those who were no longer receiving services, 25.4% of respondents indicated they no longer needed treatment because the problem that led to treatment was resolved, while 11.9% reported stopping treatment because they felt their treatment was not working. A small portion of participants reported having problems finding time for treatment (12.8%), paying for treatment (1.6%) or with transportation (1.6%). A large portion (46.6%) of participants were no longer receiving services for reasons other than those listed above. These participants described their personal reasons for leaving treatment.

Since 2018, fewer respondents stopped treatment because their “problem” was resolved (significant downward trend [$p < 0.01$]). While there was not a significant upward trend in those who felt treatment wasn’t working, there was a significant upward trend ($p < 0.01$) in write-in responses. This suggests that the reason respondents are stopping treatment is outside the options included in this survey. Write-in responses are gathered and provided to OHA. Additionally, there was a decrease (significant downward trend [$p < 0.01$]) in those who stopped treatment due to problems paying for care.

Those that were no longer receiving treatment reported following lengths of treatment:

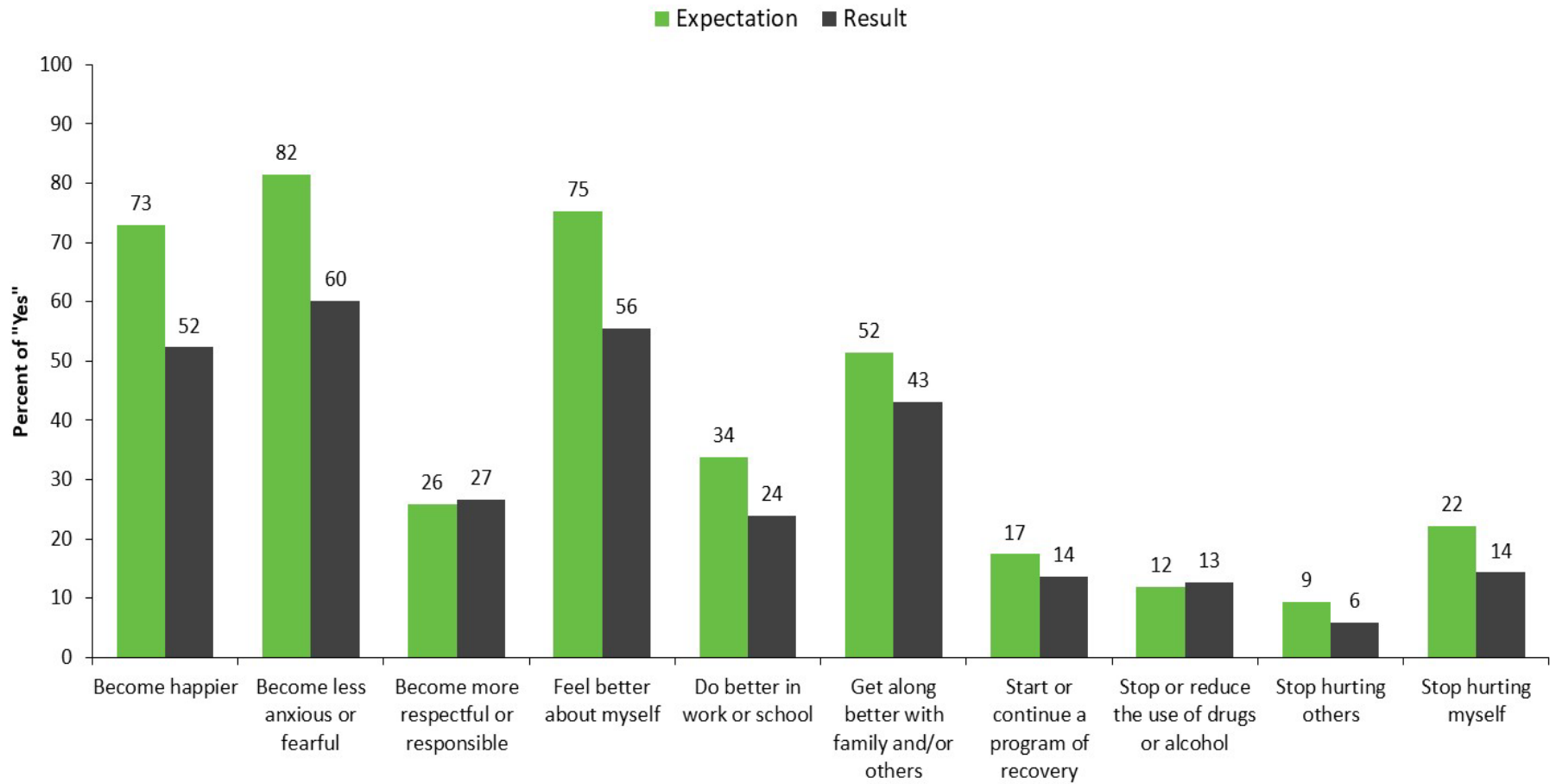
- 31.4% “one year or more”
- 28.1% “6 months to less than 1 year”
- 18.6% “3-5 months”
- 13.4% “1-2 months”
- 8.4% “less than 1 month”

Expectation and Results

The most frequently reported expectations of mental health treatment were to become less anxious or fearful (81.5%), to feel better about oneself (75.3%) and to become happier (73.0%). Since 2018, there has been a significant upward trend in the expectation of becoming less anxious or fearful ($p < 0.01$), feel better about oneself, and becoming happier ($p < 0.01$). Figure 3 summarizes expectations and results of mental health services.

Over the last five years, there has been a significant upward trend ($p < 0.01$) of respondents feeling treatment had resulted in them becoming happier, feeling less anxious or fearful, and feeling better about themselves.

Figure 3. 2022 Respondent Expectations of Treatment and Results.



Since 2018, there has been a significant downward trend in respondents entering mental health treatment with the expectation to start or continue a program of recovery, stop or reduce the use of drugs or alcohol, and to stop hurting others (all, $p < 0.01$). There has also been a significant downward trend in those hoping to become more respectful and responsible ($p < 0.01$) or to stop hurting themselves.

When comparing respondent's reported expectation of treatment with their achieved results, there was a significant ($p < 0.01$) upward trend in respondents becoming less anxious or fearful through treatment. However, there were significant downward trends in those who reported:

- Realizing their expectations to become more respectful or responsible
- Doing better in work or school
- Stopping or reducing the use of drugs or alcohol
- Stopping hurting others ($p < 0.01$) and stopping hurting themselves

The majority (70.6%) of respondents were still in treatment at the time of the survey and were included in this analysis.

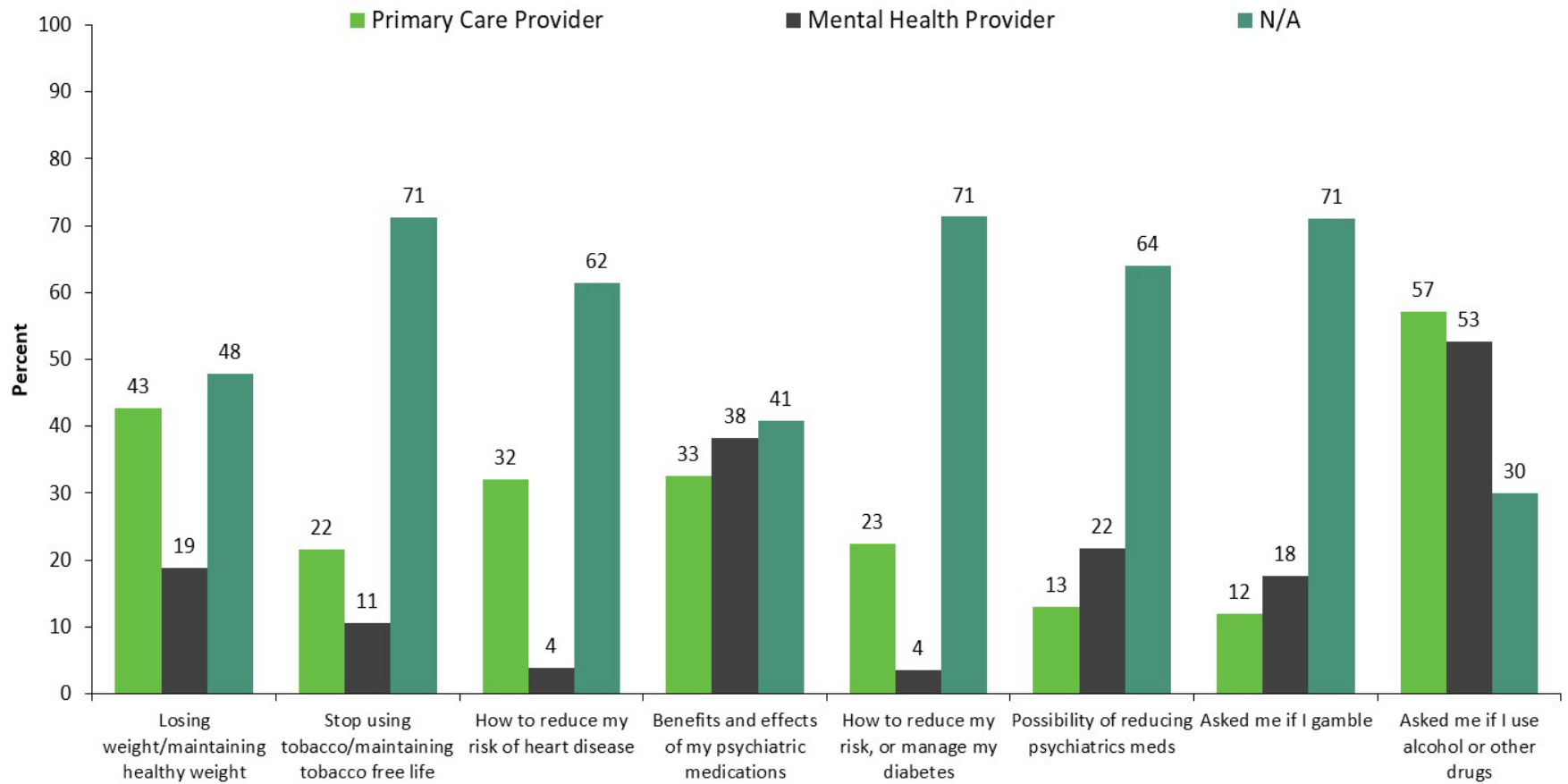
Care Providers

Primary care providers manage day-to-day health needs, including physical health and behavioral health. Having a primary care provider helps keep individuals healthier and lowers medical costs. Among respondents, 81% reported having a primary care provider who gives them checkups, routine medical care and advice.

Since 2018, there has been a significant downward ($p < 0.01$) trend in respondents who had a primary care provider.

Figure 4 presents the percentage of respondents who indicated that their primary care or mental health provider talked with them about each issue.

Figure 4. 2022 Responses to the question: Did your provider talk to you about these issues?



Since 2018, there has been a significant upward trend in both mental health providers and primary care providers asking about alcohol or other drug use. With the exception of asking about alcohol or other drug use (where there was no trend), there has been a significant upward ($p < 0.01$) trend in respondents who indicated that the topics in Figure 4 were not applicable to them.

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. CCBHCs are required to provide services, either directly or with a designated collaborating organization, which include:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Screening, assessment and diagnosis including risk management
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Targeted case-management
- Psychiatric rehabilitation services
- Peer support, counseling services and family support services
- Services for members of the armed services and veterans
- Connections with other providers and systems (criminal justice, foster care, child welfare, education, primary care, hospitals, etc.)

When comparing satisfaction in the service domains between respondents who received mental health care at a CCBHC with those who were not, those who received services at a CCBHC were significantly less satisfied with access, daily functioning, general satisfaction, participation, quality/appropriateness, social connectedness, and treatment outcomes (all, $p < 0.01$).

Discussion topics between providers and respondents were also analyzed and significant statistical differences were identified between those who received services at a CCBHC versus those who did not. Those who received services at a CCBHC were more likely to report that their mental health provider had spoken with them about their gambling ($p < 0.01$) and tobacco usage. Mental health providers at CCBHCs were also significantly more likely to have discussed the benefits and side effects ($p < 0.01$) of psychiatric drugs as well as the possibility of reducing psychiatric drug usage. Additionally, those who received care at a CCBHC were significantly more likely to have their physical health provider speak with them about tobacco cessation ($p < 0.01$).

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.⁶ 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.

MHSIP domain responses from those enrolled in CCOs vs. those who are on an open card were compared. No statistically significant differences were noted with their satisfaction in six of seven domains. CCO members were significantly more satisfied in the Quality/Appropriateness domain than those on an open card. The Quality/Appropriateness domain includes statements regarding clinic staff and the comfort of respondents receiving treatment (see Table 1).

Further analysis of respondents’ 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

The COVID-19 pandemic necessitated restrictions on face-to-face services for many mental and physical health providers. Increased access to health services via telehealth became necessary to ensure access to services. Questions related to telehealth services were added to the 2020 MHSIP survey and it is unknown how the COVID-19 pandemic may have influenced respondents’ feelings regarding virtual sessions. While some comparisons were made between the last three years of data, analysis should be approached cautiously.

During the last 12 months, most (79.6%) respondents had one or more virtual visits with their mental health provider. Unsurprisingly, there was a significant upward trend ($p < 0.01$) in respondents who had used telehealth since 2020.

Rural respondents were significantly ($p < 0.01$) less likely to have had a telehealth session with any provider during the last 12 months when compared to urban, frontier and unknown locations.

Respondents whose primary language was not English or Spanish were significantly less likely to have had a virtual session in the last 12 months. Determining why non-English/non-Spanish speakers had lower rates of telehealth usage is outside the scope of the survey and an area for further research.

Respondents who identified as Asian or Black or African American were significantly more likely to have had a virtual session in the last 12 months.

Respondents who identified as male were significantly ($p < 0.01$) less likely to have had a telehealth session with any provider during the last 12 months when compared to those who identify as female, transgender and other.

⁶ [Oregon Health Authority: OHP Data and Reports: Oregon Health Plan.](#)

Figure 5. “How satisfied were you with the virtual session(s) compared to in-person sessions?”



Figure 5 shows the percentage of respondents who replied as satisfied (Strongly satisfied or satisfied), neutral, or dissatisfied (strongly dissatisfied, dissatisfied) when comparing their virtual session with in-person sessions. Over the last three years, there has been a significant upward trend ($p < 0.01$) in respondents feeling strongly satisfied with virtual sessions.

Respondents agreed or strongly agreed with the following statements:

- 71.0% stated “I liked not traveling to appointments.”
- 64.9% stated “Arranging childcare was easier for virtual sessions.”
- 60.1% stated “It was easier to schedule appointments for virtual sessions.”
- 49.5% stated “I prefer seeing my provider in-person.”
- 48.7% stated “I had lower anxiety around my virtual sessions.”
- 35.9% stated “It was easier for me to focus in the virtual sessions.”

Privacy during virtual sessions was a concern for 21.8% of respondents and 21.6% agreed that they were less comfortable talking to their provider virtually.

Since 2020, there has been a significant upward trend ($p < 0.01$) in respondents who stated they had lower anxiety during virtual sessions, and it was easier for them to focus. There was a decrease (significant downward trend [$p < 0.01$]) in respondents who:

- Were concerned about privacy during virtual sessions
- Preferred seeing their provider in person
- Were less comfortable speaking with a provider virtually

While self-identified women were less likely to state they were satisfied with virtual sessions, they were also less likely to state they preferred to see their provider in person. Self-identified males were significantly more likely to prefer seeing their provider in person ($p < 0.01$) rather than virtually.

Respondents who did not have virtual sessions were asked their reasons for not using telehealth: 52.8% preferred to see their provider in person, 6.9% lacked the technology to access virtual sessions, and 5.5% had privacy concerns. Some respondents (11.5%) reported not being aware if telehealth sessions were offered, while some respondents stated their provider did not offer virtual sessions (7.9%). Respondents could select more than one reason for not using virtual sessions.

While there was some variation when analyzing responses to telehealth questions based on race and ethnicity, none are included in this report due to small number limitations.

Coordination of Care

Effective coordination of care between mental health service providers and other providers is an important part of comprehensive health care. Excluding those who did not need or receive other services, most respondents were satisfied (satisfied, somewhat satisfied or strongly satisfied) with coordination between their mental health provider and physical health providers (76.4%), other mental health providers (75.3%) and hospitals (69.7%). However, there has been a significant downward trend in satisfaction with coordination with hospitals and with physical health providers.

Over a fifth of respondents reported needing but did not receiving employment services (21.6%) or Aged & Physically Disabled Services (21.1%).

Trauma

Trauma is a significant concern from a public health perspective because it has been linked to chronic health problems such as heart disease, liver disease and early death, as well as mental, emotional and behavioral disorders. Understanding an individual's experience of any traumatic event helps with diagnostic clarity as well as treatment options and planning. Trauma-informed care begins with understanding an individual's experience. Nearly three-quarters of respondents (74.0%) had been asked about their history of trauma, and 9.1% were unsure if they had been asked. Over the last five years, there has been a significant upward trend ($p < 0.01$) in mental health service providers asking about respondents' history of trauma.

Of those who reported they had been asked or were not sure if they had been asked, 65.4% felt that problems related to their trauma had been adequately addressed during treatment, 15.8% were unsure, and 11.2% felt their trauma-related problem had not been addressed. Since 2018, there has been an increase (significant upward trend [$p < 0.01$]) in respondents who felt their trauma was adequately addressed during treatment.

Self-identified men were significantly less likely to have been asked about their history of trauma or feel their problems related to trauma had been adequately addressed ($p < 0.01$) when compared to women, transgender or those of other self-identified genders. However, self-identified men have continued to show a significant upward trend ($p < 0.01$) in both being asked about trauma and having their trauma addressed during treatment over the last five years.

Peer-Delivered Services

Since 2007, Oregon has recognized the value of peer-delivered services to assist individuals and transform Oregon's behavioral health system into a recovery-based system of care. OHA continues to work on strategies to increase the use and availability of peer-delivered services.

While only 11.7% of respondents had ever used peer-delivered services, most (81.1%) found them to be helpful. Since 2018, there have been no significant trends in the percentage of respondents who have used peer-delivered services.

Crisis

Over one-third (34.7%) of adults receiving mental health services needed assistance as the result of a mental health crisis. Respondents self-determined whether they had experienced a crisis. Of those who needed assistance, 76.1% were satisfied with the response of their mental health provider.

Since 2018, there have been no significant trends in those who needed assistance, though there has been a significant upward trend in those that reported that their mental health provider assisted them with the crisis in a satisfactory manner.

Housing

Safe and secure housing is an essential part of maintaining good mental health and consistent access to services. In 2022, nearly a quarter (23.4%) of respondents wanted or needed housing or better housing. In addition, 66.4% of respondents currently own or rent their own home or apartment, and 22.3% live in someone else's home or apartment.

In the last 12 months, some respondents had:

- Been homeless (4.2%)
- Lived in a residential substance abuse setting (1.2%)
- Or lived in one of the following:
 - Jail or correctional facility (0.8%)
 - Crisis program (0.8%)
 - Medical hospital (1.2%)
 - Psychiatric hospital (1.4%)

Respondents could select more than one option. It should be noted that respondents whose MMIS enrollment data did not include a viable address or were no longer living at the address indicated in the survey sample were unlikely to receive a copy of the survey and, therefore, may not be able to submit a survey or be included in this data. All addresses were checked using the National Change of Address system maintained by the United States Postal Service prior to each mailing.

Since 2018, there have been significant upward trend ($p < 0.01$) in respondents who lived in their owned or rented home or apartment in the last 12 months as well as those who currently live in their own or rented home or apartment.

In 2022, 11.2% of respondents were connected to supported housing or rental assistance, while 10.2% of respondents received supported housing services. Since 2018, there has been a significant upward trend in respondents who received supported housing or rental assistance services.

Employment

More than a third of respondents (37.0%) were unemployed. The remainder reported they were:

- Competitively employed working either
 - 35+ hours per week (18.4%),
 - 17-34 hours per week (12.8%), or
 - less than 17 hour per week (5.6%)
- Or they were self-employed (9.4%)

Furthermore, 1.8% of respondents performed volunteer work and 14.9% indicated “other” as their employment status.

While 24.7% of respondents stated they “wanted or needed a better job,” only 6% reported receiving supported employment services. A small number (13.6%) said they found a job or a better job.

Since 2018, there has been a significant downward trend ($p < 0.01$) in those who wanted or needed a better job. There has also been a significant upward trend in respondents who both said they wanted or needed a better job and reported getting a job or better job ($p < 0.01$).

Since 2018, there has been a significant upward trend ($p < 0.01$) in respondents who reported being competitively employed and working more than 35 hours per week, with 2022 registering the highest rate (18.4%) since 2018.

Income

In 2022, both earned employment and entitlement programs were common sources of income. Respondents could select more than one source of income:

- Earned employment (40.9%)
- Social Security Disability Insurance (17.0%)
- Supplemental Security Income (14.4%)
- No income source (16.6%)
- Family member or friends (12.2%)
- Unemployment insurance (0.8%)
- Social Security Retirement (3.4%)
- Child support/alimony (3.2%)
- Temporary Assistance to Needy Families (2.9%)

Small numbers of respondents received income from trusts (0.8%), pensions from former job (0.8%), veteran’s disability payment (0.5%), and private disability or workers compensation (0.3%).

Since 2018, there has been an increase (significant upward trend [$p < 0.01$]) in respondents receiving earned income. While there was a decrease in respondents receiving unemployment insurance

compared to 2021 data, temporary expansion of the program during the COVID-19 pandemic means caution should be taken during analysis.

Law Enforcement

Respondents were asked if they were arrested in the 12 months before they received mental health treatment, with 4.6% of respondents stating they had. Only 1.7% of respondents reported that they had been arrested in the 12 months after they began receiving treatment.

Of these who had been arrested either before or after treatment, 19.3% said that police referred them to a mental health service such as a crisis program or shelter rather than taking them to jail. When asked if their encounters with police had changed after beginning treatment, 6.4% said encounters had gone down, 1.0% said encounters with the police had gone up, 4.0% said encounters had stayed the same and 88.6% said they had no encounters with the police. Over the last five years, there has been an increase (significant upward trend [$p < 0.01$]) in the percentage of respondents having no police encounters.



Residential Survey

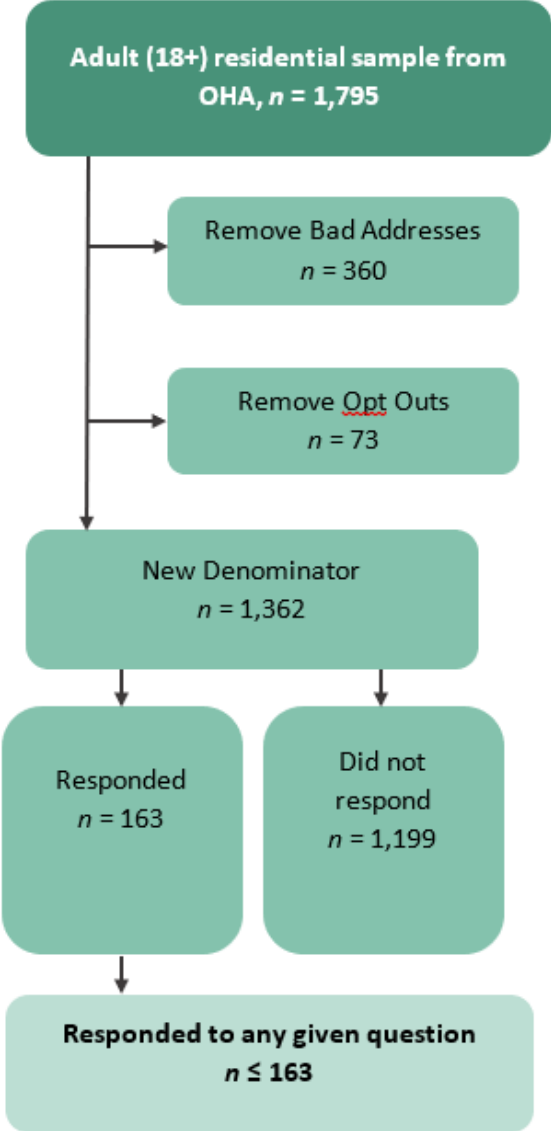
Response Rate

The residential survey was sent to all adults (n=1,795) in Oregon who received at least one day of Medicaid-funded treatment in a residential or adult foster care facility during 2021. Statewide, 163 adults responded to the 2022 residential survey for a response rate of 12.0%. Most (79.1%) completed the survey on paper and returned it by mail, while the remainder completed the survey online (there is no incentive offered for online participation for the residential survey). Caregivers were able to assist those participants who requested help but must indicate their involvement at the beginning of the survey.

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 6 for details.

Figure 6. Consort Diagram Showing Survey Sampling Process and Response Rate Calculation.



Demographics

The self-reported race and gender of respondents are summarized in Table 4, along with ethnicity, age and location.

Table 4. Demographic Characteristics.

Demographic Characteristics		Respondents
Race and ethnicity	American Indian or Alaska Native	2%
	Asian	5%
	Black or African American	4%
	Hispanic	1%
	Multiracial	4%
	Native Hawaiian or Other Pacific Islander	1%
	White	60%
	Other*	4%
	Unknown**	18%
Hispanic Indicator***	Hispanic or Latino	2%
	Not Hispanic or Latino	80%
	Unknown	18%
Gender	Female	37%
	Male	54%
	Transgender	1%
	Other	3%
Age***	18 to 25	6%
	26 to 64	77%
	65+	18%
Location***	Urban	63%
	Rural	29%
	Frontier	6%
	Unknown	2%

*"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.

**The "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 claims data.

Residential Results

Domain Satisfaction

Satisfaction was highest in the quality/appropriateness (74.9%) domain and lowest in the daily functioning (59.8%) domain. Table 5 summarizes statewide domain satisfaction. The exact questions included in each domain can be referenced in Table 1.

The adult residential survey population is smaller than the adult outpatient population. Analysis of responses by race and ethnicity is limited by small numbers which do not allow for analytically sound comparison or trending. Additionally, there were small number limitations for self-identified transgender or “other” genders. Participants who identified as transgender or “other” could not be trended but were included in the comparison group.

Domain satisfaction according to CCO, region, self-identified primary race and ethnicity, racial groups and location are presented in Appendix D and G, respectively.

Table 5. Weighted Domain Satisfaction.

Domain	Satisfied
Access	70.4%
Daily functioning	59.8%
General satisfaction	71.0%
Participation	66.2%
Quality/Appropriateness	74.9%
Social connectedness	66.7%
Treatment outcomes	62.8%

Access

The access domain includes response to the following statements:

- The location of services was convenient (parking, public transportation, distance, etc.).
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my call in 24 hours.
- Services were available at times that were good for me.
- I was able to get all the services I thought I needed.
- I was able to see a psychiatrist when I wanted.

Since 2018, satisfaction with the access domain has shown a significant downward trend with 70.4% of respondents being satisfied. During this period, urban respondents reported a significant downward

trend ($p < 0.01$) in satisfaction in the access domain. During the 2022 survey, no significant differences were noted when comparing urban responses to rural, frontier and unknown combined responses.

Daily Functioning

The daily functioning domain includes responses to the following statements:

- My symptoms are not bothering me as much.
- I do things that are more meaningful to me.
- I am better able to take care of my needs.
- I am better able to handle things when they go wrong.
- I am better able to do things that I want to do.

Over the last five years, no significant trends were noted in the responses to the daily functioning domain. Of the seven satisfaction domains, the daily functioning domain remains the lowest rated with 59.8% of respondents reporting satisfaction.

Respondents who self-identified as male have shown a significant downward trend in satisfaction with their daily functioning, but are not significantly less satisfied when compared to the other self-identified genders (female, transgender and other).

General Satisfaction

The general satisfaction domain asked if respondents liked the services they received, if they would use the same agency when given other options, and if they would recommend the agency to others.

Since 2018, satisfaction with the general satisfaction domain has shown a significant downward trend with 71.0% of respondents responding positively to statements included in this domain.

Respondents who self-identified as male have shown a significant downward trend ($p < 0.01$) in general satisfaction but are not significantly less satisfied than those who self-identified as other genders (female, transgender and other).

Urban respondents have shown a significant downward trend ($p < 0.01$) in general satisfaction, however, are no less satisfied than rural and frontier respondents.

Participation

The participation domain asks if the respondent felt comfortable asking questions about treatment or medications and if they decided their treatment goals rather than the staff.

Over the last five years, there were no overall trends noted in the participation domain with 66.2% of respondents feeling satisfied. There were also no significant trends or differences noted among respondent characteristics.

Quality/Appropriateness

The quality/appropriateness domain includes response to the following statements:

- Staff here believe my health can improve and I can recover.
- I felt free to complain.
- I was given information about my rights.
- Staff encouraged me to take responsibility for how I live my life.
- Staff told me what side effects to watch out for.
- Staff respected my wishes about who is and who is not to be given information about my treatment.
- Staff were sensitive to my cultural background (race, religion, language).
- Staff helped me obtain the information I needed so that I could take charge of managing my illness.
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).

Over the last five years, there have been no significant trends in the quality/appropriateness domain. In 2022, this domain received the highest percentage of positive responses with 74.9% of participants feeling satisfied with quality/appropriateness.

Urban respondents have reported a significant downward trend in satisfaction with quality/appropriateness, however, they are no less satisfied than rural and frontier respondents.

Social Connectedness

The social connectedness domain asks if respondents are:

- Happy with their friendships
- Have people they can do enjoyable things with
- Feel they belong in a community
- If they would have support during a crisis

Since 2018, there have been no significant trends in the social connectedness domain with 66.7% of respondents providing positive responses to the domain questions.

Respondents who self-identified as male have shown a significant downward trend in the social connectedness domain and are significantly less satisfied when compared to those who identify as female, transgender and “other.”

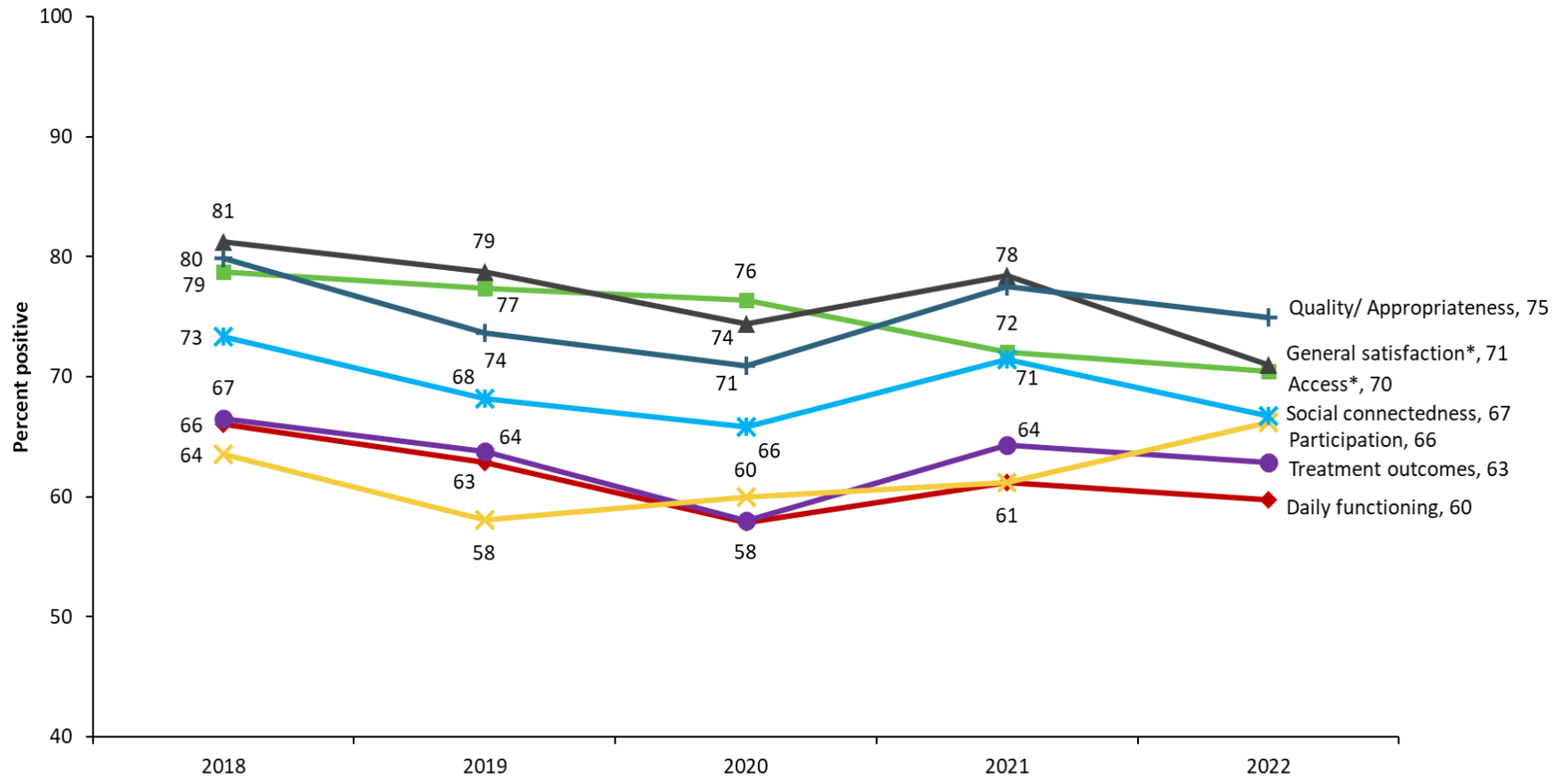
Treatment Outcomes

The treatment outcomes domain includes response to the following statements:

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My housing situation has improved.
- My symptoms are not bothering me as much.

Over the last five years, there have been no significant upward or downward trends in the treatment outcomes domain with 62.8% of respondents providing positive responses to the statements included in this domain. There were no significant trends or comparisons apparent when analyzing the data based on location, age group, self-identified gender, or race and ethnicity. Race and ethnicity analysis was limited by the small number of respondents in each group, with the exception of white respondents.

Figure 7. Residential Survey Domain Satisfaction Trends: 2018–2022.



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

Treatment Status

At the time of the survey, most respondents (93.7%) were still receiving mental health services. The question does not specify whether these services were residential or outpatient. Individuals who received residential and outpatient services would be included in the adult residential survey population. When asked how long they had been receiving services from their current provider, respondents reported:

- 71.7% for “One year or more”
- 11.0% for “6 months to less than 1 year”
- 9.4% for “3-5 months”
- 4.5% for “1-2 months”
- 3.5% for “Less than 1 month”

Since 2019, there has been a decrease (significant downward trend) in the percentage of respondents who were seeing their provider for six months to one year. There were no other significant trends regarding current treatment or treatment duration.

Expectation and Results

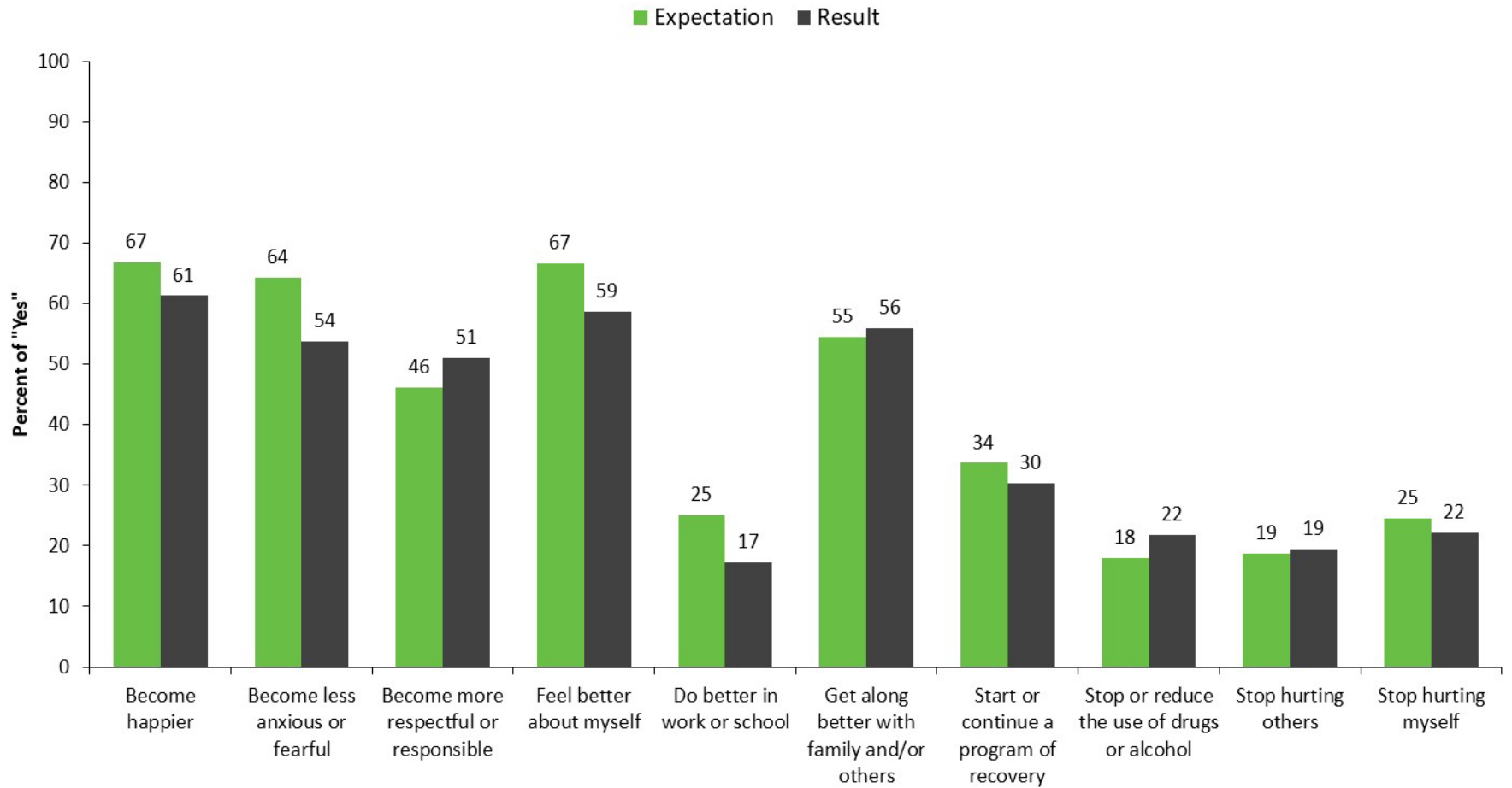
Respondents who received residential mental health services most frequently reported wanting to become happier (66.8%), feel better about oneself (66.6%) and become less anxious or fearful (64.3%). When matching the respondents’ expectations from treatment to their results from treatment, 75.8% felt better about themselves, 73.6% had become happier, and 70.5% had become less anxious or fearful.

Since 2018, there has been a significant upward trend in those who expected to become happier due to treatment. However, there has been a downward trend in those who achieved the expected result of being happier due to treatment. During this time, there have also been downward trends in those who achieved their expected result of doing better in work or school, and starting or continuing a program of recovery.

The majority (93.7%) of survey respondents were still receiving mental health treatment at the time of the survey and may not have yet achieved all the results they expected.

Figure 8 summarizes respondent’s expectations and results of mental health services.

Figure 8. 2022 Respondent Expectations of Treatment and Results.



Residential Treatment Services

Residential treatment is a higher acuity service than outpatient care, designed for individuals who need additional support and are presently unable to live in a less restrictive setting. Respondents were asked why they were in a residential treatment facility. Their responses included:

- “I want mental health treatment so I can get better.” (39.0%)
- “I need help taking care of myself.” (35.4%)
- “I need housing.” (33.7%)
- “I am under the jurisdiction of the Psychiatric Security Review Board, or I have other legal requirements.” (17.6%)
- “Other” (16.4%)
- “I am civilly committed and the county wants me to be here.” (13.2%)
- “My guardian wants me here.” (13.0%)
- “I want addictions treatment so I can get better.” (6.7%)

Since 2018, there has been a decrease (significant downward trend) in those who stated they were living in a residential facility because their guardian wanted them in residential treatment.

Respondents were also asked about their progress and over two-thirds of respondents (67.2%) felt they had made progress with their mental health. Additionally, respondents reported making progress in areas of social and recreation (61.8%), activities of daily living (61.5%), self-care (51.6%), physical health (48.8%), and managing money (48.3%). There has been a significant increase between 2021 and 2022 in those who felt they made progress in their social and recreational skills.

While services varied, the most commonly cited services by adults receiving residential mental health services included:

- Medication management (71.1%)
- Support with activities of daily living (57.7%)
- Psychiatric visits (52.4%)
- Social and recreational activities (47.5%)
- Care coordination (43.5%)
- Social skills training (40.9%)
- Skills training (either individual or group) (35.1%)
- Physical health counseling (32.0%)
- Peer counseling/mentorship (31.5%)
- Individual, family, or group psychotherapy (28.1%)

Since 2018, there has been a significant upward trend in respondents receiving support with activities of daily living (cleaning, bathing, cooking, dressing, etc.).

When asked if they had ever used peer-delivered services, 35.5% said “yes,” 41.9% said “no” and 22.6% were “not sure.” Of those who had used the service, most (78.7%) found it helpful. In the last five years, there has been a significant upward trend in respondents who have received peer-delivered services.

When asked if they felt ready for more independent living, 39.6% of respondents answered “yes,” 45.8% responded “no,” and 14.6% were not sure. Respondents who were not ready, or not sure if they were ready for more independent living, selected the reasons they felt this way. The most common explanations were:

- “I like it here.” (66.2%)
- “I don’t have the skills to live on my own.” (56.9%)
- “I am worried that if I leave, I won’t get the help I need.” (45.5%)
- “I am worried that I will get sick again.” (44.5%)
- “I don't know where else I would go.” (41.6%)
- “I have lived on my own before and it did not work.” (41.0%)
- “My symptoms are too bad right now.” (40.5%)

A very small portion didn’t feel like they have the support from staff (3.0%) or had legal reasons that kept them in residential treatment (7.7%). Respondents were allowed the option to select several reasons for not being ready for more independent living.

The percentage (35.6%) of respondents who listed “I don’t have a plan” ($p < 0.01$) as a reason for not feeling ready for more independent living has had a significant upward trend as had those (44.5%) who were “worried [they] would get sick again.”

Care Providers

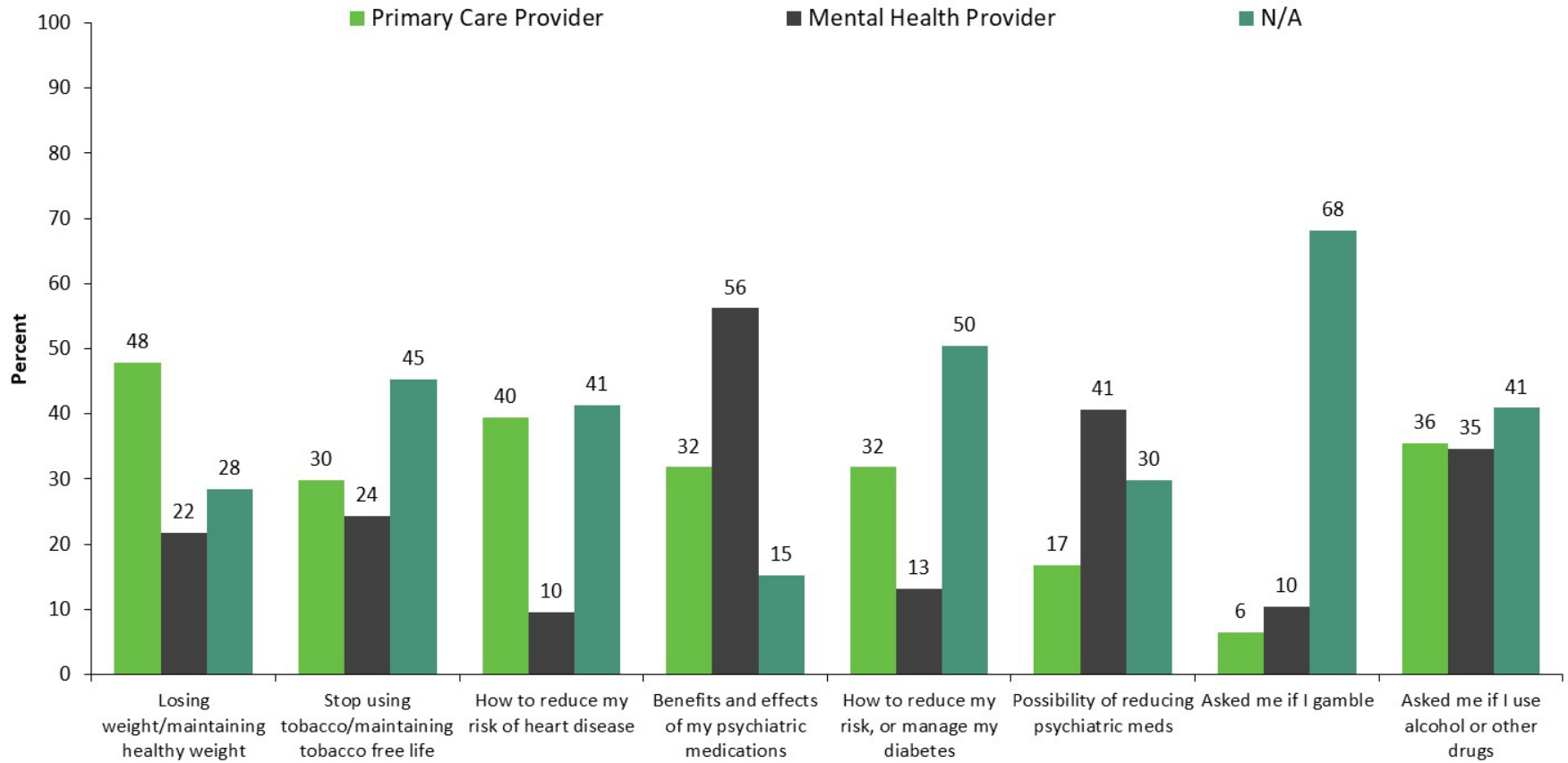
Primary care providers and mental health providers are all vital members of a health care team. Prevention, identification and treatment of any health care issue may begin with one provider and then be handed off or coordinated with other providers. Among respondents, 95.1% reported having someone who gives them checkups, routine medical care and advice. While there has been an overall upward trend in respondents having someone to discuss medical issues with, there is year-over-year volatility in the data.

Figure 9 presents the percentage of respondents who indicated that their primary or mental health provider talked with them about each issue.

Since 2018, more respondents (significant upward trend) have stated that questions around reducing their risk of heart disease, gambling, and reducing their risk or managing their diabetes ($p < 0.01$) were not applicable to them.

Over the last five years, there has been a significant downward trend in respondents reporting that their physical health provider had asked about reducing their risk of heart disease or losing or maintaining a healthy weight.

Figure 9. 2022 Responses to the question: Did your provider talk to you about these issues?



Coordination of Care

Effective coordination of care between mental health service providers and other providers is an important part of comprehensive health care. Respondents were asked to evaluate how their mental health service provider coordinated with their other providers. Excluding those who did not need or receive other services, respondents were most satisfied (satisfied, somewhat satisfied, or strongly satisfied) with coordination with their physical health provider (92.4%), hospitals (89.7%) and other mental health providers (85.1%). Since 2018, there have been no significant trends regarding satisfaction with care coordination for all provider types.

Among respondents who needed but did not receive a service, developmental disabilities (14.1%), Aged & Physically Disabled (APD) Services (12.1%), corrections (12.1%) and employment services (12.0%) were most frequently indicated.

Trauma

Over half (53.5%) of respondents said their mental health provider asked about their history of trauma. Of those, 58.5% said problems related to their trauma were adequately addressed during treatment and 12.5% said it had not been adequately addressed. Some respondents (18.8%) said they were not sure if their trauma was addressed, and a few (10.1%) said it was not applicable.

While there have been no overall significant trends regarding asking or addressing trauma during treatment, when looking at self-identified genders, women were significantly more likely to feel that the problems related to their trauma had been adequately addressed than men. Those who identified as transgender or “other” were too few for statistical trending or comparison but were included in the comparison groups when isolating those who identified as male or female.

Crisis

Nearly half of adults (44.5%) who had received residential mental health services needed assistance as the result of a mental health crisis. The survey did not define mental health crisis and it was self-identified by respondents. Of those who needed assistance, 80.1% reported that their mental health provider had assisted them during a crisis while 12.4% said they had not. Of those who needed assistance, 73.2% said they were assisted in a satisfactory manner while 16.0% were not.

Since 2018, there has been a significant upward trend in those needing assistance due to a mental health crisis. There have been no trends regarding if they received assistance or if they were satisfied.

Housing

Stable and safe housing is an important part of maintaining good mental health. While most (93.7%) respondents were currently receiving mental health services, this does not mean they were still receiving this service while in a residential setting. In 2022, 42.9% of respondents wanted or needed housing or better housing and 26.9% said they had found new or better housing.

While 40.7% of respondents reported that their service provider or any other community mental health program offered them a choice of housing, there has been a significant downward trend in this response for those respondents who wanted or needed better housing.

At the time of the survey:

- 60.1% of respondents currently lived in a mental health residential treatment facility
- 21.8% identified “other” living status
- 13.4% were living in their own home or apartment

In the last 12 months, respondents had lived in any of the following:

- 42.3% in a residential treatment facility
- 24.6% in a “other” living situation
- 12.4% owned or rented a home or apartment
- 6.9% in someone else’s home or apartment
- 5.8% in a psychiatric hospital
- 5.8 in a medical hospital

Few had been homeless (2.2%) or lived in a crisis program (4.8%) or residential substance abuse treatment program (5.2%). Respondents could live in multiple location during the last twelve months.

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.

Nearly one-third (30.4%) of adults received assistance from supported housing services. When asked why they were currently in a residential facility, one-third (33.7%) indicated that they needed housing.

When asked what their options would be if they were ready for more independent living, 37.4% of respondents indicated “living in my own apartment or home” and 30.6% reported “I don’t know.” Some (11.9%) respondents indicated they could live with family or friends and 11.8% stated “other.” Respondents were allowed to select multiple options.

Employment

While most respondents (72.4%) were unemployed, 15.5% were currently looking for work. Those that were employed reported the following employment status:

- 8.4% were competitively employed working 1 to 35+ hours per week
- 3.0% were self-employed
- 4.7% performed volunteer work
- 11.5% indicated “other” employment status

When asked if they wanted or needed a job or better job, 31.8% said they did. Nearly a quarter (24.0%) of respondents said their service provider tried to help them find a job or better job and 19.9% said they received supported employment services. When asked if they had found a job or better job, 14.2% of respondents said that they had.

Income

Over half of residential respondents (56.1%) receive income from Supplemental Security Income, 43.4% receive Social Security Disability Insurance, and 7.4% receive Social Security retirement. Since 2018, there has been an increase in respondents who received Supplemental Security Income. There were no other statistically significant trends identified.

Law Enforcement

The majority of respondents (75.6%) reported not having encounters with police. Of those who were arrested (in the 12 months before receiving treatment (12.0%) or in the 12 months after receiving treatment (2.6%)), one third (33.7%) reported that police referred them to a mental health service such as a crisis program or shelter rather than taking them to jail.

Over the last five years, there have been no significant upward or downward trends regarding respondents' arrests or encounters with police.

Conclusion

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

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

The Oregon legislature appropriated more than \$1.35 billion in the 2021-2023 biennium to transform Oregon's behavioral health system. OHA has prioritized the following six areas to allocate these funds and focus efforts to improve the behavioral health system:

- Aid and Assist: Funding to provide treatment, housing and other supports for people who are not competent to face a criminal proceeding due to the severity of their mental health issue
- Behavioral Health Crisis System/988: Funding to improve Oregon's for crisis care and support, including development of a 24/7 hotline for people experiencing a behavioral health crisis
- Ballot Measure 110 implementation: Funding for drug treatment and recovery services in Oregon counties
- Behavioral Health Housing/Social Determinants of Health: Funding for expansion of residential settings for people with serious and persistent mental illness
- Behavioral Health Workforce: Funding for behavioral health providers for staff compensation, workforce retention and recruitment
- Investment/Innovation: Funding for to better coordinate access to care, incentivize culturally and linguistically specific services, invest in workforce diversity and support staff recruitment

More information can be found at OHA's Behavioral Health Services website:

<https://www.oregon.gov/oha/HSD/AMH/Pages/index.aspx>

And the full report Key Behavioral Health Investments Update, November 2022 is available at

<https://www.oregon.gov/oha/HSD/AMH/docs/BH-Investment-Update-Q322.pdf>

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](#).



Appendices

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Appendix A: Survey Data Security and Quality Assurance Procedures

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

- Adult outpatient – English version
- Adult outpatient – Spanish version
- Adult residential – English version
- Adult residential – Spanish version

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



Survey ID: [Survey ID]

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.
- Please check this box if, for any reason, this survey is being completed by someone other than [FIRST NAME] Thank you.

Relationship to [FIRST NAME]: _____

Please tell us about the outpatient mental health services you received between January 1, 2021 and now. If you received services from more than one provider since **January 1, 2021**, then please rate only your *most recent* outpatient mental health service 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 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	Not Applicable
<i>As a Direct Result of Services I Received from this Provider...</i>						
1. I deal more effectively with daily problems.	5	4	3	2	1	9
2. I am better able to control my life.	5	4	3	2	1	9
3. I am better able to deal with crisis.	5	4	3	2	1	9
4. I am getting along better with my family.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5. I do better in social situations.	5	4	3	2	1	9
6. I do better in school and/or work.	5	4	3	2	1	9
7. My housing situation has improved.	5	4	3	2	1	9
8. My symptoms are not bothering me as much.	5	4	3	2	1	9
9. I do things that are more meaningful to me.	5	4	3	2	1	9
10. I am better able to take care of my needs.	5	4	3	2	1	9
11. I am better able to handle things when they go wrong.	5	4	3	2	1	9
12. I am better able to do things that I want to do.	5	4	3	2	1	9
<i>You should respond to the following items based on your experience with your most recent mental health provider.</i>						
13. I like the services that I received here.	5	4	3	2	1	9
14. If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
15. I would recommend this agency to a friend or family member.	5	4	3	2	1	9
16. The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
17. Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
18. Staff returned my call in 24 hours.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
19. Services were available at times that were good for me.	5	4	3	2	1	9
20. I was able to get all the services I thought I needed.	5	4	3	2	1	9
21. I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
22. Staff here believe my health can improve and I can recover.	5	4	3	2	1	9
23. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
24. I felt free to complain.	5	4	3	2	1	9
25. I was given information about my rights.	5	4	3	2	1	9
26. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
27. Staff told me what side effects to watch out for.	5	4	3	2	1	9
28. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
29. I, not staff, decided my treatment goals.	5	4	3	2	1	9
30. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
31. Staff helped me obtain the information I needed	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
so that I could take charge of managing my illness.						
32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line).	5	4	3	2	1	9
33. My most recent service providers(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	5	4	3	2	1	9

For questions 34-37, please answer for relationships with people other than your mental health providers.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
34. I am happy with the friendships I have.	5	4	3	2	1	9
35. I have people with whom I can do enjoyable things.	5	4	3	2	1	9
36. I feel I belong in my community.	5	4	3	2	1	9
37. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1	9

38. How long have you received services from your most recent mental health provider?

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

39. Are you still receiving mental health services? (If yes, skip to question 40)

- | | | |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Don't know |
|---------------------------------|--------------------------------|--|

39a. If you are no longer receiving mental health services, please indicate why.

(Please check the ONE major reason why treatment ended)

- a. My problem was solved
- b. Treatment was not working.
- c. I had problems with transportation.
- d. I had problems paying for treatment.
- e. I could not find time for treatment.
- f. Other reason(s) (please describe):

40. In the past 12 months, have you had a virtual (video or phone) session with your mental health provider? (If no, skip to question 40c).

- a. Yes
- b. No

40a. 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

40b. 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
b. I preferred seeing my provider in-person.	5	4	3	2	1	9
c. Arranging childcare was easier for virtual sessions.	5	4	3	2	1	9
d. I had lower anxiety around my virtual sessions.	5	4	3	2	1	9
e. It was easier for me to focus in the virtual session.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
f. I was less comfortable talking to my provider virtually.	5	4	3	2	1	9
g. Privacy in virtual sessions was a concern for me.	5	4	3	2	1	9
h. It was easier to schedule appointments for virtual sessions.	5	4	3	2	1	9
i. Other (please describe):						

40c. 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. Other reason (please describe):

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

- a. Yes b. No

42. Your 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 you?

My health provider worked with:	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not need or receive these services	Needed but did not receive these services
Another mental health provider	5	4	3	2	1	9	8
Corrections	5	4	3	2	1	9	8

My health provider worked with:	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not need or receive these services	Needed but did not receive these services
Developmental Disabilities	5	4	3	2	1	9	8
Drug and Alcohol Treatment provider	5	4	3	2	1	9	8
Aged & Physically Disabled (APD) Services	5	4	3	2	1	9	8
Employment Services	5	4	3	2	1	9	8
Physical Health Provider	5	4	3	2	1	9	8
Hospitals (state, acute)	5	4	3	2	1	9	8

43. “When I started receiving services from my provider, I hoped I 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 myself.”
- e. ...do better in work or school.”
- f. ...get along better with family and/or others.”
- g. ...start or continue a program of recovery.”
- h. ...stop or reduce the use of drugs or alcohol.”
- i. ...stop hurting others.”
- j. ...stop hurting myself.”

44. “Since I started receiving services, I have... (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 myself.”
- e. ...done better in work or school.”
- f. ...been getting along better with family and/or others.”
- g. ...started or continued a program of recovery.”
- h. ...stopped or reduced the use of drugs or alcohol.”
- i. ...stopped hurting others.”
- j. ...stopped hurting myself.”

45. Do you have someone who gives you checkups, routine medical care, and advice?
(This might be a doctor, a nurse practitioner, or other people we call a primary care provider.) a. Yes b. No

46. My primary care provider or mental health service provider has talked to me about:
(Please check all that apply)

Health Issues	Primary Care Provider	Mental Health Provider	N/A
a. Losing weight/maintaining healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop using tobacco/maintaining tobacco free life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was informed about the benefits and side effects of my psychiatric medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Possibility of reducing psychiatric meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Asked me if I gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Asked me if I use alcohol or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. During the time that you were seeing your most recent outpatient mental health service provider, did you need any of the following services: *(Please check one answer for each question)*

Housing Services	Yes	No	Don't know	N/A
a. Did you want or need housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider or any other community mental health program offer you choices of housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were you connected to Supported Housing* or rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you receive Supported Housing* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Housing is affordable housing that may also provide rental assistance or on-site services such as healthcare or transportation services.*

Employment Services	Yes	No	Don't know	N/A
f. Did you want or need a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Services	Yes	No	Don't know	N/A
g. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you connected with Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did you receive Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Supported Employment** is a service that helps individuals find work in the community that matches their abilities, interests, and skills. Services might include a Job Developer who helps with the application and interview process or a Job Coach who provides support in learning the tasks of a new job. Job Coaches may also help to develop career goals.*

Assistance with a Mental Health Crisis	Yes	No	Don't know	N/A
k. Did you need assistance as the result of a mental health crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If you needed assistance, did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If you needed assistance, were you satisfied with the help you got from mental health services in your community, including your provider and any other mental health programs or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma	Yes	No	Not sure	N/A
48. When you first started to see your most recent mental health services provider, did the provider ask you about any history of trauma* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. If you experienced trauma* , were the problems related to this trauma adequately addressed during your 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.*

Peer Delivered Services		Yes	No	Not sure
49.	Have you ever used Peer Delivered Services *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a.	If you have used Peer Delivered Services *, were these services helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services are community-based services and supports provided by peers who have been in treatment and have similar lived experiences.*

50. Are you currently employed? (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> a. Competitively employed* , working more than 35 hours per week | <input type="checkbox"/> d. Self-employed |
| <input type="checkbox"/> b. Competitively employed* , working between 17 and 34 hours per week | <input type="checkbox"/> e. Not employed, looking for work |
| <input type="checkbox"/> c. Competitively employed* , working less than 17 hours per week | <input type="checkbox"/> f. Not employed, not looking for work |
| | <input type="checkbox"/> g. Volunteer work |
| | <input type="checkbox"/> h. Other |

**Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage.*

51. What is your source of income? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. No income source | <input type="checkbox"/> h. Veteran's disability payment |
| <input type="checkbox"/> b. Earned employment | <input type="checkbox"/> i. Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> c. Unemployment Insurance | <input type="checkbox"/> j. Private disability/Worker's compensation |
| <input type="checkbox"/> d. Supplemental Security Income (SSI) | <input type="checkbox"/> k. Pension from former job |
| <input type="checkbox"/> e. Social Security Disability Insurance (SSDI) | <input type="checkbox"/> l. Child support/Alimony |
| <input type="checkbox"/> f. Social Security Retirement | <input type="checkbox"/> m. Trust |
| <input type="checkbox"/> g. Family member/Friends | <input type="checkbox"/> n. Other |

Arrest History		Yes	No	Don't know
52a.	Were you arrested in the 12 months before you started treatment with your most recent outpatient mental health service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52b.	Were you arrested in the 12 months after you began seeing this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52c.	Did police refer you to a mental health service such as a crisis program or shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arrest History		Yes	No	Don't know
53.	Since you began receiving services from this provider, have your encounters with the police* ... <i>(Please check <u>one</u>)</i>			
	<input type="checkbox"/> a. Gone down		<input type="checkbox"/> c. Stayed the same	
	<input type="checkbox"/> b. Gone up		<input type="checkbox"/> d. Doesn't apply (no encounters with police)	
	*Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program.			

54. Where are you currently living? *(Please check one)*

- | | |
|--|--|
| <input type="checkbox"/> a. Own or rent home or apartment | <input type="checkbox"/> e. Skilled nursing facility |
| <input type="checkbox"/> b. Someone else's home or apartment | <input type="checkbox"/> f. Crisis program |
| <input type="checkbox"/> c. Substance abuse residential treatment facility | <input type="checkbox"/> g. Mental health residential treatment facility |
| <input type="checkbox"/> d. Homeless or homeless shelter | <input type="checkbox"/> h. Other |

55. Have you lived in any of the following places in the last 12 months?

(Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. Owned or rented home or apartment | <input type="checkbox"/> g. Psychiatric hospital |
| <input type="checkbox"/> b. Someone else's home or apartment | <input type="checkbox"/> h. Residential substance abuse treatment program |
| <input type="checkbox"/> c. Crisis program | <input type="checkbox"/> i. Skilled nursing facility |
| <input type="checkbox"/> d. Homeless or homeless shelter | <input type="checkbox"/> j. Residential treatment facility or home |
| <input type="checkbox"/> e. Jail or correctional facility | <input type="checkbox"/> k. Other |
| <input type="checkbox"/> f. Medical hospital | |

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

57. Which of the following describes your racial or ethnic identity?

(Please check ALL that apply.)

American Indian or Alaska Native	Asian	Black or African American
<input type="checkbox"/> 1. American Indian	<input type="checkbox"/> 9. Asian Indian	<input type="checkbox"/> 27. African American
<input type="checkbox"/> 2. Alaska Native	<input type="checkbox"/> 10. Cambodian	<input type="checkbox"/> 28. Afro-Caribbean
<input type="checkbox"/> 3. Canadian Inuit, Metis, or First Nation	<input type="checkbox"/> 11. Chinese	<input type="checkbox"/> 29. Ethiopian
	<input type="checkbox"/> 12. Communities of Myanmar	<input type="checkbox"/> 30. Somali
	<input type="checkbox"/> 13. Filipino/a	<input type="checkbox"/> 31. Other African (Black)

<input type="checkbox"/> 4. Indigenous Mexican, Central American, or South American	<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	<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	Middle Eastern/ Northern African <input type="checkbox"/> 33. Northern African <input type="checkbox"/> 34. Middle Eastern White <input type="checkbox"/> 35. Eastern European <input type="checkbox"/> 36. Slavic <input type="checkbox"/> 37. Western European <input type="checkbox"/> 38. Other White Other Categories <input type="checkbox"/> 39. Others (please list) <hr style="width: 20%; margin-left: 0;"/> <input type="checkbox"/> 40. Don't know <input type="checkbox"/> 41. Don't want to answer

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

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

- a. **No.** I do not have just one primary racial or ethnic identity.
- b. **No.** I identify as Biracial or Multiracial.
- c. **N/A.** I only checked one category.
- d. Don't know.
- e. Don't want to answer.
- f. **N/A.** I selected a primary race above.

60. What is your 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!



Identificación de la encuesta: [Survey_ID]

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.
- Marque esta casilla si, por algún motivo, alguien que no sea [FIRST_NAME] responde a esta encuesta. Gracias.

Relación con [FIRST_NAME]: _____

Infórmenos sobre los servicios ambulatorios de salud mental que recibió desde el 1 de enero de 2021 hasta la actualidad. Si recibió servicios de más de un proveedor desde el 1 de enero de 2021, entonces califique solo a su proveedor de servicios ambulatorios de salud mental *más reciente*.

¿Qué tipo de proveedor es su proveedor de servicios de salud mental más reciente? (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:

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	No corresponde
<i>Como resultado directo de los servicios que recibí de este proveedor...</i>						
1. Resuelvo con mayor eficacia los problemas cotidianos.	5	4	3	2	1	9
2. Me siento más capacitado para controlar mi vida.	5	4	3	2	1	9
3. Me siento más capacitado para enfrentar las crisis.	5	4	3	2	1	9
4. Me llevo mejor con mi familia.	5	4	3	2	1	9
5. Me desempeño mejor en	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
situaciones sociales.						
6. Me va mejor en los estudios o en el trabajo.	5	4	3	2	1	9
7. Mi situación de vivienda ha mejorado.	5	4	3	2	1	9
8. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
9. Hago cosas que son más significativas para mí.	5	4	3	2	1	9
10. Me siento más capacitado para hacerme cargo de mis necesidades.	5	4	3	2	1	9
11. Me siento más capacitado para controlar las cosas cuando no salen bien.	5	4	3	2	1	9
12. Me siento más capacitado para hacer cosas que deseo hacer.	5	4	3	2	1	9
<i>Deberá responder a las siguientes afirmaciones según su experiencia con su proveedor de salud mental más reciente.</i>						
13. Me agradan los servicios que recibí aquí.	5	4	3	2	1	9
14. Aunque tuviera otras opciones, seguiría recibiendo los servicios de este centro.	5	4	3	2	1	9
15. Recomendaría este centro a un amigo o familiar.	5	4	3	2	1	9
16. La ubicación de los servicios resultó conveniente (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
17. El personal estuvo dispuesto a atenderme siempre que lo consideré necesario.	5	4	3	2	1	9
18. El personal devolvió mis llamadas en un plazo de 24 horas.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
19. Tuve los servicios a mi disposición en horarios convenientes para mí.	5	4	3	2	1	9
20. Pude obtener todos los servicios que consideré que necesitaba.	5	4	3	2	1	9
21. Pude consultar a un psiquiatra cada vez que lo deseaba.	5	4	3	2	1	9
22. El personal aquí considera que mi salud puede mejorar y que puedo recuperarme.	5	4	3	2	1	9
23. Me sentí cómodo al hacer preguntas sobre mi tratamiento y medicación.	5	4	3	2	1	9
24. Me sentí con la libertad de presentar cualquier queja.	5	4	3	2	1	9
25. Se me brindó información sobre mis derechos.	5	4	3	2	1	9
26. El personal me alentó a asumir la responsabilidad sobre la forma en que vivo mi vida.	5	4	3	2	1	9
27. El personal me informó a qué efectos secundarios debía estar atento.	5	4	3	2	1	9
28. El personal respetó mis deseos con respecto a quiénes pueden o no recibir información sobre mi tratamiento.	5	4	3	2	1	9
29. Yo, no el personal, decidí cuáles serían mis objetivos de tratamiento.	5	4	3	2	1	9
30. El personal se mostró respetuoso y considerado con respecto a mi origen cultural (raza, religión, idioma).	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
31. El personal me ayudó a obtener la información que necesitaba para que pudiera asumir el control de mi enfermedad.	5	4	3	2	1	9
32. Se me alentó a usar los programas dirigidos por consumidores (grupos de apoyo, centros sociales, líneas telefónicas para casos de crisis).	5	4	3	2	1	9
33. Mis proveedores de servicios más recientes me dieron oportunidades para aprender técnicas que me permitieran fortalecer y mantener mi bienestar.	5	4	3	2	1	9

Para las preguntas 34 a 37, responda en cuanto a las relaciones con personas que no sean sus proveedores de servicios de salud mental.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
34. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1	9
35. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1	9
36. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
37. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1	9

38. ¿Por cuánto tiempo ha recibido los servicios de su proveedor de salud mental más reciente?

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

39. ¿Sigue recibiendo servicios de salud mental? (Si la respuesta es Sí, vaya directamente a la pregunta 40)

- a. Sí
 b. No
 c. No sé

39a. Si ya no recibe servicios de salud mental, indique el motivo.

(Marque UN solo motivo, el más importante, por el cual terminó el tratamiento)

- a. Mi problema fue resuelto. e. No contaba con el tiempo para realizar el tratamiento.
- b. El tratamiento no estaba funcionando. f. Otro(s) motivo(s) (describa):
- c. Tuve problemas con el transporte.
- d. Tuve problemas para pagar el tratamiento.

40. 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 40c).

- a. Sí b. No

40a. ¿Qué tan satisfecho estuvo con las sesiones virtuales en comparación con las sesiones en persona?

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

40b. ¿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. Fue más fácil organizar el cuidado infantil para las sesiones virtuales.	5	4	3	2	1	9
d. Me sentía con menos ansiedad en torno a mis sesiones virtuales.	5	4	3	2	1	9
e. Me resultó más fácil concentrarme en la sesión virtual.	5	4	3	2	1	9
f. Me sentía menos cómodo hablando con	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
mi proveedor de manera virtual.						
g. La privacidad en las sesiones virtuales fue una inquietud para mí.	5	4	3	2	1	9
h. Fue más fácil programar citas para sesiones virtuales.	5	4	3	2	1	9
i. Otra (describa):						

40c. ¿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. Otro motivo (describa)

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

- a. Sí
- b. No

42. Su proveedor 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 ayudarle?

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	No necesité ni recibí estos servicios	Necesité pero no recibí estos servicios
Otro proveedor de salud mental	5	4	3	2	1	9	8
Correcciones	5	4	3	2	1	9	8
Discapacidades del desarrollo	5	4	3	2	1	9	8

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	<u>No necesité ni recibí</u> estos servicios	<u>Necesité pero no recibí</u> estos servicios
Proveedor de tratamiento para el consumo de drogas y alcohol	5	4	3	2	1	9	8
Servicios para ancianos y discapacitados físicos (APD, por sus siglas en inglés)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Proveedor de salud física	5	4	3	2	1	9	8
Hospitales (estatales, de cuidados agudos)	5	4	3	2	1	9	8

43. Cuando comencé a recibir los servicios de mi proveedor, “esperaba... (Marque todas las opciones que correspondan)

- | | |
|--|--|
| <input type="checkbox"/> a. ...sentirme más feliz”. | <input type="checkbox"/> f. ...llevarme mejor con mi familia u otras personas”. |
| <input type="checkbox"/> b. ...sentirme menos ansioso o temeroso”. | <input type="checkbox"/> g. ...iniciar o continuar un programa de recuperación”. |
| <input type="checkbox"/> c. ...volverme más respetuoso o responsable”. | <input type="checkbox"/> h. ...dejar o reducir el consumo de drogas o alcohol”. |
| <input type="checkbox"/> d. ...sentirme mejor conmigo mismo”. | <input type="checkbox"/> i. ...dejar de lastimar a otras personas”. |
| <input type="checkbox"/> e. ...mejorar en el trabajo o en la escuela”. | <input type="checkbox"/> j. ...dejar de lastimarme a mí mismo”. |

44. Desde que comencé a recibir los servicios, “yo... (Marque todas las opciones que correspondan)

- a. ...me he sentido más feliz”.
- b. ...me he sentido menos ansioso o temeroso”.
- c. ...me he vuelto más respetuoso o responsable”.
- d. ...me he sentido mejor conmigo mismo”.
- e. ...he mejorado en el trabajo o en la escuela”.
- f. ...me he llevado mejor con mi familia u otras personas”.

- g. ...he iniciado o continuado un programa de recuperación”.
- i. ...he dejado de lastimar a otras personas”.
- j. ...he dejado de lastimarme a mí mismo”.
- h. ...he dejado o reducido el consumo de drogas o alcohol”.

45. ¿Cuenta con alguien que le realice chequeos y le brinde atención médica de rutina y consejos? *(Esta persona puede ser un médico, una enfermero practicante u otras personas a quienes llamamos proveedores de atención primaria.)* a. Sí b. No

46. Mi proveedor de atención primaria o proveedor de servicios de salud mental me ha hablado sobre: *(Marque todas las opciones que correspondan)*

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de usar productos de tabaco/mantener una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cómo reducir el riesgo de presentar diabetes o cómo manejar mi diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Posibilidad de reducir los medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Se me preguntó si apostaba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Se me preguntó si consumía alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Durante el tiempo en que estuvo viendo a su proveedor de servicios ambulatorios de salud mental más reciente, ¿necesitó alguno de los siguientes servicios?: *(Marque una respuesta para cada pregunta)*

Servicios de alojamiento	Sí	No	No sé	N/C
a. ¿Deseaba o necesitaba alojamiento o un mejor alojamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Su proveedor de servicios o algún otro programa comunitario de salud mental le ofreció opciones de alojamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró alojamiento o un mejor alojamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Le pusieron en contacto con Supported Housing (vivienda subvencionada)* o asistencia para la renta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Recibió los servicios de Supported Housing *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Supported Housing:** *alojamiento asequible que también puede proporcionar asistencia para la renta o servicios internos, como atención médica o servicios de transporte.*

Servicios de empleo	Sí	No	No sé	N/C
f. ¿Deseaba o necesitaba un empleo o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Su proveedor de servicios trató de ayudarle a encontrar un empleo o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Encontró un empleo o un mejor empleo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Le pusieron en contacto con los servicios de Supported Employment (empleo con apoyo)*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ¿Recibió los servicios de Supported Employment*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment es un servicio que ayuda a las personas a encontrar empleo en la comunidad que se ajuste a sus capacidades, intereses y habilidades. Los servicios pueden incluir un Job Developer (promotor de empleo) que ayuda con el proceso de postulación y entrevista o un Job Coach (asesor de empleo) que brinda apoyo durante el aprendizaje de las tareas de un nuevo empleo. El Job Coach también puede ayudar a desarrollar objetivos profesionales.*

Ayuda con una crisis de salud mental	Sí	No	No sé	N/C
k. ¿Necesitó ayuda como resultado de una crisis de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Si necesitó ayuda, ¿su proveedor de salud mental le ayudó con la crisis de manera satisfactoria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Si necesitó ayuda, ¿se sintió satisfecho con la ayuda que recibió de los servicios de salud mental en su comunidad, incluidos su proveedor y cualesquiera otros programas o proveedores de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma	Sí	No	No estoy seguro	N/C
48. Cuando comenzó a ver a su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó sobre algún antecedente de trauma*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Si experimentó un trauma* , ¿se abordaron adecuadamente los problemas relacionados con este trauma durante su 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.*

Peer Delivered Services (servicios prestados por pares)	Sí	No	No estoy seguro
49. ¿Alguna vez ha usado Peer Delivered Services*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Peer Delivered Services (servicios prestados por pares)		Sí	No	No estoy seguro
49a.	Si ha usado Peer Delivered Services* , ¿fueron útiles estos servicios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services son servicios y apoyos basados en la comunidad proporcionados por personas semejantes que han estado bajo tratamiento y han vivido experiencias similares.*

50. ¿Tiene un empleo actualmente? (Marque una opción)

- a. **Tengo con un empleo competitivo*** en el que trabajo más de 35 horas por semana
- b. **Cuento con un empleo competitivo*** en el que trabajo entre 17 y 34 horas por semana
- c. **Cuento con un empleo competitivo*** en el que trabajo menos de 17 horas por semana
- d. Trabajo independiente
- e. Estoy desempleado y buscando trabajo
- f. Estoy desempleado, pero no estoy buscando trabajo
- g. Trabajo voluntario
- h. Otro

**Empleo competitivo: empleo normal en la comunidad que no está reservado para personas con discapacidades y por el cual pagan al menos un salario mínimo.*

51. ¿Cuál es su fuente de ingresos? (Marque todas las opciones que correspondan)

<input type="checkbox"/> a. No tengo fuente de ingresos	<input type="checkbox"/> h. Pago por discapacidad para veteranos
<input type="checkbox"/> b. Empleo con sueldo	<input type="checkbox"/> i. Asistencia temporal para familias necesitadas (TANF, por sus siglas en inglés)
<input type="checkbox"/> c. Seguro de desempleo	<input type="checkbox"/> j. Seguro privado por discapacidad/Seguro de compensación para los trabajadores
<input type="checkbox"/> d. Seguridad de ingreso suplementario (SSI, por sus siglas en inglés)	<input type="checkbox"/> k. Pensión de un empleo anterior
<input type="checkbox"/> e. Seguro por discapacidad del Seguro Social (SSDI, por sus siglas en inglés)	<input type="checkbox"/> l. Pensión alimenticia para menores/ pensión conyugal
<input type="checkbox"/> f. Pensión del Seguro Social	<input type="checkbox"/> m. Fondo fiduciario
<input type="checkbox"/> g. Ayuda de un familiar/amigos	<input type="checkbox"/> n. Otro

Antecedentes de arresto		Sí	No	No sé
52a.	¿Fue arrestado durante los 12 meses anteriores al inicio del tratamiento con su proveedor de servicios ambulatorios de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52b.	¿Fue arrestado durante los 12 meses posteriores al inicio de su atención con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52c.	¿La policía le remitió a un servicio de salud mental, como un programa de crisis o refugio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	Desde que comenzó a recibir los servicios de este proveedor, sus encuentros con la policía *... (<i>Marque una de las opciones</i>)			
	<input type="checkbox"/> a. Disminuyeron	<input type="checkbox"/> c. Se mantuvieron iguales		
	<input type="checkbox"/> b. Aumentaron	<input type="checkbox"/> d. No corresponde (no he tenido encuentros 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.			

54. ¿Dónde vive actualmente? (*Marque una de las opciones*)

- | | |
|---|---|
| <input type="checkbox"/> a. Casa o apartamento propio o alquilado | <input type="checkbox"/> e. Centro de enfermería especializada |
| <input type="checkbox"/> b. Casa o apartamento de otra persona | <input type="checkbox"/> f. Programa de crisis |
| <input type="checkbox"/> c. Centro residencial para el tratamiento de abuso de sustancias | <input type="checkbox"/> g. Centro residencial para el tratamiento de la salud mental |
| <input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar | <input type="checkbox"/> h. Otro |

55. ¿Ha vivido en alguno de los siguientes lugares en los últimos 12 meses?

(*Marque todas las opciones que correspondan*)

- | | |
|---|---|
| <input type="checkbox"/> a. Casa o apartamento propio o alquilado | <input type="checkbox"/> g. Hospital psiquiátrico |
| <input type="checkbox"/> b. Casa o apartamento de otra persona | <input type="checkbox"/> h. Programa residencial para el tratamiento de abuso de sustancias |
| <input type="checkbox"/> c. Programa de crisis | <input type="checkbox"/> i. Centro de enfermería especializada |
| <input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar | <input type="checkbox"/> j. Hogar o centro residencial de tratamiento |
| <input type="checkbox"/> e. Centro carcelario o correccional | <input type="checkbox"/> k. Otro |
| <input type="checkbox"/> f. Hospital médico | |

56. ¿Cómo identifica usted su raza, grupo étnico, origen tribal, país de origen o ascendencia?

57. ¿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(a) 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. Esloveno</p> <p><input type="checkbox"/> 37. De Europa Occidental</p> <p><input type="checkbox"/> 38. Otro grupo étnico blanco</p> <p><input type="checkbox"/> 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>

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

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

- | | |
|--|--|
| <input type="checkbox"/> a. No. Tengo solo una identidad racial o étnica principal. | <input type="checkbox"/> d. No sé |
| <input type="checkbox"/> b. No. Me 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. |

60. ¿Cuál es su sexo? (Marque todas las opciones que correspondan)

- a. Masculino b. Femenino c. Transgénero d. Otro

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



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.
- Please check this box if, for any reason, this survey is being completed by someone other than [FIRST_NAME]. Thank you.

Relationship to [FIRST_NAME]: _____

Please tell us about the residential mental health services you received between January 1, 2021 and now. If you received services from more than one provider since **January 1, 2021**, then please rate only your *most recent* residential mental health service provider.

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

- a. Counselor or Therapist
- b. Social worker
- c. Psychologist
- d. Another mental health provider
- e. Doctor, nurse, or other health care provider
- f. Other type of provider, specify:

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	Not Applicable
<i>As a Direct Result of Services I Received from this Provider...</i>						
1. I deal more effectively with daily problems.	5	4	3	2	1	9
2. I am better able to control my life.	5	4	3	2	1	9
3. I am better able to deal with crisis.	5	4	3	2	1	9
4. I am getting along better with my family.	5	4	3	2	1	9
5. I do better in social situations.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
6. I do better in school and/or work.	5	4	3	2	1	9
7. My housing situation has improved.	5	4	3	2	1	9
8. My symptoms are not bothering me as much.	5	4	3	2	1	9
9. I do things that are more meaningful to me.	5	4	3	2	1	9
10. I am better able to take care of my needs.	5	4	3	2	1	9
11. I am better able to handle things when they go wrong.	5	4	3	2	1	9
12. I am better able to do things that I want to do.	5	4	3	2	1	9
<i>You should respond to the following items based on your experience with your most recent mental health provider.</i>						
13. I like the services that I received here.	5	4	3	2	1	9
14. If I had other choices, I would still get services from this agency.	5	4	3	2	1	9
15. I would recommend this agency to a friend or family member.	5	4	3	2	1	9
16. The location of services was convenient (parking, public transportation, distance, etc.).	5	4	3	2	1	9
17. Staff were willing to see me as often as I felt it was necessary.	5	4	3	2	1	9
18. Staff returned my call in 24 hours.	5	4	3	2	1	9
19. Services were available at times that were good for me.	5	4	3	2	1	9

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
20. I was able to get all the services I thought I needed.	5	4	3	2	1	9
21. I was able to see a psychiatrist when I wanted.	5	4	3	2	1	9
22. Staff here believe my health can improve and I can recover.	5	4	3	2	1	9
23. I felt comfortable asking questions about my treatment and medication.	5	4	3	2	1	9
24. I felt free to complain.	5	4	3	2	1	9
25. I was given information about my rights.	5	4	3	2	1	9
26. Staff encouraged me to take responsibility for how I live my life.	5	4	3	2	1	9
27. Staff told me what side effects to watch out for.	5	4	3	2	1	9
28. Staff respected my wishes about who is and who is not to be given information about my treatment.	5	4	3	2	1	9
29. I, not staff, decided my treatment goals.	5	4	3	2	1	9
30. Staff were sensitive to my cultural background (race, religion, language).	5	4	3	2	1	9
31. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5	4	3	2	1	9
32. I was encouraged to use consumer-run programs	5	4	3	2	1	9

40. Your 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 you?

My health provider worked with	Strongly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Strongly Dissatisfied	Did not need or receive these services	Needed but did not receive these services
Another mental health provider	5	4	3	2	1	9	8
Corrections	5	4	3	2	1	9	8
Developmental Disabilities	5	4	3	2	1	9	8
Drug and Alcohol Treatment provider	5	4	3	2	1	9	8
Aged & Physically Disabled (APD) Services	5	4	3	2	1	9	8
Employment Services	5	4	3	2	1	9	8
Physical Health Provider	5	4	3	2	1	9	8
Hospitals (state, acute)	5	4	3	2	1	9	8

41. “When I started receiving services from my provider, I hoped I 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 myself.”
- e. ...do better in work or school.”
- f. ...get along better with family and/or others.”
- g. ...start or continue a program of recovery.”
- h. ...stop or reduce the use of drugs or alcohol.”
- i. ...stop hurting others.”
- j. ...stop hurting myself.”

42. “Since I started receiving services, I have... (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> a. ...become happier.” | <input type="checkbox"/> f. ...been getting along better with family and/or others.” |
| <input type="checkbox"/> b. ...become less anxious or fearful.” | <input type="checkbox"/> g. ...started or continued a program of recovery.” |
| <input type="checkbox"/> c. ...become more respectful or responsible.” | <input type="checkbox"/> h. ...stopped or reduced the use of drugs or alcohol.” |
| <input type="checkbox"/> d. ...been feeling better about myself.” | <input type="checkbox"/> i. ...stopped hurting others.” |
| <input type="checkbox"/> e. ...done better in work or school.” | <input type="checkbox"/> j.stopped hurting myself.” |

43. Do you have someone who gives you checkups, routine medical care, and advice? (This might be a doctor, a nurse practitioner, or other people we call a primary care provider.) a. Yes b. No

44. My primary care provider or mental health service provider has talked to me about: (Please check all that apply)

Health Issues	Primary Care Provider	Mental Health Provider	N/A
a. Losing weight/maintaining healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop using tobacco/maintaining tobacco free life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to reduce my risk of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was informed about the benefits and side effects of my psychiatric medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to reduce my risk, or manage my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Possibility of reducing psychiatric meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Asked me if I gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Asked me if I use alcohol or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. During the time that you were seeing your most recent residential mental health service provider, did you need any of the following services:

(Please check one answer for each question)

**Supported Housing is affordable housing that may also provide rental assistance or on-site*

Housing Services	Yes	No	Don't know	N/A
a. Did you want or need housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did your service provider or any other community mental health program offer you choices of housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you find housing or better housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were you connected to Supported Housing* or rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you receive Supported Housing* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

services such as healthcare or transportation services.

Employment Services	Yes	No	Don't know	N/A
f. Did you want or need a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did your service provider try to help you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did you find a job or a better job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you connected with Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did you receive Supported Employment* services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supported Employment is a service that helps individuals find work in the community that matches their abilities, interests, and skills. Services might include a Job Developer who helps with the application and interview process or a Job Coach who provides support in learning the tasks of a new job. Job Coaches may also help to develop career goals.*

Assistance with a Mental Health Crisis	Yes	No	Don't know	N/A
k. Did you need assistance as the result of a mental health crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If you needed assistance, did your mental health provider assist you with the crisis in a satisfactory manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If you needed assistance, were you satisfied with the help you got from mental health services in your community, including your provider and any other mental health programs or providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma		Yes	No	Not sure	N/A
46.	When you first started to see your most recent mental health services provider, did the provider ask you about any history of trauma *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a.	If you experienced trauma *, were the problems related to this trauma adequately addressed during your 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.*

Peer Delivered Services		Yes	No	Not sure
47.	Have you ever used Peer Delivered Services *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a.	If you have used Peer Delivered Services *, were these services helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services are community-based services and supports provided by peers who have been in treatment and have similar lived experiences.*

48. Are you currently employed? (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> a. Competitively employed* , working more than 35 hours per week | <input type="checkbox"/> d. Self-employed |
| <input type="checkbox"/> b. Competitively employed* , working between 17 and 34 hours per week | <input type="checkbox"/> e. Not employed, looking for work |
| <input type="checkbox"/> c. Competitively employed* , working less than 17 hours per week | <input type="checkbox"/> f. Not employed, not looking for work |
| | <input type="checkbox"/> g. Volunteer work |
| | <input type="checkbox"/> h. Other |

**Competitive employment is a regular job in the community that is not reserved for people with disabilities and that pays at least minimum wage,*

49. What is your source of income? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. No income source | <input type="checkbox"/> i. Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> b. Earned employment | <input type="checkbox"/> j. Private disability/Worker's compensation |
| <input type="checkbox"/> c. Unemployment Insurance | <input type="checkbox"/> k. Pension from former job |
| <input type="checkbox"/> d. Supplemental Security Income (SSI) | <input type="checkbox"/> l. Child support/Alimony |
| <input type="checkbox"/> e. Social Security Disability Insurance (SSDI) | <input type="checkbox"/> m. Trust |
| <input type="checkbox"/> f. Social Security Retirement | <input type="checkbox"/> n. Other |
| <input type="checkbox"/> g. Family member/Friends | |
| <input type="checkbox"/> h. Veteran's disability payment | |

54. Why are you living in a residential facility? *(Please check all that apply)*

- a. I am civilly committed and the county wants me to be here.
- b. My guardian wants me to be here.
- c. I am under the jurisdiction of the Psychiatric Security Review Board or I have other legal requirements.
- d. I want mental health treatment so I can get better.
- e. I want addictions treatment so I can get better.
- f. I need housing.
- g. I need help taking care of myself.
- h. Other

55. Since you've been here, do you feel like you've made progress in any of the following areas? *(Please check all that apply)*

- a. Mental Health (decrease in symptoms, medications, increased coping skills, better relationships, staying out of the hospital, fewer crises, etc.)
- b. Activities of daily living (cleaning, bathing, cooking, dressing, etc.)
- c. Self-Care (nutrition, exercise, quitting smoking, spiritual life, establishing a recovery program, etc.)
- d. Job/School
- e. Physical Health (identification of physical health conditions, making appointments, managing physical health conditions.)
- f. Social/Recreation (family, friends, hobbies, getting out in the community, etc.)
- g. Substance Use/Abuse (awareness of problems and decreasing use)
- h. Managing Money (budgeting, managing your own money, spending money appropriately, shopping, etc.)

56. What types of services do you receive? *(Please check all that apply)*

- a. Community meetings
- b. Support with activities of daily living (cleaning, bathing, cooking, dressing, etc.)
- c. Peer counseling/mentorship
- d. Social skills training
- e. Medication management
- f. Individual, family, or group psychotherapy
- g. Care coordination
- h. Transition/discharge planning
- i. Social/recreational activities
- j. Skills training either in a group or individually
- k. Physical health counseling
- l. Vocational/Educational counseling
- m. Psychiatric visits
- n. Chemical dependency education and counseling
- o. Formal mental health or chemical dependency assessments
- p. Other

57. Do you feel ready for more independent living?

a. Yes

b. No

c. Not sure

57a. If not, why? (Please check all that apply)

a. My symptoms are too bad right now.

b. I don't know where else I would go.

c. I am worried that if I leave I won't get the help I need.

d. I like it here.

e. I have legal issues that keep me here.

f. My family does not want me to leave.

g. I don't feel like I have support from staff.

h. I don't have a plan.

i. I am worried that I will get sick again.

j. I don't have the skills to live on my own.

k. I have lived on my own before and it did not work.

l. Other

58. What would be your options if you were ready to move to more independent living?

a. I don't know

b. Living in my own apartment or home

c. Living with family or friends

d. Other

Please answer questions 59-62 on the next page to tell us a little bit about yourself.

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

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

<p>American Indian or Alaska Native</p> <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	<p>Asian</p> <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	<p>Black or African American</p> <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
<p>Hispanic or Latino/a/x</p> <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	<p>Native Hawaiian or Pacific Islander</p> <input type="checkbox"/> 21. CHamoru (Chamorro) <input type="checkbox"/> 22. Marshallese <input type="checkbox"/> 23. Communities of the Micronesia Region <input type="checkbox"/> 24. Native Hawaiian <input type="checkbox"/> 25. Samoan <input type="checkbox"/> 26. Other Pacific Islander	<p>Middle Eastern/ Northern African</p> <input type="checkbox"/> 33. Northern African <input type="checkbox"/> 34. Middle Eastern
		<p>White</p> <input type="checkbox"/> 35. Eastern European <input type="checkbox"/> 36. Slavic <input type="checkbox"/> 37. Western European <input type="checkbox"/> 38. Other White
		<p>Other Categories</p> <input type="checkbox"/> 39. Others (please list) <hr style="width: 20%; margin-left: 0;"/> <input type="checkbox"/> 40. Don't know <input type="checkbox"/> 41. Don't want to answer

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

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

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

63. What is your 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!



Identificación de la encuesta: [Survey_ID]

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.
- Marque esta casilla si, por algún motivo, alguien que no sea [FIRST_NAME] responde a esta encuesta. Gracias.

Relación con [FIRST_NAME]: _____

Infórmenos sobre los servicios residenciales de salud mental que recibió desde el 1 de enero de 2021 hasta la actualidad. Si recibió servicios de más de un proveedor desde el 1 de enero de 2021, entonces califique solo a su proveedor de servicios residenciales de salud mental *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 Social
- c. Psicólogo
- d. Otro proveedor de salud mental
- e. Médico, enfermero u otro proveedor de atención médica
- f. Otro tipo de proveedor, especifique:

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 apropiado para cada afirmación.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
<i>Como resultado directo de los servicios que recibí de este proveedor...</i>						
1. Resuelvo con mayor eficacia los problemas cotidianos.	5	4	3	2	1	9
2. Me siento más capacitado para controlar mi vida.	5	4	3	2	1	9
3. Me siento más capacitado para enfrentar las crisis.	5	4	3	2	1	9
4. Me llevo mejor con mi familia.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
5. Me desempeño mejor en situaciones sociales.	5	4	3	2	1	9
6. Me va mejor en los estudios o en el trabajo.	5	4	3	2	1	9
7. Mi situación de vivienda ha mejorado.	5	4	3	2	1	9
8. Mis síntomas ya no me molestan tanto.	5	4	3	2	1	9
9. Hago cosas que son más significativas para mí.	5	4	3	2	1	9
10. Me siento más capacitado para hacerme cargo de mis necesidades.	5	4	3	2	1	9
11. Me siento más capacitado para controlar las cosas cuando no salen bien.	5	4	3	2	1	9
12. Me siento más capacitado para hacer cosas que deseo hacer.	5	4	3	2	1	9
<i>Deberá responder a las siguientes afirmaciones según su experiencia con su proveedor de salud mental más reciente.</i>						
13. Me agradan los servicios que recibí aquí.	5	4	3	2	1	9
14. Aunque tuviera otras opciones, seguiría recibiendo los servicios de este centro.	5	4	3	2	1	9
15. Recomendaría este centro a un amigo o familiar.	5	4	3	2	1	9
16. La ubicación de los servicios resultó conveniente (estacionamiento, transporte público, distancia, etc.).	5	4	3	2	1	9
17. El personal estuvo dispuesto a atenderme siempre que lo consideré necesario.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
18. El personal devolvió mis llamadas en un plazo de 24 horas.	5	4	3	2	1	9
19. Tuve los servicios a mi disposición en horarios convenientes para mí.	5	4	3	2	1	9
20. Pude obtener todos los servicios que consideré que necesitaba.	5	4	3	2	1	9
21. Pude consultar a un psiquiatra cada vez que lo deseaba.	5	4	3	2	1	9
22. El personal aquí considera que mi salud puede mejorar y que puedo recuperarme.	5	4	3	2	1	9
23. Me sentí cómodo al hacer preguntas sobre mi tratamiento y medicación.	5	4	3	2	1	9
24. Me sentí con la libertad de presentar cualquier queja.	5	4	3	2	1	9
25. Se me brindó información sobre mis derechos.	5	4	3	2	1	9
26. El personal me alentó a asumir la responsabilidad sobre la forma en que vivo mi vida.	5	4	3	2	1	9
27. El personal me informó a qué efectos secundarios debía estar atento.	5	4	3	2	1	9
28. El personal respetó mis deseos con respecto a quiénes pueden o no recibir información sobre mi tratamiento.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
29. Yo, no el personal, decidí cuáles serían mis objetivos de tratamiento.	5	4	3	2	1	9
30. El personal se mostró respetuoso y considerado con respecto a mi origen cultural (raza, religión, idioma).	5	4	3	2	1	9
31. El personal me ayudó a obtener la información que necesitaba para que pudiera asumir el control de mi enfermedad.	5	4	3	2	1	9
32. Se me alentó a usar los programas dirigidos por consumidores (grupos de apoyo, centros sociales, líneas telefónicas para casos de crisis).	5	4	3	2	1	9
33. Mis proveedores de servicios más recientes me brindan la oportunidad de aprender habilidades que me permiten fortalecer y mantener mi bienestar.	5	4	3	2	1	9

Para las preguntas 34 a 37, responda en cuanto a las relaciones con personas que no sean sus proveedores de servicios de salud mental.

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
34. Estoy satisfecho con las amistades que tengo.	5	4	3	2	1	9
35. Cuento con personas con las que puedo hacer cosas que disfruto.	5	4	3	2	1	9

	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo	No corresponde
36. Siento que pertenezco a mi comunidad.	5	4	3	2	1	9
37. En caso de una crisis, tendría el apoyo que necesito de familiares o amigos.	5	4	3	2	1	9

38. ¿Cuánto tiempo ha recibido los servicios de su proveedor de salud mental más reciente?

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

39. ¿Sigue recibiendo servicios de salud mental? *(Si la respuesta es Sí, vaya directamente a la pregunta 40)*

- a. Sí
 b. No
 c. No sé

39a. Si ya no recibe servicios de salud mental, indique el motivo.

(Marque UN solo motivo, el más importante, por el cual haya terminado el tratamiento)

- a. Mi problema fue resuelto.
 e. No contaba con el tiempo para realizar el tratamiento.
 b. El tratamiento no estaba funcionando.
 c. Tuve problemas con el transporte.
 f. Otro(s) motivo(s) (describa):
 d. Tuve problemas para pagar el tratamiento.

40. Su proveedor 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 ayudarlo?

Mi proveedor de salud trabajó con	Totalmente satisfecho	Satisfecho	Algo satisfecho	Insatisfecho	Totalmente insatisfecho	<u>No necesité ni recibí</u> estos servicios	<u>Necesité pero no recibí</u> estos servicios
Otro proveedor de salud mental	5	4	3	2	1	9	8
Correcciones	5	4	3	2	1	9	8
Discapacidades del desarrollo	5	4	3	2	1	9	8
Proveedor de tratamiento para el consumo de drogas y alcohol	5	4	3	2	1	9	8
Servicios para ancianos y discapacitados físicos (APD, por sus siglas en inglés)	5	4	3	2	1	9	8
Servicios de empleo	5	4	3	2	1	9	8
Proveedor de salud física	5	4	3	2	1	9	8
Hospitales (estatales, de cuidados agudos)	5	4	3	2	1	9	8

41. Cuando comencé a recibir los servicios de mi proveedor, “esperaba... (Marque todo lo que corresponda)

- a. ...sentirme más feliz”.
- b. ...sentirme menos ansioso o temeroso”.
- c. ...ser más respetuoso o responsable”.
- d. ...sentirme mejor conmigo mismo”.
- e. ...mejorar en el trabajo o en los estudios”.
- f. ...llevarme mejor con la familia u otras personas”.
- g. ...iniciar o continuar un programa de recuperación”.
- h. ...dejar o reducir el consumo de drogas o alcohol”.
- i. ...dejar de lastimar a otras personas”.
- j. ...dejar de lastimarme a mí mismo”.

42. Desde que comencé a recibir los servicios, “yo... (Marque todo lo que corresponda)

- a. ...me siento más feliz”.
- b. ...me siento menos ansioso o temeroso”.
- c. ...me he vuelto más respetuoso o responsable”.
- d. ...me siento mejor conmigo mismo”.
- e. ...he mejorado en el trabajo o en los estudios”.
- f. ...me llevo mejor con la familia u otras personas”.
- g. ...he iniciado o continuado un programa de recuperación”.
- h. ...he dejado o reducido el consumo de drogas o alcohol”.
- i. ...he dejado de lastimar a otras personas”.
- j. ...he dejado de lastimarme a mí mismo”.

43. ¿Cuenta con alguien que le realice chequeos, brinde atención médica de rutina y consejos? (Esta persona puede ser un médico, una enfermera practicante u otras personas a quienes llamamos un proveedor de atención primaria.)

- a. Sí b. No

44. Mi proveedor de atención primaria o proveedor de servicios de salud mental me ha hablado sobre: (Marque todo lo que corresponda)

Temas de salud	Proveedor de atención primaria	Proveedor de salud mental	N/C
a. Bajar de peso/mantener un peso saludable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dejar de fumar/mantener una vida libre de tabaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cómo reducir el riesgo de enfermedades cardíacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me informó sobre los beneficios y los efectos secundarios de mis medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cómo reducir el riesgo de presentar diabetes o cómo manejar mi diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. La posibilidad de reducir los medicamentos psiquiátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Se me preguntó si apostaba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Se me preguntó si consumía alcohol u otras drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Durante el tiempo en que estuvo viendo a su proveedor de servicios residenciales de salud mental más reciente, ¿necesitó alguno de los siguientes servicios?:

(Marque una respuesta para cada pregunta)

***Supported Housing:** alojamiento asequible que también puede proporcionar asistencia para

Servicios de alojamiento	Sí	No	No sé	N/C
a. ¿Deseaba o necesitaba alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Se le ofrecieron opciones de alojamiento por parte de su proveedor de servicios u otro programa comunitario de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Encontró alojamiento o un alojamiento mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Estuvo conectado con Supported Housing (vivienda subvencionada)* o asistencia para la renta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Recibió los servicios de Supported Housing* ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

la renta o servicios internos, como atención médica o servicios de transporte.

Servicios de empleo	Sí	No	No sé	N/C
f. ¿Deseaba o necesitaba un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Su proveedor de servicios trató de ayudarlo a encontrar un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Encontró un empleo o un empleo mejor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Estuvo conectado con los servicios de Supported Employment (empleo con apoyo)*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ¿Recibió los servicios de Supported Employment*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Supported Employment:** servicio que ayuda a las personas a encontrar empleo en la comunidad que se ajuste a sus capacidades, intereses y habilidades. Los servicios pueden incluir un Job Developer (promotor de empleo) que ayuda con el proceso de postulación y entrevista o un Job Coach (asesor de empleo) que brinda apoyo durante el aprendizaje de las tareas de un nuevo empleo. El Job Coach también puede ayudar a desarrollar objetivos profesionales.*

Ayuda con una crisis de salud mental	Sí	No	No sé	N/C
k. ¿Necesitó ayuda como resultado de una crisis de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Si necesitó ayuda, ¿su proveedor de salud mental le ayudó con la crisis de manera satisfactoria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Si necesitó ayuda, ¿se sintió satisfecho con la ayuda que recibió de los servicios de salud mental en su comunidad, incluidos su proveedor y cualquier otro programa o proveedor de salud mental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma	Sí	No	No estoy seguro	N/C
46. Cuando comenzó a ver a su proveedor de servicios de salud mental más reciente, ¿el proveedor le preguntó sobre algún antecedente de trauma*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Si experimentó un trauma* , ¿se abordaron adecuadamente los problemas relacionados con este trauma durante su tratamiento?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Trauma:** 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.*

Peer Delivered Services (servicios prestados por pares)		Sí	No	No estoy seguro
47.	¿Alguna vez ha usado Peer Delivered Services *?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a.	Si usó Peer Delivered Services *, ¿fueron útiles estos servicios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Peer Delivered Services: servicios y apoyos basados en la comunidad proporcionados por personas semejantes que han estado bajo tratamiento y han vivido experiencias similares.*

48. ¿Cuenta con un empleo actualmente? (Marque uno)

- | | |
|---|---|
| <input type="checkbox"/> a. Cuento con un empleo competitivo* en el que trabajo más de 35 horas por semana | <input type="checkbox"/> d. Soy autónomo |
| <input type="checkbox"/> b. Cuento con un empleo competitivo* en el que trabajo entre 17 y 34 horas por semana | <input type="checkbox"/> e. Estoy desempleado y buscando trabajo |
| <input type="checkbox"/> c. Cuento con un empleo competitivo* en el que trabajo menos de 17 horas por semana | <input type="checkbox"/> f. Estoy desempleado, pero no estoy buscando trabajo |
| | <input type="checkbox"/> g. Trabajo voluntario |
| | <input type="checkbox"/> h. Otro |

**Empleo competitivo: empleo normal en la comunidad que no está reservado para personas con discapacidades y por el cual pagan al menos un salario mínimo.*

49. ¿Cuál es su fuente de ingresos? (Marque todo lo que corresponda)

- | | |
|--|--|
| <input type="checkbox"/> a. No tengo fuente de ingresos | <input type="checkbox"/> i. Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés) |
| <input type="checkbox"/> b. Empleo con sueldo | <input type="checkbox"/> j. Seguro privado por discapacidad/Seguro de compensación para los trabajadores |
| <input type="checkbox"/> c. Seguro de desempleo | <input type="checkbox"/> k. Pensión de un empleo anterior |
| <input type="checkbox"/> d. Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés) | <input type="checkbox"/> l. Pensión alimenticia para menores/pensión conyugal |
| <input type="checkbox"/> e. Seguro por discapacidad del Seguro Social (SSDI, por sus siglas en inglés) | <input type="checkbox"/> m. Fondo fiduciario |
| <input type="checkbox"/> f. Pensión del Seguro Social | <input type="checkbox"/> n. Otro |
| <input type="checkbox"/> g. Ayuda de un familiar/amigos | |
| <input type="checkbox"/> h. Pago por discapacidad para veteranos | |

Antecedentes de arresto		Sí	No	No sé
50a.	¿Fue arrestado durante los 12 meses anteriores al inicio del tratamiento con su proveedor de servicios residenciales de salud mental más reciente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50b.	¿Fue arrestado durante los 12 meses posteriores al inicio de la atención con este proveedor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50c.	¿La policía le remitió a un servicio de salud mental, tal como un programa de crisis o refugio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	<p>Desde que comenzó a recibir los servicios de este proveedor, sus encuentros con la policía*... (<i>Marque uno</i>)</p> <p><input type="checkbox"/> a. Disminuyeron <input type="checkbox"/> c. Se mantuvieron iguales</p> <p><input type="checkbox"/> b. Aumentaron <input type="checkbox"/> d. No corresponde (no he tenido encuentros con la policía)</p> <p>*Los encuentros con la policía incluyen arrestos, persecución policíaca o traslado, por parte de la policía, a un refugio o programa de crisis.</p>			

52. ¿Dónde vive actualmente? (*Marque uno*)

- | | |
|---|---|
| <input type="checkbox"/> a. Casa o departamento propio o alquilado | <input type="checkbox"/> e. Centro de enfermería especializada |
| <input type="checkbox"/> b. Casa o departamento de otra persona | <input type="checkbox"/> f. Programa de crisis |
| <input type="checkbox"/> c. Centro residencial para el tratamiento de abuso de sustancias | <input type="checkbox"/> g. Centro residencial para el tratamiento de la salud mental |
| <input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar | <input type="checkbox"/> h. Otro |

53. ¿Ha vivido en alguno de los siguientes lugares en los últimos 12 meses?

(*Marque todo lo que corresponda*)

- | | |
|---|---|
| <input type="checkbox"/> a. Casa o departamento propio o alquilado | <input type="checkbox"/> g. Hospital psiquiátrico |
| <input type="checkbox"/> b. Casa o departamento de otra persona | <input type="checkbox"/> h. Programa residencial para el tratamiento de abuso de sustancias |
| <input type="checkbox"/> c. Programa de crisis | <input type="checkbox"/> i. Centro de enfermería especializada |
| <input type="checkbox"/> d. Sin hogar o en un refugio para personas sin hogar | <input type="checkbox"/> j. Hogar o centro residencial de tratamiento |
| <input type="checkbox"/> e. Centro carcelario o correccional | <input type="checkbox"/> k. Otro |
| <input type="checkbox"/> f. Hospital médico | |

54. ¿Por qué está viviendo en un centro residencial? (*Marque todo lo que corresponda*)

- a. Estoy sujeto a confinamiento civil y el condado quiere que permanezca aquí.
- b. Mi tutor desea que permanezca aquí.
- c. Estoy bajo la jurisdicción de la Junta de Revisión de Seguridad Psiquiátrica o tengo otros requisitos legales.
- d. Deseo recibir tratamiento de salud mental para poder mejorar
- e. Deseo recibir tratamiento para mis adicciones para que pueda mejorar.
- f. Necesito alojamiento.
- g. Necesito ayuda para cuidar de mí mismo
- h. Otro

55. Desde que ha estado aquí, ¿siente que ha hecho progresos en alguna de las siguientes áreas? (*Marque todo lo que corresponda*)

- a. Salud mental (disminución de los síntomas, los medicamentos, aumento en la capacidad para enfrentar situaciones, mejora en las relaciones, permanencia fuera del hospital, disminución de las crisis, etc.)
- b. Actividades de la vida cotidiana (hacer la limpieza, bañarse, cocinar, vestirse, etc.)
- c. Cuidado personal (nutrición, ejercicio, dejar de fumar, vida espiritual, establecer un programa de recuperación, etc.)
- d. Empleo/estudios
- e. Salud física (identificación de las afecciones de la salud física, coordinación de citas, manejo de las afecciones de la salud física).
- f. Actividades sociales/recreativas (familia, amigos, pasatiempos, salidas en la comunidad, etc.)
- g. Consumo/abuso de sustancias (concienciación de los problemas y disminución del consumo)
- h. Administración del dinero (presupuesto, administración del propio dinero, gastar el dinero de manera adecuada, compras, etc.)

56. ¿Qué tipo de servicios recibe? (*Marque todo lo que corresponda*)

- a. Reuniones comunitarias
- b. Apoyo con las actividades de la vida cotidiana (hacer la limpieza, bañarse, cocinar, vestirse, etc.)
- c. Asesoramiento/tutoría entre pares
- d. Capacitación de las habilidades sociales
- e. Administración de los medicamentos
- f. Psicoterapia individual, familiar o de grupo
- g. Coordinación de la atención
- h. Planificación de la transición/alta
- i. Actividades sociales/recreativas
- j. Capacitación de las habilidades, ya sea en grupo o en forma individual
- k. Asesoramiento sobre la salud física
- l. Asesoramiento vocacional/educativo
- m. Visitas psiquiátricas
- n. Educación y asesoramiento sobre la farmacodependencia
- o. Evaluaciones formales sobre la salud mental o la farmacodependencia
- p. Otro

57. ¿Se siente listo para una vida más independiente? a. Sí b. No c. No estoy seguro

57a. Si no es así, ¿por qué? (Marque todo lo que corresponda)

- | | |
|--|--|
| <input type="checkbox"/> a. Mis síntomas son demasiado intensos en este momento. | <input type="checkbox"/> g. No siento que tenga el apoyo del personal. |
| <input type="checkbox"/> b. No sé a dónde más podría ir. | <input type="checkbox"/> h. No tengo nada planificado. |
| <input type="checkbox"/> c. Me preocupa pensar que si me voy, no tendré la ayuda que necesite. | <input type="checkbox"/> i. Me preocupa enfermarme de nuevo |
| <input type="checkbox"/> d. Me gusta estar aquí. | <input type="checkbox"/> j. No tengo las habilidades para vivir por mi cuenta. |
| <input type="checkbox"/> e. Tengo problemas legales que me obligan a permanecer aquí. | <input type="checkbox"/> k. Ya viví por mi cuenta antes y no funcionó. |
| <input type="checkbox"/> f. Mi familia no quiere que me vaya. | <input type="checkbox"/> l. Otro |

58. ¿Cuáles serían sus opciones si estuviera listo para mudarse y llevar una vida más independiente?

- a. No sé
- b. Vivir en mi propio departamento o casa
- c. Vivir con la familia o con amigos
- d. Otro

Responda las preguntas 59 a 62 de la página siguiente para contarnos un poco acerca de usted.

59. ¿Cómo identifica su raza, etnia, afiliación tribal, país de origen o ascendencia?

60. ¿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(a) 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>

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

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

- | | |
|--|--|
| <input type="checkbox"/> a. No. Tengo solo una identidad racial o étnica principal. | <input type="checkbox"/> d. No sé |
| <input type="checkbox"/> b. No. Me 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. |

63. ¿Cuál es su sexo? (Marque todo lo que corresponda)

- a. Masculino b. Femenino c. Transgénero 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 /adulthood_dom.csv")  
population <- read_csv("// filepath /adulthood_pop.csv")
```

```
library(survey)  
respondents.unwgted <- 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 =45338= 0.6609423  
# M =23258= 0.3390577
```

```
sex_dist <- data.frame(CDE_SEX = c("F","M"),  
                      Freq = nrow(respondents) * c(0.6609423,0.3390577))
```

```
#RACE
```

```
table(population$RACE_GROUP)  
prop.table(table(population$RACE_GROUP))  
# AMERICAN INDIAN/ALASKAN NATIVE      =1114= 0.016240014  
# ASIAN                                =972= 0.014169922  
# BLACK                                =1548= 0.022566914  
# HISPANIC                              =3002= 0.043763485  
# HAWAIIAN/OTHER PACIFIC ISLANDER     =184= 0.002682372  
# OTHER                                =570= 0.008309522  
# UNKNOWN                               =32019= 0.466776488  
# WHITE                                =29187= 0.425491282
```

```
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(0.016240014, 0.014169922, 0.022566914, 0.043763485,  
                      0.002682372, 0.008309522, 0.466776488, 0.425491282))
```

```

#Ethnicity
table(population$ETHNIC_GROUP)
prop.table(table(population$ETHNIC_GROUP))
# HISPANIC    =3098= 0.04516298
# NOT HISPANIC =32958= 0.48046533
# UNKNOWN    =32540= 0.47437168

ETHNIC_dist <- data.frame(ETHNIC_GROUP = c("HISPANIC","NOT HISPANIC","UNKNOWN"),
                          Freq = nrow(respondents) * c(0.04516298,0.48046533,0.47437168))

#Age Groups
table(population$agegrp)
prop.table(table(population$agegrp))
# "18 to 25" =13894= 0.20254825
# "26 to 64" =52309= 0.76256633
# "65+"      =2393= 0.03488542

age_dist <- data.frame(agegrp = c("18 to 25","26 to 64","65+"),
                       Freq = nrow(respondents) * c(0.20254825,0.76256633,0.03488542))

#Urbanicity
table(population$desig)
prop.table(table(population$desig))
# Frontier =879= 0.01281416
# Rural    =22408= 0.32666628
# Unknown  =849= 0.01237681
# Urban    =44460= 0.64814275

Desig_dist <- data.frame(desig = c("Frontier","Rural","Unknown","Urban"),
                        Freq = nrow(respondents) * c(0.01281416,0.32666628,0.01237681,0.64814275))

#Calculate the weights
data.svy.rake <- rake(design = respondents.unwgt,
                    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/adultop_wt.csv")

```

Appendix D: CCO-Specific Results

The following table shows the percentage of agree or strongly agree responses for each adult survey domain question by CCO.

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. Adult Outpatient Survey: Average Domain Question Satisfaction by CCO.

Domain	Question	CCO																	
		Advanced Health	AllCare	CHA	CPCCO	ECCO	FFS/OpenCard	Health Share	IHN	JCC	PCS-Central	PCS-Gorge	PCS-Lane	PCS-Marion Polk	Trillium	Trillium Tri-County	UHA	YCC	CCO Statewide
	Total responses	103	118	93	102	124	167	342	167	156	114	55	169	169	116	67	96	114	2094
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	86	82	80	▼ 69	84	77	▼ 74	80	79	83	90	79	78	77	▼ 69	85	83	79
	17. Staff were willing to see me as often as I felt it was necessary	80	▼ 58	71	75	73	72	70	76	74	▲ 84	79	73	79	77	73	73	68	74
	18. Staff returned my call in 24 hours	77	▼ 56	72	70	78	75	▼ 69	73	79	▲ 86	77	76	78	74	76	75	76	74
	19. Services were available at times that were good for me	82	▼ 70	80	84	76	78	▼ 77	83	78	▲ 91	86	83	83	83	78	80	81	81
	20. I was able to get all the services I thought I needed	73	▼ 52	74	64	▼ 55	67	▼ 64	74	70	▲ 78	76	73	▲ 76	▲ 77	75	67	67	70
	21. I was able to see a psychiatrist when I wanted	58	48	65	58	60	62	55	65	55	62	66	54	59	65	48	64	58	58
Daily functioning	08. My symptoms are not bothering me as much	58	44	49	50	47	52	52	47	47	58	58	▲ 59	48	46	▲ 65	45	48	51
	09. I do things that are more meaningful to me	60	▼ 49	52	60	54	57	59	63	61	63	66	66	61	59	59	57	66	60
	10. I am better able to take care of my needs	63	▼ 52	57	61	59	64	59	68	67	71	67	▲ 70	64	▼ 59	55	56	61	63
	11. I am better able to handle things when they go wrong	59	▼ 48	58	62	▼ 49	64	58	60	68	▲ 73	65	▲ 70	67	56	▲ 74	53	61	62
	12. I am better able to do things that I want to do	55	▼ 46	56	50	53	60	59	▲ 68	53	67	64	63	56	61	69	60	56	59
General satisfaction	13. I like the services that I received here	78	▼ 74	82	78	73	78	81	83	81	▲ 89	75	87	83	87	85	79	79	82
	14. If I had other choices, I would still get services from this agency	74	69	76	▼ 61	69	73	72	77	78	▲ 83	68	▲ 83	77	78	78	74	70	76
	15. I would recommend this agency to a friend or family member	79	70	79	▼ 65	71	75	▼ 73	78	80	▲ 89	73	▲ 84	▲ 83	77	78	75	73	78
Participation	23. I felt comfortable asking questions about my treatment and medication	86	74	86	79	73	79	77	80	80	▲ 88	83	76	81	78	88	76	80	80
	29. I, not staff, decided my treatment goals	75	▼ 65	70	67	72	69	70	77	75	▲ 83	74	77	77	75	73	70	74	74
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	77	▼ 70	75	79	77	73	75	79	82	83	84	83	74	72	▲ 90	79	83	78
	24. I felt free to complain	75	70	81	75	▼ 64	▼ 69	74	76	76	▲ 86	76	80	79	74	80	75	70	76
	25. I was given information about my rights	85	81	86	80	81	▼ 77	81	81	81	84	77	85	86	88	84	82	86	83
	26. Staff encouraged me to take responsibility for how I live my life	83	71	76	71	69	75	▼ 72	80	79	▲ 89	84	78	82	83	82	70	84	78
	27. Staff told me what side effects to watch out for	67	67	75	72	66	69	▼ 63	78	68	79	75	72	73	68	70	78	79	71
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	90	83	92	86	85	▼ 82	▼ 82	88	89	92	81	92	91	87	88	87	87	88
	30. Staff were sensitive to my cultural background (race, religion, language)	72	82	77	76	79	79	79	80	82	▲ 91	72	▲ 91	79	85	77	83	85	81
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	76	68	75	73	▼ 65	73	73	76	76	81	77	78	80	79	77	72	70	75
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	62	69	67	64	69	▼ 57	64	63	68	70	73	60	67	72	▼ 45	73	▲ 78	66
	Social connectedness	34. I am happy with the friendships I have	65	55	66	67	60	64	▼ 56	▲ 71	64	▲ 72	72	64	67	62	64	62	58
35. I have people with whom I can do enjoyable things		73	▼ 58	73	75	67	69	68	75	69	71	82	74	70	70	66	69	70	70
36. I feel I belong in my community		48	38	45	48	35	48	46	50	41	48	60	47	42	46	40	46	45	45
37. In a crisis, I would have the support I need from family or friends		73	67	69	75	63	71	70	71	68	71	75	74	65	63	69	69	67	69
Treatment outcomes	01. I deal more effectively with daily problems	69	62	62	74	59	65	66	68	67	76	74	▲ 75	69	66	▲ 78	60	70	69
	02. I am better able to control my life	63	63	53	64	55	62	61	68	70	69	70	65	59	56	▲ 77	56	64	63
	03. I am better able to deal with crisis	64	58	59	58	▼ 51	63	60	66	63	▲ 74	65	67	65	▼ 51	▲ 75	61	64	63
	04. I am getting along better with my family	62	59	60	63	56	60	59	58	65	68	70	58	55	60	▼ 49	64	65	60
	05. I do better in social situations	53	50	52	50	▼ 39	56	54	60	58	57	57	55	51	▼ 42	▲ 68	45	52	53
	06. I do better in school and/or work	61	47	49	48	52	51	52	62	59	65	60	57	55	53	67	49	55	56
	07. My housing situation has improved	47	40	43	52	48	47	49	▲ 58	43	55	49	46	54	57	50	51	49	50
	08. My symptoms are not bothering me as much	58	44	49	50	47	52	52	47	47	58	58	▲ 59	48	46	▲ 65	45	48	51

▲ 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.

Table D-2. Adult Residential Survey: Average Domain Question Satisfaction by CCO.

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	YCC	CCO Statewide	
Total responses	2	15	4	7	16	5	55	10	11	2	0	11	16	2	0	3	1	152	
16. The location of services was convenient (parking, public transportation, distance, etc.)	-	-	-	-	-	-	67	-	-	-	-	-	-	-	-	-	-	-	73
17. Staff were willing to see me as often as I felt it was necessary	-	-	-	-	-	-	71	-	-	-	-	-	-	-	-	-	-	-	75
18. Staff returned my call in 24 hours	-	-	-	-	-	-	63	-	-	-	-	-	-	-	-	-	-	-	67
19. Services were available at times that were good for me	-	-	-	-	-	-	72	-	-	-	-	-	-	-	-	-	-	-	75
20. I was able to get all the services I thought I needed	-	-	-	-	-	-	69	-	-	-	-	-	-	-	-	-	-	-	73
21. I was able to see a psychiatrist when I wanted	-	-	-	-	-	-	52	-	-	-	-	-	-	-	-	-	-	-	55
08. My symptoms are not bothering me as much	-	-	-	-	-	-	54	-	-	-	-	-	-	-	-	-	-	-	55
09. I do things that are more meaningful to me	-	-	-	-	-	-	67	-	-	-	-	-	-	-	-	-	-	-	60
10. I am better able to take care of my needs	-	-	-	-	-	-	65	-	-	-	-	-	-	-	-	-	-	-	66
11. I am better able to handle things when they go wrong	-	-	-	-	-	-	60	-	-	-	-	-	-	-	-	-	-	-	60
12. I am better able to do things that I want to do	-	-	-	-	-	-	56	-	-	-	-	-	-	-	-	-	-	-	60
13. I like the services that I received here	-	-	-	-	-	-	74	-	-	-	-	-	-	-	-	-	-	-	78
14. If I had other choices, I would still get services from this agency	-	-	-	-	-	-	74	-	-	-	-	-	-	-	-	-	-	-	72
15. I would recommend this agency to a friend or family member	-	-	-	-	-	-	68	-	-	-	-	-	-	-	-	-	-	-	69
23. I felt comfortable asking questions about my treatment and medication	-	-	-	-	-	-	73	-	-	-	-	-	-	-	-	-	-	-	78
29. I, not staff, decided my treatment goals	-	-	-	-	-	-	64	-	-	-	-	-	-	-	-	-	-	-	67
22. Staff here believe my health can improve and I can recover	-	-	-	-	-	-	65	-	-	-	-	-	-	-	-	-	-	-	67
24. I felt free to complain	-	-	-	-	-	-	63	-	-	-	-	-	-	-	-	-	-	-	59
25. I was given information about my rights	-	-	-	-	-	-	68	-	-	-	-	-	-	-	-	-	-	-	76
26. Staff encouraged me to take responsibility for how I live my life	-	-	-	-	-	-	72	-	-	-	-	-	-	-	-	-	-	-	76
27. Staff told me what side effects to watch out for	-	-	-	-	-	-	54	-	-	-	-	-	-	-	-	-	-	-	64
28. Staff respected my wishes about who is and who is not to be given information about my treatment	-	-	-	-	-	-	74	-	-	-	-	-	-	-	-	-	-	-	79
30. Staff were sensitive to my cultural background (race, religion, language)	-	-	-	-	-	-	70	-	-	-	-	-	-	-	-	-	-	-	73
31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	-	-	-	-	-	-	65	-	-	-	-	-	-	-	-	-	-	-	69
32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	-	-	-	-	-	-	63	-	-	-	-	-	-	-	-	-	-	-	71
34. I am happy with the friendships I have	-	-	-	-	-	-	79	-	-	-	-	-	-	-	-	-	-	-	74
35. I have people with whom I can do enjoyable things	-	-	-	-	-	-	74	-	-	-	-	-	-	-	-	-	-	-	70
36. I feel I belong in my community	-	-	-	-	-	-	68	-	-	-	-	-	-	-	-	-	-	-	66
37. In a crisis, I would have the support I need from family or friends	-	-	-	-	-	-	80	-	-	-	-	-	-	-	-	-	-	-	75
01. I deal more effectively with daily problems	-	-	-	-	-	-	66	-	-	-	-	-	-	-	-	-	-	-	65
02. I am better able to control my life	-	-	-	-	-	-	74	-	-	-	-	-	-	-	-	-	-	-	71
03. I am better able to deal with crisis	-	-	-	-	-	-	68	-	-	-	-	-	-	-	-	-	-	-	65
04. I am getting along better with my family	-	-	-	-	-	-	73	-	-	-	-	-	-	-	-	-	-	-	67
05. I do better in social situations	-	-	-	-	-	-	60	-	-	-	-	-	-	-	-	-	-	-	56
06. I do better in school and/or work	-	-	-	-	-	-	48	-	-	-	-	-	-	-	-	-	-	-	51
07. My housing situation has improved	-	-	-	-	-	-	62	-	-	-	-	-	-	-	-	-	-	-	67
08. My symptoms are not bothering me as much	-	-	-	-	-	-	54	-	-	-	-	-	-	-	-	-	-	-	55

▲ 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 adult outpatient survey domain question by certified community behavioral health clinic (CCBHC).

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

Note: Due to the smaller number of respondents, residential survey results are not included.

Table E-1. Outpatient Survey: 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 Grp	Symmetry Care Inc	Wallowa Valley Mental Health	Yamhill Co Mental Health	CCBHC Statewide
	Total responses	74	48	14	65	71	44	1685	130	17	4	21	91	575
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	71	68	-	71	69	91	80	75	-	-	-	82	75
	17. Staff were willing to see me as often as I felt it was necessary	66	73	-	70	63	75	76	58	-	-	-	62	65
	18. Staff returned my call in 24 hours	67	74	-	71	55	74	77	61	-	-	-	72	67
	19. Services were available at times that were good for me	71	83	-	75	71	81	82	67	-	-	-	77	74
	20. I was able to get all the services I thought I needed	55	64	-	72	61	68	73	46	-	-	-	62	60
Daily functioning	21. I was able to see a psychiatrist when I wanted	49	51	-	55	51	53	60	44	-	-	-	55	52
	08. My symptoms are not bothering me as much	42	54	-	52	41	51	53	33	-	-	-	49	45
	09. I do things that are more meaningful to me	62	64	-	49	53	60	61	51	-	-	-	63	56
	10. I am better able to take care of my needs	49	69	-	59	49	57	65	54	-	-	-	61	56
	11. I am better able to handle things when they go wrong	46	72	-	60	47	59	65	49	-	-	-	56	52
General satisfaction	12. I am better able to do things that I want to do	54	57	-	57	44	59	62	43	-	-	-	58	51
	13. I like the services that I received here	84	80	-	83	76	71	83	72	-	-	-	74	77
	14. If I had other choices, I would still get services from this agency	75	58	-	74	67	65	77	66	-	-	-	66	69
Participation	15. I would recommend this agency to a friend or family member	76	67	-	78	64	66	80	65	-	-	-	69	70
	23. I felt comfortable asking questions about my treatment and medication	77	79	-	83	68	79	81	71	-	-	-	76	75
Quality / Appropriateness	29. I, not staff, decided my treatment goals	64	69	-	67	59	74	76	66	-	-	-	72	66
	22. Staff here believe my health can improve and I can recover	68	74	-	72	72	78	80	64	-	-	-	78	72
	24. I felt free to complain	74	65	-	75	67	71	78	60	-	-	-	67	67
	25. I was given information about my rights	79	88	-	82	73	78	84	81	-	-	-	84	80
	26. Staff encouraged me to take responsibility for how I live my life	72	78	-	79	63	83	79	71	-	-	-	81	73
	27. Staff told me what side effects to watch out for	73	80	-	73	55	57	72	60	-	-	-	80	67
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	87	86	-	89	80	73	88	83	-	-	-	85	84
	30. Staff were sensitive to my cultural background (race, religion, language)	77	77	-	78	73	63	83	72	-	-	-	85	75
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	68	64	-	72	72	75	78	58	-	-	-	68	67
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers,	63	60	-	74	70	68	65	62	-	-	-	76	66
	Social connectedness	34. I am happy with the friendships I have	53	67	-	60	50	69	65	58	-	-	-	58
35. I have people with whom I can do enjoyable things		68	76	-	71	57	83	71	62	-	-	-	68	66
36. I feel I belong in my community		45	48	-	43	37	55	46	36	-	-	-	42	42
37. In a crisis, I would have the support I need from family or friends		70	70	-	68	59	79	71	63	-	-	-	61	65
Treatment outcomes	01. I deal more effectively with daily problems	55	77	-	65	61	70	70	54	-	-	-	65	62
	02. I am better able to control my life	50	63	-	55	54	65	65	58	-	-	-	59	56
	03. I am better able to deal with crisis	57	68	-	62	41	60	66	43	-	-	-	62	53
	04. I am getting along better with my family	61	58	-	58	48	61	62	51	-	-	-	60	55
	05. I do better in social situations	50	48	-	52	48	50	55	45	-	-	-	46	47
	06. I do better in school and/or work	50	40	-	48	40	44	59	41	-	-	-	51	45
	07. My housing situation has improved	56	56	-	48	40	52	50	43	-	-	-	47	48
	08. My symptoms are not bothering me as much	42	54	-	52	41	51	53	33	-	-	-	49	45

▲ 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: Outpatient Survey Domain Question Results by Race, Ethnicity and Location

The following tables shows the percentage of agree or strongly agree responses for each outpatient 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. Outpatient Survey 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	State wide	
	Total responses	90	103	72	162	115	28	22	325	1346	2260	
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	76	79	82	75	75	-	-	76	▲ 81	79	
	17. Staff were willing to see me as often as I felt it was necessary	65	81	69	72	67	-	-	71	▲ 76	74	
	18. Staff returned my call in 24 hours	72	73	78	▼ 68	73	-	-	73	▲ 76	75	
	19. Services were available at times that were good for me	78	85	76	76	▼ 68	-	-	77	▲ 83	80	
	20. I was able to get all the services I thought I needed	66	78	65	66	▼ 58	-	-	66	▲ 72	70	
	21. I was able to see a psychiatrist when I wanted	67	66	▲ 71	62	51	-	-	53	58	58	
Daily functioning	08. My symptoms are not bothering me as much	44	59	41	45	▼ 42	-	-	▼ 44	▲ 55	51	
	09. I do things that are more meaningful to me	▼ 46	66	56	62	60	-	-	56	▲ 62	60	
	10. I am better able to take care of my needs	57	72	60	61	62	-	-	▼ 55	▲ 66	63	
	11. I am better able to handle things when they go wrong	▼ 50	70	52	57	▼ 51	-	-	58	▲ 66	62	
	12. I am better able to do things that I want to do	▼ 46	63	55	58	55	-	-	55	▲ 61	59	
General satisfaction	13. I like the services that I received here	79	87	74	78	▼ 73	-	-	80	▲ 84	82	
	14. If I had other choices, I would still get services from this agency	77	79	61	▼ 69	72	-	-	74	▲ 77	75	
	15. I would recommend this agency to a friend or family member	78	74	73	▼ 70	72	-	-	74	▲ 80	77	
Participation	23. I felt comfortable asking questions about my treatment and medication	▼ 70	85	82	77	▼ 69	-	-	▼ 74	▲ 83	80	
	29. I, not staff, decided my treatment goals	76	82	70	▼ 64	78	-	-	▼ 67	▲ 76	74	
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	73	81	79	79	▼ 70	-	-	▼ 72	▲ 80	78	
	24. I felt free to complain	79	79	79	71	71	-	-	▼ 67	▲ 78	76	
	25. I was given information about my rights	84	85	86	▼ 75	▼ 71	-	-	80	▲ 85	83	
	26. Staff encouraged me to take responsibility for how I live my life	69	75	77	▼ 71	68	-	-	▼ 72	▲ 82	78	
	27. Staff told me what side effects to watch out for	69	82	70	69	▼ 61	-	-	▼ 61	▲ 74	71	
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	82	84	83	82	▼ 75	-	-	85	▲ 90	87	
	30. Staff were sensitive to my cultural background (race, religion, language)	81	85	76	78	74	-	-	80	▲ 83	81	
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	71	83	71	74	75	-	-	▼ 70	▲ 77	75	
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	75	74	67	65	▼ 54	-	-	63	66	65	
		34. I am happy with the friendships I have	▼ 50	73	53	63	68	-	-	59	▲ 65	63
Social connectedness	35. I have people with whom I can do enjoyable things	▼ 60	▲ 84	71	72	73	-	-	▼ 63	▲ 72	70	
	36. I feel I belong in my community	37	40	47	▲ 54	54	-	-	40	45	45	
	37. In a crisis, I would have the support I need from family or friends	▼ 56	71	64	74	70	-	-	▼ 65	▲ 71	69	
	01. I deal more effectively with daily problems	▼ 58	74	57	65	65	-	-	▼ 63	▲ 71	68	
	02. I am better able to control my life	▼ 50	70	▼ 51	59	64	-	-	59	▲ 66	63	
Treatment outcomes	03. I am better able to deal with crisis	56	70	51	▼ 56	▼ 53	-	-	59	▲ 67	63	
	04. I am getting along better with my family	63	68	52	59	63	-	-	55	61	60	
	05. I do better in social situations	44	▲ 67	45	57	48	-	-	52	55	54	
	06. I do better in school and/or work	45	61	50	56	58	-	-	53	56	55	
	07. My housing situation has improved	47	48	50	51	▲ 66	-	-	▼ 43	50	50	
	08. My symptoms are not bothering me as much	44	59	41	45	▼ 42	-	-	▼ 44	▲ 55	51	

▲ 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. Outpatient Survey Domain Satisfaction by Race Group.

Domain	Race Group			
	Non-White	White	Unknown	Statewide
Total Responses	452	1347	460	2259
Access	71 ▲	75 ▼	67	73
Daily functioning	56 ▲	63 ▼	52	60
General satisfaction	▼ 75	▲ 81	77	79
Participation	67	▲ 75	▼ 64	71
Quality / Appropriateness	78	▲ 83	▼ 74	81
Social connectedness	58	60	57	59
Treatment outcomes	53	▲ 59	54	57

▲ 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 F-3. Outpatient Survey Domain Question Satisfaction by Location.

Domain	Question	Location				
		Urban	Rural	Frontier	Unknown	Statewide
	Total responses	1145	1027	72	17	2260
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	79	78	85	-	79
	17. Staff were willing to see me as often as I felt it was necessary	74	73	70	-	74
	18. Staff returned my call in 24 hours	75	73	80	-	75
	19. Services were available at times that were good for me	81	79	76	-	80
	20. I was able to get all the services I thought I needed	▲ 71	▼ 67	61	-	70
	21. I was able to see a psychiatrist when I wanted	59	57	51	-	58
Daily functioning	08. My symptoms are not bothering me as much	52	49	59	-	51
	09. I do things that are more meaningful to me	61	58	58	-	60
	10. I am better able to take care of my needs	▲ 65	▼ 59	61	-	63
	11. I am better able to handle things when they go wrong	▲ 66	▼ 56	58	-	62
	12. I am better able to do things that I want to do	▲ 62	▼ 55	46	-	59
General satisfaction	13. I like the services that I received here	▲ 83	▼ 79	73	-	82
	14. If I had other choices, I would still get services from this agency	▲ 78	▼ 71	66	-	75
	15. I would recommend this agency to a friend or family member	▲ 79	▼ 73	73	-	77
Participation	23. I felt comfortable asking questions about my treatment and medication	80	79	67	-	80
	29. I, not staff, decided my treatment goals	75	71	65	-	74
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	78	78	69	-	78
	24. I felt free to complain	77	74	64	-	76
	25. I was given information about my rights	83	82	74	-	83
	26. Staff encouraged me to take responsibility for how I live my life	▲ 79	76	65	-	78
	27. Staff told me what side effects to watch out for	70	72	62	-	71
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	▲ 88	85	77	-	87
	30. Staff were sensitive to my cultural background (race, religion, language)	▲ 83	▼ 78	▼ 65	-	81
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	▲ 77	▼ 72	66	-	75
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line)	64	67	61	-	65
Social connectedness	34. I am happy with the friendships I have	64	62	57	-	63
	35. I have people with whom I can do enjoyable things	71	69	64	-	70
	36. I feel I belong in my community	46	44	40	-	45
	37. In a crisis, I would have the support I need from family or friends	70	69	62	-	69
Treatment outcomes	01. I deal more effectively with daily problems	▲ 70	▼ 65	60	-	68
	02. I am better able to control my life	64	61	53	-	63
	03. I am better able to deal with crisis	▲ 65	▼ 60	52	-	63
	04. I am getting along better with my family	60	61	51	-	60
	05. I do better in social situations	▲ 56	▼ 50	40	-	54
	06. I do better in school and/or work	56	54	46	-	55
	07. My housing situation has improved	▲ 51	▼ 46	36	-	50
		08. My symptoms are not bothering me as much	52	49	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.

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

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

The following tables shows the percentage of agree or strongly agree responses for each residential 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. Residential 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	4	8	7	2	7	1	7	28	96	157
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	-	-	-	-	-	-	-	-	72	72
	17. Staff were willing to see me as often as I felt it was necessary	-	-	-	-	-	-	-	-	77	76
	18. Staff returned my call in 24 hours	-	-	-	-	-	-	-	-	64	67
	19. Services were available at times that were good for me	-	-	-	-	-	-	-	-	79	75
	20. I was able to get all the services I thought I needed	-	-	-	-	-	-	-	-	71	72
	21. I was able to see a psychiatrist when I wanted	-	-	-	-	-	-	-	-	55	55
Daily functioning	08. My symptoms are not bothering me as much	-	-	-	-	-	-	-	-	57	56
	09. I do things that are more meaningful to me	-	-	-	-	-	-	-	-	▲ 52	59
	10. I am better able to take care of my needs	-	-	-	-	-	-	-	-	65	66
	11. I am better able to handle things when they go wrong	-	-	-	-	-	-	-	-	58	60
	12. I am better able to do things that I want to do	-	-	-	-	-	-	-	-	63	59
General satisfaction	13. I like the services that I received here	-	-	-	-	-	-	-	-	74	77
	14. If I had other choices, I would still get services from this agency	-	-	-	-	-	-	-	-	71	71
	15. I would recommend this agency to a friend or family member	-	-	-	-	-	-	-	-	64	69
Participation	23. I felt comfortable asking questions about my treatment and medication	-	-	-	-	-	-	-	-	75	77
	29. I, not staff, decided my treatment goals	-	-	-	-	-	-	-	-	65	67
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	-	-	-	-	-	-	-	-	65	68
	24. I felt free to complain	-	-	-	-	-	-	-	-	58	59
	25. I was given information about my rights	-	-	-	-	-	-	-	-	74	76
	26. Staff encouraged me to take responsibility for how I live my life	-	-	-	-	-	-	-	-	76	76
	27. Staff told me what side effects to watch out for	-	-	-	-	-	-	-	-	▼ 56	64
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	-	-	-	-	-	-	-	-	76	79
	30. Staff were sensitive to my cultural background (race, religion, language)	-	-	-	-	-	-	-	-	74	74
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	-	-	-	-	-	-	-	-	▼ 60	69
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers,	-	-	-	-	-	-	-	-	68	71
	37. In a crisis, I would have the support I need from family or friends	-	-	-	-	-	-	-	-	71	75
Social connectedness	34. I am happy with the friendships I have	-	-	-	-	-	-	-	-	74	75
	35. I have people with whom I can do enjoyable things	-	-	-	-	-	-	-	-	67	70
	36. I feel I belong in my community	-	-	-	-	-	-	-	-	61	67
Treatment outcomes	01. I deal more effectively with daily problems	-	-	-	-	-	-	-	-	64	65
	02. I am better able to control my life	-	-	-	-	-	-	-	-	▼ 63	70
	03. I am better able to deal with crisis	-	-	-	-	-	-	-	-	60	64
	04. I am getting along better with my family	-	-	-	-	-	-	-	-	64	67
	05. I do better in social situations	-	-	-	-	-	-	-	-	50	56
	06. I do better in school and/or work	-	-	-	-	-	-	-	-	44	51
	07. My housing situation has improved	-	-	-	-	-	-	-	-	68	67
	08. My symptoms are not bothering me as much	-	-	-	-	-	-	-	-	57	56

▲ 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. Residential Domain Satisfaction by Race Group.

Domain	Race Group			
	Non-White	White	Unknown	Statewide
Total Responses	22	94	40	154
Access	-	69	72	70
Daily functioning	-	58 ▲	74	60
General satisfaction	-	70	78	71
Participation	-	61	74	66
Quality / Appropriateness	-	71	84	75
Social connectedness	-	63	73	67
Treatment outcomes	-	60	73	63

▲ 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-3. Residential Survey Domain Question Satisfaction by Location.

Domain	Question	Location				
		Urban	Rural	Frontier	Unknown	Statewide
	Total responses	98	48	10	2	157
Access	16. The location of services was convenient (parking, public transportation, distance, etc.)	73	69	-	-	72
	17. Staff were willing to see me as often as I felt it was necessary	75	81	-	-	76
	18. Staff returned my call in 24 hours	65	69	-	-	67
	19. Services were available at times that were good for me	75	76	-	-	75
	20. I was able to get all the services I thought I needed	68	79	-	-	72
	21. I was able to see a psychiatrist when I wanted	59	51	-	-	55
Daily functioning	08. My symptoms are not bothering me as much	▼ 49	66	-	-	56
	09. I do things that are more meaningful to me	60	57	-	-	59
	10. I am better able to take care of my needs	64	67	-	-	66
	11. I am better able to handle things when they go wrong	56	65	-	-	60
	12. I am better able to do things that I want to do	57	60	-	-	59
General satisfaction	13. I like the services that I received here	75	80	-	-	77
	14. If I had other choices, I would still get services from this agency	71	72	-	-	71
	15. I would recommend this agency to a friend or family member	70	70	-	-	69
Participation	23. I felt comfortable asking questions about my treatment and medication	75	81	-	-	77
	29. I, not staff, decided my treatment goals	64	71	-	-	67
Quality / Appropriateness	22. Staff here believe my health can improve and I can recover	▼ 62	▲ 81	-	-	68
	24. I felt free to complain	61	52	-	-	59
	25. I was given information about my rights	73	77	-	-	76
	26. Staff encouraged me to take responsibility for how I live my life	74	85	-	-	76
	27. Staff told me what side effects to watch out for	63	68	-	-	64
	28. Staff respected my wishes about who is and who is not to be given information about my treatment	79	79	-	-	79
	30. Staff were sensitive to my cultural background (race, religion, language)	72	76	-	-	74
	31. Staff helped me obtain the information I needed so that I could take charge of managing my illness	67	73	-	-	69
	32. I was encouraged to use consumer-run programs (support groups, drop-in centers,	71	71	-	-	71
Social connectedness	34. I am happy with the friendships I have	72	79	-	-	75
	35. I have people with whom I can do enjoyable things	67	77	-	-	70
	36. I feel I belong in my community	66	72	-	-	67
	37. In a crisis, I would have the support I need from family or friends	76	73	-	-	75
Treatment outcomes	01. I deal more effectively with daily problems	62	68	-	-	65
	02. I am better able to control my life	68	73	-	-	70
	03. I am better able to deal with crisis	62	72	-	-	64
	04. I am getting along better with my family	65	68	-	-	67
	05. I do better in social situations	54	57	-	-	56
	06. I do better in school and/or work	50	56	-	-	51
	07. My housing situation has improved	63	70	-	-	67
	08. My symptoms are not bothering me as much	▼ 49	66	-	-	56

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

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