

# 2024 Adult Mental Health Statistics Improvement Program Survey Report

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# Executive Summary

An estimated 116,352 Oregonians received mental health services through Oregon Medicaid in 2023. Approximately 84,486 of these were adults ages 18 years or older, with 82,549 (97.7%) receiving services only in an outpatient setting and 1,937 (2.3%) receiving services in a residential setting.

In 2024, the Oregon Health Authority (OHA) contracted with Market Decisions Research (MDR) 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. The goal of these surveys is to ensure these services meet the needs of Oregonians as well as to meet federal requirements outlined around state-funded mental health services.

Two versions of the survey were distributed among Oregonian adults: an Adult Outpatient Survey, for those adults who received their mental health services in outpatient treatment settings; and an Adult Residential Survey, for those adults who received their mental health services in residential treatment settings. These surveys shared similar questions contained under the following domain areas:

- Access to Service
- Daily Functioning
- General Satisfaction
- Participation in Treatment
- Quality/Appropriateness
- Social Connectedness
- Perceptions of Outcomes

Both Adult surveys also included supplementary questions regarding additional areas of particular interest, including but not limited to housing, employment, trauma, and others. New questions related to telehealth services and experiences with virtual sessions were added to the Adult Outpatient survey in response to the COVID-19 pandemic in previous administrations of the survey – these were retained for the 2024 administration.

## Summary of Outpatient Results

Statewide 4,037 adults responded to the 2024 Outpatient survey for a response rate of 14%. The majority (90%) completed the survey online and the remaining completed the survey over the phone (20%). All respondents who completed the survey online or by mail were offered a \$10 virtual gift card as a thanks for their time and effort.

### Domain Satisfaction

Respondents were most satisfied in the domain of Quality/Appropriateness (83%) and were least satisfied in the domain of Perceptions of Outcomes (60%). Satisfaction decreased across all seven domain areas from 2023 to 2024 except for the domain area of Participation, which remained unchanged at 77%.

### Treatment Status

Most respondents (79%) were still receiving mental health services at the time of this survey. Of those who were no longer receiving services, 27% reported that their treatment ended because their problem was solved, and they no longer needed the treatment. Other top reasons for no longer receiving services included that the treatment was not working (10%), and respondents were unable to find time for treatment (10%).

### Care Providers

Most respondents (86%) said that they have someone who gives them checkups, routine medical care, and advice. More than half of the respondents (52%) reported that both their primary care and mental health providers asked them about whether they use alcohol or other drugs.

### Expectations and Results

The most frequently reported expectations of receiving mental health services were to become less anxious or fearful (83%), to feel better about oneself (78%), and to become happier (73%). Although the results did not match expectations, 71% said they became less anxious or fearful, 68% said they felt better about themselves, and 64% said they became happier since receiving services.

## Telehealth

Three quarters of respondents (75%) have had a virtual session with their mental health provider in the past 12 months and 79% reported that they were satisfied with the virtual sessions compared to in-person sessions. Many respondents agreed that they liked not traveling to appointments (76%) and it was easier to schedule appointments for virtual sessions (68%). Of those who did not participate in telehealth services in the past 12 months, 70% said it was because they preferred to see their provider in person.

## Crisis and Trauma

Most respondents (84%) reported that their provider asked about any history of trauma when they first started receiving services. Of those, 83% said that the problems related to this trauma were adequately addressed during their treatment. Among respondents, 35% indicated that they needed assistance as the result of a mental health crisis and four fifths (80%) said that their provider assisted them with the crisis in a satisfactory manner.

## Summary of Residential Results

Statewide, 213 adults responded to the 2024 Residential survey for a response rate of 12%. The majority (60%) completed the survey online and the remaining completed the survey over the phone (27%) or by mail (13%). All respondents who completed the survey online were offered a \$10 virtual gift card as a thanks for their time and effort.

## Domain Satisfaction

Respondents were most satisfied in the domain of General Satisfaction (80%) and were least satisfied in the domain of Perceptions of Outcomes (62%). Satisfaction increased across all domain areas from 2023 to 2024 except Quality/Appropriateness, which remained unchanged at 76%, and Outcomes, which decreased slightly to 62%.

## Reasons for Residential Treatment

Nearly all respondents (94%) indicated that they are still receiving mental health services. The top reasons respondents provided for why they are living in a residential facility were: "I want mental health treatment so I can get better" (41%), "I need help taking care of myself" (32%), "I need housing" (30%), or "I am under the jurisdiction of the Psychiatric Security Review Board, or I have other legal requirements" (23%).

## Progress in Treatment

More than four fifths of respondents (84%) felt that they have made progress with their mental health since being in a residential facility but only 31% reported that they made progress with any substance use or abuse. When asked if they felt ready for more independent living, 59% said “yes” and of those who said “no,” nearly two thirds said that they like it there (61%) and that they don’t have the skills to live on their own (61%).

## Expectations and Results

The most frequently reported expectations of mental health services were to feel better about oneself (69%), get along better with family and/or friends (58%), and to become happier (74%). Although the results did not match expectations precisely, 69% said they feel better about themselves, 65% get along better with family and/or friends, and 64% have become happier since they started receiving services.

## Crisis and Trauma

Less than two thirds of respondents (62%) reported that their provider asked them about any history of trauma when they first started receiving mental health services and 82% said that problems related to this trauma were adequately addressed during their treatment. Just under half of respondents (46%) indicated that they needed assistance as the result of a mental health crisis and of those, 83% said their mental health provider assisted them with the crisis in a satisfactory manner.

# Introduction

The Oregon Health Authority (OHA) has administered Version 1.2 of the Mental Health Statistics Improvement Program (MHSIP) since 2006. This program was designed and validated to measure adults’ perceptions of the quality and efficiency<sup>1</sup> of their mental health services<sup>2</sup> and has been endorsed by the National Association of State Mental Health Program Directors. This annual survey is administered to adults receiving

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<sup>1</sup> 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.

<sup>2</sup> 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.



Medicaid funded mental health services in both outpatient and residential settings, with setting specific versions of the survey providing avenues for setting specific feedback on the quality and effectiveness of care. This patient feedback has become an important part of OHA's mission to improve quality and health outcomes in populations experiencing mental health difficulties. Results are designed to be action-oriented and patient focused, allowing OHA to immediately utilize domain and metric scores to design and implement policies at the state level to help support its citizens.

## Methodology

### The Surveys

The Adult Residential Survey contained 58 questions or question sets consisting of multiple part questions. The Adult Outpatient Survey contained 61 questions or question sets consisting of multiple part questions. Across the two surveys a majority (36) of core questions are identical and grouped into domains to measure the quality of specific items. These domains consist of the following:

- Access to Services
- Daily Functioning
- General Satisfaction
- Treatment Participation
- Service Quality
- Social Connectedness
- Treatment Outcomes

See Table 1 for a full list of questions associated with each Domain. In 2023, OHA also expanded question sets across both surveys to better cover topics or areas of interest in the survey. The outpatient survey was expanded with additional questions around the availability and experiences with using telehealth services. The residential survey was expanded with additional questions around reasons and experiences for living within a residential facility, as well as progress and readiness for independent living.

Both surveys had additional questions added on the following topics in 2023 and were retained in 2024:

- Treatment status, expectations, and actual results
- Presence of primary care providers or PCPs

- Service coordination between service providers with the respondent as a shared client
- Types of topics doctors or mental health care providers may have discussed during appointments, for example smoking or weight loss.
- Assistance by mental health providers during mental health crises.
- Arrest histories before and after treatment
- Assistance by mental health providers obtaining housing and employment
- Trauma
- Current employment status and income
- Current and recent residence

**Table 1. MHSIP Domain Questions**

<b>Domain</b>	<b>Corresponding Questions</b>
<b>Access to Service</b>	The location of services was convenient.
	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.
<b>Daily Functioning</b>	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.
<b>General Satisfaction</b>	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.
<b>Participation</b>	I felt comfortable asking questions about my treatment and medication.
	I, not staff, decided my treatment goals.
<b>Quality/ Appropriateness</b>	Staff here believe my health can improve and I can recover.
	I felt free to complain.
	I was given information about my rights.

<b>Quality/ Appropriateness</b>	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.
	I was encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phone line.
	My most recent service providers give me opportunities to learn skills that allow me to strengthen and maintain my wellness.
<b>Social Connectedness</b>	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.
<b>Perceptions of Outcomes</b>	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.

**Sample**

The Outpatient Survey was sent to a sample of 30,990 adults who were identified by encounter data from OHA’s Medicaid Management Information System as having received Medicaid funded mental health services in an outpatient setting from January 1<sup>st</sup>, 2023, through December 31<sup>st</sup>, 2023. Respondents were eligible for sampling based on an age criterion (>18 years of age) and a baseline number of service encounters across the calendar year (>1).

The Residential Survey was sent to the population of 1,937 adults (>18 years of age) who were identified through the same process as having received at least one day of treatment in a residential or adult foster care facility. This categorization overrode the presence of experiences with outpatient care – that is, for respondents who qualified for inclusion in both surveys, MDR and OHA classified them into the residential population.

OHA provided the population file to MDR on April 18th, 2024. For the Outpatient Survey, MDR drew a random sample – including an oversample of minority race and ethnic populations to ensure representation. Additional strictures on the sampling frame included goals to include enough adults from each extant CCO to best reach participation goals to allow for provider-by-provider reporting of results. A census was conducted among those receiving residential services (Residential Survey).

## **Survey Administration**

The survey administration was broken out into a tiered system of data collection modes and methods, based on survey type and the availability of contact information from the drawn sample. MDR designed and implemented a multi-mode data collection methodology, including an online and a telephone version of each of the two adult surveys as well as a pen and paper instrument (PAPI) for the Residential survey. The surveys were offered in both English and Spanish, with only 56 adult surveys completed in Spanish.

For this year’s survey administration, an initial invitation letter informing possible respondents about the survey and its purpose, the potential reward, and providing them with both a QR code and an individualized login to the online mode of the survey was sent to all respondents with usable mailing addresses, regardless of population. A second letter, reminding possible respondents of their selection, of the importance of the survey, and of their login information was sent two weeks later.

Concurrent with mail data collection, MDR conducted phone outreach as well, allowing respondents to complete the survey over the phone in addition to the online option.

A smaller PAPI mailing was compiled and sent to all individuals within the Adult Residential population who had not completed a survey online after two months of data collection, with the goal of increasing response in this harder to reach population.

Data collection took place from June 17<sup>th</sup>, 2024, through October 3<sup>rd</sup>, 2024.

## **Weighting and Analysis**

The data were weighted to reflect the sampling design and to normalize the data to the target population of clients. This involved calculating design weights which factored in sampling and non-response and raking adjustments.

The design weight is the inverse of the probability of selection within each of the sampling strata divided by the response within the survey strata:

$$(N/n)*(1/r)$$

Where N is the total population within the strata, n is the number of sample records drawn within the sampling strata and r is the survey response. After weighing, all completed surveys have a positive design weight while sampled records that did not respond have a design weight of zero.

The sampling strata were defined by the following:

- The type of survey (Adult Outpatient, Adult Residential, YSSF only – cases where the child is under 14, and YSSF/YSS pairs – cases where the child is 14 and older and both the parent and child were asked to complete the survey).
- CCO providing services to the client

## Raking Adjustments

Raking adjustments are made to normalize the data set to the population based on demographic characteristics. This is done because a sample does not perfectly match the actual population distribution based on their known demographic characteristics. The variables used in raking adjustments are selected based on characteristics that are available for the population and believed to be important to the topic. For the MHSIP surveys, weighting was limited to variables provided in the sample file since these represent the variables available for the entire population.

- Type of survey
  - Adult Outpatient
  - Adult residential
  - YSSF (parent)
  - YSS (child)
- Age of Client
- Sex of Client
- CCO where client received services rather than region of the state
- Reported race and ethnicity (from the sample)

## Computing Domain Scores

MDR followed the rules for computing domain scores outlined by SAMHSA in their URS Table Instructions:

1. Domain scores should only be calculated using surveys that had 2/3 or more of the items complete for that domain.
2. The score should report the number of “positive” responses and the total number of responses for each domain.
3. Confidence levels should be calculated for each domain, since each domain may have a different number of valid responses. Confidence intervals should be reported at the 95% level.
4. In reporting each domain score, include only surveys with at least 2/3 of the domain items completed. Same as step one.
5. Recode ratings of “not applicable” as missing values. MDR will include those indicating DK or REF as missing.
6. Count the number of respondents with mean scores greater than 3.5 (note the cut-off score of 3.5 is based on the recommended coding of responses where strongly agree is 5).
7. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

## Survey Limitations

The 2024 administration retains many of the same limitations that previous iterations of the patient experience surveys carried. For questions outside of the standard MHSIP domain portions of the survey, validation remains at a different level of standard than those of the MHSIP domains. These OHA specific questions were implemented to better

inform state-level policy and developments in areas of interest. Their presence, however, may impact the validity of the preceding MHSIP items to an unknown level.

### **Survey Length**

The length of the survey, regardless of mode, may have been a barrier to some potential respondents – especially those who may have individual or cognitive challenges. Those same challenges may have also affected a respondent’s ability to clearly understand and provide accurate responses to some questions. For individuals who may have needed assistance, caregivers or other individuals were allowed to provide support through the process and their involvement was recorded at the start of the survey instrument. The addition of a third party may influence an individual’s responses, in unexpected ways, however.

### **Survey Timing**

The survey asked questions about services received between January through December of 2023, and with the slightly delayed fielding of data collection respondents could have been providing feedback on care received over 12 months prior. This gap between service and evaluation may serve as a point of injection for recall bias or other artifacts that might influence individual results.

## **Outpatient Survey**

### **Response Rate**

The outpatient survey was fielded among adults aged 18 and older who received Medicaid-funded mental health services in an outpatient setting. Adults who received mental health services in a residential setting were instead eligible to participate in the residential survey. The survey was offered to 30,990 adults who had received services between January 1<sup>st</sup>, 2023, through December 31<sup>st</sup>, 2023.

In 2024, 4,037 adults returned a usable outpatient survey, in this case defined as a survey where all questions aside from the REALD demographic questions were answered, for a response rate of 14%. Most respondents (80%) completed the survey online while the remaining completed the survey over the phone (20%). Respondents who completed the survey online were eligible for a \$10 digital gift card.

The sample was screened before any mailings were sent using the National Change of Address system. In addition, undeliverable or unusable addresses identified by returned mail were flagged in the overall sample. Individuals with bad addresses listed in their MMIS enrollment data or with bad addresses flagged through the aforementioned avenues were not immediately disqualified from participation – instead they were provided with an alternate modes of survey completion – via phone for individuals with associated phone numbers. Only after an individual had an identified bad address and a bad phone number were they removed from the data collection process.

Individuals were also able to opt-out of the survey process by calling or emailing the Project Manager at MDR, or by informing a phone interviewer of their desire to be removed from data collection over the course of telephone outreach.

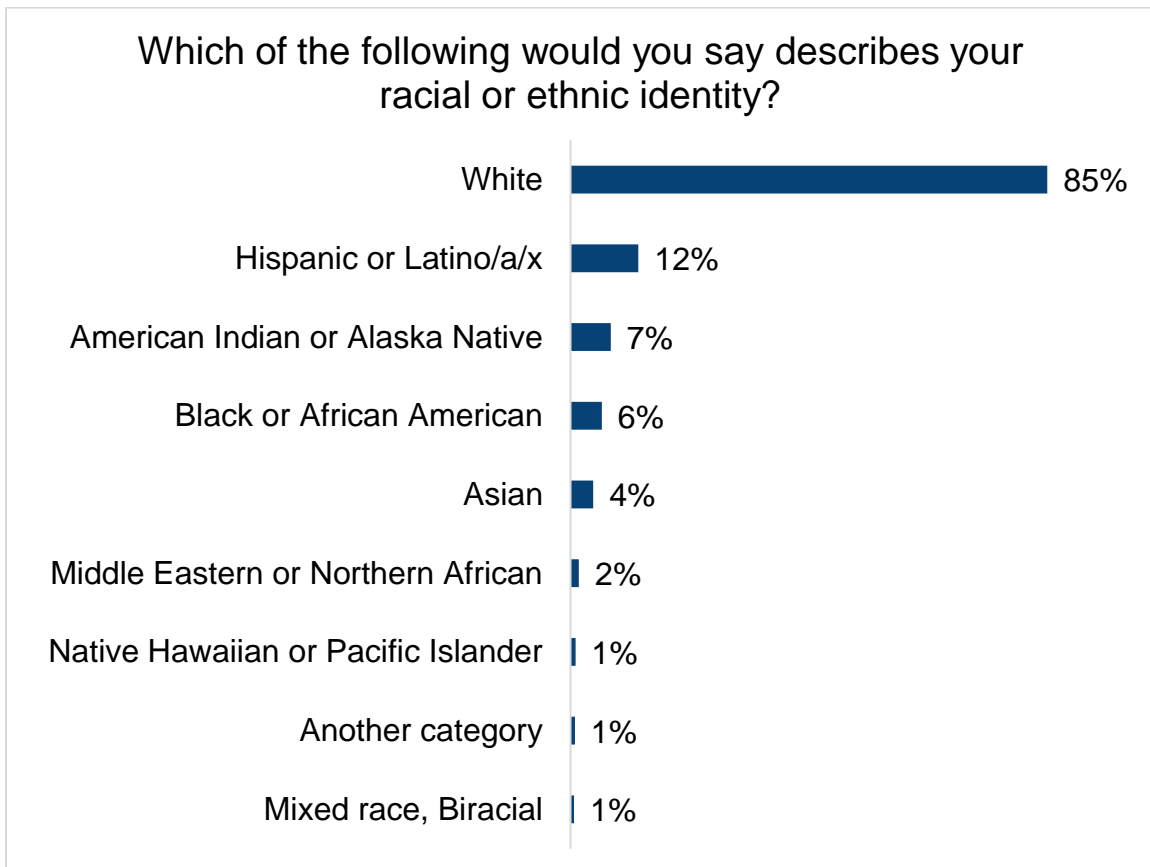
As with most multi-mode surveys, the possibility of a respondent completing a survey in two or more separate modes was real. In cases where respondents completed surveys in multiple modes, duplicate surveys were omitted, with the criteria of completeness followed by date of completion serving to designate which completed survey was retained.



## Demographics

The following figures summarize respondents' self-reported race and ethnicity<sup>3</sup> as well as gender, sexual orientation and identity, age, location, spoken language, and other demographic questions regarding difficulties with their health and daily activities.

**Figure 1. Race/Ethnicity**

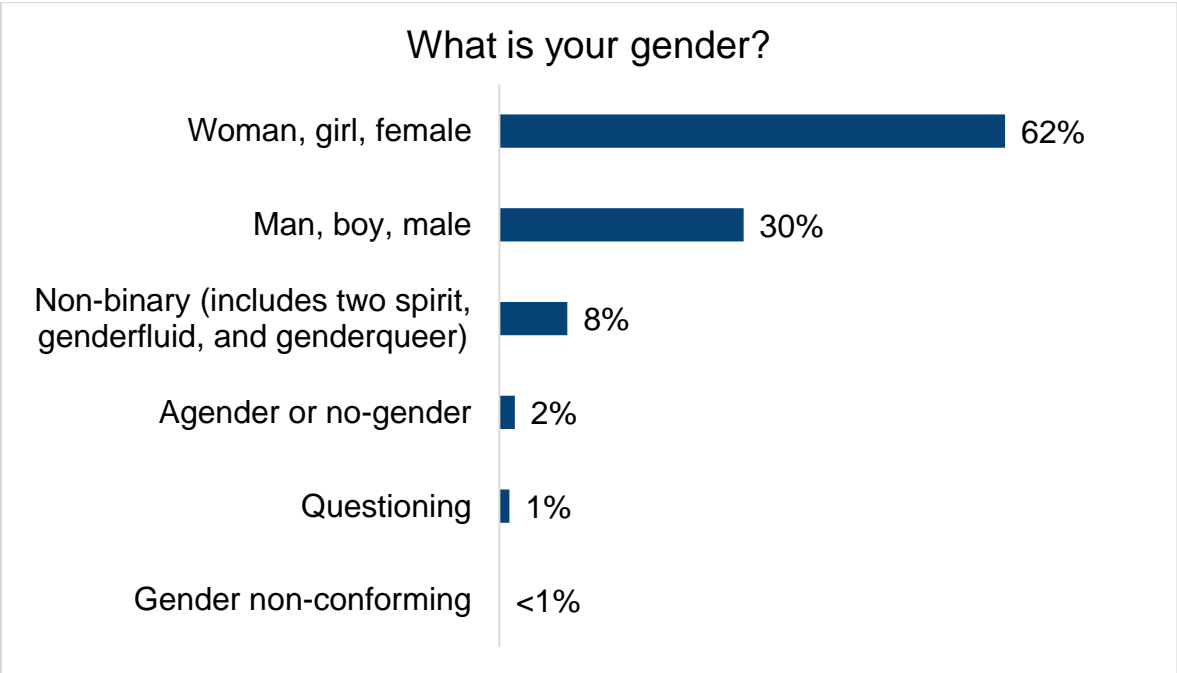


*Adult Outpatient, 2024*

*See Appendix A on page 113 for a detailed disaggregated race table of Adult Outpatient respondents.*

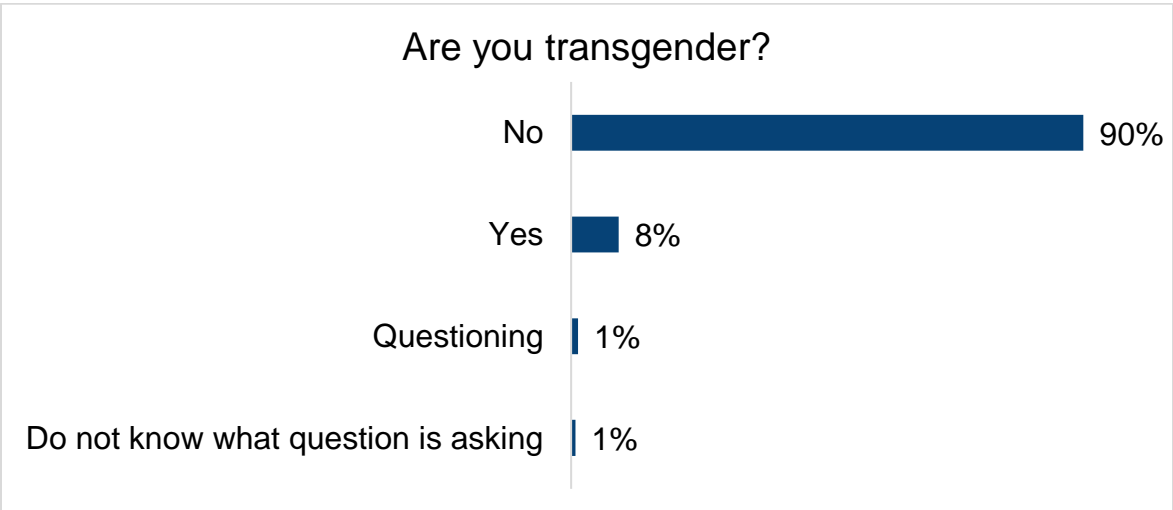
<sup>3</sup> Race and ethnicity data were collected using OHA's REALD and SOGI standards. More information on REALD and SOGI data can be found at <https://www.oregon.gov/oha/EI/Pages/Demographics.aspx>

**Figure 2. Gender**



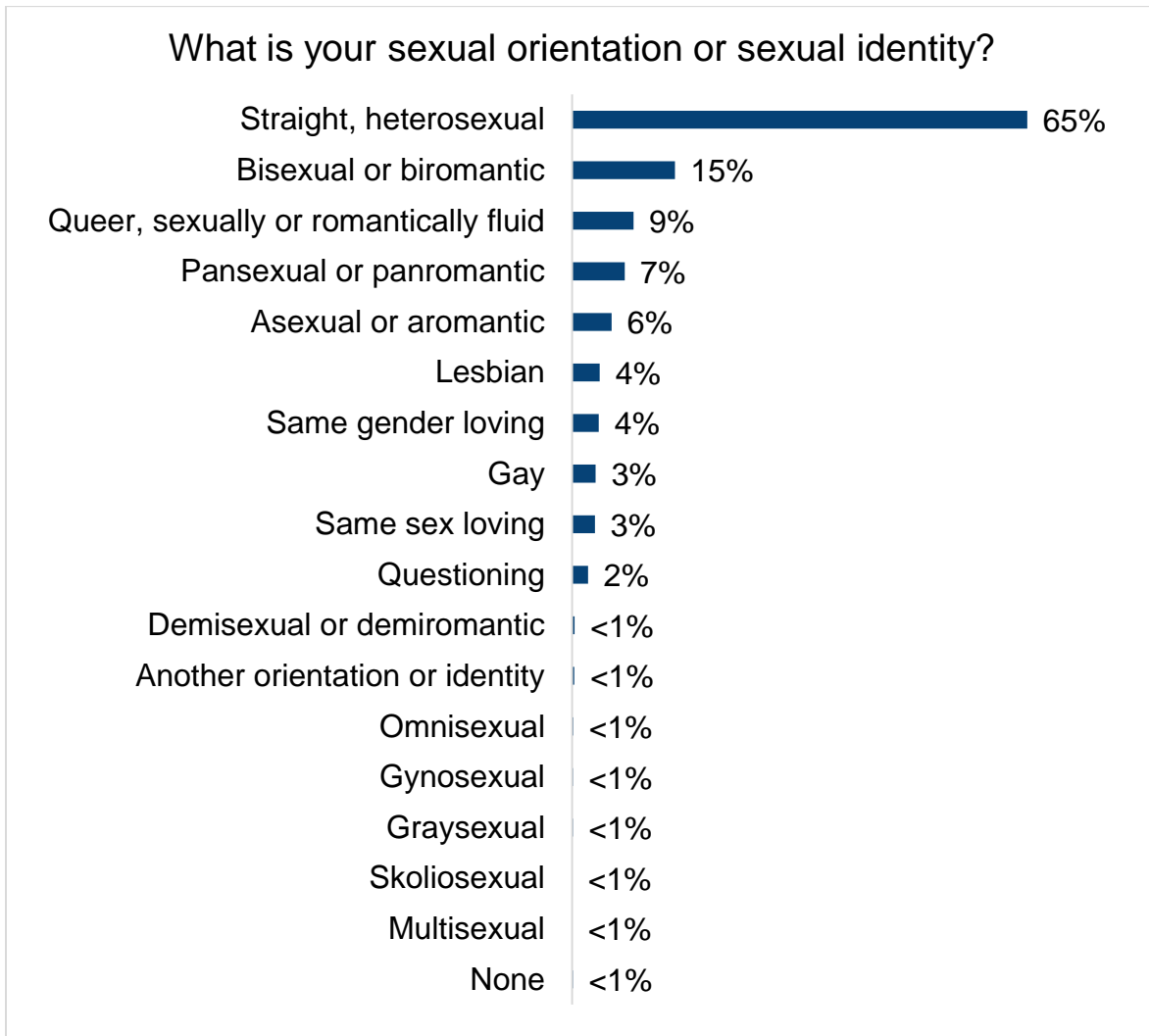
*Adult Outpatient, 2024*

**Figure 3. Transgender**



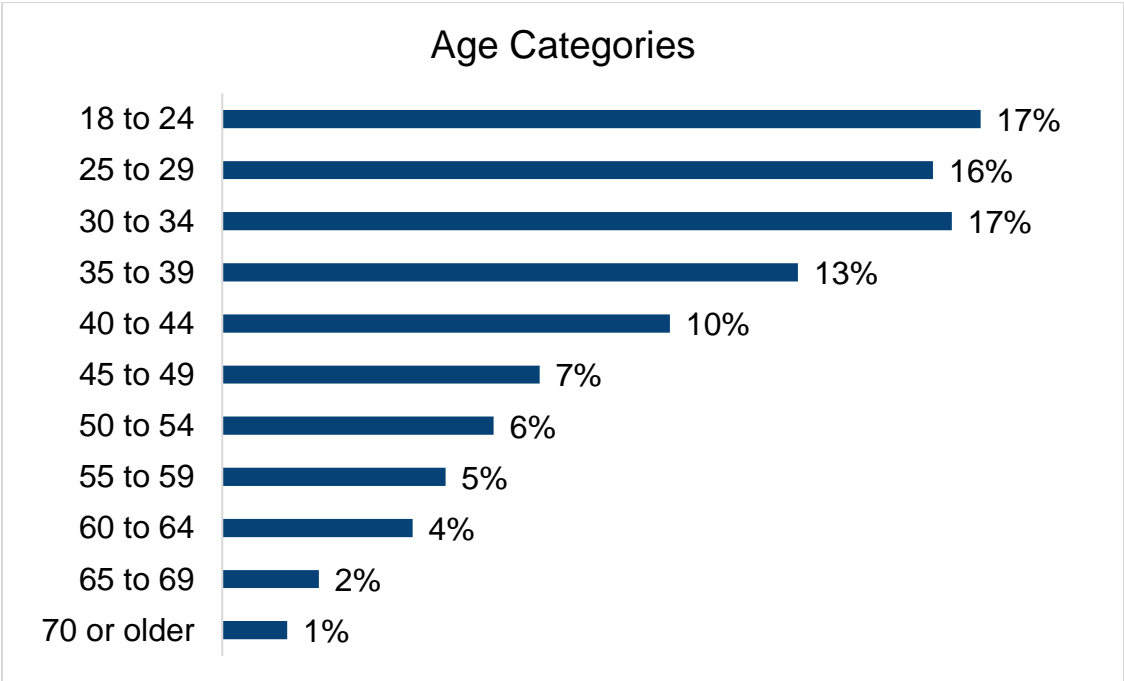
*Adult Outpatient, 2024*

**Figure 4. Orientation/Identity**



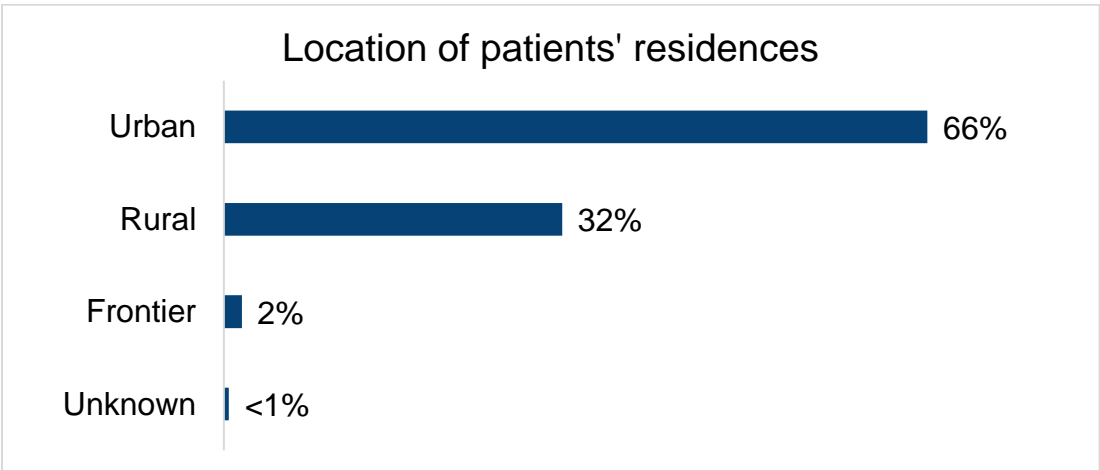
*Adult Outpatient, 2024*

**Figure 5. Age Categories**



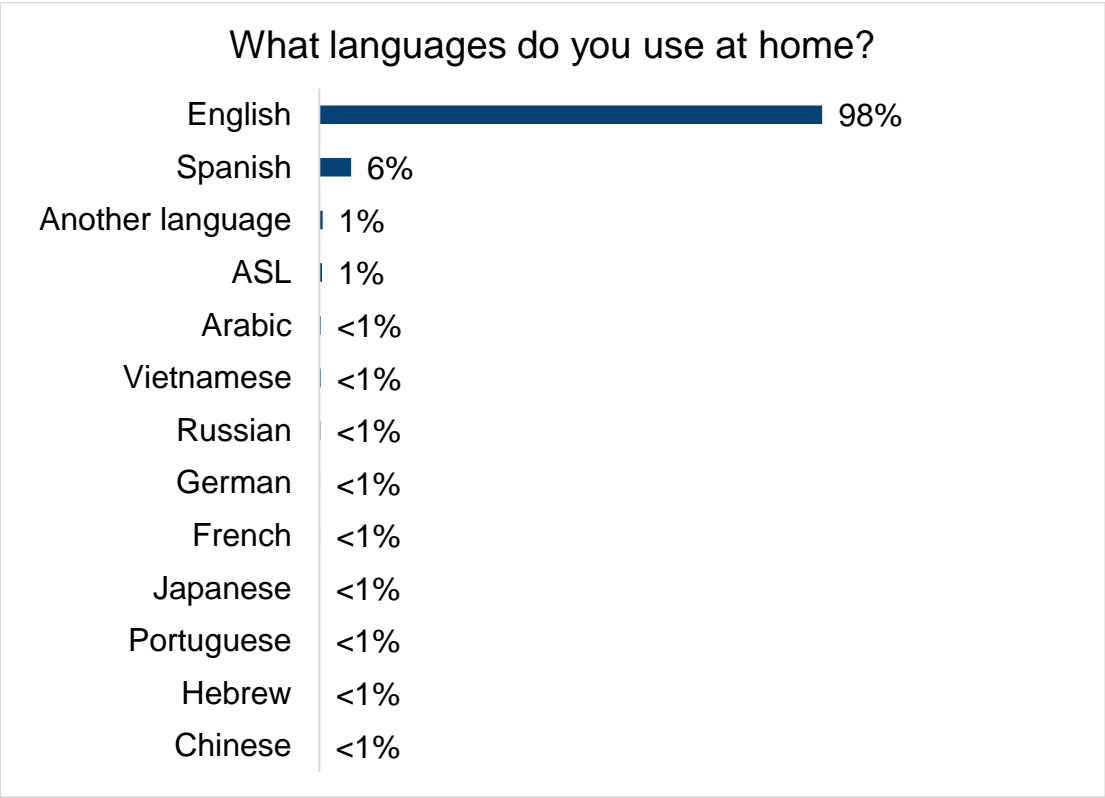
*Adult Outpatient, 2024*

**Figure 6. Location**



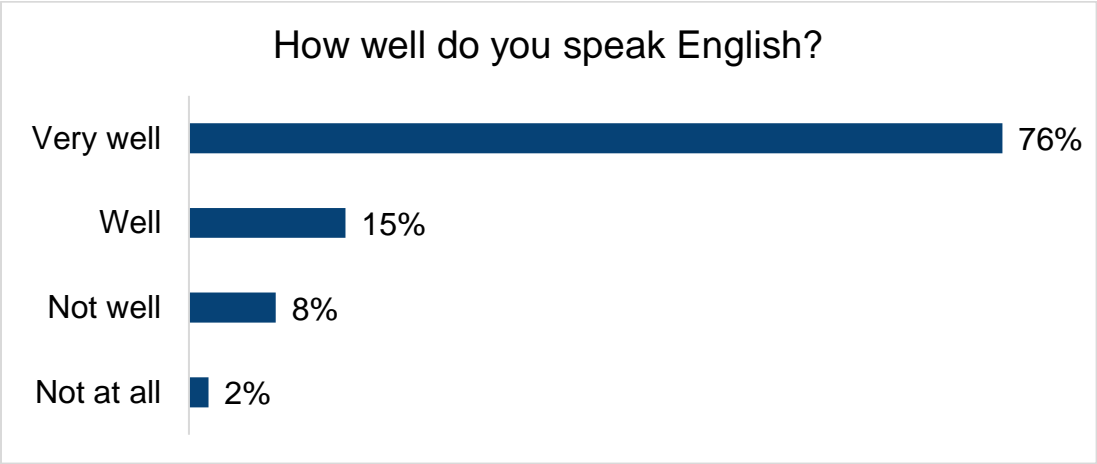
*Adult Outpatient, 2024*

**Figure 7. Language**



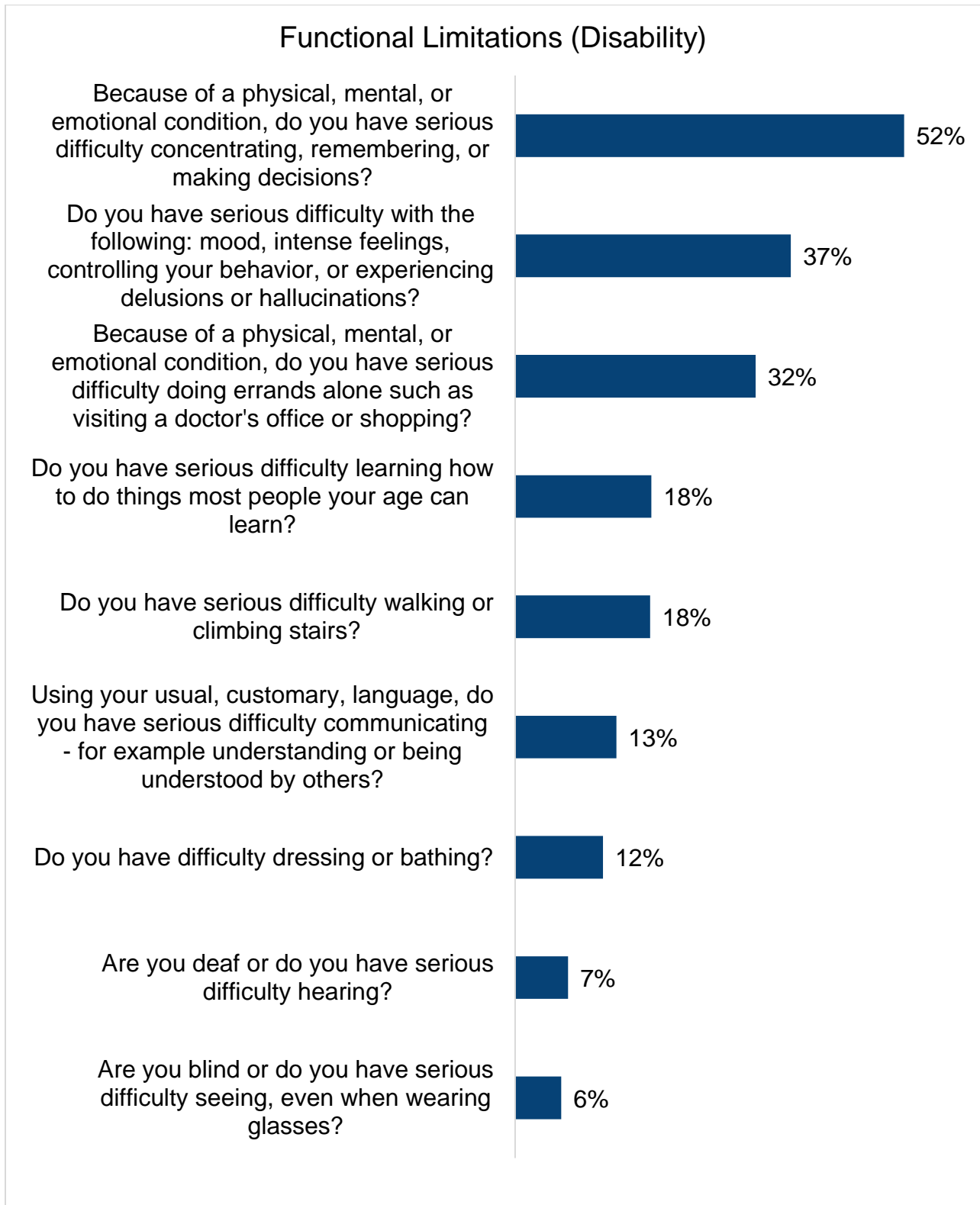
*Adult Outpatient, 2024*

**Figure 8. English-speaking**



*Adult Outpatient, 2024*

**Figure 9. Functional Limitations (Disability)**



*Adult Outpatient, 2024*

# Outpatient Survey Results

## Domain Satisfaction

Table 2 summarizes statewide satisfaction across seven domain areas. Questions from each domain can be found in Table 1.

**Table 2. Outpatient Survey Domain Satisfaction, 2024.**

Domain	Positive Response (%)
Access to Services	74%
Daily Functioning	65%
General Satisfaction	81%
Participation in Treatment	77%
Quality/Appropriateness	83%
Social Connectedness	62%
Perceptions of Outcomes	60%

Respondents are asked how strongly they agree or disagree with the statements included in each domain and the data is reported as “satisfaction” for those who gave a positive response of Strongly Agree or Agree. Respondents were most satisfied in the domains of Quality/Appropriateness (83%), General Satisfaction (81%), and Participation in Treatment (77%). They were least satisfied in the domains of Perceptions of Outcomes (60%) and Social Connectedness (62%).

Results for 2024 are compared between demographic respondent groups, where relevant, to determine if there are statistically significant differences between them at a 95% confidence level. Trending results for 2019-2024 are compared between years to determine if there are statistically significant differences between them at a 95% confidence level, where applicable. Instances of significant differences are notated in the chart with a ‘\*’ character next to the percentage.

The following sections present data at the statewide level. Data compendiums available on OHA's MHSIP website include survey results by several demographic, regional, or

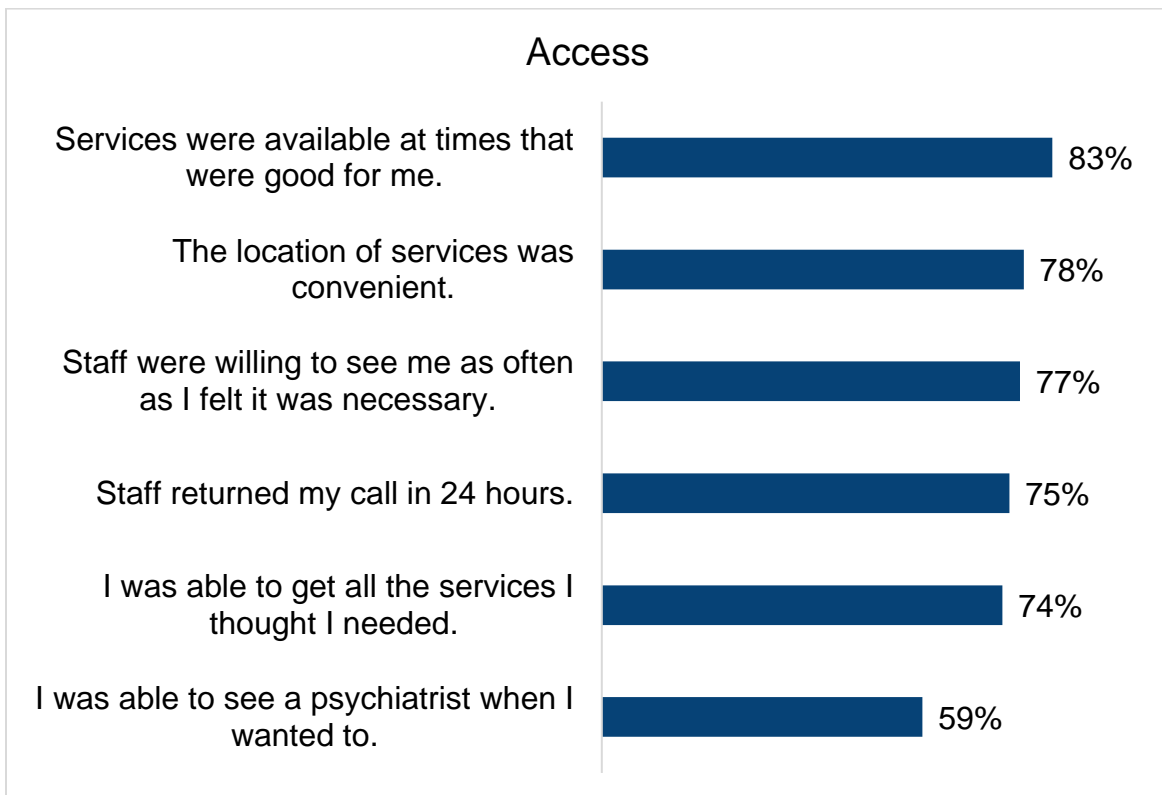
CCO variables. Individual infographic reports are also available for each CCO on OHA's website.



## Access to Services

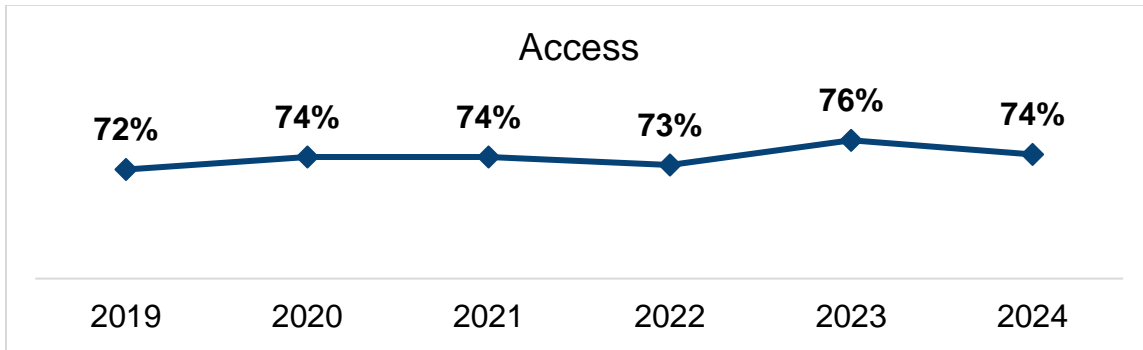
The following set of domain questions were presented to survey respondents:

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



*Adult Outpatient, 2024*

More than four fifths of survey respondents (83%) said that the services were available at times that were good for them. Similar percentages of respondents said that the location of services was convenient (78%), staff were willing to see them as often as they felt it was necessary (77%), and staff returned their call in 24 hours (75%). Less than two thirds (59%) said they were able to see a psychiatrist when they wanted to.



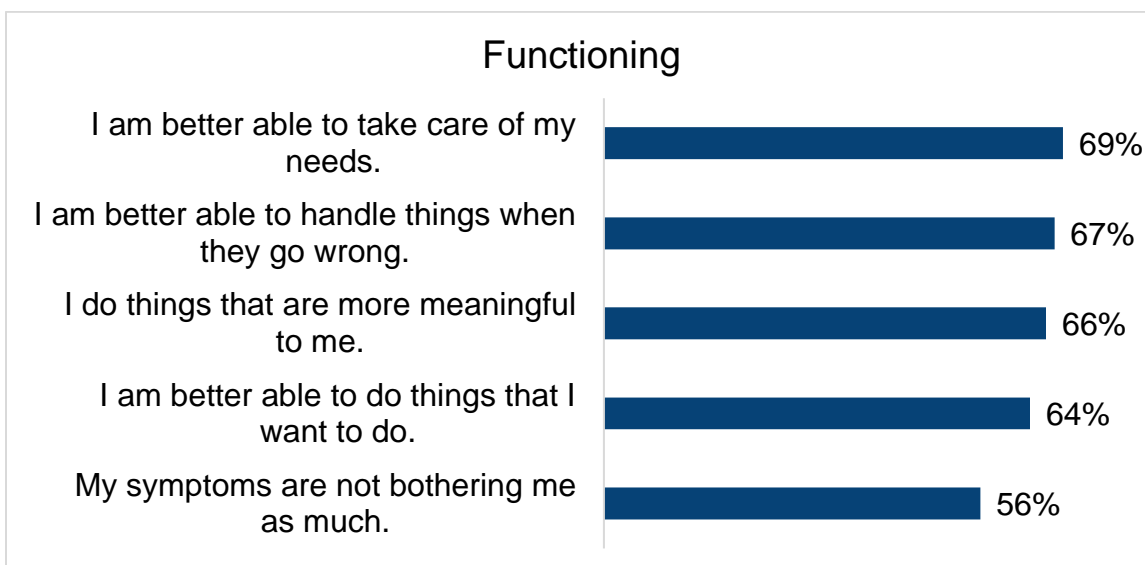
Adult Outpatient, 2019 to 2024

Satisfaction in the Access to Services domain has remained relatively stable over recent history; however, satisfaction decreased to 74% in 2024.

## Daily Functioning

The following set of domain questions were presented to survey respondents:

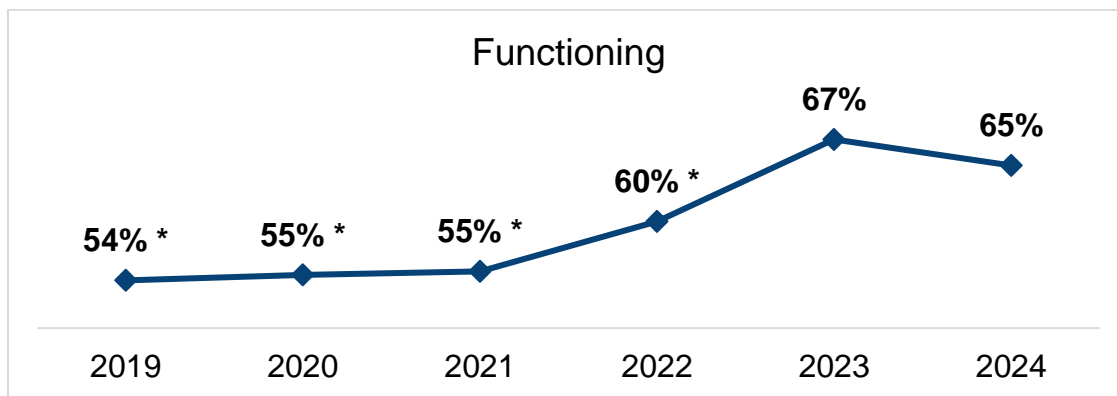
- **My symptoms are not bothering me as much.**
- **I do things that are more meaningful to me.**
- **I am better able to take care of my needs.**
- **I am better able to handle things when they go wrong.**
- **I am better able to do things that I want to do.**



Adult Outpatient, 2024

Just over two thirds of respondents (69%) said that they are better able to take care of their needs and 67% said they are they are better able to handle things when they go wrong. Just under two thirds (66%) said that they do things that are more meaningful to them. However, less than two thirds (56%) said that their symptoms are not bothering them as much.

Respondents who indicated they are between the ages of 45 to 49 years old and 50 to 54 years old were significantly less likely to provide a positive response within the Daily Functioning domain (49% for each, respectively) as compared to the total in 2024 (65%). Contrarily, respondents who indicated they are between the ages of 25 to 29 years old were significantly more likely to provide a positive response within the Daily Functioning domain (about 73%) as compared to the total in 2024 (67%).



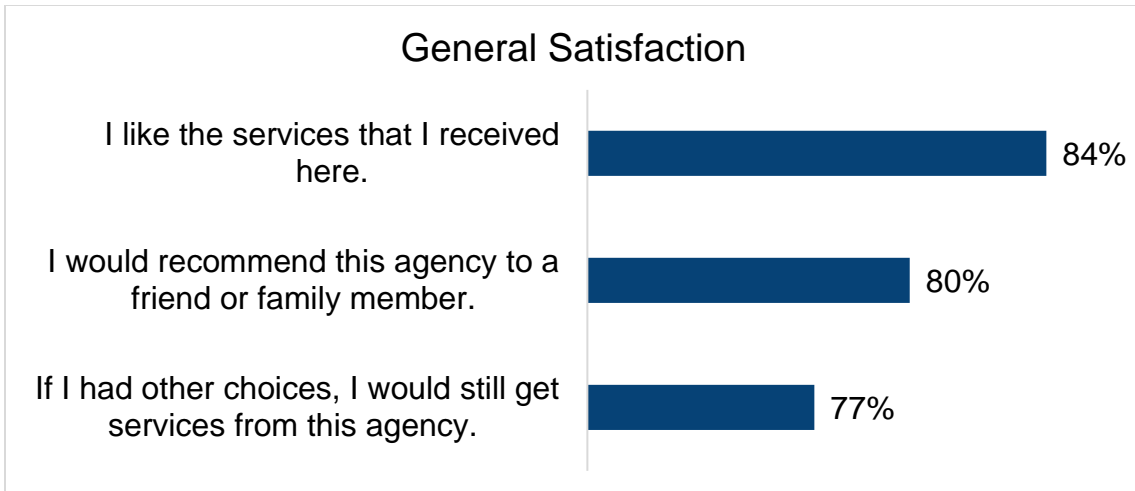
*Adult Outpatient, 2019 to 2024*

Satisfaction in the Daily Functioning domain had been trending upward in recent history; however, satisfaction decreased to 65% in 2024. Satisfaction in 2019, 2020, 2021, and 2022 was significantly lower (54%, 55%, 55%, and 60%, respectively) as compared to the total in 2024 (65%).

## General Satisfaction

The following set of domain questions were presented to survey respondents:

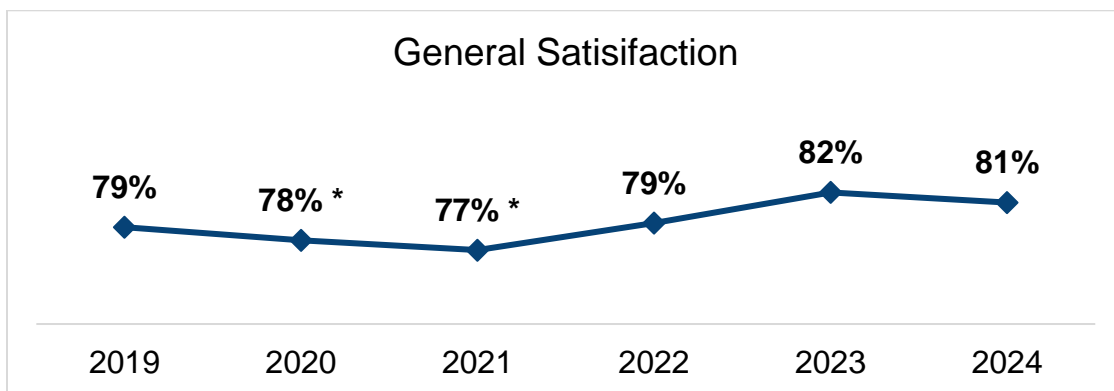
- **I like the services that I received here.**
- **If I had other choices, I would still get services from this agency.**
- **I would recommend this agency to a friend or family member.**



*Adult Outpatient, 2024*

Most respondents (84%) said they liked the services they received here. Four fifths of respondents (80%) reported that they would recommend this agency to a friend or family member. Over three quarters (77%) said that if they had other choices, they would still get services from this agency.

Respondents who indicated they are between the ages of 25 to 29 years old were significantly more likely to provide a positive response within the General Satisfaction domain (88%) as compared to the total in 2024 (81%). Additionally, respondents whose primary race based on rarest race method is an unlisted category were significantly less likely to provide a positive response within the General Satisfaction domain (46%) as compared to the total in 2024 (81%).



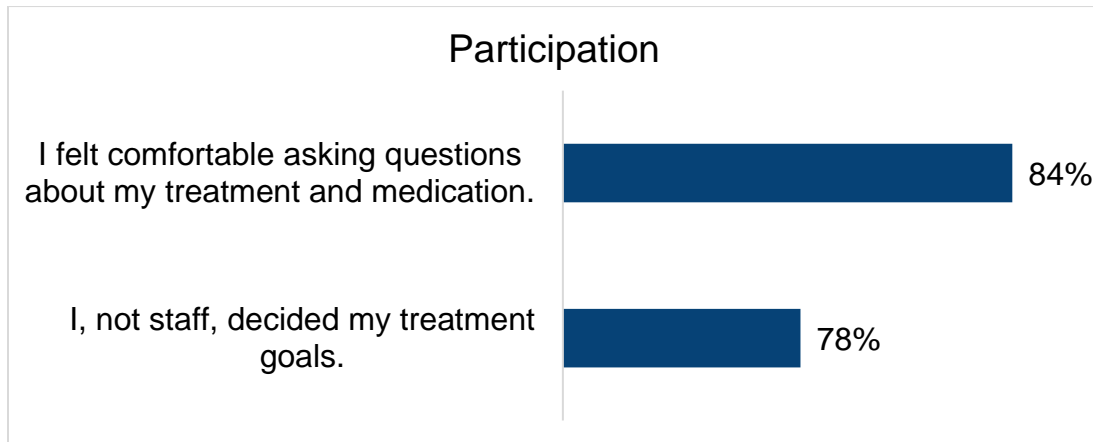
*Adult Outpatient, 2019 to 2024*

Satisfaction in the General Satisfaction domain has remained relatively stable in recent history but decreased slightly to 81% in 2024. Satisfaction in 2020 and 2021 was significantly lower (78% and 77%, respectively) as compared to the total in 2024 (81%).

## Participation in Treatment

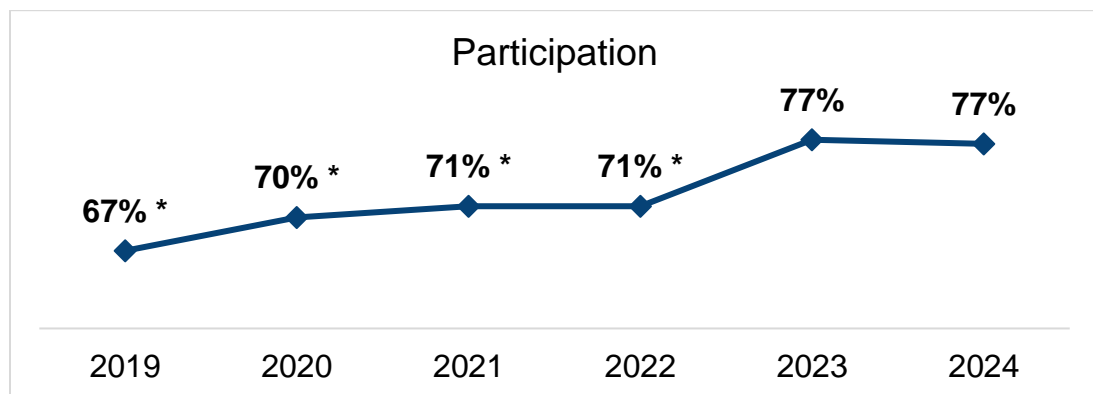
The following set of domain questions were presented to survey respondents:

- **I felt comfortable asking questions about my treatment and medication.**
- **I, not the staff, decided my treatment goals.**



*Adult Outpatient, 2024*

More than four fifths (84%) of respondents said they felt comfortable asking questions about their treatment and medication. Over three quarters (78%) said that they, not staff, decided their treatment goals.



*Adult Outpatient, 2019 to 2024*

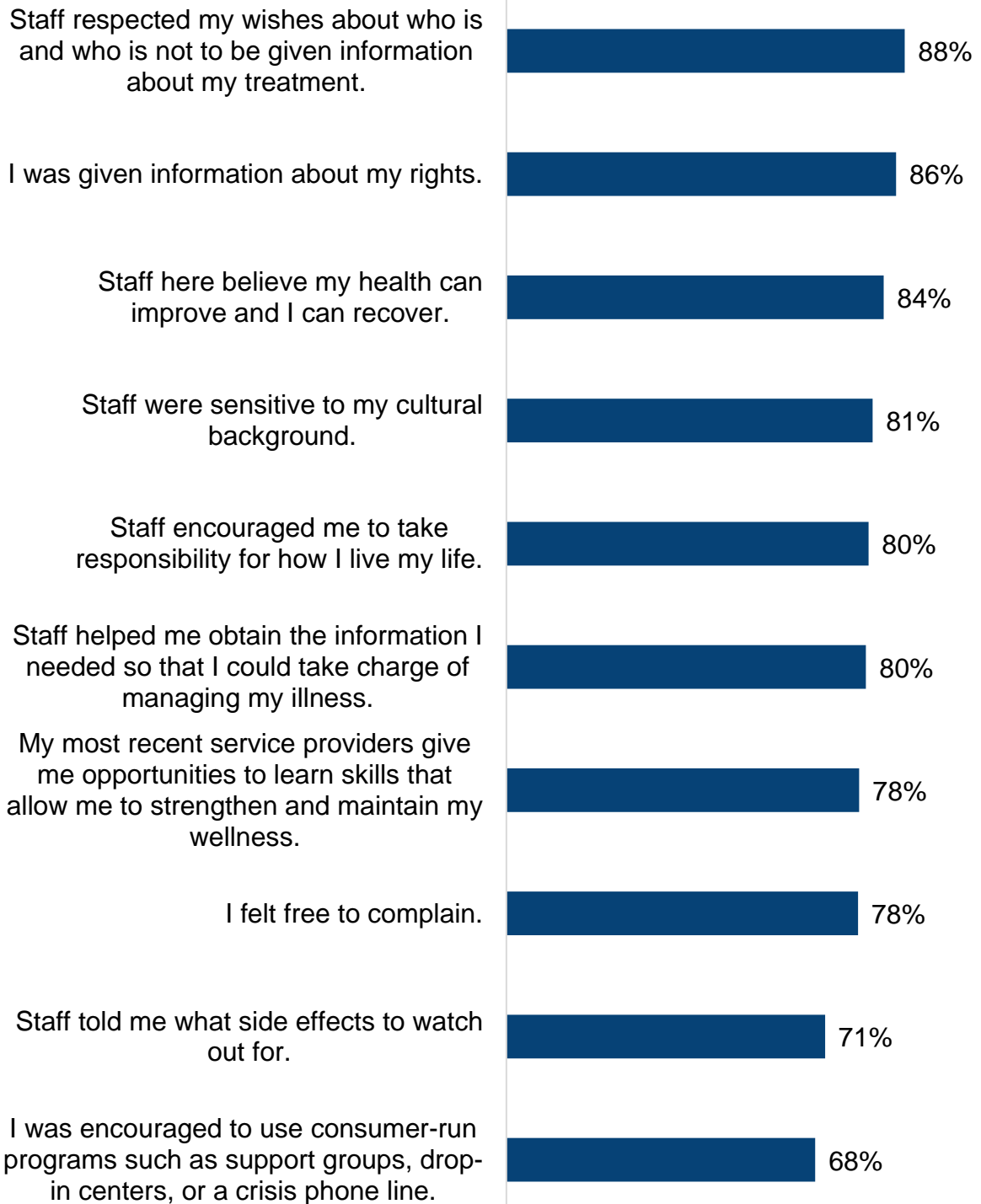
Satisfaction in the Participation domain has been trending upward in recent history and remained unchanged from 2023 to 2024. Satisfaction in 2019, 2020, 2021, and 2022 was significantly lower (67%, 70%, 71%, and 71%, respectively) as compared to the total in 2024 (77%).

## Quality/Appropriateness

The following set of domain questions were presented to survey respondents:

- **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.**
- **I was encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phone line.**
- **My most recent service providers give me opportunities to learn skills that allow me to strengthen and maintain my wellness.**

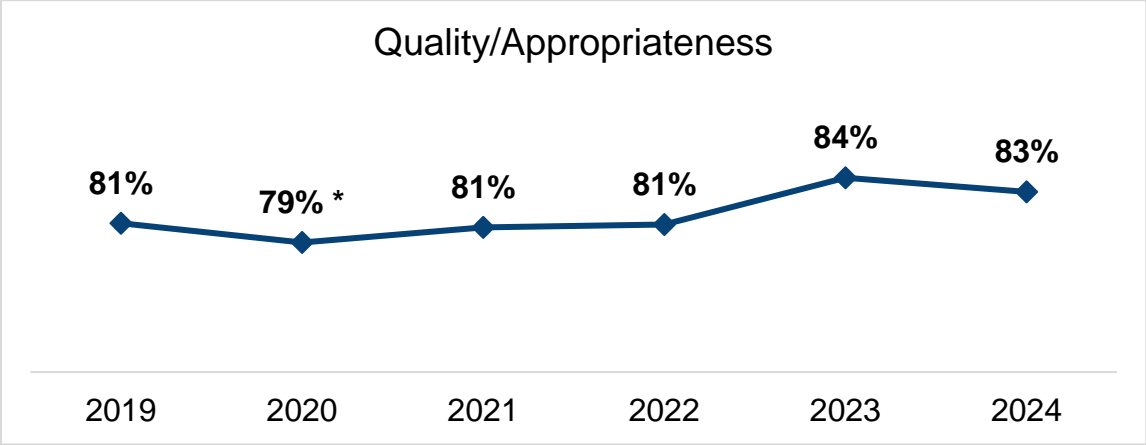
## Quality/Appropriateness



Adult Outpatient, 2024

Most survey respondents (88%) reported that staff respected their wishes about who is and who is not to be given information about their treatment. Over four fifths of respondents agreed that they were given information about their rights (86%) and that staff believed their health can improve and that they can recover (84%). However, only slightly more than two thirds (68%) said they were encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phoneline.

Respondents who indicated they are between the ages of 45 to 49 years old were significantly less likely to provide a positive response within the Quality and Appropriateness domain (74%) as compared to the total in 2024 (83%). Additionally, respondents whose primary race based on rarest race method is an unlisted category were significantly less likely to provide a positive response within the Quality and Appropriateness domain (37%) as compared to the total in 2024 (83%).



*Adult Outpatient, 2019 to 2024*

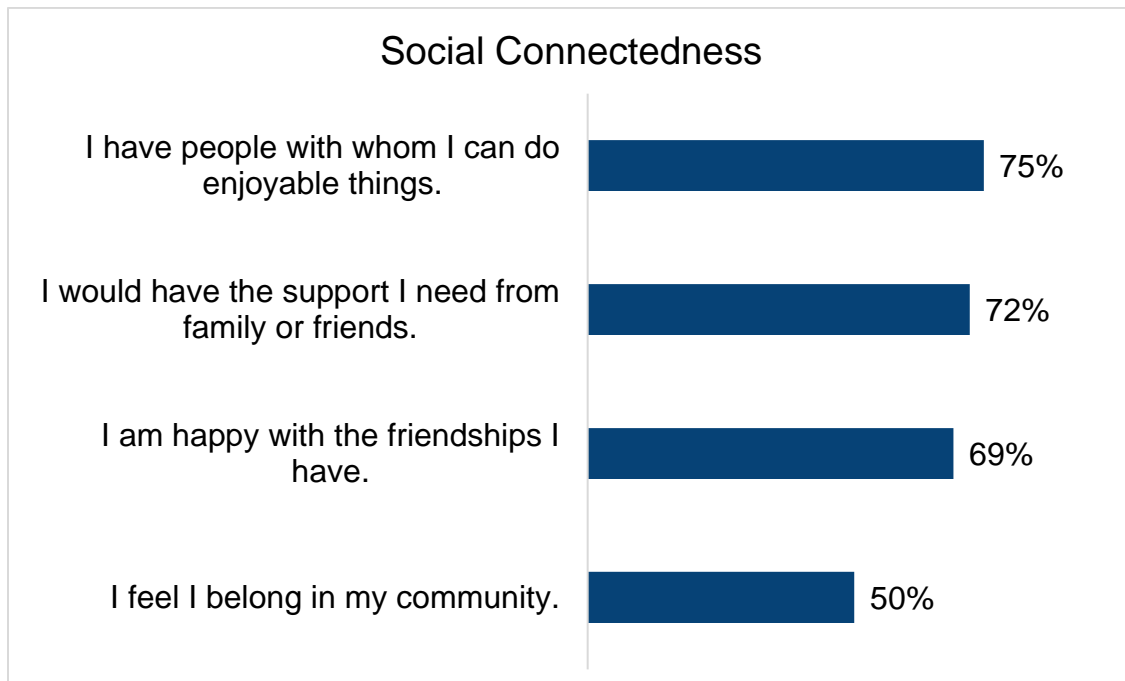
Satisfaction in the Quality/Appropriateness domain has fluctuated very little over time and decreased slightly to 83% in 2024. Satisfaction in 2020 was significantly lower (79%) as compared to the total in 2024 (83%).



## Social Connectedness

The following set of domain questions were presented to survey respondents:

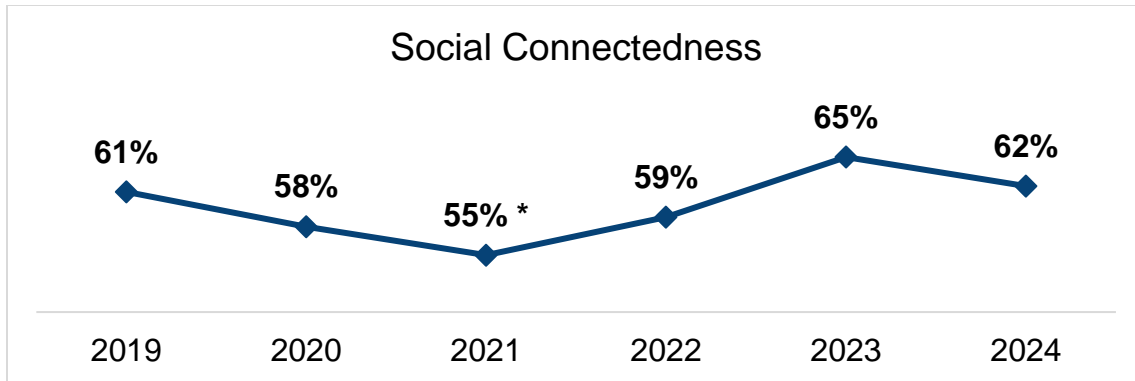
- I am happy with the friendships I have.
- I have people with whom I can do enjoyable things.
- I feel I belong in my community.
- I would have the support I need from family or friends.



*Adult Outpatient, 2024*

Three quarters of respondents (75%) reported that they have people with whom they can do enjoyable things, and slightly less than three quarters (72%) said they would have the support they need from family or friends. However, only half (50%) said they feel they belong in their community.

Respondents who indicated they are between the ages of 50 to 54 years old were significantly less likely to provide a positive response within the Social Connectedness domain (48%) as compared to the total in 2024 (62%).



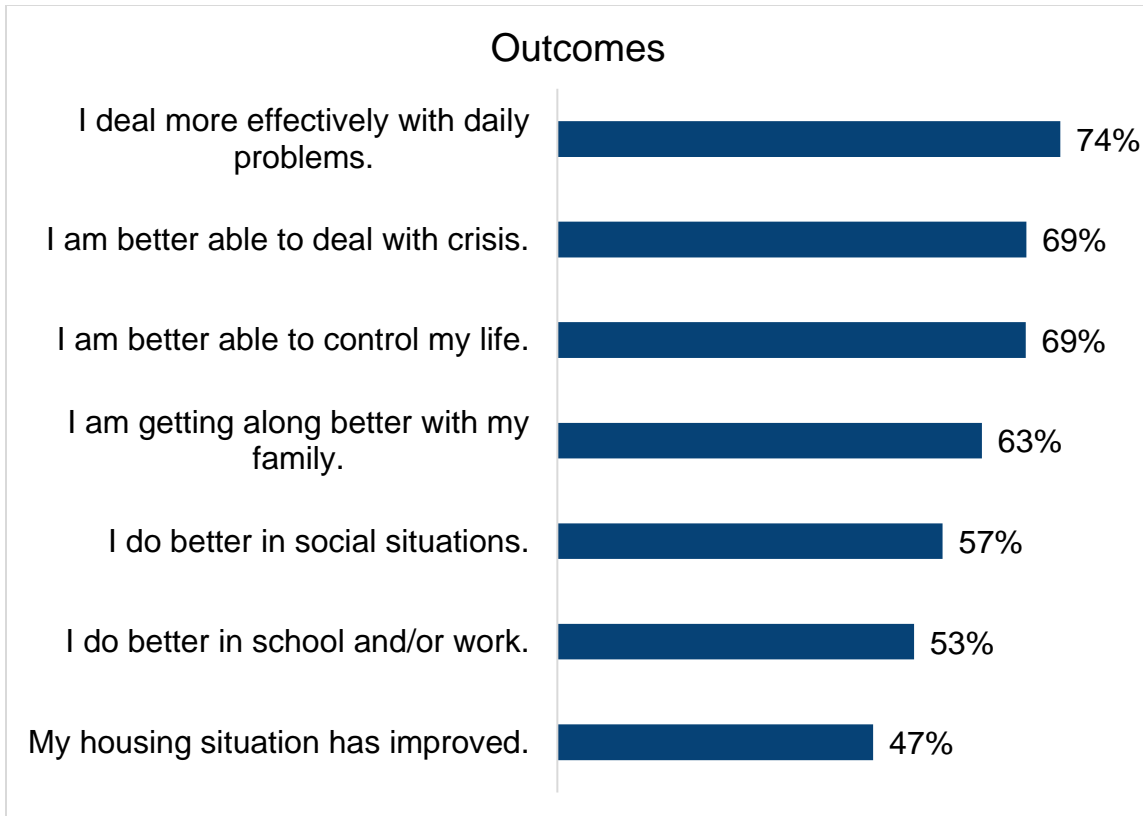
*Adult Outpatient, 2019 to 2024*

Satisfaction in the Social Connectedness domain had been trending upward in recent years but decreased to 62% in 2024. Satisfaction in 2021 was significantly lower (55%) as compared to the total in 2024 (62%).

## Perceptions of Outcomes

The following set of domain questions were presented to survey respondents:

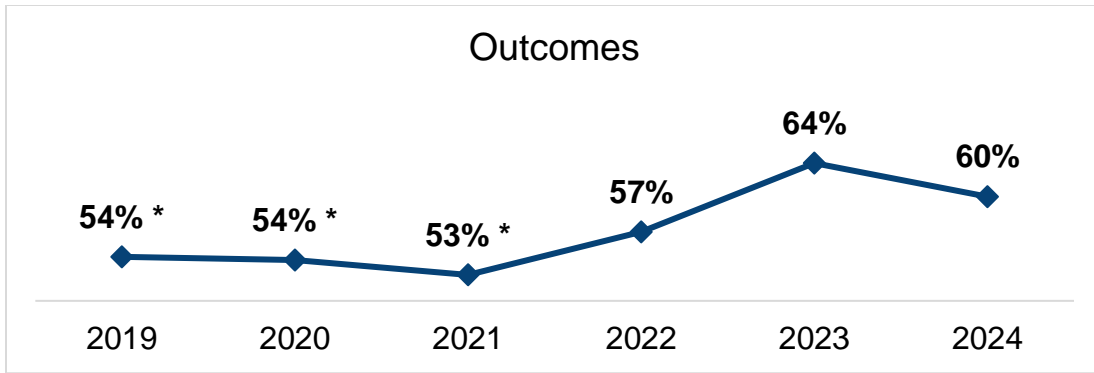
- **I deal more effectively with daily problems.**
- **I am better able to control my life.**
- **I am better able to deal with crisis.**
- **I am getting along better with my family.**
- **I do better in social situations.**
- **I do better in school and/or work.**
- **My housing situation has improved.**



*Adult Outpatient, 2024*

Just under three quarters of respondents (74%) said they deal more effectively with daily problems. Just over two thirds of respondents reported that they are better able to deal with crisis (69%) and are better able to control their life (69%). However, less than half (47%) said that their housing situation has improved.

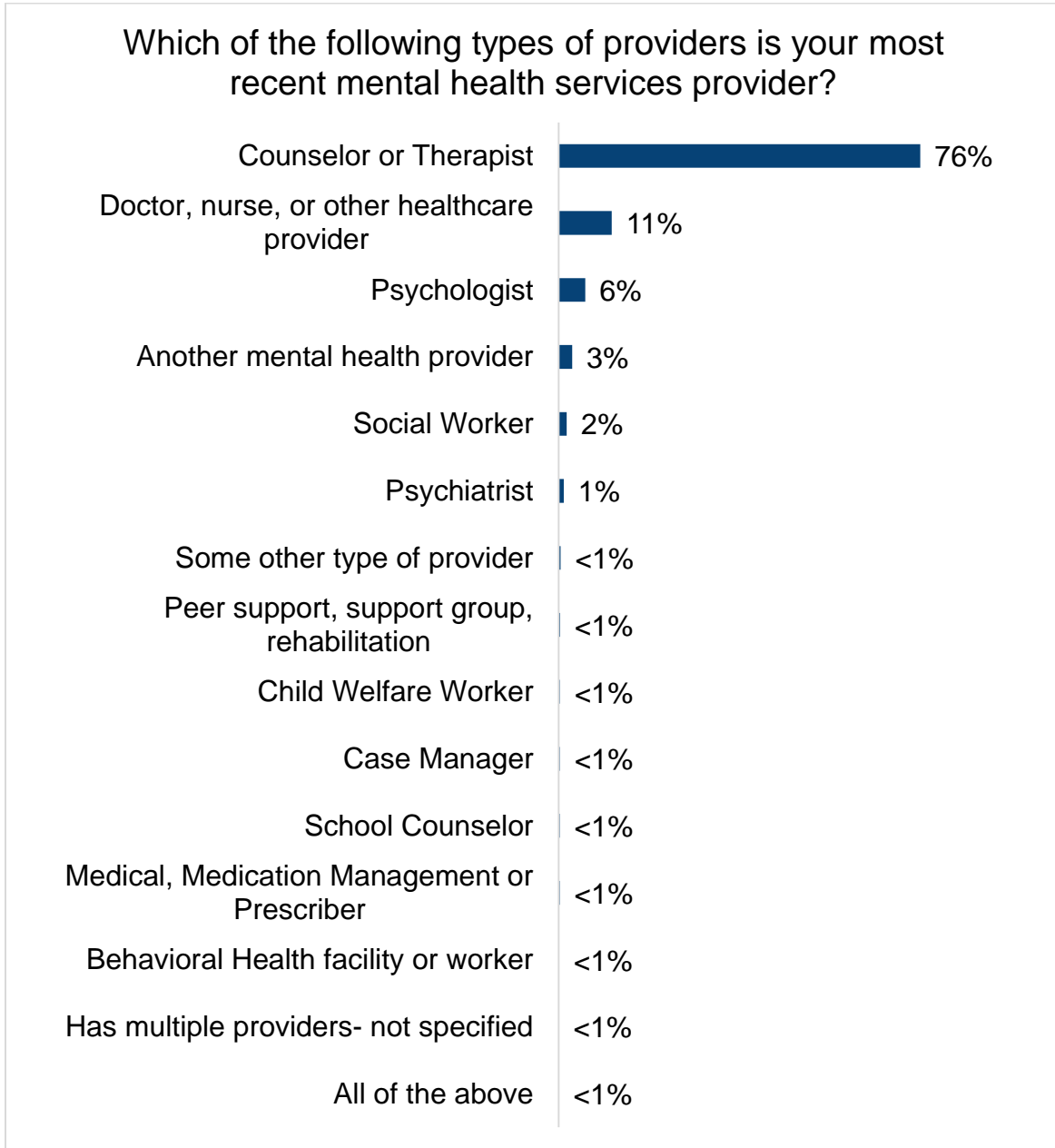
Respondents who indicated they are between the ages of 25 to 29 years old were significantly more likely to provide a positive response in the Outcomes domain (69%) as compared to the total in 2024 (60%). Contrarily, respondents who indicated they are between the ages of 45 to 49 years old were significantly less likely to provide a positive response in the Outcomes domain (50%) as compared to the total in 2024 (60%).



*Adult Outpatient, 2019 to 2024*

Satisfaction in the Perceptions of Outcomes domain was trending upward in recent history but decreased to 60% in 2024. Satisfaction in 2019, 2020, and 2021 was significantly lower (54%, 54%, and 53%, respectively) as compared to the total in 2024 (60%).

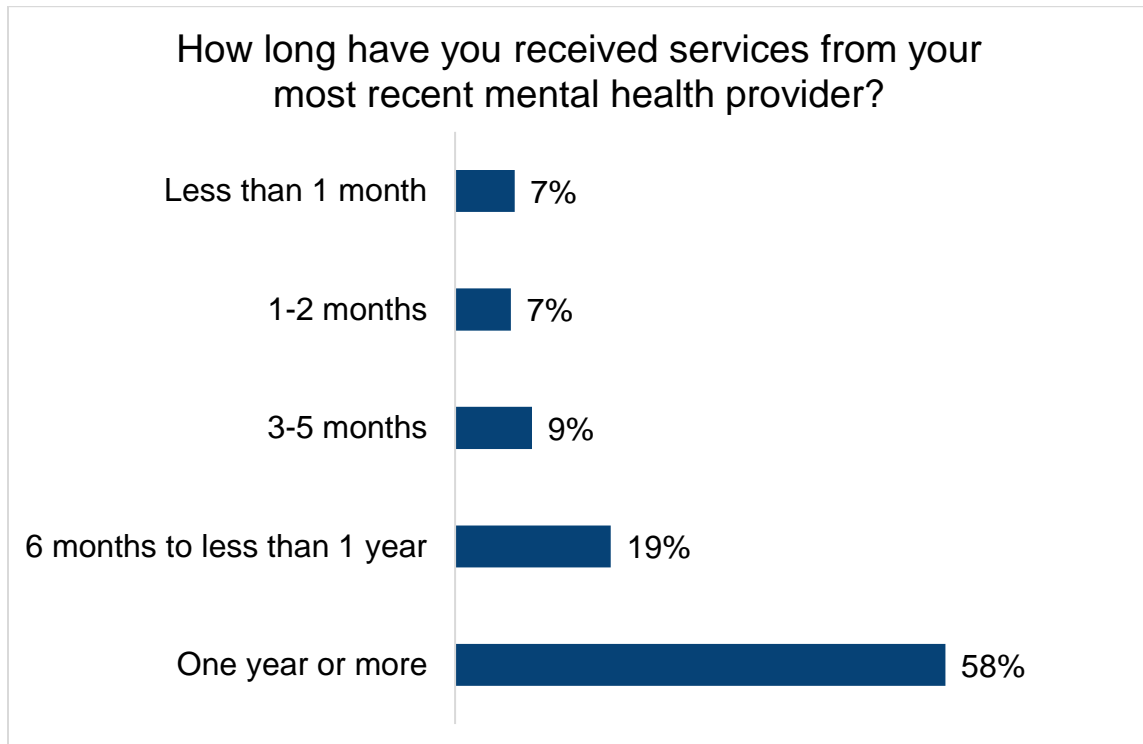
## Treatment Status



*Adult Outpatient, 2024*

More than three quarters of respondents (76%) said that a counselor or therapist is their most recent type of mental health services provider. Less than one fifth (11%) said that their most recent mental health provider is a doctor, nurse, or other healthcare provider. Only 6% said that a psychologist is their most recent mental health provider.

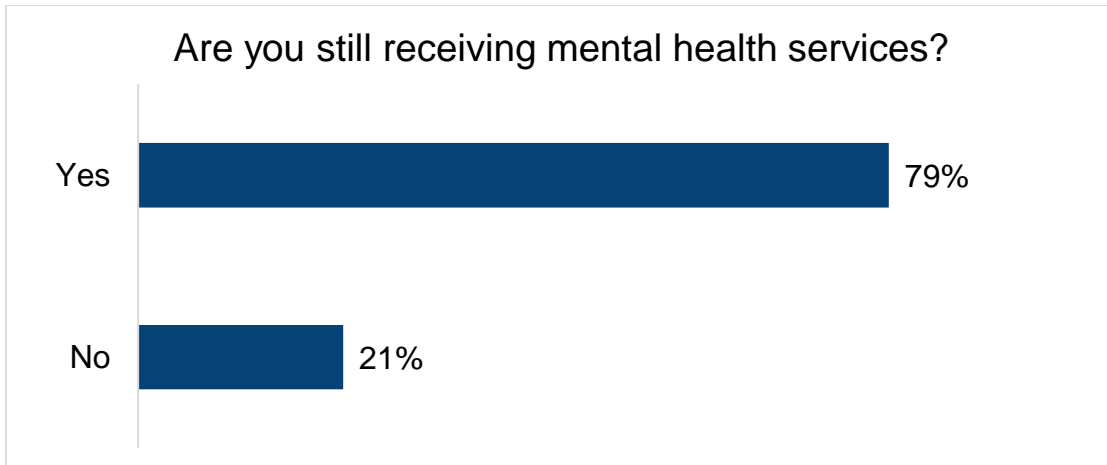
Although most respondents said that their most recent mental health provider was a counselor or therapist, those respondents who indicated that they are between the ages of 35 to 39 years old were significantly more likely to report that their most recent provider was a psychologist (10%) as compared to the total in 2024 (6%). Further, respondents whose primary race based on rarest race method is Middle Eastern or North African were significantly more likely to report that their most recent provider was a psychologist (19%) as compared to the total in 2024 (6%).



*Adult Outpatient, 2024*

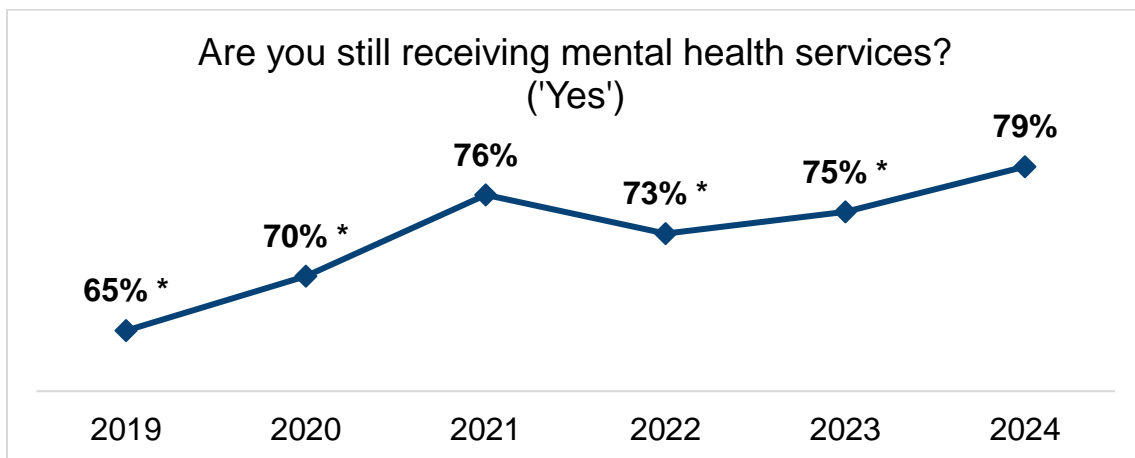
Over half (58%) reported that they have received services from their most recent mental health provider for one year or more. Just under one fifth (19%) said they have received services for at least six months but less than one year and only 7% have received services for less than one month.

Although most respondents said they have received services from their provider for one year or more, respondents who indicated they are between the ages of 18 to 24 years old were significantly less likely to report receiving services for one year or more (47%) as compared to the total in 2024 (59%).



Adult Outpatient, 2024

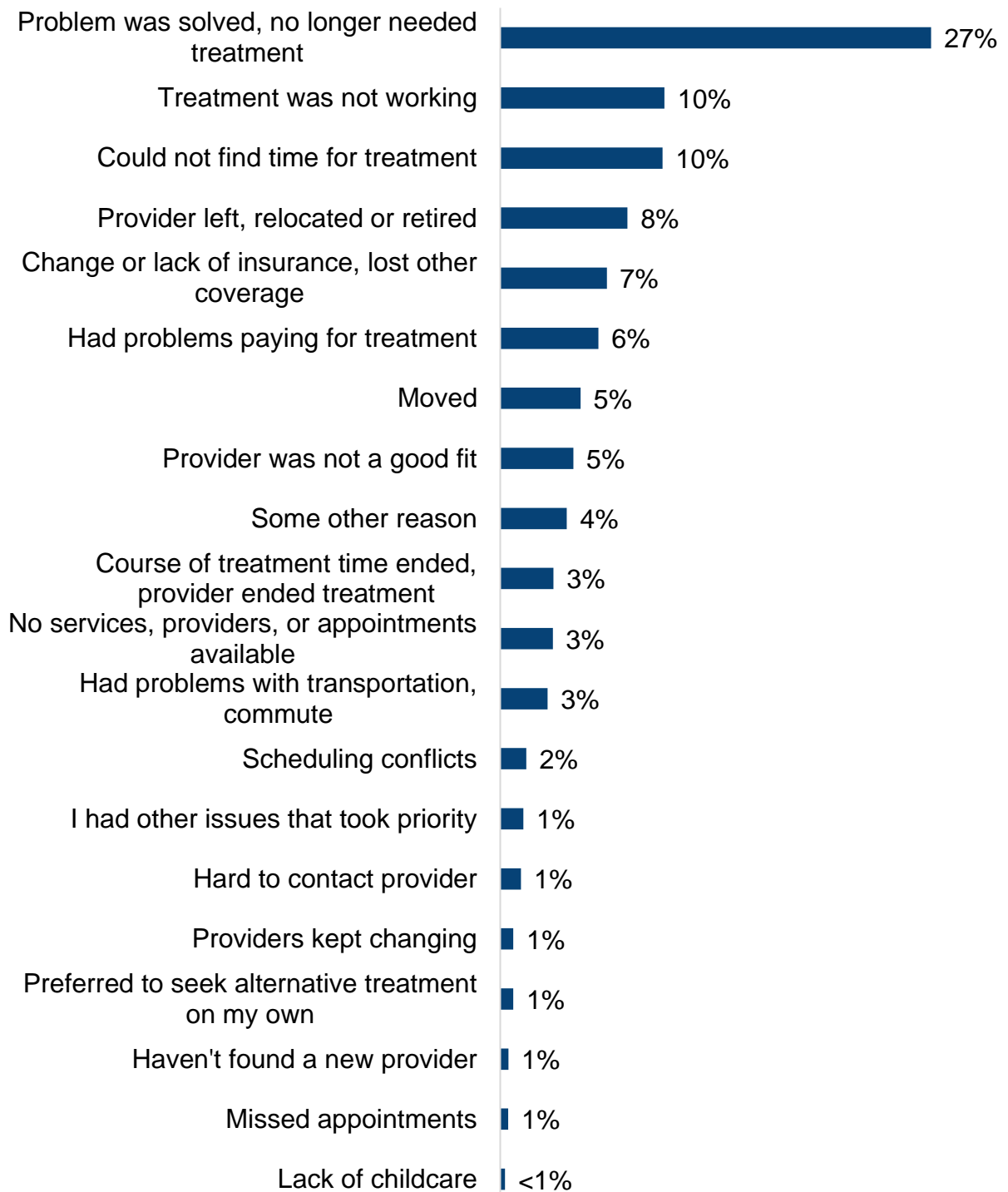
More than three quarters of respondents (79%) said they are still receiving mental health services. Respondents who indicated they are between the ages of 18 to 24 years old were significantly less likely to still be receiving mental health services (69%) as compared to the total in 2024 (79%). Additionally, respondents whose primary race based on rarest race method is Hispanic or Latino/a/x were significantly less likely to still be receiving mental health services (68%) as compared to the total in 2024 (79%).



Adult Outpatient, 2019 to 2024

The proportion of respondents reporting that they are still receiving mental health services appears to be trending upward despite a small decrease in 2022. The values in 2019, 2020, 2022, and 2023 were significantly lower (65%, 70%, 73%, and 75%, respectively) as compared to the total in 2024 (79%).

### Which of the following reasons is the major reason why your treatment has ended?



Adult Outpatient, 2024



More than one quarter (27%) of respondents reported that the major reason why their treatment ended was because their problem was solved, and they no longer needed treatment. Other top responses include being unable to find time for treatment (10%), the treatment was not working (10%), or their provider left, relocated, or retired (8%).

## Expectations and Results



*Adult Outpatient, 2024*

More than four fifths of respondents (83%) expected that they would become less anxious or fearful when they started receiving services from their provider. However, less than three quarters (71%) reported becoming less anxious or fearful since receiving services. Similarly, just over three quarters of respondents (78%) expected to feel better

about themselves, but less than three quarters (68%) reported feeling better about themselves since they started receiving services. Slightly more than one third of respondents (35%) expected to become more respectful or responsible, but 42% reported that they have become more respectful or responsible since they started receiving services.



*Adult Outpatient, 2023 to 2024*

Generally, respondents' expectations for themselves when they started receiving services from their providers were higher in 2023 as compared to 2024. The proportion of respondents who said 'I hoped I would feel better about myself', 'I hoped I would become happier', 'I hoped I would get along better with family and/or friends', 'I hoped I would become more respectful or responsible', 'I hoped I would do better in work or

school', 'I hoped I would stop hurting myself', and 'I hoped I would start or continue a program of recovery' are significantly higher (82%, 77%, 67%, 44%, 52%, 33%, and 29%, respectively) in 2023 as compared to the totals in 2024 (78%, 73%, 57%, 35%, 40%, 27%, and 20%, respectively).

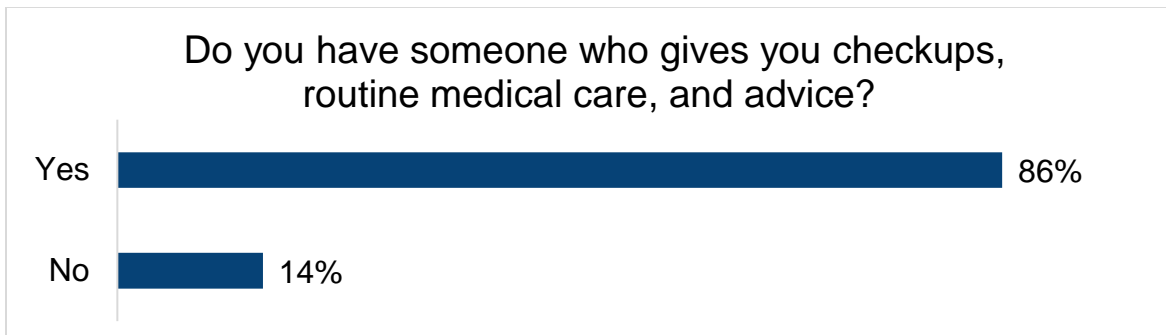


*Adult Outpatient, 2023 to 2024*

Generally, respondents' results since starting to receive services from their providers were higher in 2023 as compared to 2024. The proportion of respondents who said 'I have been feeling better about myself', 'I have become happier', 'I have been getting along better with family and/or friends', 'I have become more respectful or responsible', 'I have done better in work or school', 'I have stopped hurting myself', 'I have started or continued a program of recovery', 'I have stopped or reduced the use of drugs or

alcohol', and 'I have stopped hurting others' are significantly higher (72%, 71%, 62%, 54%, 46%, 31%, 27%, 22%, and 21%, respectively) in 2023 as compared to the totals in 2024 (68%, 64%, 53%, 42%, 35%, 23%, 18%, 17%, and 14%, respectively). That is, values in 2023 were significantly higher across all areas except 'I have become less anxious or fearful' as compared to the totals in 2024.

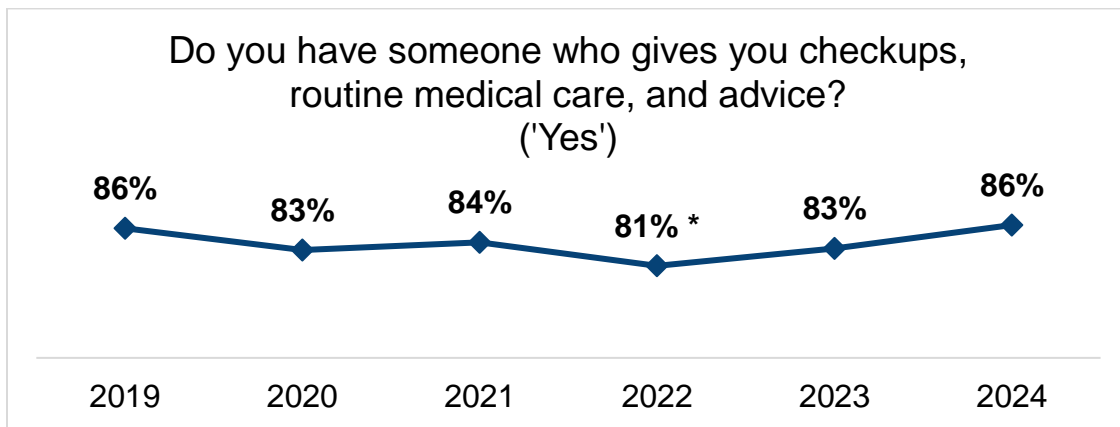
## Care Providers



*Adult Outpatient, 2024*

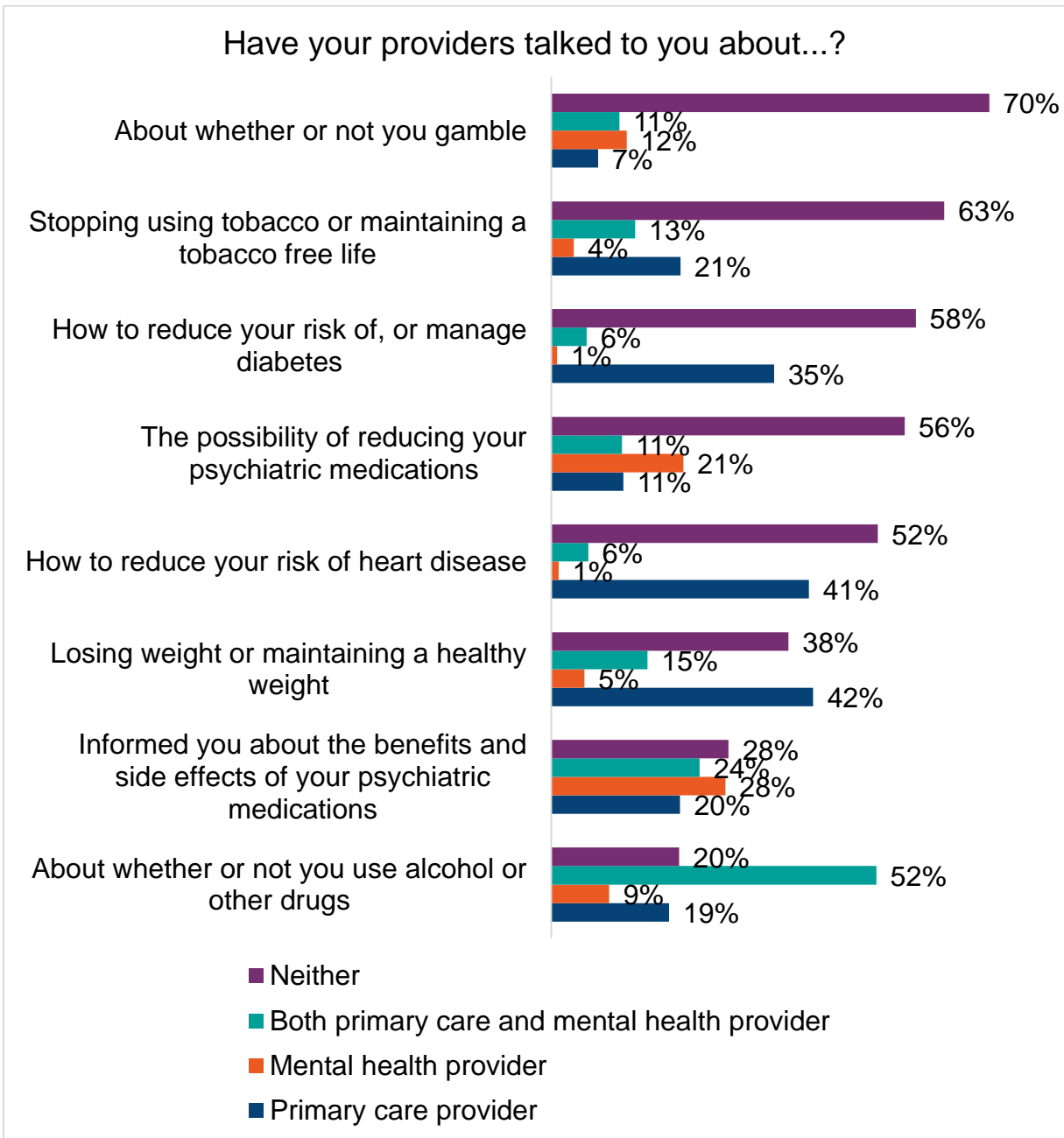
More than four fifths (86%) of respondents said they have someone who gives them routine medical care.

Respondents who indicated they are between the ages of 55 to 59 years old, 60 to 64 years old, and 65 or older were significantly more likely to indicate that they have someone who gives them checkups, routine medical care, and advice (95%, 98%, and 97%, respectively) as compared to the total in 2024 (86%). Contrarily, respondents who indicated they are between the ages of 18 to 24 years old were significantly less likely to indicate that that they have someone who gives them checkups, routine medical care, and advice (80%) as compared to the total in 2024 (86%).



*Adult Outpatient, 2019 to 2024*

The proportion of respondents who agreed that they have someone who gives them checkups or other routine medical care and advice has remained relatively high and stable over recent history, increasing to 86% in 2024. The value in 2022 is significantly lower (81%) as compared to the total in 2024 (86%).

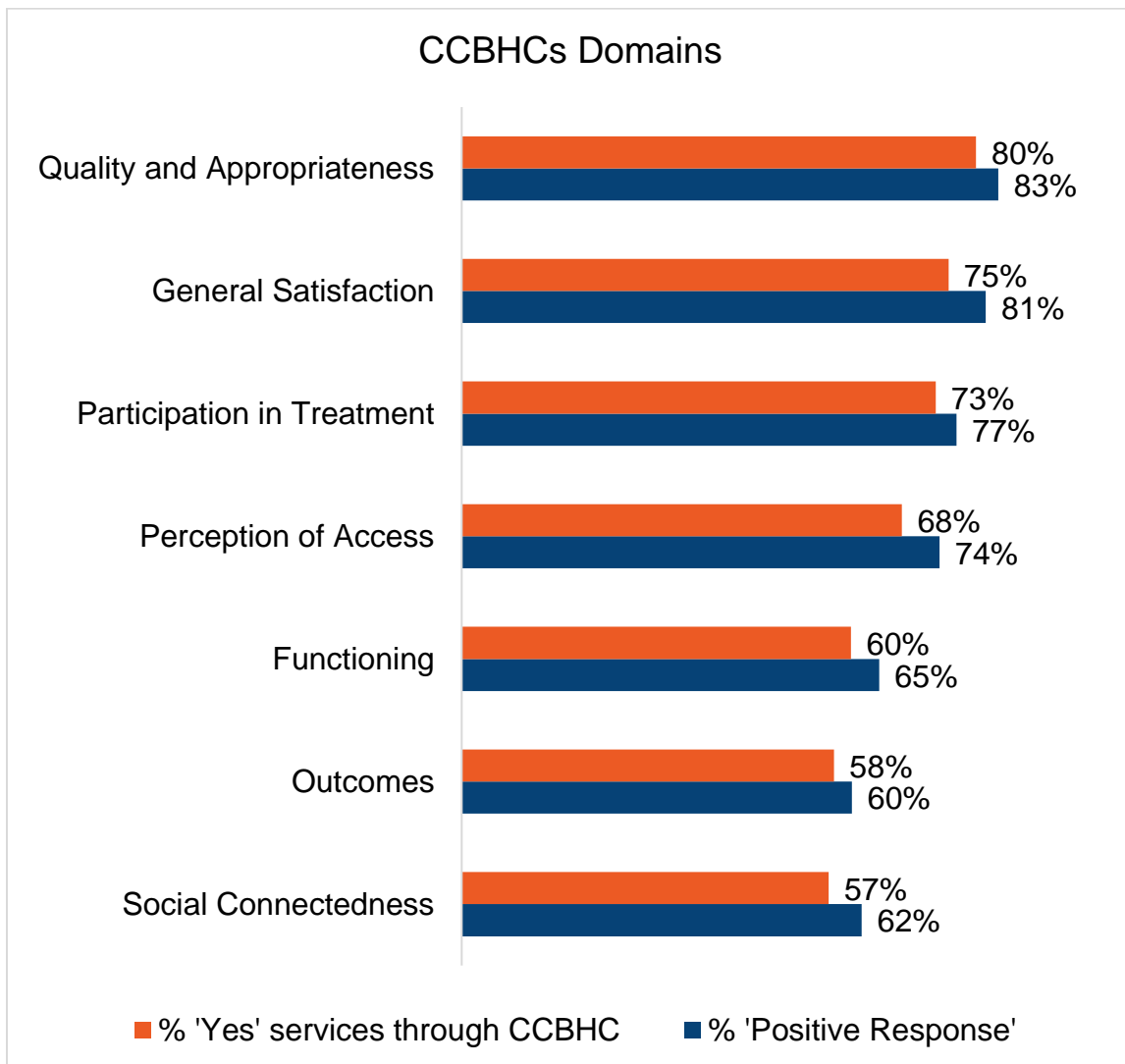


*Adult Outpatient, 2024*

Nearly three quarters of respondents (70%) indicated that neither their primary care provider nor their mental health provider talked to them about whether they gamble.

Almost two thirds (63%) said neither provider talked to them about stopping their use of tobacco or maintaining a tobacco free life. Just under two thirds (58%) reported that neither provider talked to them about how to reduce their risk or manage their diabetes. Slightly more than half (52%) said neither provider talked to them about how to reduce their risk of heart disease. However, more than half (52%) said that both their primary care provider and mental health provider asked about whether they use alcohol or other drugs.

## Certified Community Behavioral Health Clinics (CCBHCs)

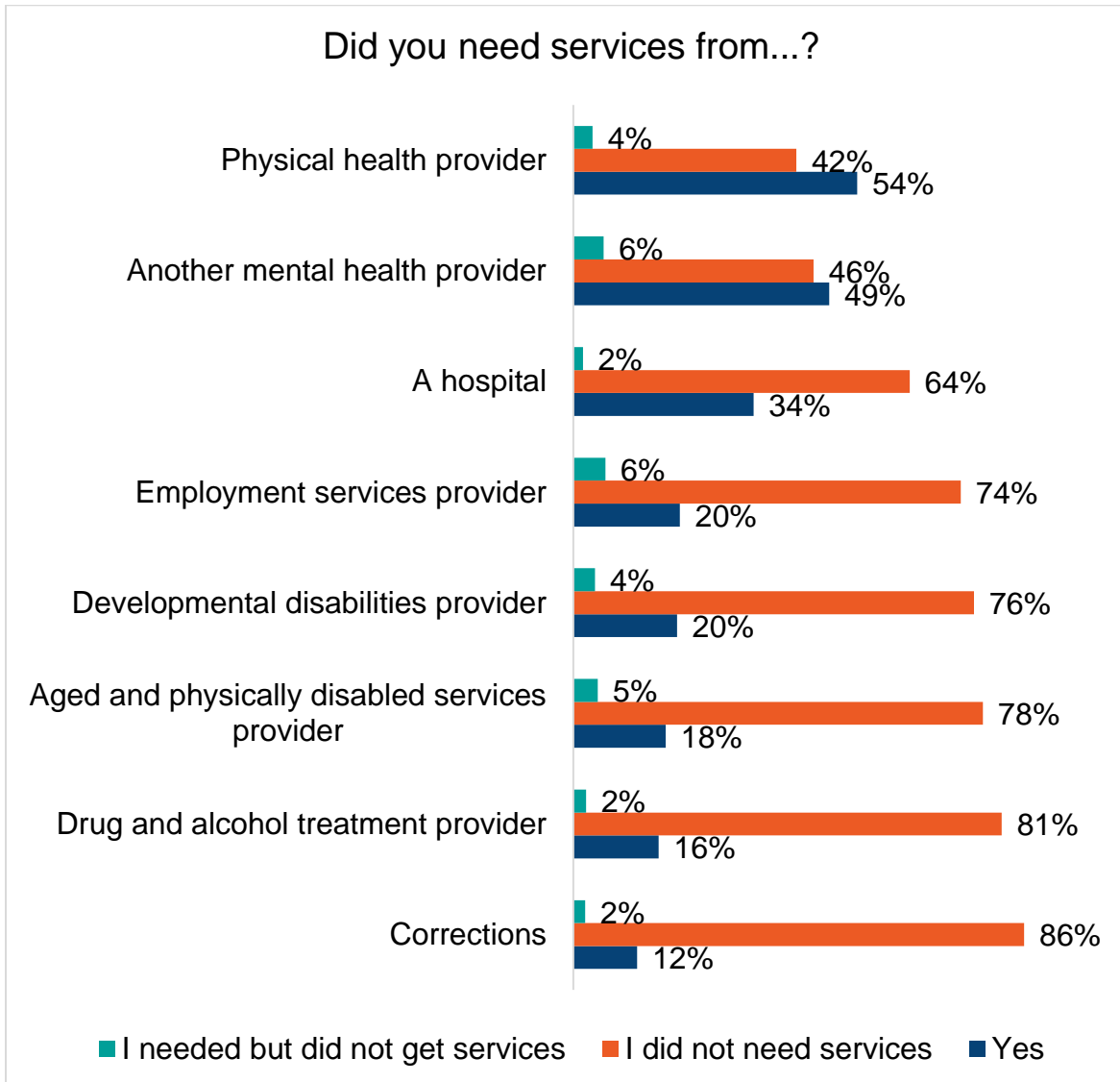


*Adult Outpatient, 2024*

Most survey respondents reported high levels of satisfaction within the Certified Community Behavioral Health Clinics (CCBHCs) domains of Perception of Quality and

Appropriateness (80%) and General Satisfaction (75%). However, less than two thirds said they were satisfied within the domain area of Outcomes (58%) and Social Connectedness (57%).

## Care Coordination

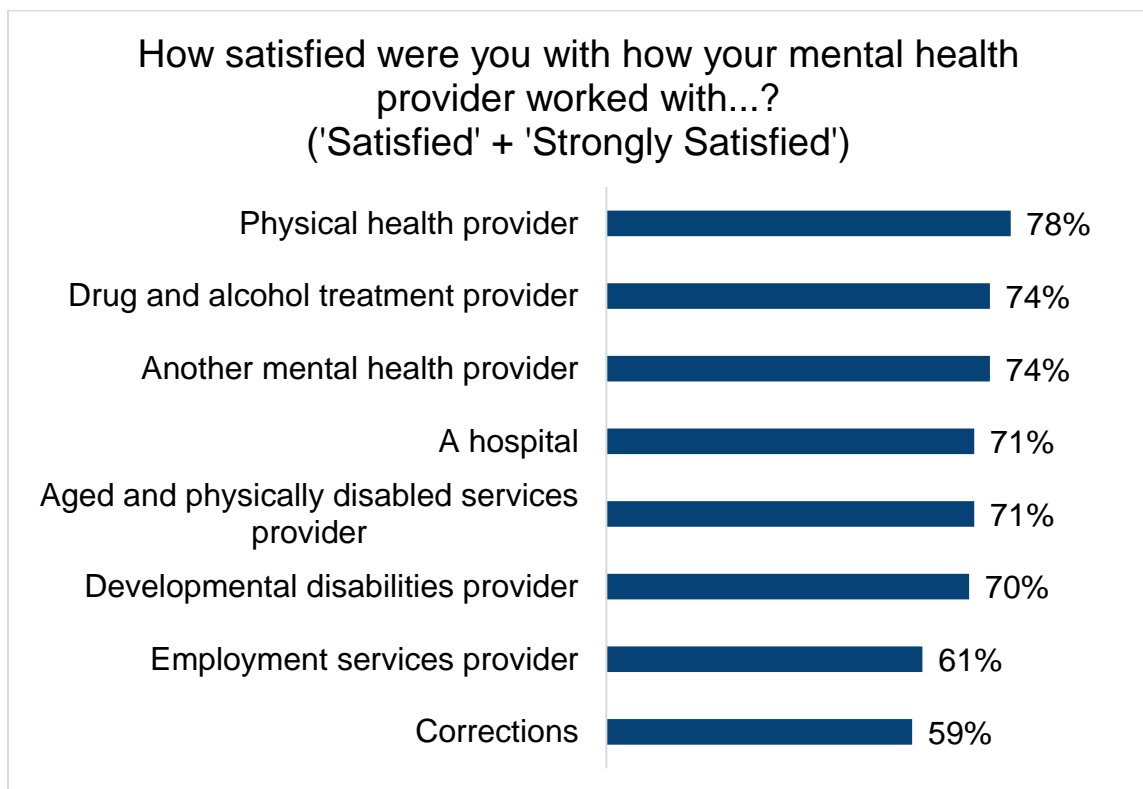


*Adult Outpatient, 2024*

Most survey respondents did not need services from Corrections (86%) or a drug and alcohol treatment provider (81%). More than half (54%) said they needed services from a physical health provider and a little less than half (49%) said they needed services from another mental health provider. Just over one third of respondents (34%) said they

needed services from a hospital. Only 6% of respondents said they needed services from another mental health provider but did not receive these services.

Respondents whose primary race based on rarest race method is American Indian or Alaska Native were significantly more likely to report needing services from a physical health provider (67%) as compared to the total in 2024 (54%). Additionally, while most respondents indicated they did not need services from Corrections (86%), respondents who indicated their gender as male were significantly more likely to have needed services from Corrections (18%) as compared to the total in 2024 (12%).



*Adult Outpatient, 2024*

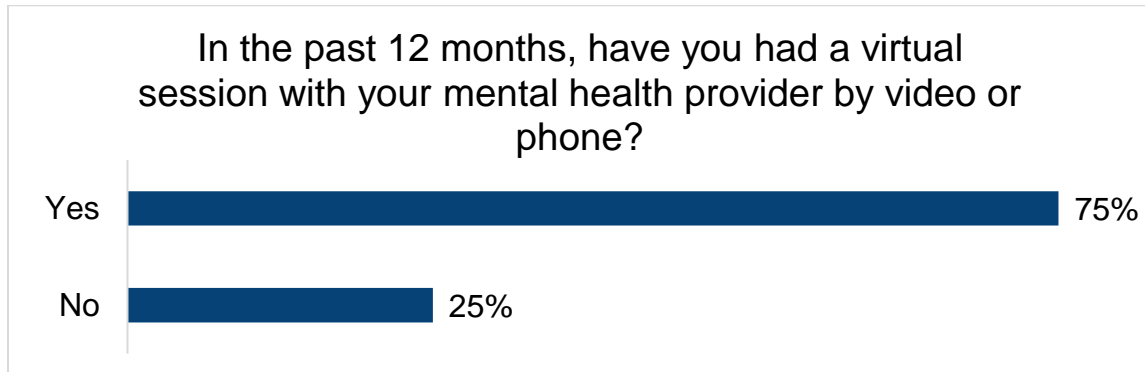
More than three quarters of respondents (78%) reported that they were satisfied with how their mental health provider worked with a hospital. Just under three quarters of respondents said that they were satisfied with how their mental health provider worked with a drug and alcohol treatment provider (74%) and another mental health provider (74%).

Respondents who indicated they are between the ages of 18 to 24 years old were significantly more likely to report being 'Satisfied' with how their mental health provider worked with a physical health provider (51%) as compared to the total in 2024 (41%).



Additionally, respondents who indicated they are 65 years old or older were significantly less likely to report being 'Satisfied' with how their mental health provider worked with Corrections (7%) as compared to the total in 2024 (32%).

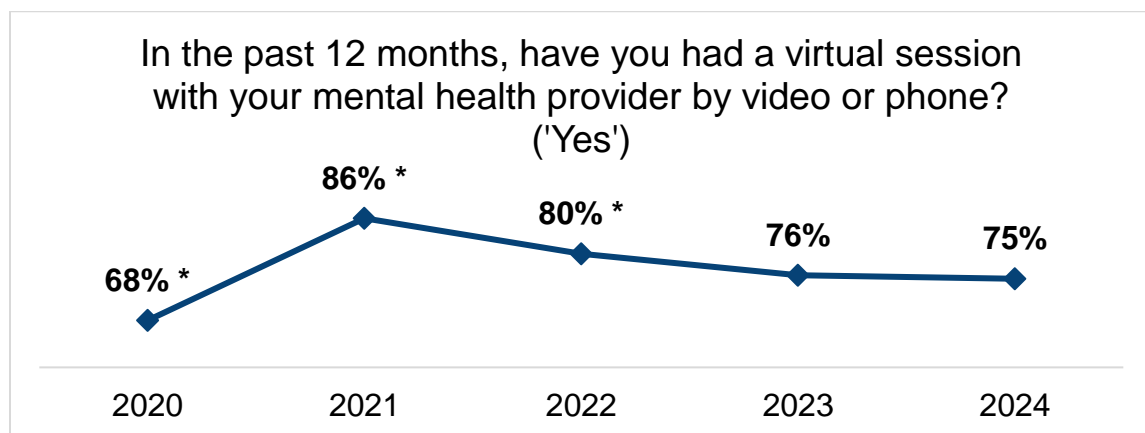
## Telehealth Services



*Adult Outpatient, 2024*

Three quarters of respondents (75%) said that they have had a virtual session by video or phone with their mental health provider in the past 12 months.

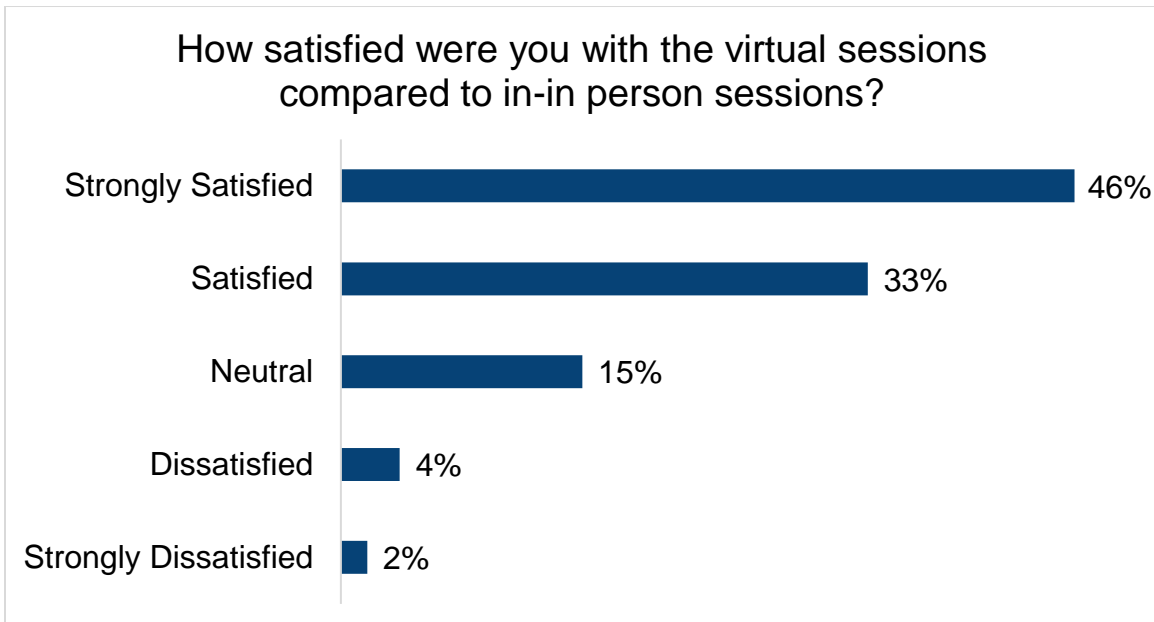
Respondents who indicated their residence was in a rural or unknown location were significantly less likely to have had a virtual session with their mental health provider in the past 12 months (69% and 42%, respectively) as compared to the total in 2024 (75%).



*Adult Outpatient, 2020 to 2024*

The proportion of respondents who, in the past 12 months, have had a virtual session with their mental health provider appears to be trending downward over time, decreasing slightly to 75% in 2024. The value in 2020 was significantly lower (68%) and

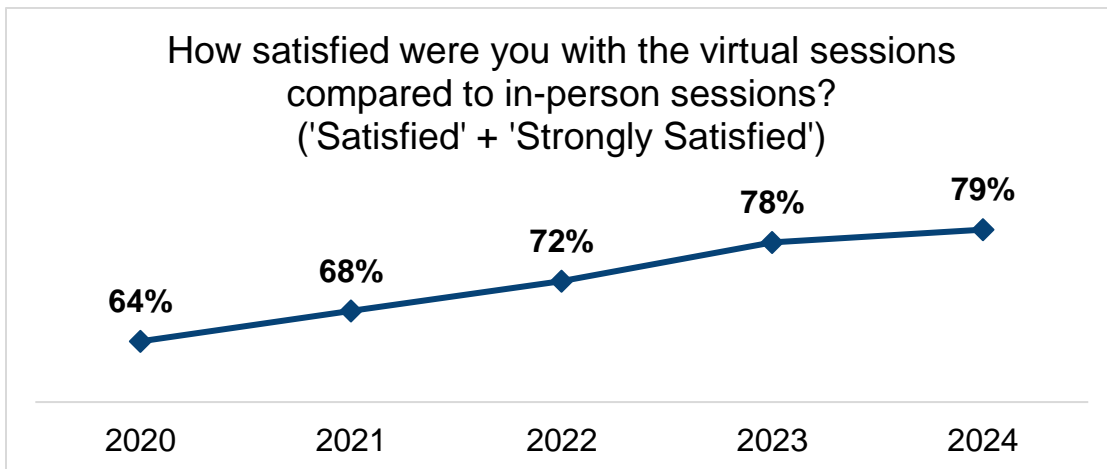
the values in 2021 and 2022 were significantly higher (86% and 80%, respectively) as compared to the total in 2024 (75%).



*Adult Outpatient, 2024*

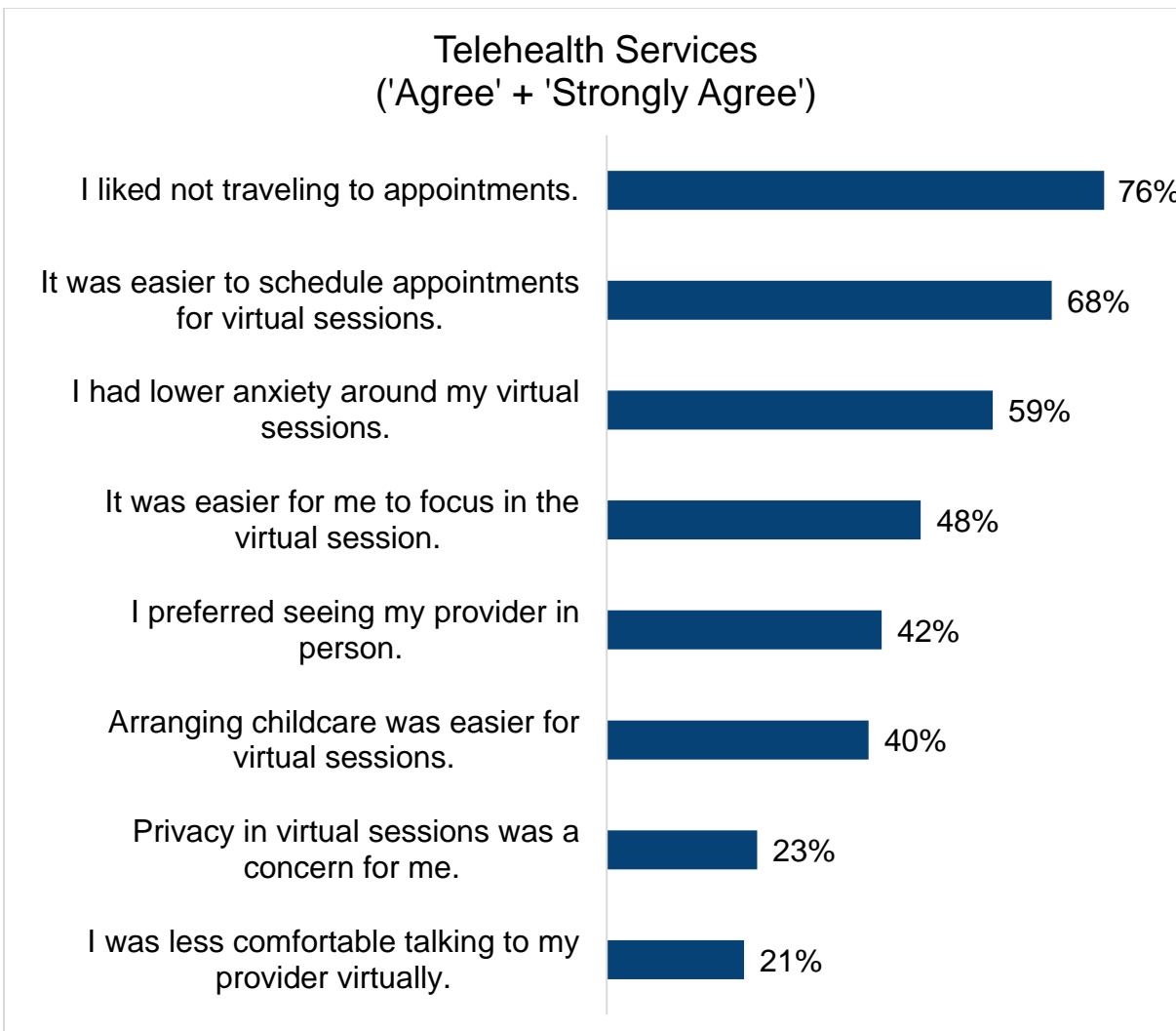
Almost half (46%) of the respondents said they were 'Strongly Satisfied' with their virtual sessions compared to in-person sessions and another 33% were 'Satisfied'. Only 6% said they were 'Dissatisfied' or 'Strongly Dissatisfied'.

Respondents who indicated they are between the ages of 18 to 24 years old were significantly more likely to have 'Neutral' satisfaction with their virtual sessions compared to in-person sessions (24%) as compared to the total in 2024 (15%).



*Adult Outpatient, 2020 to 2024*

Satisfaction with virtual sessions compared to in-person sessions appears to be trending upward in recent history and increased slightly to 79% in 2024.

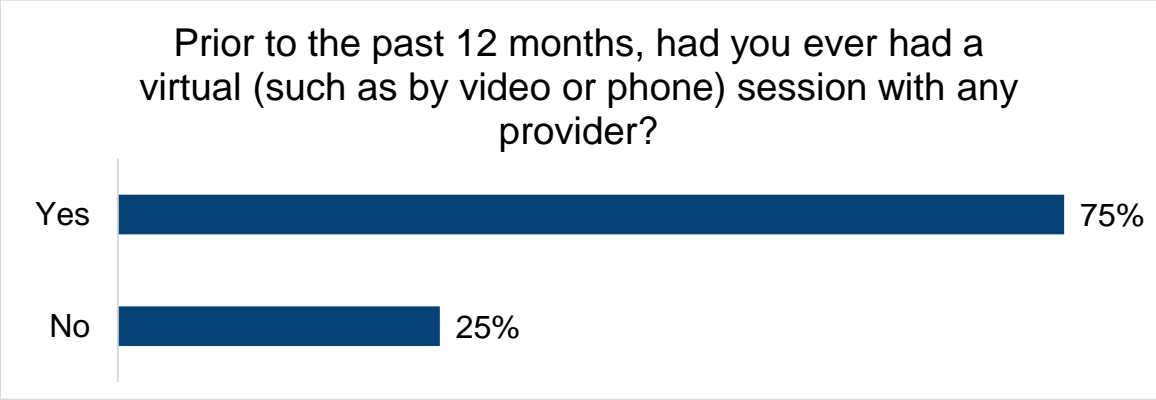


*Adult Outpatient, 2024*

When asked about telehealth services, more than three quarters of respondents (76%) reported that they liked not traveling to appointments. More than two thirds (68%) said that it was easier to schedule appointments for virtual sessions. More than half (59%) had lower anxiety around their virtual sessions and less than one quarter (23%) said that privacy in virtual sessions was a concern.

Respondents who indicated they are between the ages of 18 to 24 years old and 55 to 59 years old were significantly less likely (37% and 36%, respectively) and respondents who indicated they are between the ages of 50 to 54 years old were significantly more likely (62%) to 'Strongly Agree' that they liked not traveling to virtual telehealth

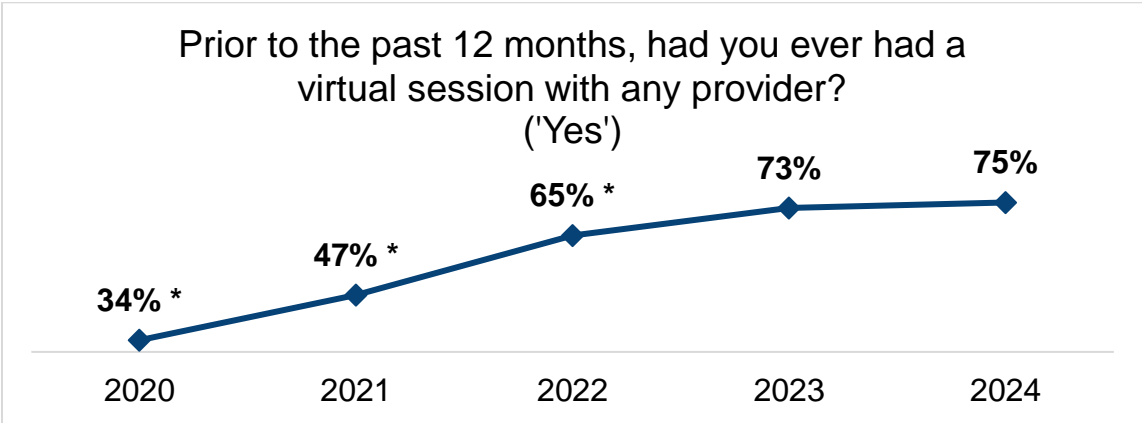
appointments as compared to the total in 2024 (49%). Further, respondents whose primary race based on rarest race method is Black or African American were significantly less likely to ‘Strongly Agree’ that they liked not traveling to virtual telehealth appointments (33%) as compared to the total in 2024 (49%).



Adult Outpatient, 2024

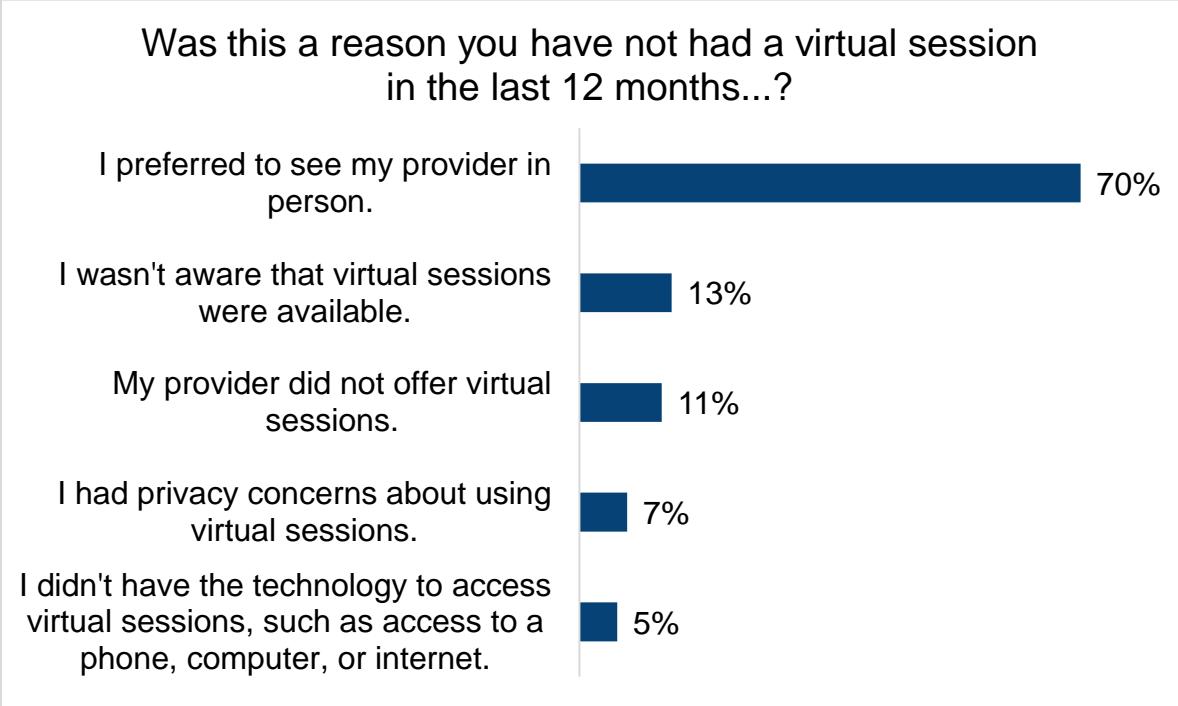
Three quarters of respondents (75%) said they have had a virtual session by video or phone with any provider prior to the past 12 months.

Respondents who indicated they are between the ages of 55 to 59 years old were significantly less likely to have had a virtual session with any provider prior to the past 12 months (64%) as compared to the total in 2024 (75%). Additionally, respondents whose residential location is classified as ‘Frontier’ were significantly less likely to have had a virtual session with any provider prior to the past 12 months (59%) as compared to the total in 2024 (75%).



Adult Outpatient, 2020 to 2024

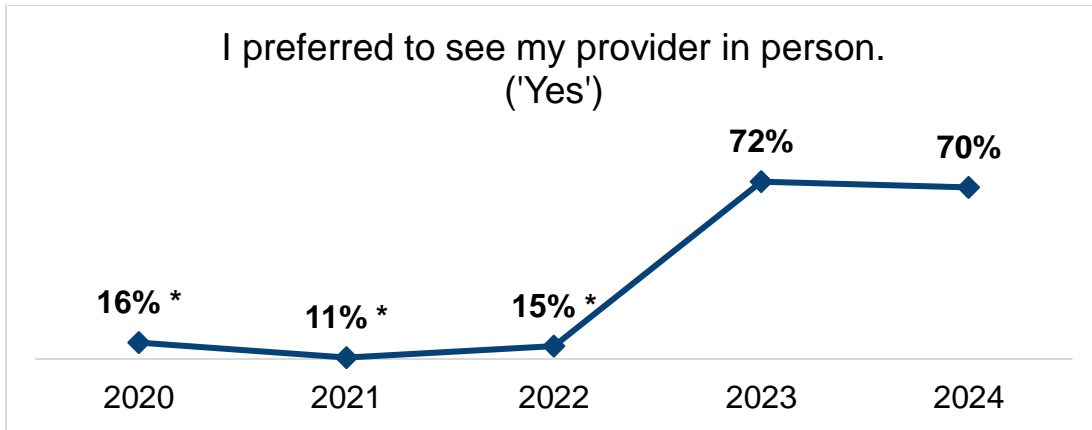
The proportion of respondents who ever had a virtual session with any provider prior to the past 12 months appears to be trending upward over time, increasing slightly to 75% in 2024. Values in 2020, 2021, and 2022 were significantly lower (34%, 47%, and 65%, respectively) as compared to the total in 2024 (75%).



*Adult Outpatient, 2024*

Nearly three quarters of respondents (70%) said they have not had a virtual session in the last 12 months because they preferred to see their provider in person. Less than one fifth (13%) said they were not aware that virtual sessions were available and another 11% said that they have not had a virtual session recently because their provider did not offer virtual sessions.

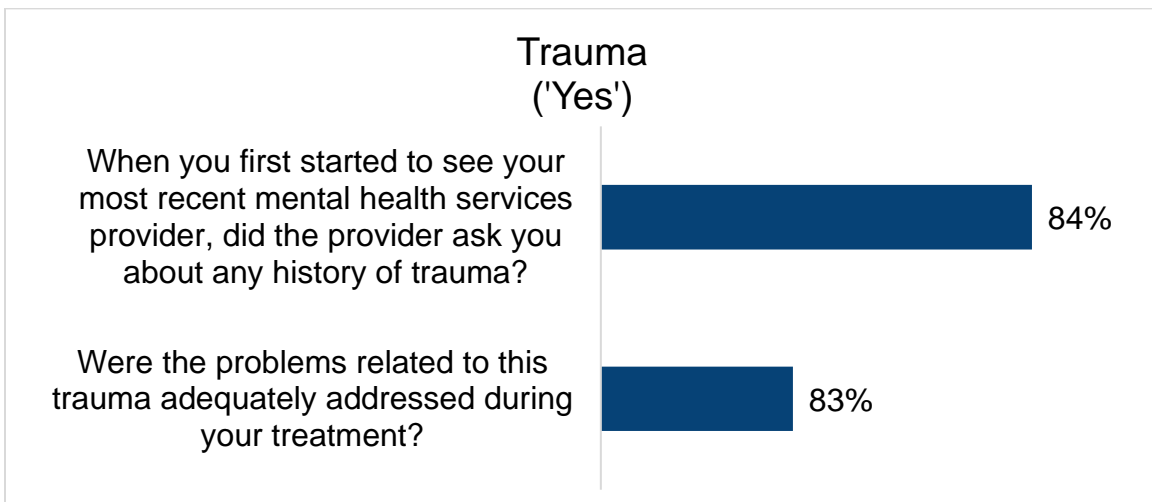
Respondents who indicated they are 65 years old or older were significantly more likely to report that they did not have a virtual session in the last 12 months because they did not have the necessary technology to access virtual sessions (16%) as compared to the total in 2024 (5%).



Adult Outpatient, 2020 to 2024

The proportion of respondents who said that they have not had a virtual session in the last 12 months because they preferred to see their provider in person remained relatively low and stable until sharply increasing in 2023. In 2024, this value decreased slightly to 70%. The values in 2020, 2021, and 2022 were significantly lower (16%, 11%, and 15%, respectively) as compared to the total in 2024 (70%).

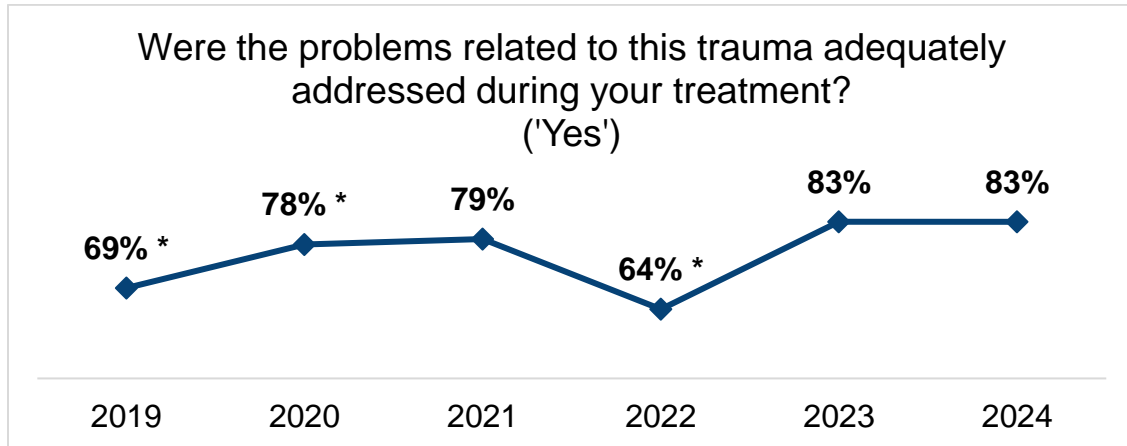
## Trauma



Adult Outpatient, 2024

Over four fifths (84%) of respondents said that when they first started to see their most recent mental health services provider, the provider asked them about any history of trauma. Of those who reported experiencing trauma, 83% said that the problems related to this trauma were adequately addressed during their treatment.

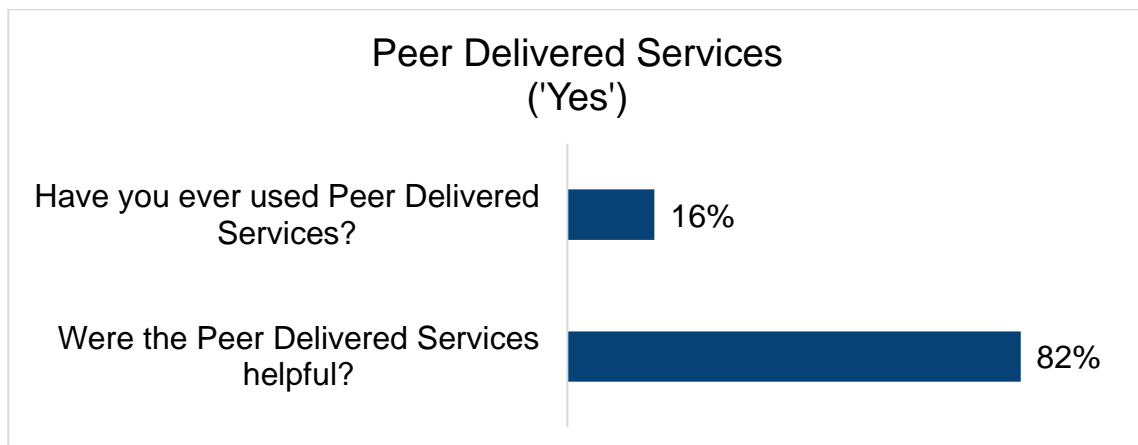
Respondents who indicated they are between the ages of 45 to 49 years old were significantly less likely to say that their problems related to trauma were adequately addressed during their treatment (73%) as compared to the total in 2024 (83%).



Adult Outpatient, 2019 to 2024

The proportion of respondents who experienced problems related to trauma and agreed that their provider adequately addressed these problems during their treatment appears to have been trending upward before decreasing sharply in 2022; however, in 2024, this value remained at 83%. Values in 2019, 2020, and 2022 were significantly lower (69%, 78%, and 64%, respectively) as compared to the total in 2024 (83%).

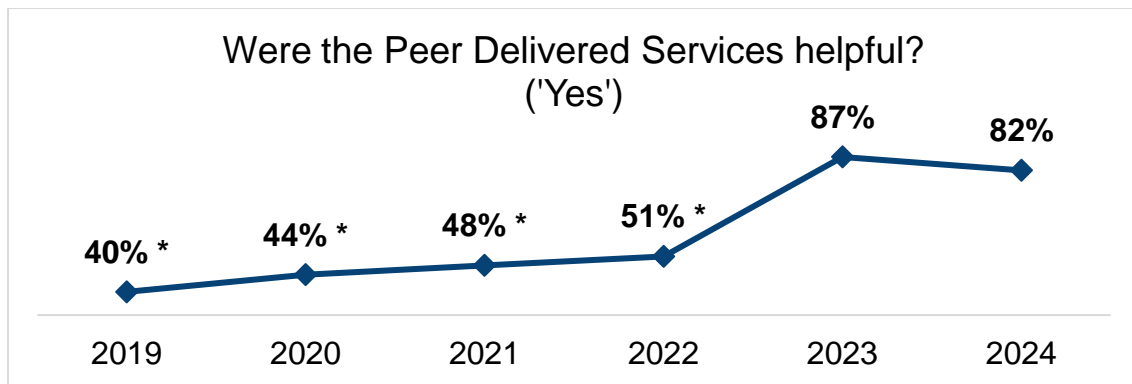
## Peer Delivered Services



Adult Outpatient, 2024

Less than one fifth (16%) of respondents said they have ever used Peer Delivered Services. Of those who have used Peer Delivered Services, most (82%) found the services helpful.

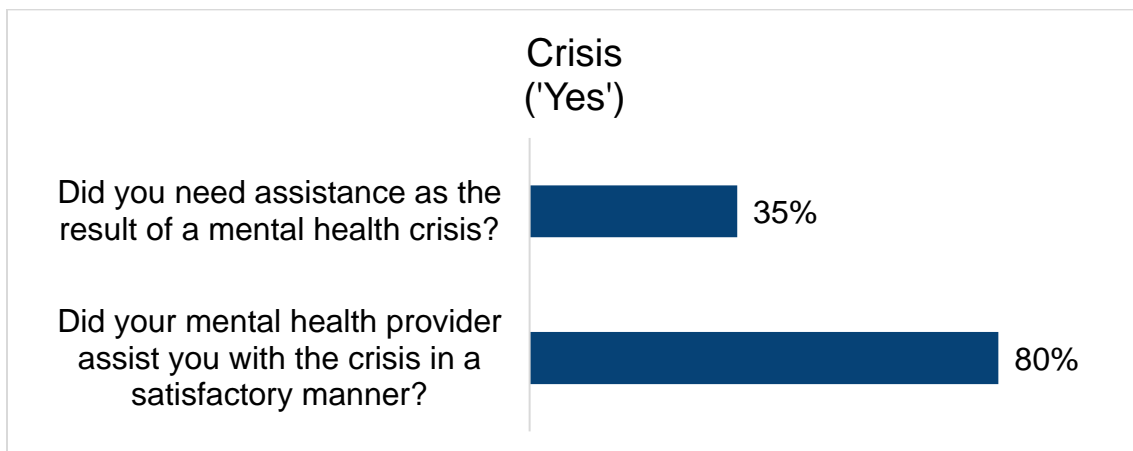
Respondents who indicated they are between the ages of 18 to 24 years old were significantly less likely to have ever used Peer Delivered Services (9%) and respondents who indicated they are between the ages of 60 to 64 years old and 65 years old or older were significantly more likely to have ever used Peer Delivered Services (25% and 31%, respectively) as compared to the total in 2024 (16%). Additionally, respondents whose primary race based on rarest race method is Hispanic or Latino/a/x were significantly more likely to say that the Peer Delivered Services were helpful (98%) as compared to the total in 2024 (82%).



Adult Outpatient, 2019 to 2024

The proportion of respondents who have used Peer Delivered Services and found the services to be helpful appears to have been trending steadily upwards over time yet decreased slightly to 82% in 2024. Values in 2019, 2020, 2021, and 2022 were significantly lower (40%, 44%, 48%, and 51%, respectively) as compared to the total in 2024 (82%).

## Crisis

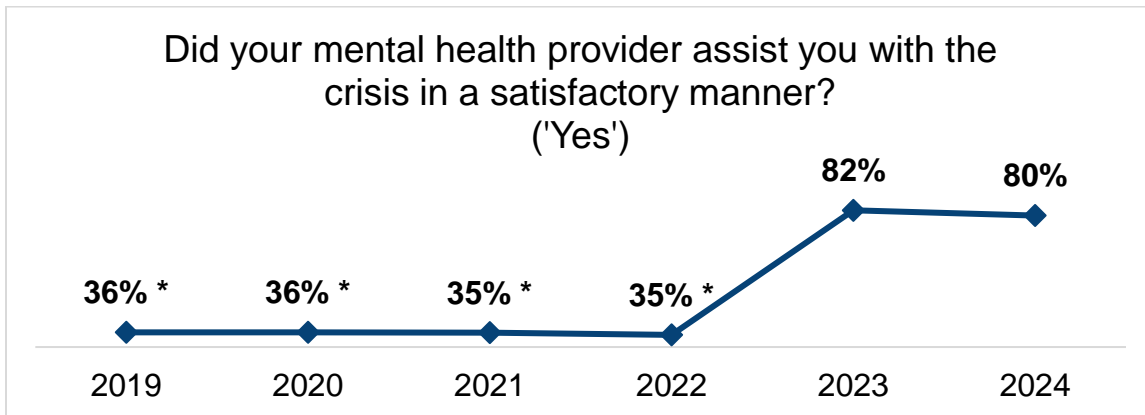


Adult Outpatient, 2024



Just over one third (35%) of respondents indicated that they needed assistance as the result of a mental health crisis. Of those, 80% said that their mental health provider assisted them with the crisis in a satisfactory manner.

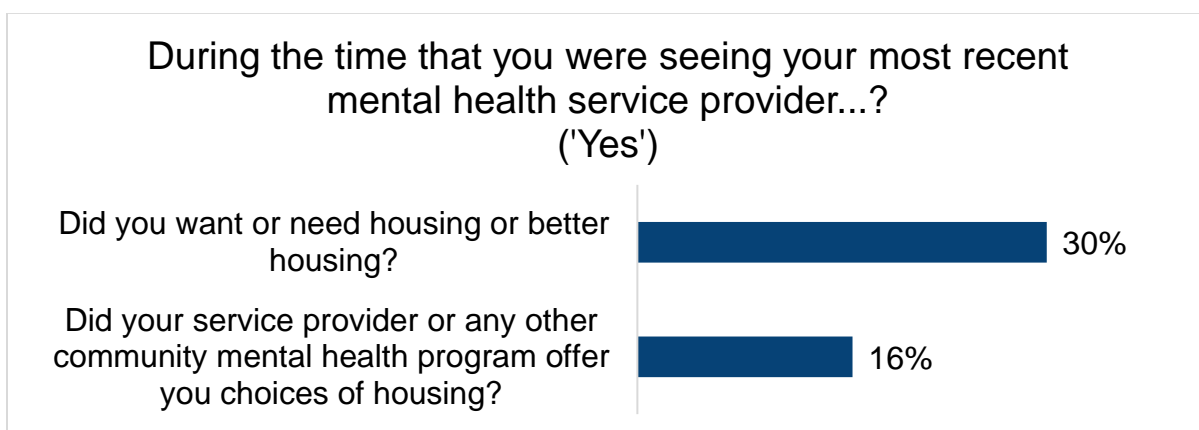
Respondents aged 55 to 59 years old were significantly more likely to have needed assistance as the result of a mental health crisis (46%) and respondents aged 40 to 44 years old were significantly less likely to have needed assistance as the result of a mental health crisis (27%) as compared to the total in 2024 (35%).



Adult Outpatient, 2019 to 2024

The proportion of respondents who experienced crisis and agreed that their provider assisted them with this crisis in a satisfactory manner appears to have been steadily low before sharply increasing in 2023. In 2024, this value decreased slightly to 80%. Values in 2019, 2020, 2021, and 2022 were significantly lower (36%, 36%, 35%, and 35%, respectively) as compared to the total in 2024 (80%).

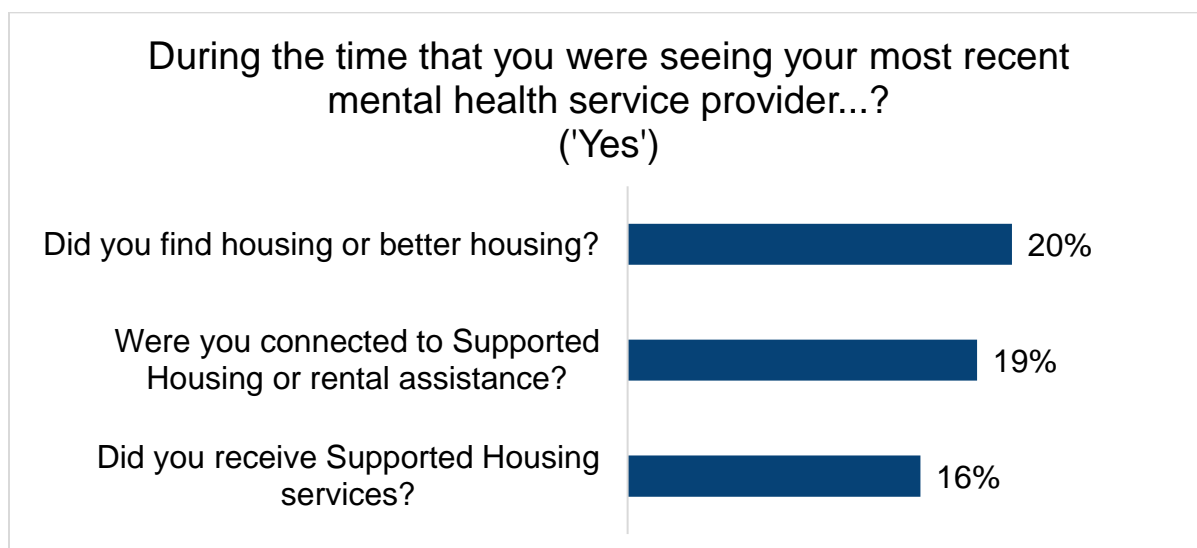
## Housing



Adult Outpatient, 2024

Over one quarter (30%) of respondents indicated that they wanted or needed housing or better housing during the time that they were seeing their most recent mental health service provider. Less than one fifth (16%) said that their service provider or any other community mental health program offered them choices of housing.

Respondents whose primary race based on rarest race method is American Indian or Alaska Native were significantly more likely to have wanted or needed housing or better housing during the time that they were seeing their most recent provider (42%) as compared to the total in 2024 (30%).

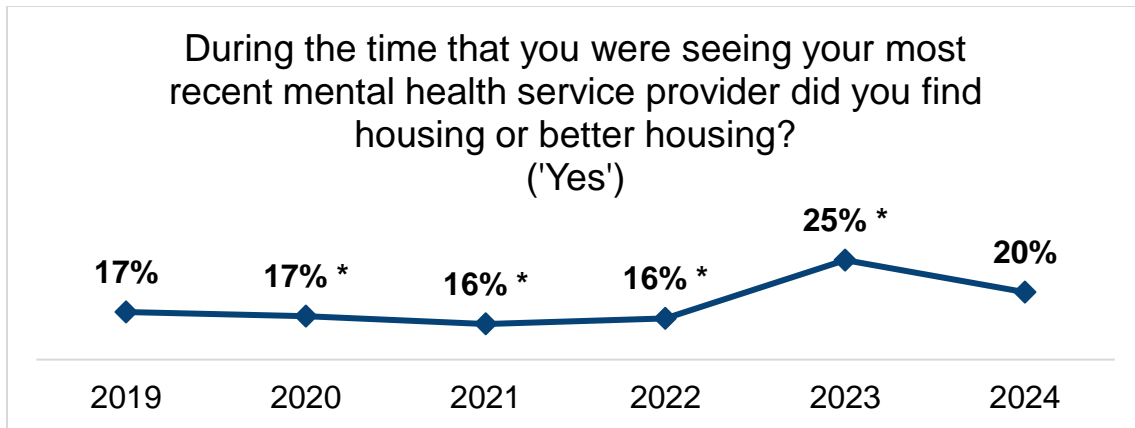


*Adult Outpatient, 2024*

One fifth of respondents (20%) said that they found housing or better housing during the time that they were seeing their most recent mental health service provider. Less than one fifth (19%) of respondents indicated that they were connected to Supported Housing or rental assistance. Of those who were connected to Supported Housing, less than one fifth (16%) received services.

Respondents who indicated they are between the ages of 40 to 44 years old were significantly less likely to have found housing or better housing during the time that they were seeing their most recent mental health service provider (14%) as compared to the total in 2024 (20%). Further, respondents whose primary race based on rarest race method is Black or African American were significantly more likely to have found housing or better housing during the time that they were seeing their most recent mental health service provider (33%) as compared to the total in 2024 (20%). Additionally, older respondents, particular those who indicated they are between the ages of 55 to 59, 60

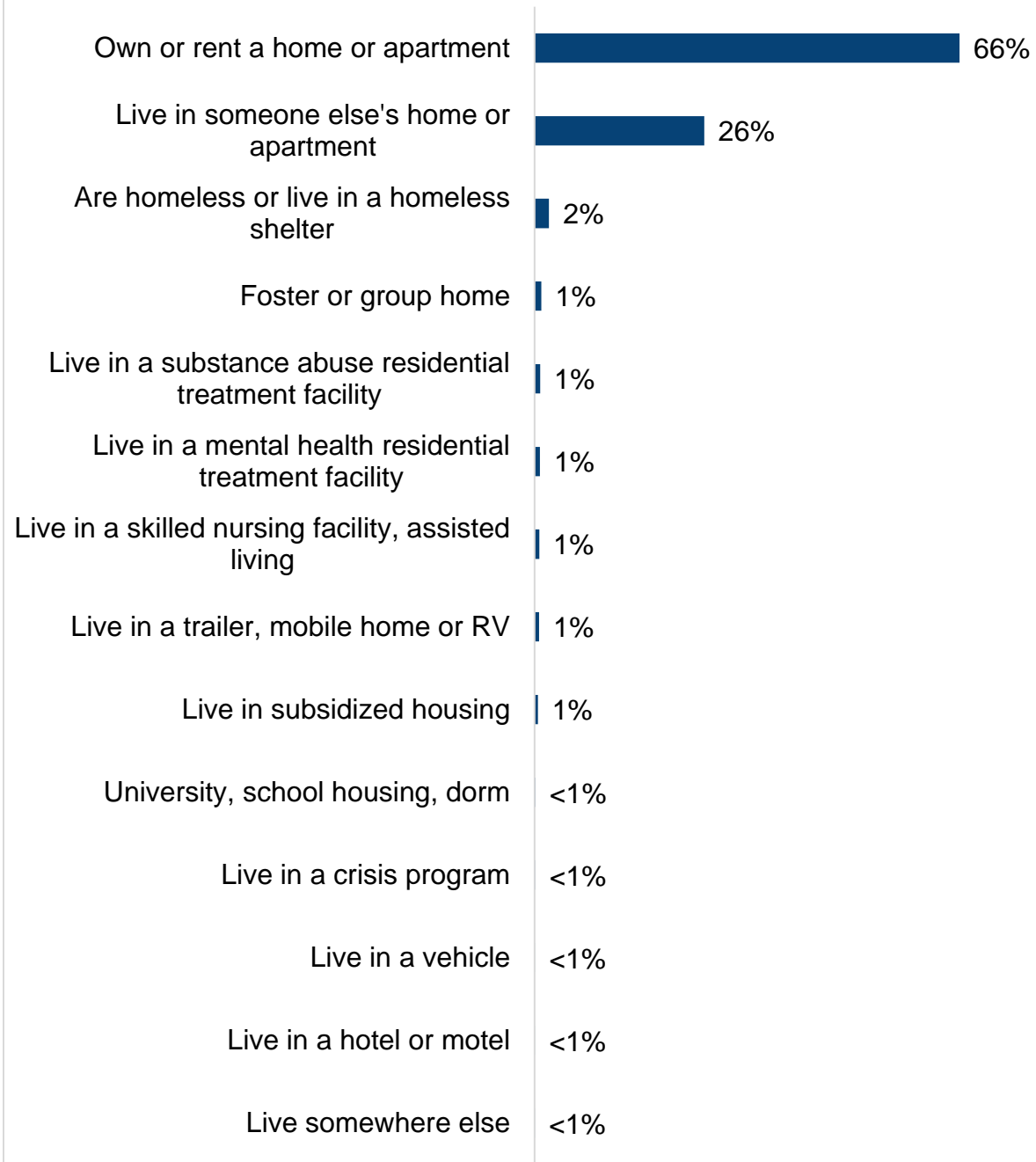
to 64, and 65 or older were significantly more likely to have received Supported Housing services (29%, 27%, and 27%, respectively) as compared to the total in 2024 (16%).



*Adult Outpatient, 2019 to 2024*

The proportion of respondents who said that they found housing or better housing during the time that they were seeing their most recent mental health service provider was relatively stable in recent history before sharply increasing in 2023; however, this value decreased to 20% in 2024. Values in 2020, 2021, and 2022 are significantly lower (17%, 16%, and 16%, respectively) and the value in 2023 is significantly higher (25%) as compared to the total in 2024 (20%).

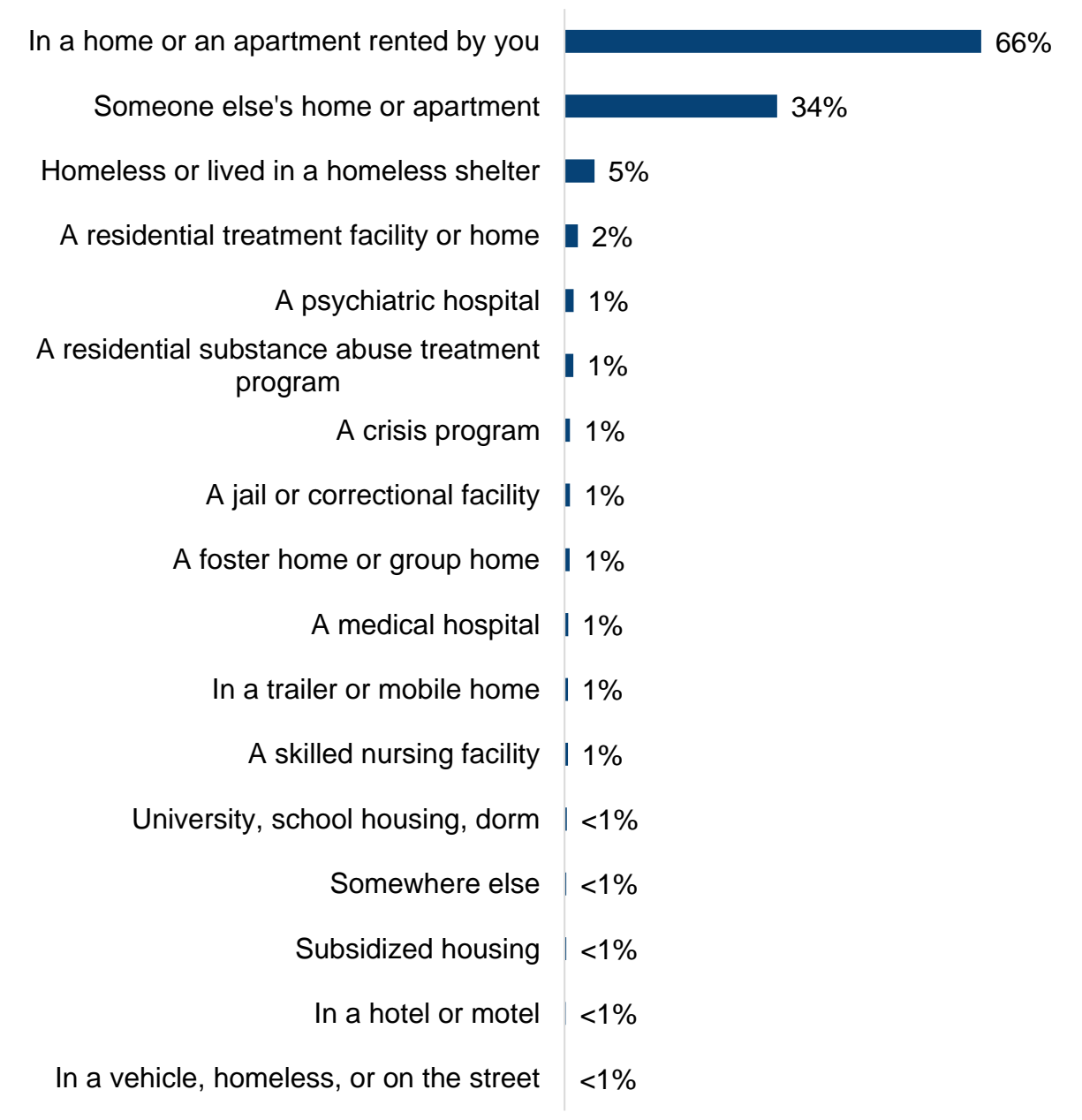
### Where are you currently living?



*Adult Outpatient, 2024*

Two thirds of respondents (66%) reported that they own or rent the home or apartment where they currently live. Over one quarter (26%) said that they live in someone else's home or apartment. Only 2% said that they are homeless or live in a homeless shelter.

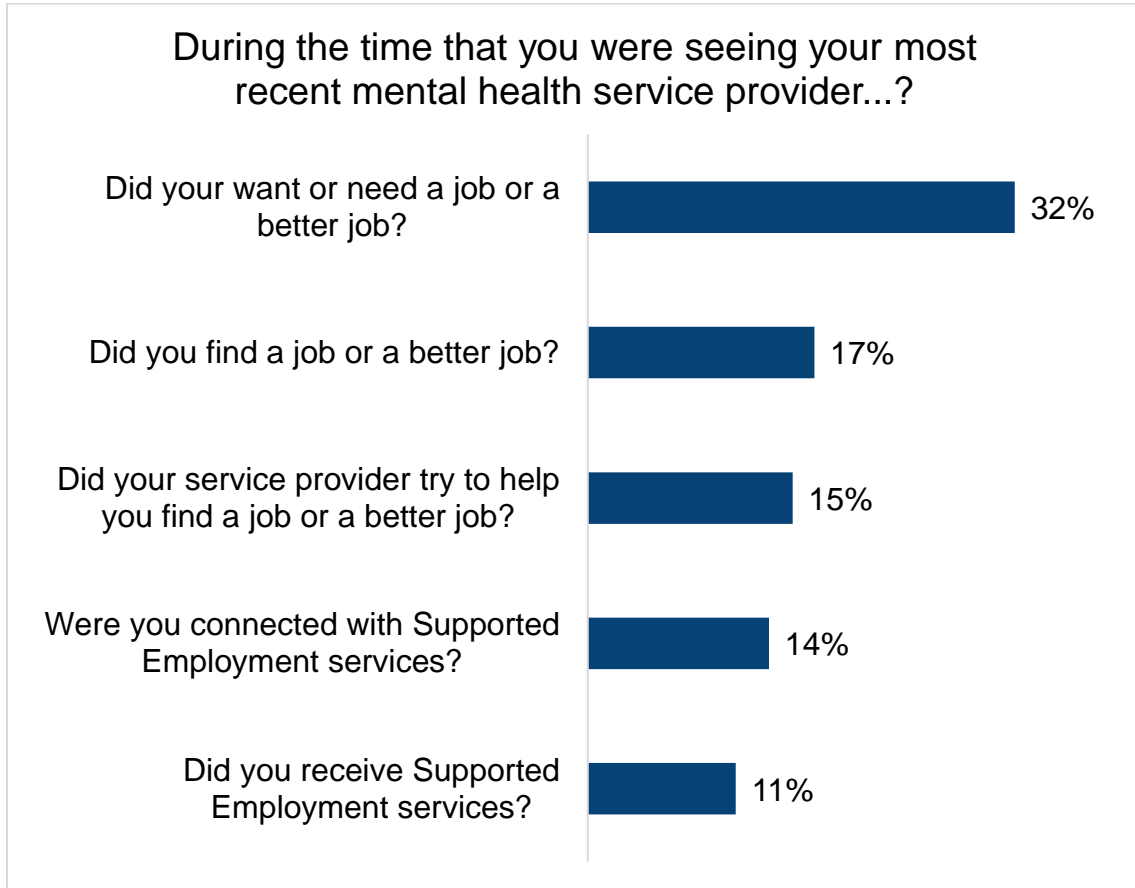
### Have you lived in any of the following places in the last 12 months?



*Adult Outpatient, 2024*

Two thirds (66%) of respondents reported that they lived in their own home or apartment in the last 12 months. Just over one third (34%) said they lived in someone else’s home or apartment in the last 12 months. Only 5% indicated that they were homeless or lived in a homeless shelter in the last 12 months.

## Employment

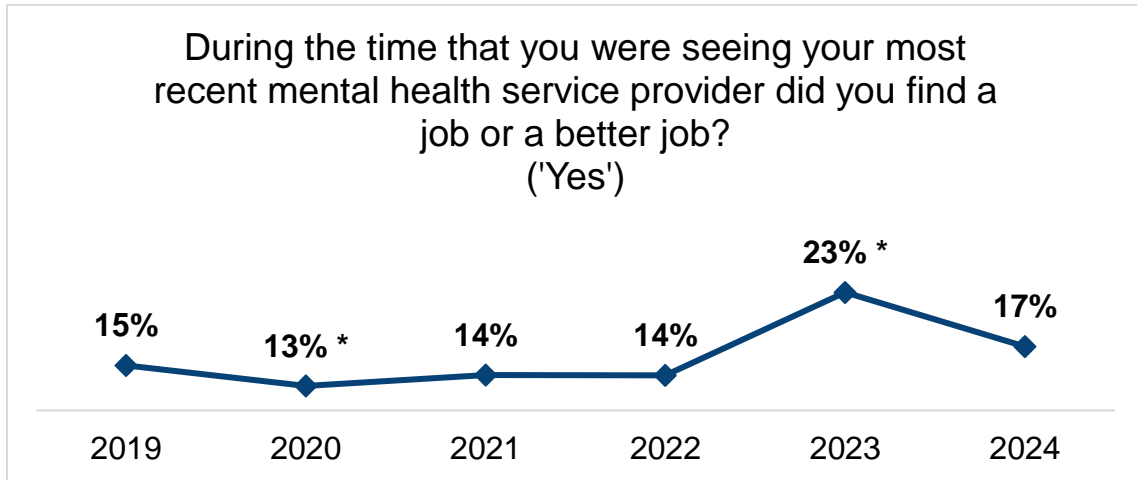


*Adult Outpatient, 2024*

Almost one third (32%) of respondents reported that they wanted or needed a job or a better job during the time that they were seeing their most recent mental health service provider. Less than one fifth (15%) said that their service provider tried to help them find a job or a better job and less than one fifth (17%) said that they found a job or a better job. Less than one fifth (14%) said that they were connected to Supported Employment services and of those, only 11% said they received Supported Employment services.

Respondents who indicated they are between the ages of 18 to 24 years old were significantly more likely to have needed a job or a better job during the time that they were seeing their most recent mental health service provider (45%) as compared to the total in 2024 (32%) and were significantly more likely to have found a job or a better job during the time that they were seeing their most recent mental health service provider (28%) as compared to the total in 2024 (17%). Contrarily, respondents aged 45 to 49 years old, 60 to 64 years old, and 65 years old or older were significantly less likely to

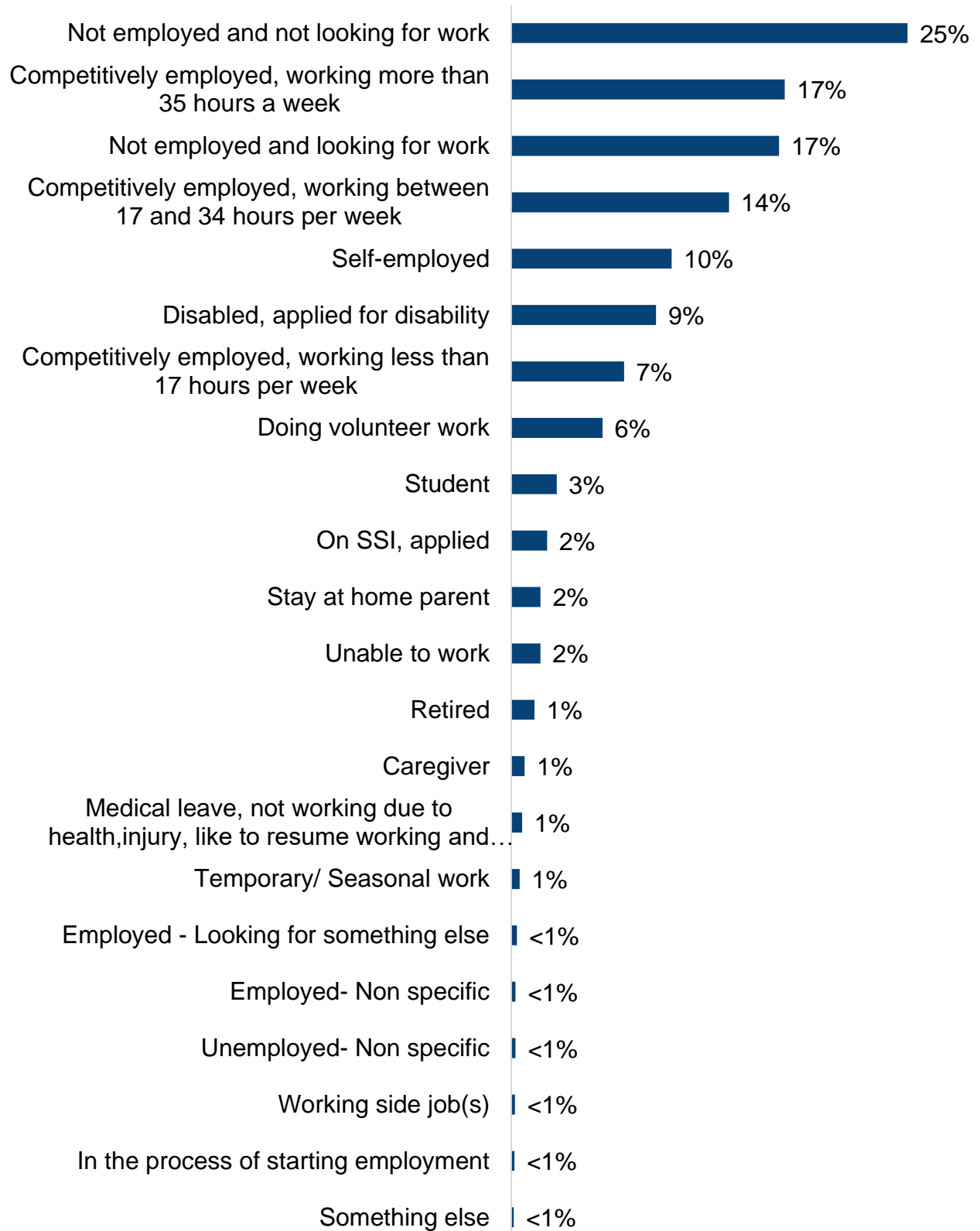
have found a job during the time that they were seeing their most recent mental health service provider (10%, 3%, and 2%, respectively) as compared to the total in 2024 (17%).



*Adult Outpatient, 2019 to 2024*

The proportion of respondents who said that they found a job or a better job during the time that they were seeing their most recent mental health service provider was relatively stable in recent history before sharply increasing in 2023; however, this value decreased to 17% in 2024. The value in 2020 is significantly lower (13%) and the value in 2023 is significantly higher (23%) as compared to the total in 2024 (17%).

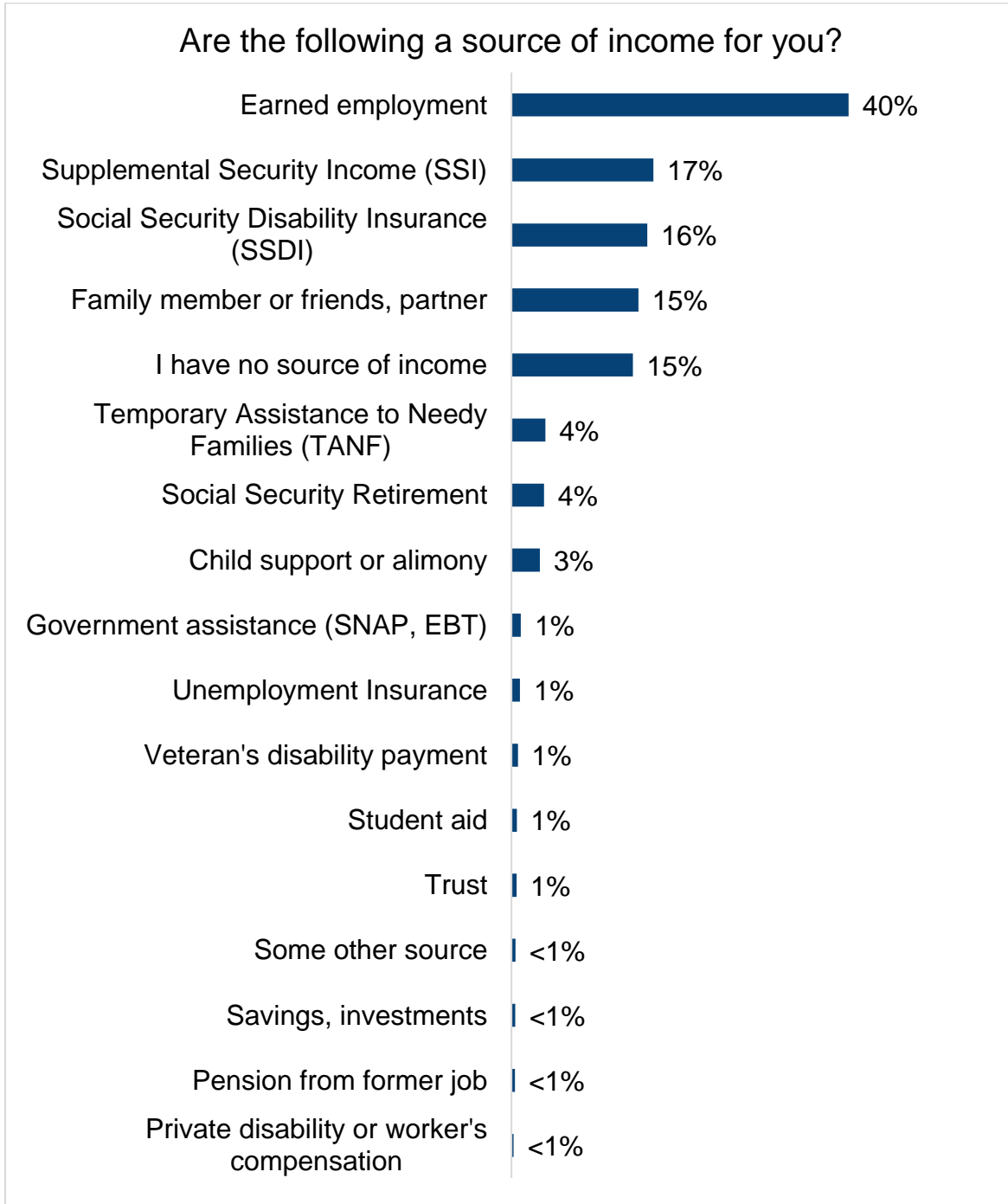
## Which of the following best describes your employment?





One quarter of respondents (25%) said they are not employed and are not looking for work. Just under one fifth said that they are competitively employed and are working more than 35 hours per week (17%) and another 17% are not employed but are looking for work.

## Income

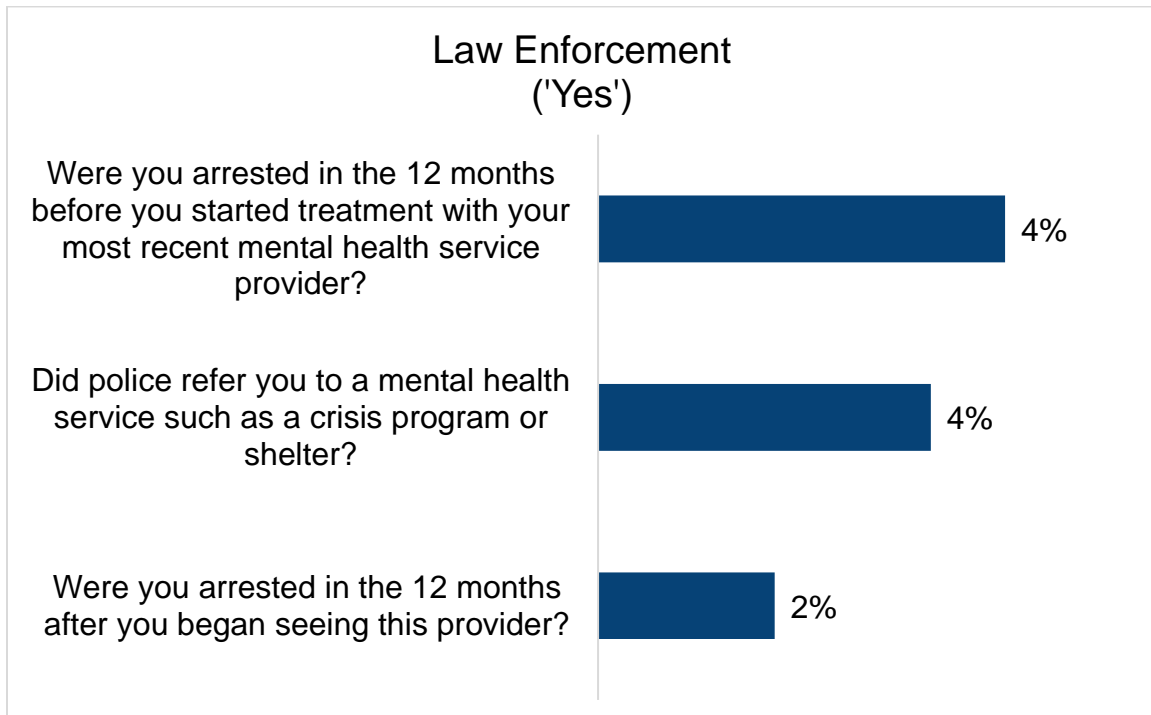


*Adult Outpatient, 2024*

Nearly half of respondents (40%) stated that earned employment is a source of income for them. Less than one fifth (17%) reported that Supplemental Security Income (SSI) as an income source. Other top responses for income sources included Social Security

Disability Insurance (SSDI) (16%), family members, partners, or friends (15%). Another 15% reported no sources of income at all (14%).

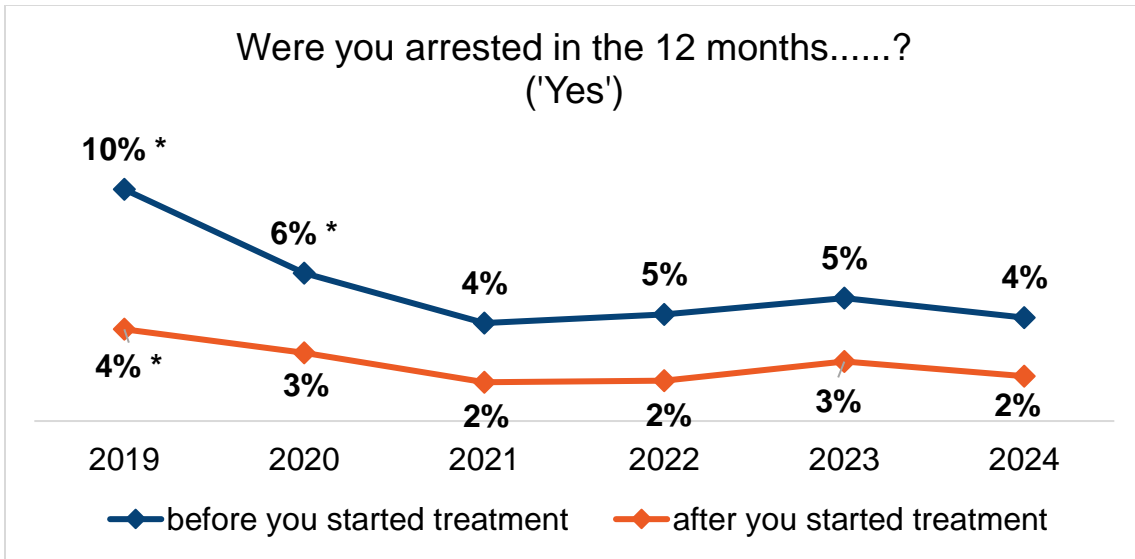
## Law Enforcement



*Adult Outpatient, 2024*

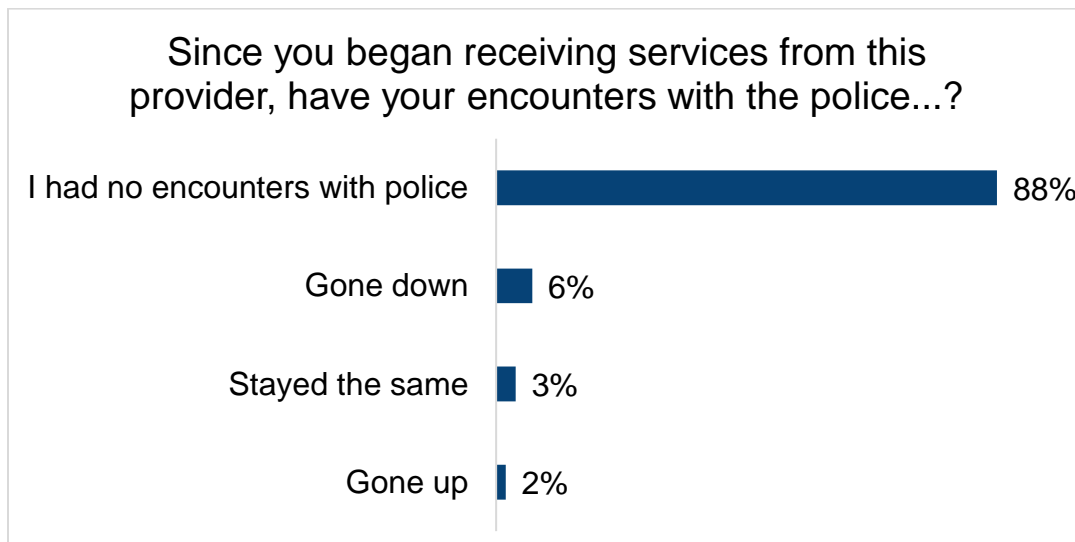
Just 4% of survey respondents were arrested in the 12 months before they started treatment with their most recent mental health service provider and only 2% were arrested in the 12 months after they began seeing this provider.

Respondents who indicated they are between the ages of 35 to 39 years old were significantly more likely to have been arrested in the 12 months before they started treatment with their most recent mental health service provider (8%) as compared to the total in 2024 (4%). Additionally, respondents who indicated their gender as male were significantly more likely to have been arrested in the 12 months before they started treatment with their most recent mental health service provider (8%) as compared to the total in 2024 (4%) as well as significantly more likely to have been arrested in the 12 months after they began seeing their provider (4%) as compared to the total in 2024 (2%).



*Adult Outpatient, 2019 to 2024*

The proportion of respondents who said they were arrested in the 12 months before they started treatment with their most recent mental health provider has been trending downward over recent history, decreasing to 4% in 2024. The values in 2019 and 2020 were significantly higher (10% and 6%, respectively) as compared to the total in 2024 (4%). The proportion of respondents who said they were arrested in the 12 months after they started treatment with their most recent mental health provider has remained relatively stable over recent history, decreasing to 2% in 2024. The value in 2019 was significantly higher (4%) as compared to the total in 2024 (2%).



*Adult Outpatient, 2024*

Most respondents (88%) indicated that they have not had any encounters with the police. Only 2% said that since they began receiving services from this provider their encounters with the police have gone up; however, 6% said that since they began receiving services their encounters with the police have gone down.

Respondents who indicated their gender as male were significantly more likely to have their encounters with the police gone down since they began receiving services from their provider (10%) as compared to the total in 2024 (6%). Additionally, respondents whose primary race based on rarest race method is Black or African American were significantly more likely to have their encounters with the police gone down since they began receiving services from their provider (15%) as compared to the total in 2024 (6%).

# Residential Survey

## Response Rate

The residential survey was fielded among adults aged 18 and older who received Medicaid-funded mental health services in a residential setting. Adults who received mental health services in an outpatient setting were instead eligible to participate in the residential survey. The survey was offered to 1,937 adults who had received services between January 1<sup>st</sup>, 2023, through December 31<sup>st</sup>, 2023.

In 2024, 213 adults returned a usable residential survey, in this case defined as a survey where all questions before the REALD demographic questions were answered, for a response rate of 12%. Most respondents (60%) completed the survey online, while 27% of respondents completed the survey over the phone and 13% completed a paper copy of the survey. Respondents who completed the survey online or via pen and paper were eligible for a \$10 digital gift card.

The sample was screened before any mailings were sent using the National Change of Address system. In addition, undeliverable or unusable addresses identified by returned mail were flagged in the overall sample. Individuals with bad addresses listed in their MMIS enrollment data or with bad addresses flagged through the aforementioned avenues were not immediately disqualified from participation – instead they were provided with an alternate modes of survey completion – via phone for individuals with associated phone numbers. Only after an individual had an identified bad address and a bad phone number were they removed from the data collection process.

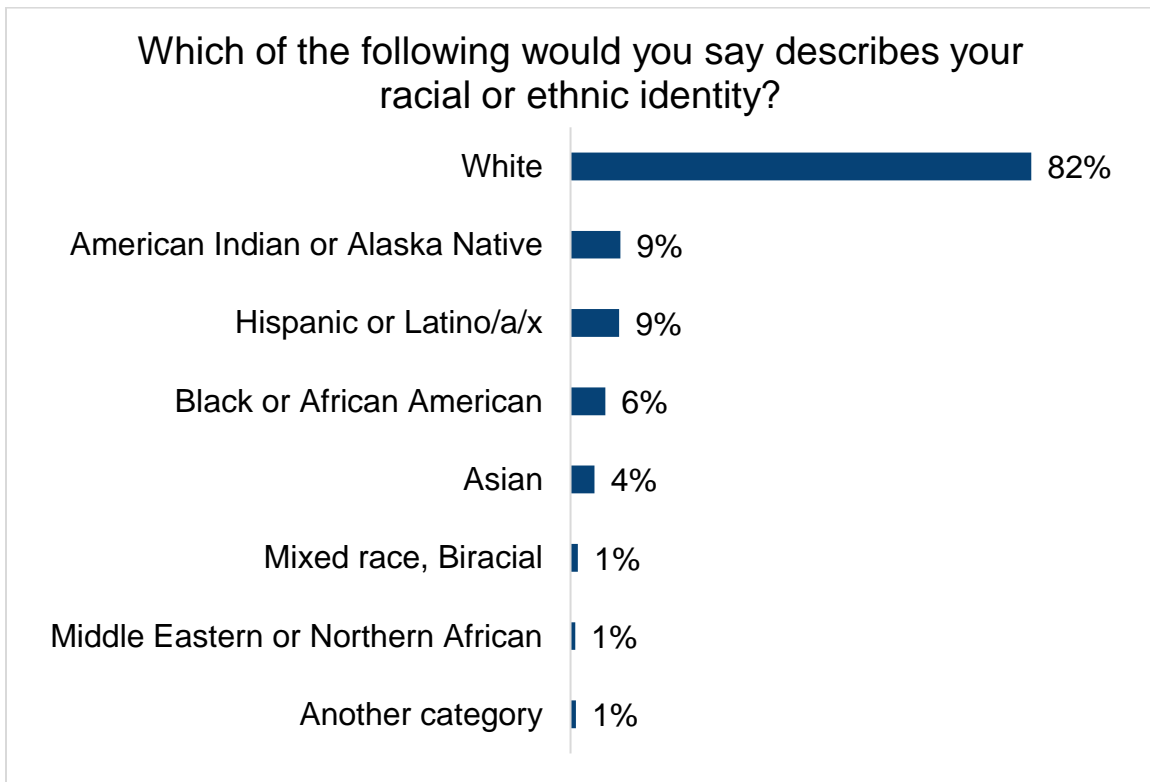
Individuals were also able to opt-out of the survey process by calling or emailing the Project Manager at MDR, or by informing a phone interviewer of their desire to be removed from data collection over the course of telephone outreach. Telephone outreach was slightly limited for the residential population due to the assumed difficulty in reaching singular individuals within a group home context.

As with most multi-mode surveys, the possibility of a respondent completing a survey in two or more separate modes was real. In cases where respondents completed surveys in multiple modes, duplicate surveys were omitted, with the criteria of completeness followed by date of completion serving to designate which completed survey was retained.

## Demographics

The following figures summarize respondents' self-reported race and ethnicity as well as gender, sexual orientation and identity, age, location, spoken language, and other demographic questions regarding difficulties with their health and daily activities.

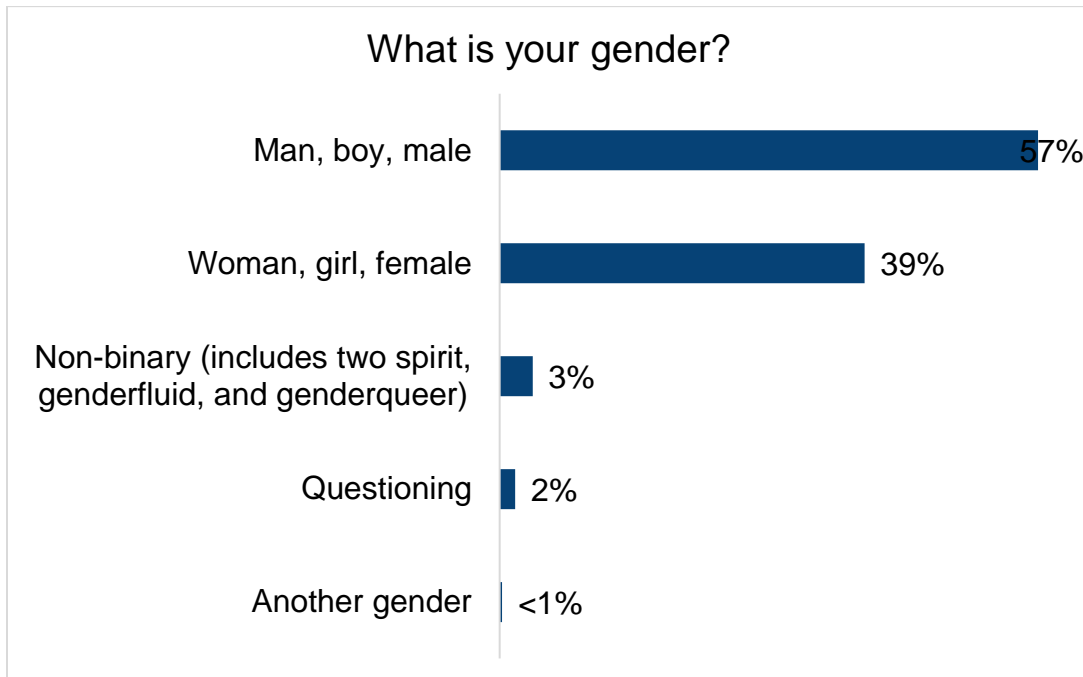
**Figure 11: Race/Ethnicity**



*Adult Residential, 2024*

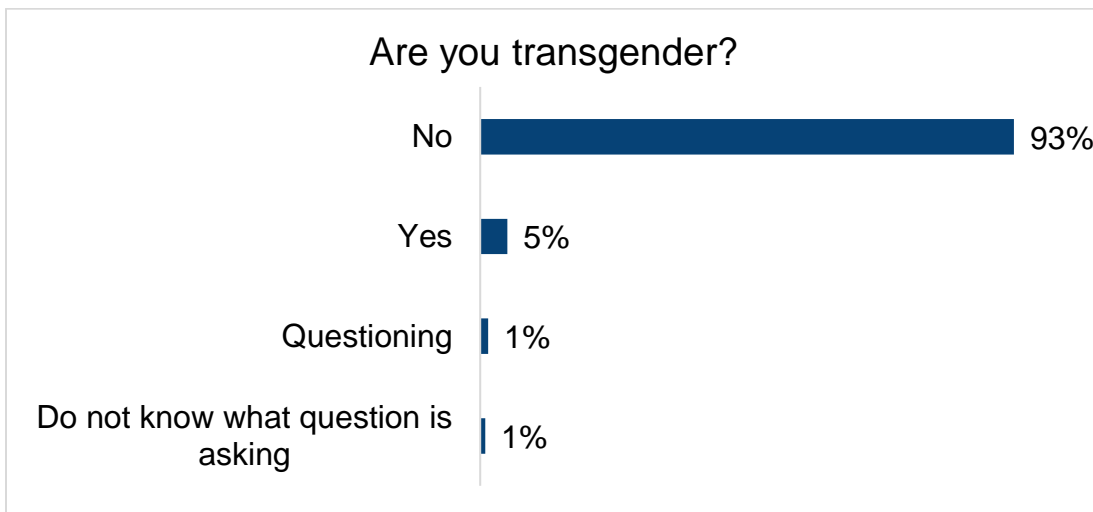
See Appendix A on page 113 for a detailed disaggregated race table of Adult Residential respondents.

**Figure 12. Gender**



*Adult Residential, 2024*

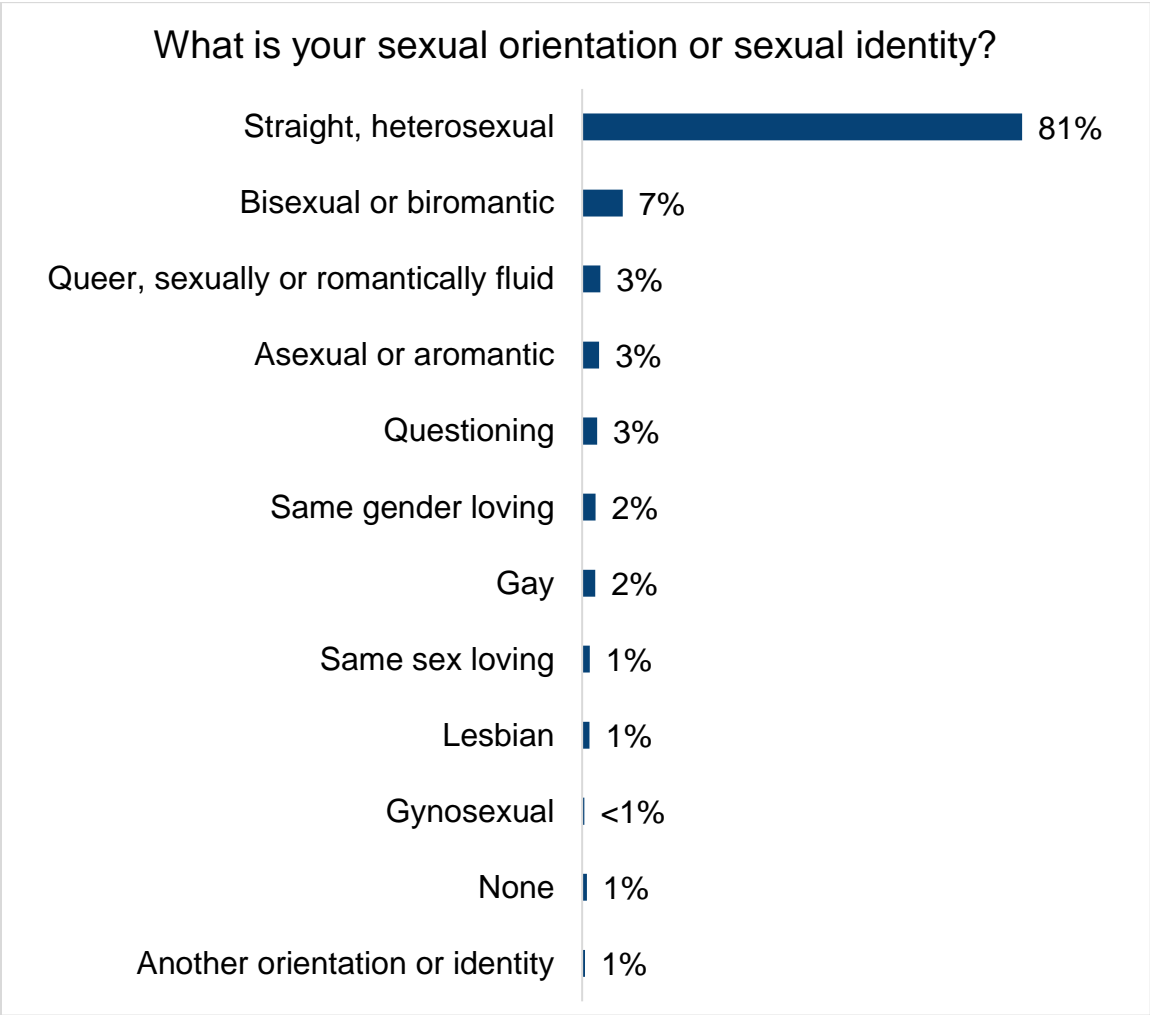
**Figure 13. Transgender**



*Adult Residential, 2024*

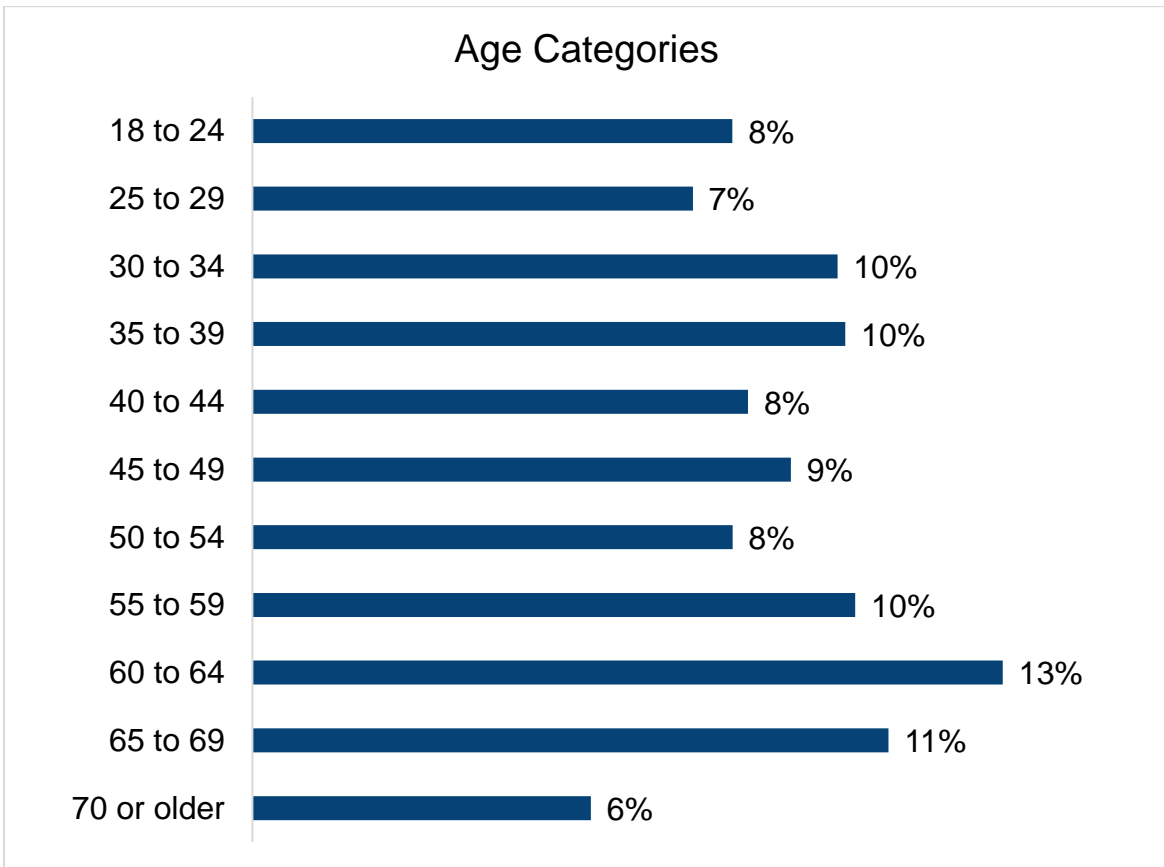


**Figure 14. Orientation/Identity**



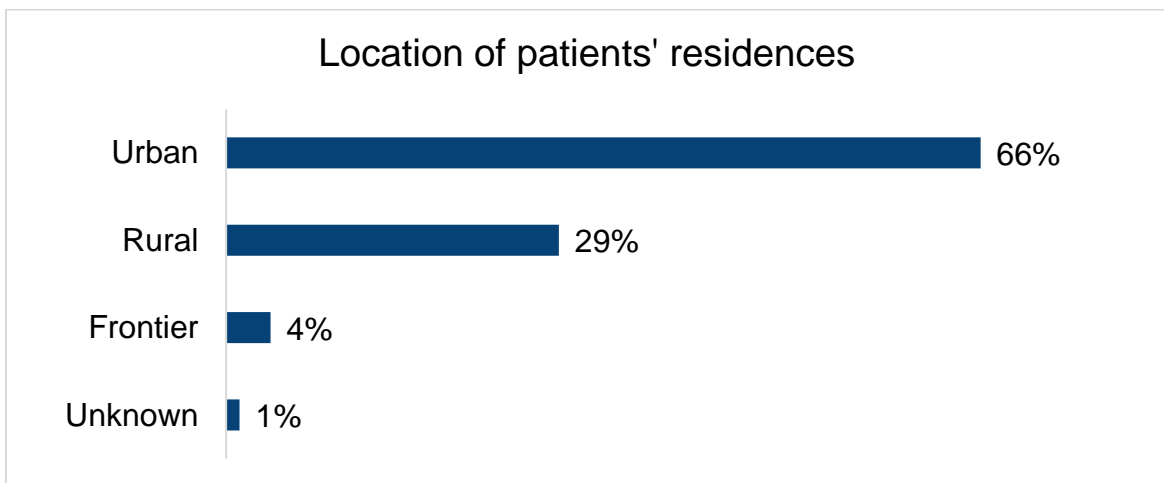
*Adult Residential, 2024*

**Figure 15. Age Categories**



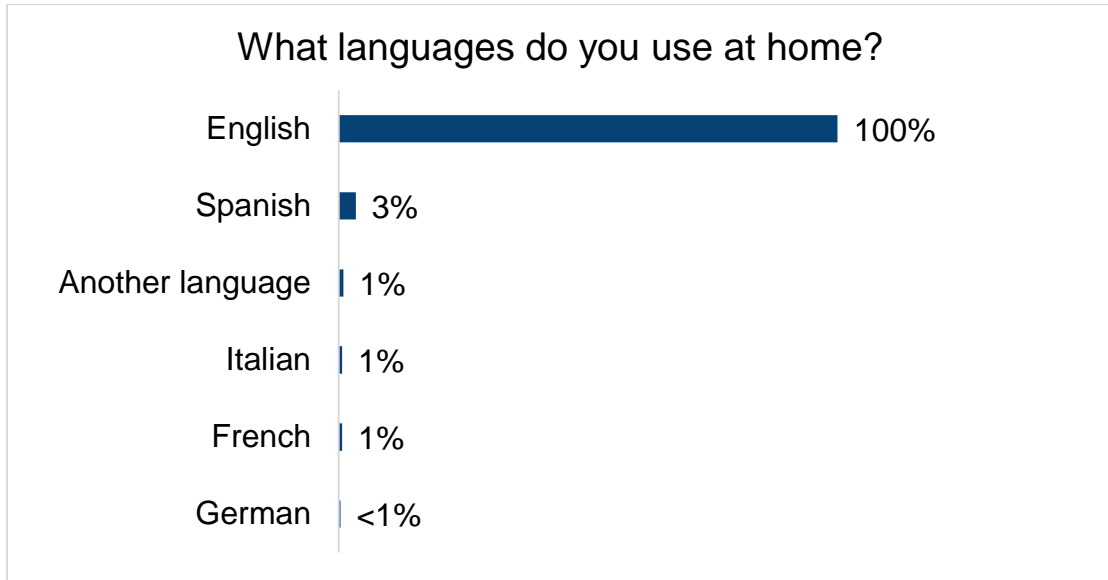
*Adult Residential, 2024*

**Figure 16. Location**



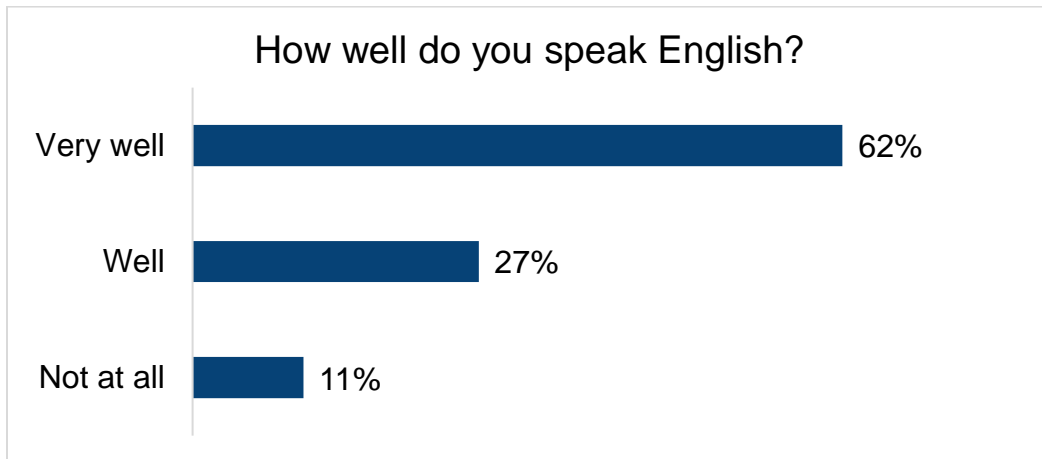
*Adult Residential, 2024*

**Figure 17. Language**



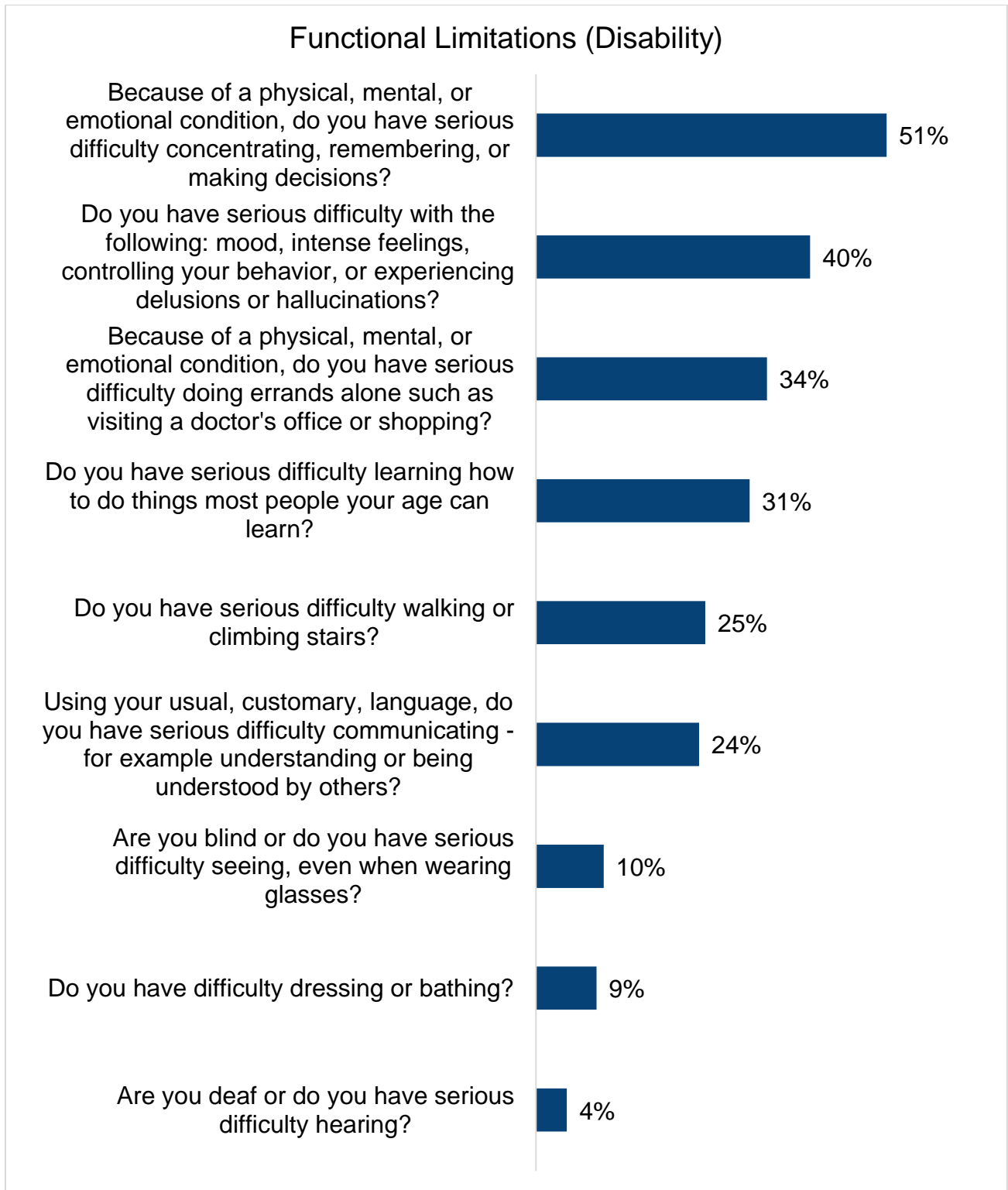
*Adult Residential, 2024*

**Figure 18. English-speaking**



*Adult Residential, 2024*

**Figure 19. Functional Limitations (Disability)**



*Adult Residential, 2024*

# Residential Survey Results

## Domain Satisfaction

Table 3 summarizes statewide satisfaction across seven domains areas. Questions from each domain can be found in Table 1.

**Table 3. Residential Survey Domain Satisfaction, 2024.**

Domain	Positive Response (%)
Access to Services	72%
Daily Functioning	68%
General Satisfaction	80%
Participation	65%
Quality/Appropriateness	76%
Social Connectedness	70%
Perceptions of Outcomes	62%

Respondents are asked how strongly they agree or disagree with the statements included in each domain and the data is reported as “satisfaction” for those who gave a positive response of Strongly Agree or Agree. Respondents were most satisfied in the domains of General Satisfaction (80%) and Quality/Appropriateness (76%). They were least satisfied in the domains of Perceptions of Outcomes (62%) and Participation (65%).

Results for 2024 are compared between demographic respondent groups, where relevant, to determine if there are statistically significant differences between them at a 95% confidence level. Trending results for 2019-2024 are compared between years to determine if there are statistically significant differences between them at a 95% confidence level, where applicable. Instances of significant differences are notated in the chart with a ‘\*’ character next to the percentage.

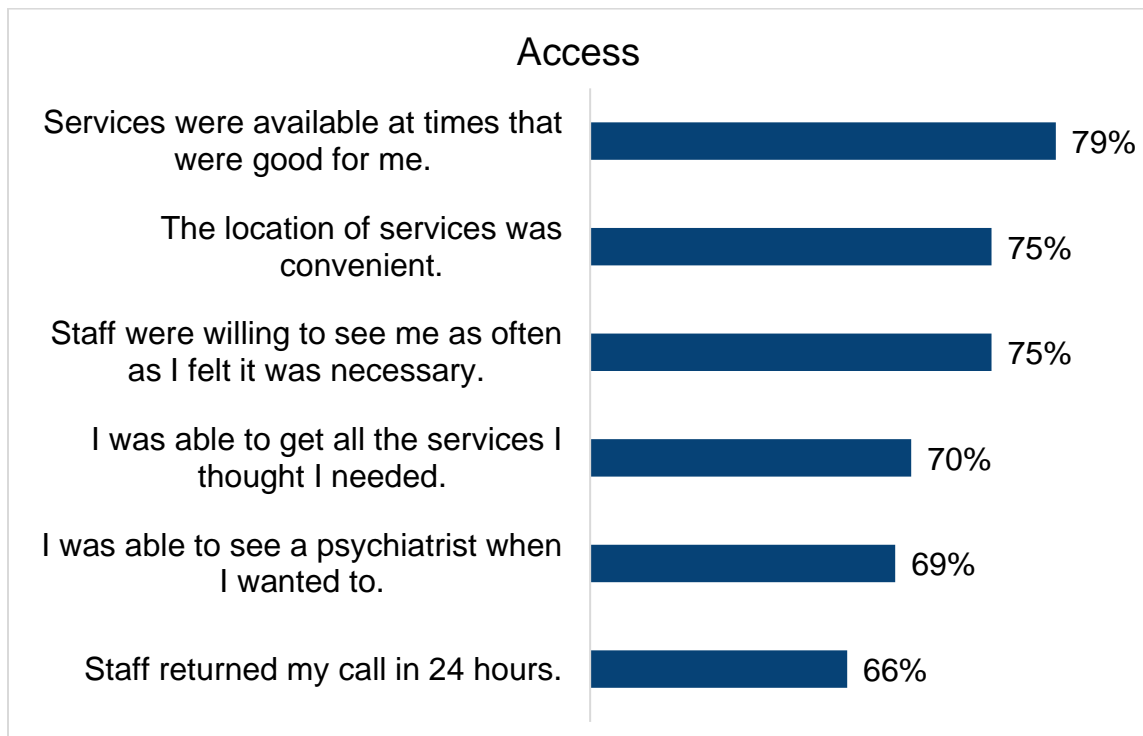
The following sections present data at the statewide level. Data compendiums available on OHA's MHSIP website include survey results by several demographic, regional, or

CCO variables. Individual infographic reports are also available for each CCO on OHA's website.

## Access to Services

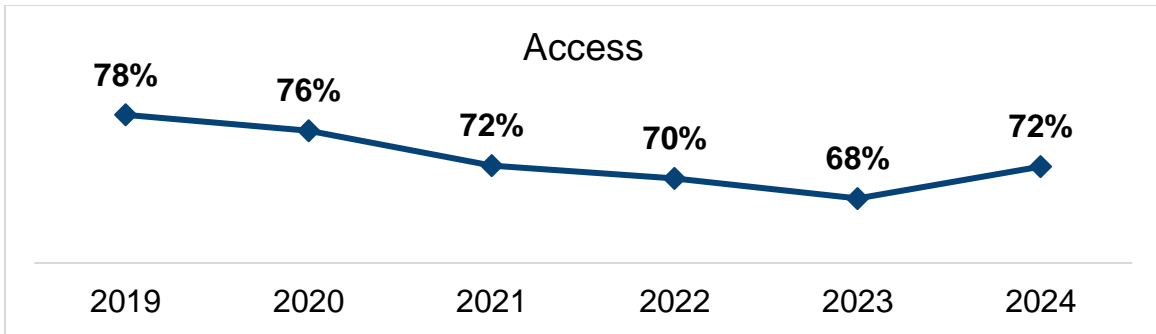
The following set of domain questions were presented to survey respondents:

- **The location of the services was convenient.**
- **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.**



*Adult Residential, 2024*

Nearly four fifths of respondents (79%) said that services were available at times that were good for them. Three quarters of respondents said that the location of services was convenient (75%) and that staff were willing to see them as often as they felt it was necessary (75%). More than two thirds said they were able to see a psychiatrist when they wanted to (69%) and two thirds (66%) reported that staff returned their call in 24 hours.



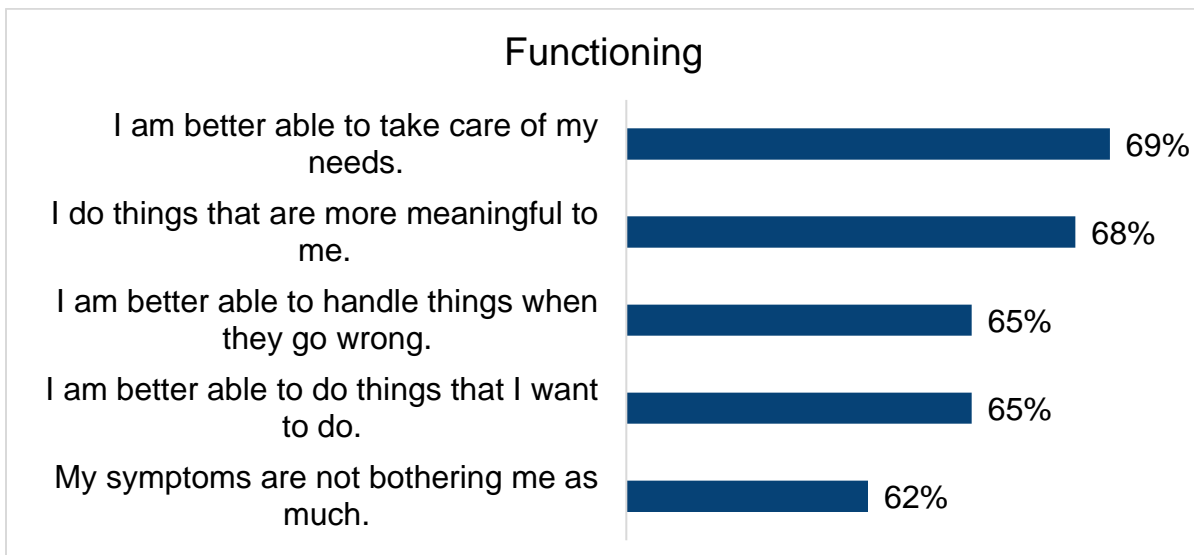
Adult Residential, 2019 to 2024

Satisfaction in the Access domain has experienced a consistent downward trend over time; however, satisfaction increased to 72% in 2024.

## Daily Functioning

The following set of domain questions were presented to survey respondents:

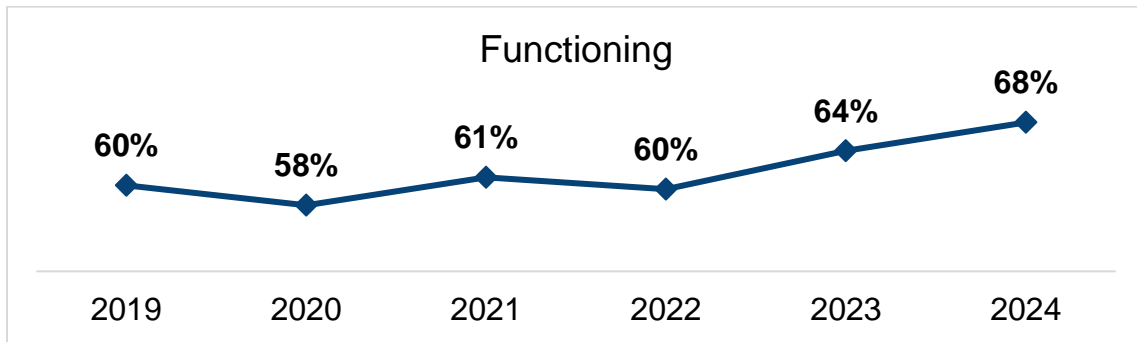
- **My symptoms are not bothering me as much.**
- **I do things that are more meaningful to me.**
- **I am better able to take care of my needs.**
- **I am better able to handle things when they go wrong.**
- **I am better able to do things that I want to do.**



Adult Residential, 2024



Just over two thirds of respondents reported that they do things that are more meaningful to them (69%) and that they do things that are more meaningful to them (68%). Slightly less than two thirds (62%) said that their symptoms are not bothering them as much.



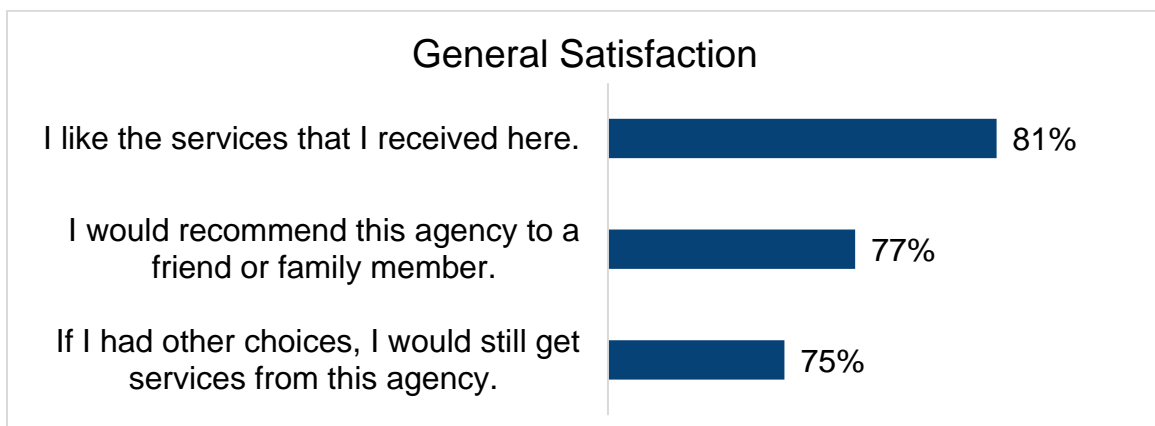
*Adult Residential, 2019 to 2024*

Satisfaction in the Daily Functioning domain has fluctuated in recent history but appears to be trending upward with satisfaction increasing to 68% in 2024.

## General Satisfaction

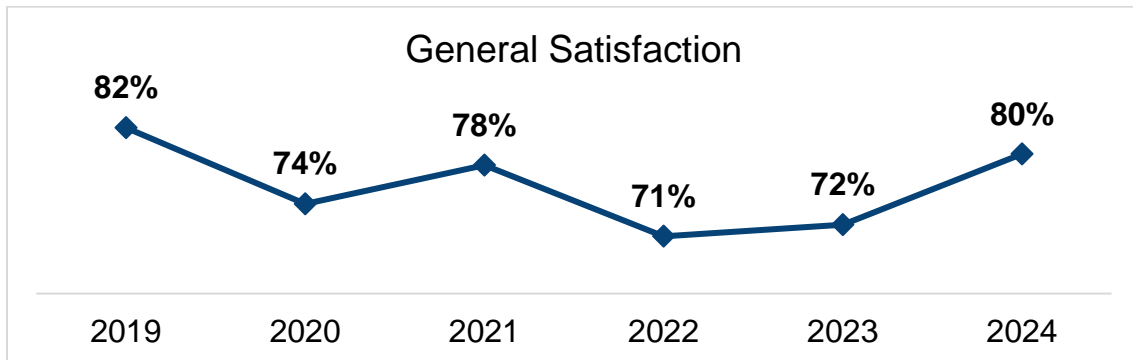
The following set of domain questions were presented to survey respondents:

- **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.**



*Adult Residential, 2024*

More than four fifths of respondents (81%) said that they liked the services they received here. Just over three quarters of respondents (77%) said that they would recommend this agency to a friend or family member and three quarters (75%) said that if they had other choices, they would still get services from this agency.



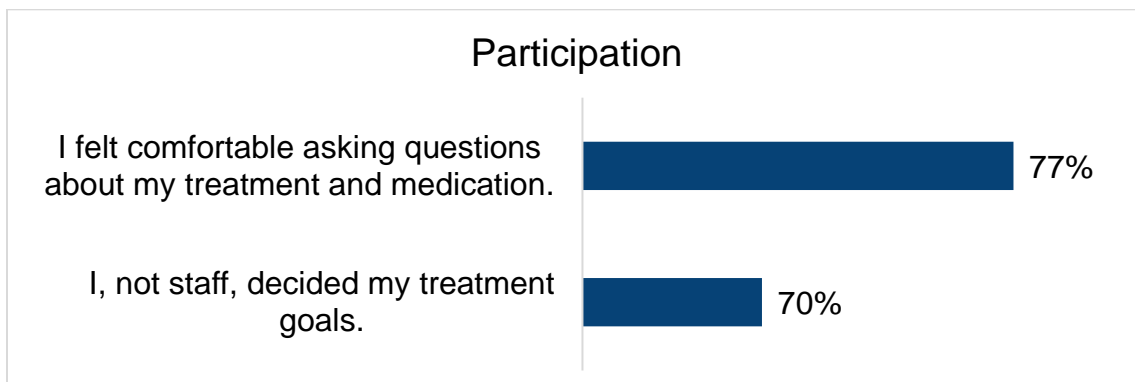
Adult Residential, 2019 to 2024

Satisfaction in the General Satisfaction domain has been volatile over time but appears to be trending upward with satisfaction increasing to 80% in 2024.

## Participation in Treatment

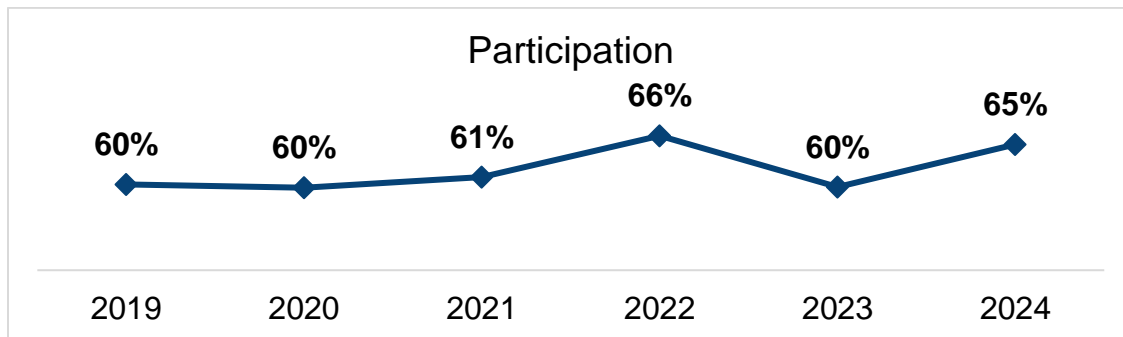
The following set of domain questions were presented to survey respondents:

- **I felt comfortable asking questions about my treatment and medication.**
- **I, not the staff, decided my treatment goals.**



Adult Residential, 2024

Most respondents (77%) indicated that they felt comfortable asking questions about their treatment and medication. Less than three quarters of respondents (70%) said that they, not staff, decided their treatment goals.



*Adult Residential, 2019 to 2024*

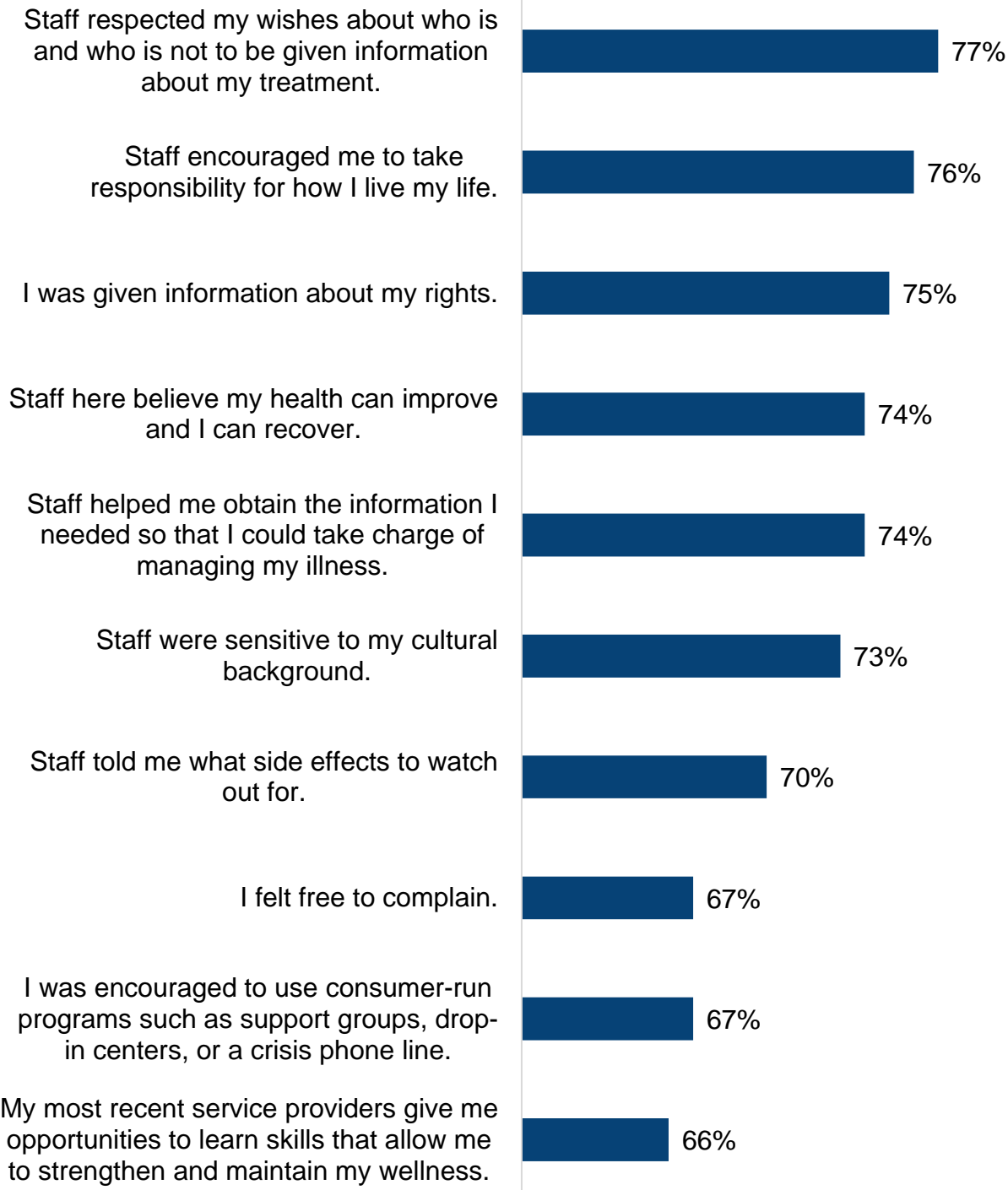
Satisfaction in the Participation domain had been trending upward in recent history before decreasing in 2023; however, satisfaction increased to 65% in 2024.

## Quality/Appropriateness

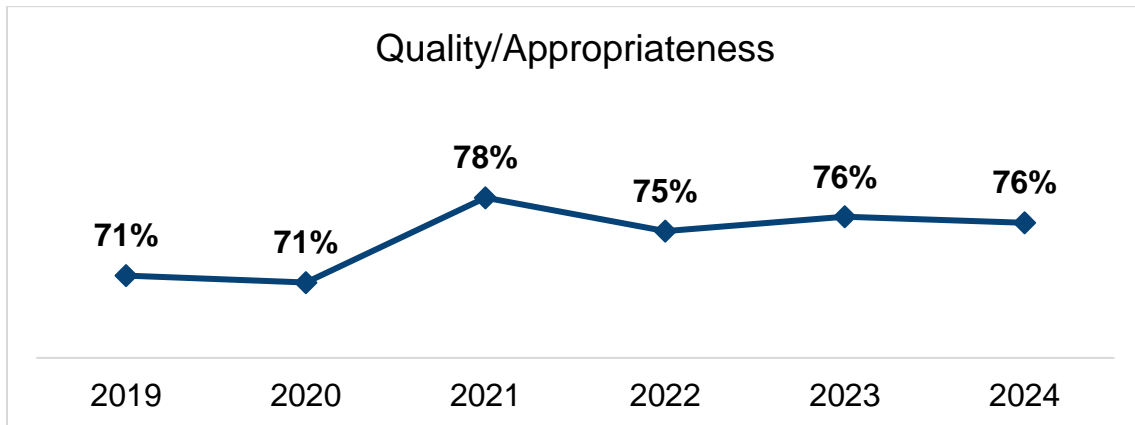
The following set of domain questions were presented to survey respondents:

- **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.**
- **I was encouraged to use consumer-run programs such as support groups, drop-in centers, or a crisis phone line.**
- **My most recent service providers give me opportunities to learn skills that allow me to strengthen and maintain my wellness.**
- **Staff helped me obtain the information I needed so that I could take charge of managing my illness**

### Quality/Appropriateness



Just under four fifths of respondents (77%) said that staff respected their wishes about who is and who is not to be given information about their treatment. Slightly more than three quarters of respondents (76%) agreed that staff encouraged them to take responsibility for how they live their life. Three quarters of respondents (75%) said that they were given information about their rights. However, only two thirds of respondents (66%) said that their most recent service providers gave them opportunities to learn skills that allow them to strengthen and maintain their wellness.



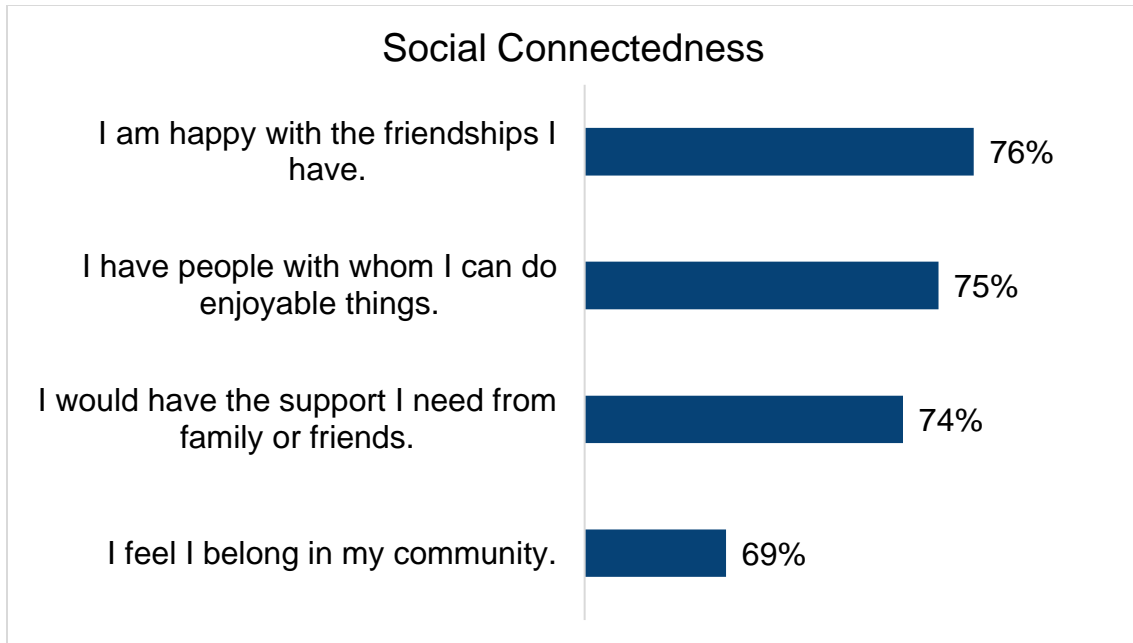
*Adult Residential, 2019 to 2024*

Satisfaction in the Quality/Appropriateness domain has fluctuated very little over recent history and remained unchanged at 76% in 2024.

## Social Connectedness

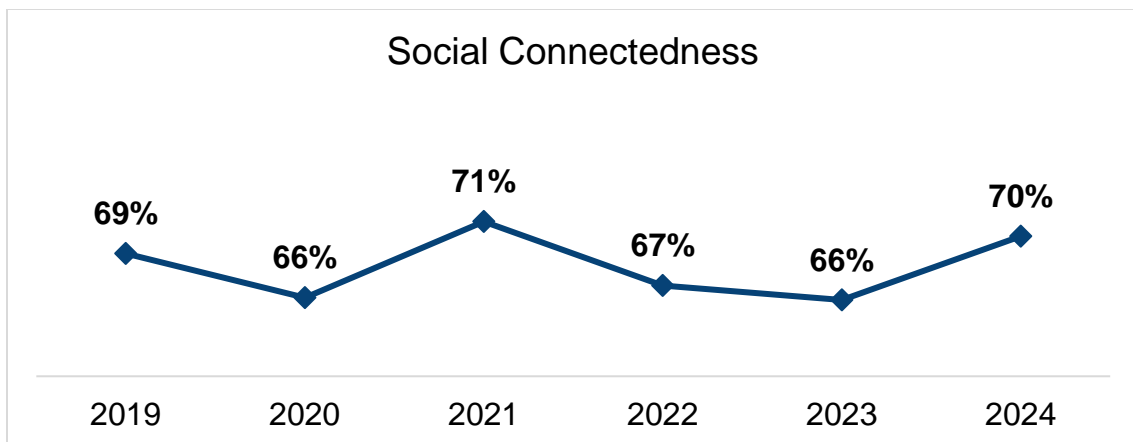
The following set of domain questions were presented to survey respondents:

- **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.**



*Adult Residential, 2024*

Just over three quarters of respondents (76%) reported that they are happy with the friendships they have and just under three quarters (74%) said that they would have the support they need from family or friends; however, just over two thirds of respondents (69%) said that they feel they belong in their community.



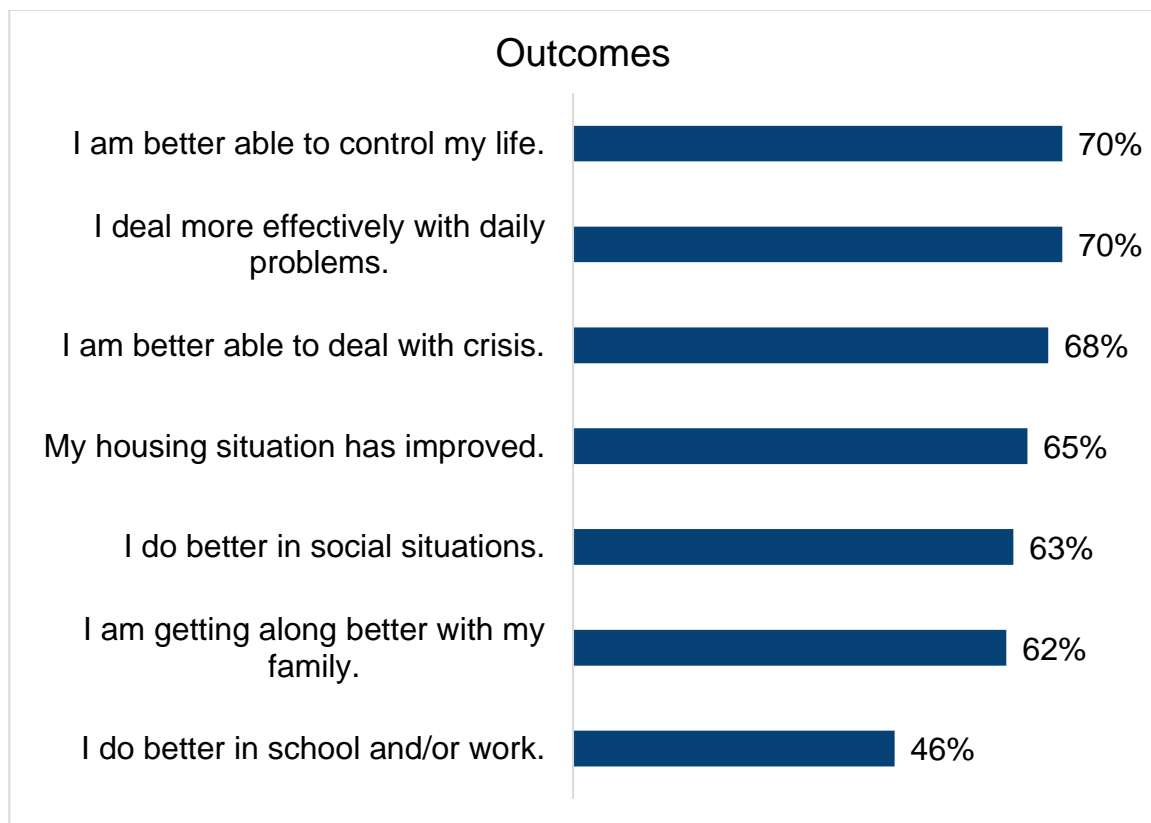
*Adult Residential, 2019 to 2024*

Satisfaction in the Social Connectedness domain has fluctuated slightly in recent history but increased to 70% in 2024.

## Outcomes

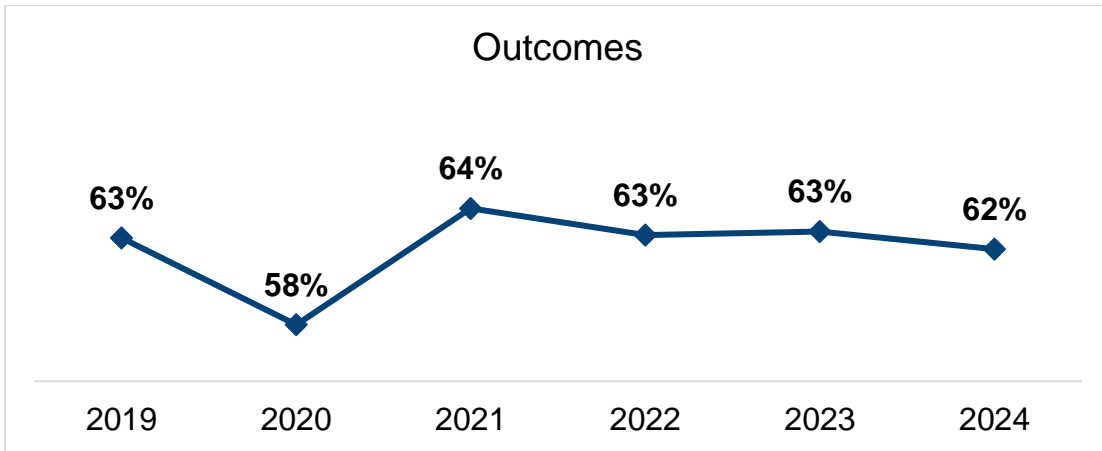
The following set of domain questions were presented to survey respondents:

- **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.**



*Adult Residential, 2024*

Just under three quarters of respondents said that they now deal more effectively with daily problems (70%) and are better able to control their life (70%). More than two thirds of respondents (68%) said that they are better able to deal with crisis. However, less than half of respondents (46%) said that they do better in school and/or work.

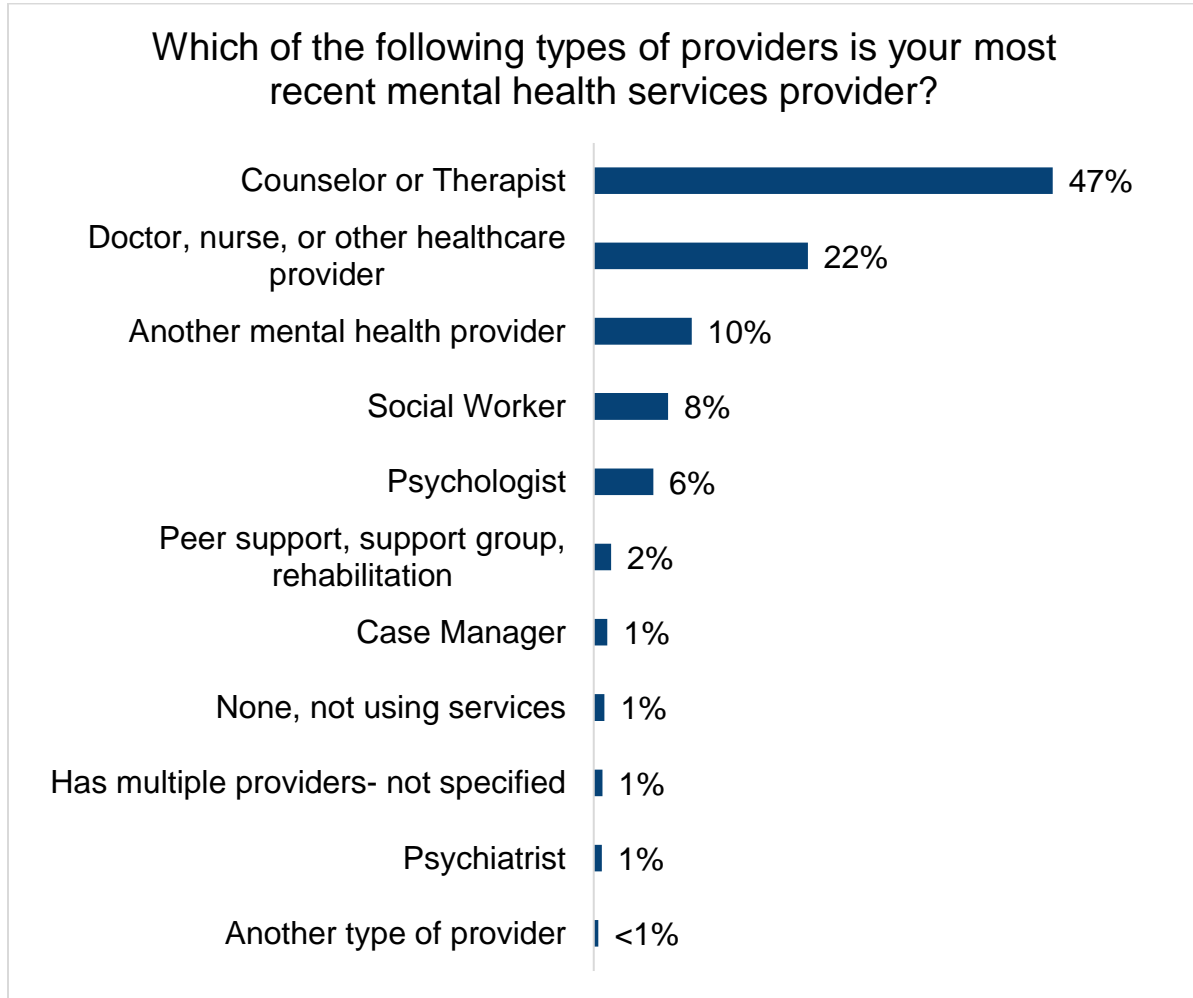


*Adult Residential, 2019 to 2024*

Satisfaction in the Outcomes domain has fluctuated in recent years after decreasing sharply in 2020. In 2024, satisfaction decreased slightly to 62%.

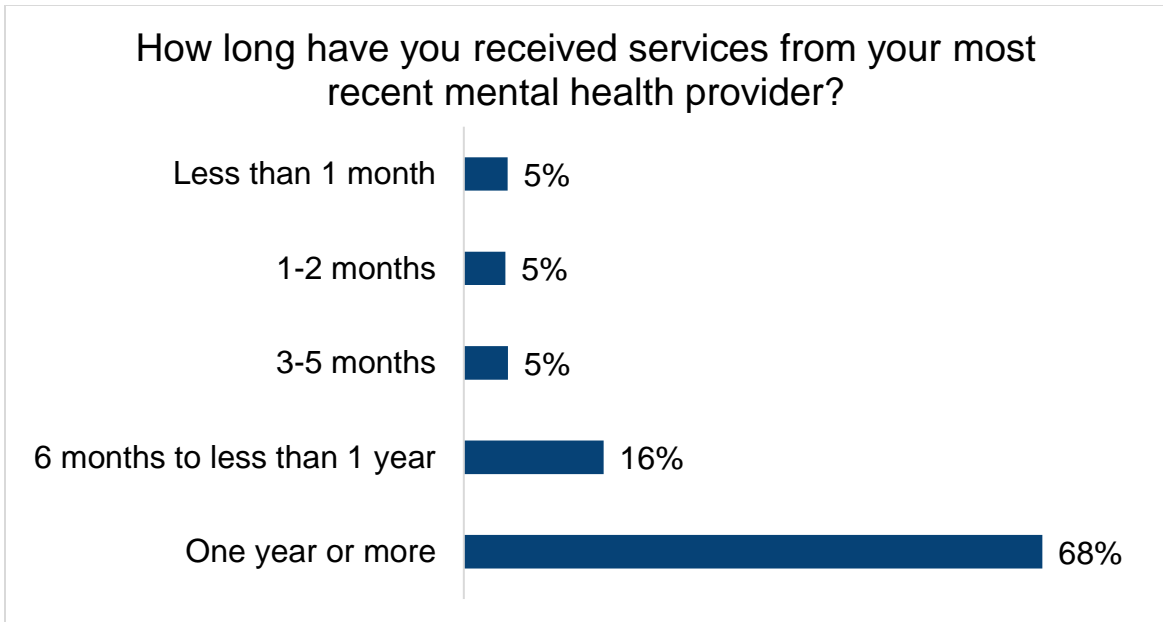


## Treatment Status



*Adult Residential, 2024*

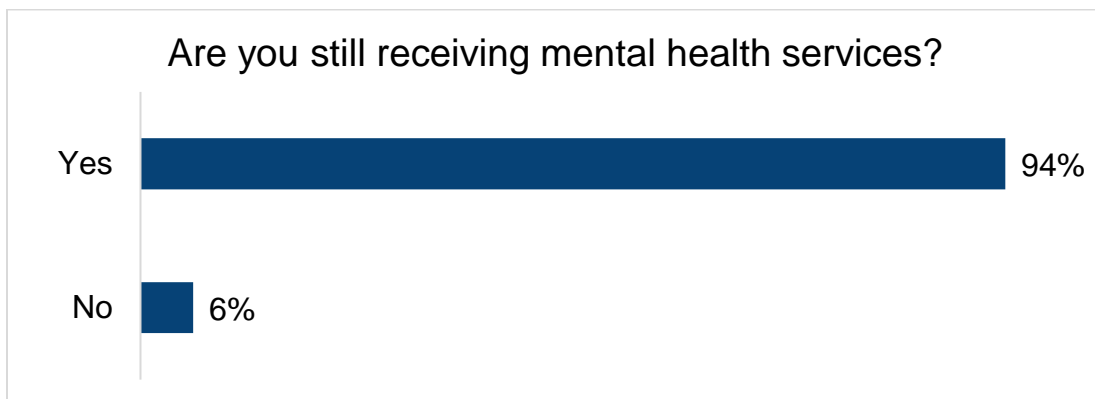
Just under half (47%) of respondents reported that a counselor or therapist is their most recent type of mental health service provider. Just over one fifth (22%) said that a doctor, nurse, or other healthcare provider was their most recent mental health provider. Only 6% said that a psychologist was their most recent mental health services provider.



*Adult Residential, 2024*

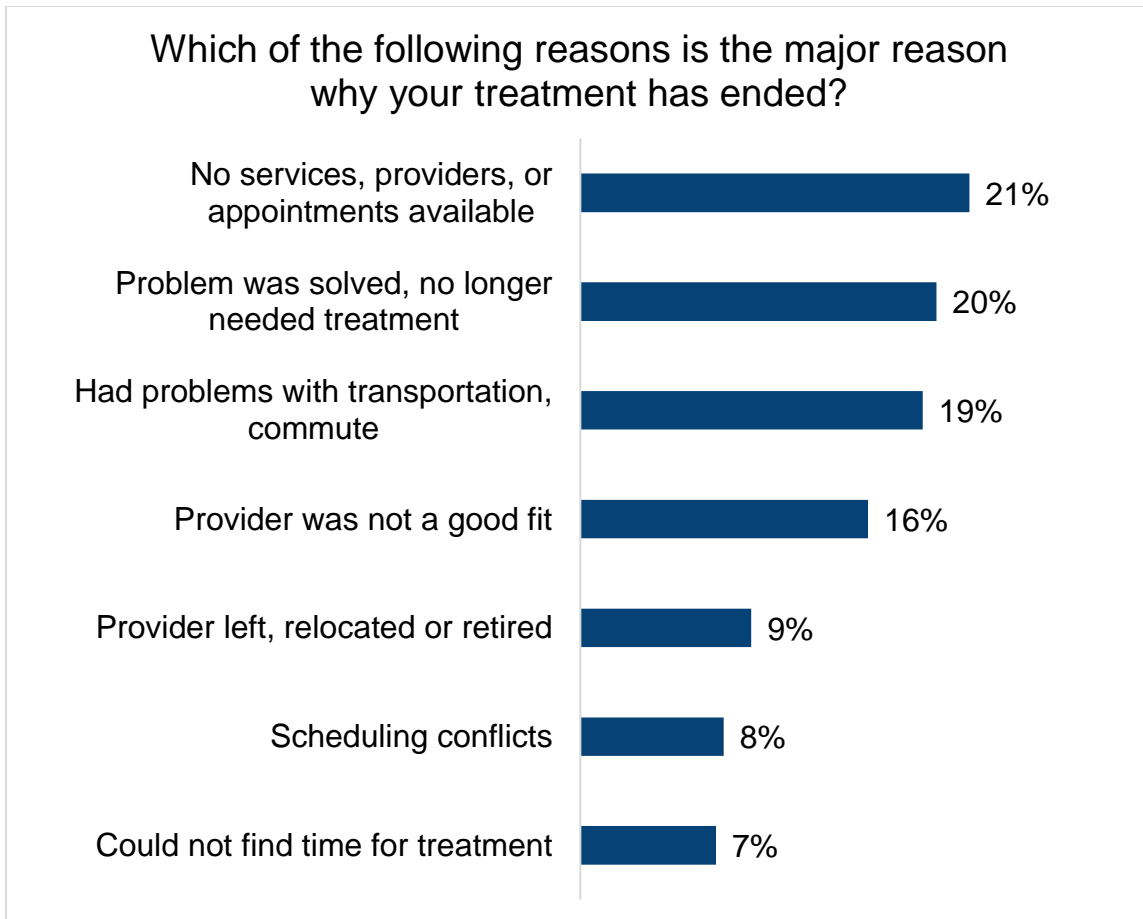
More than two thirds of respondents (68%) reported that they have received services from their most recent mental health provider for one year or more. Less than one fifth (16%) said they have received services for at least six months but less than one year. Only 5% said that they have received services from their mental health provider for less than one month.

Respondents whose primary race based on rarest race method is Middle Eastern or North African were significantly more likely to have received services from their most recent mental health provider for less than one month (63%) as compared to the total in 2024 (5%).



*Adult Residential, 2024*

Almost all respondents (94%) reported that they are still receiving mental health services.



*Adult Residential, 2024*

More than one fifth of respondents (21%) reported that the major reason why their treatment ended was because no services, providers, or appointments were available. One fifth of respondents (20%) said that their treatment ended because their problem was solved and they no longer needed treatment. 7% of respondents said that they could not find time for treatment.

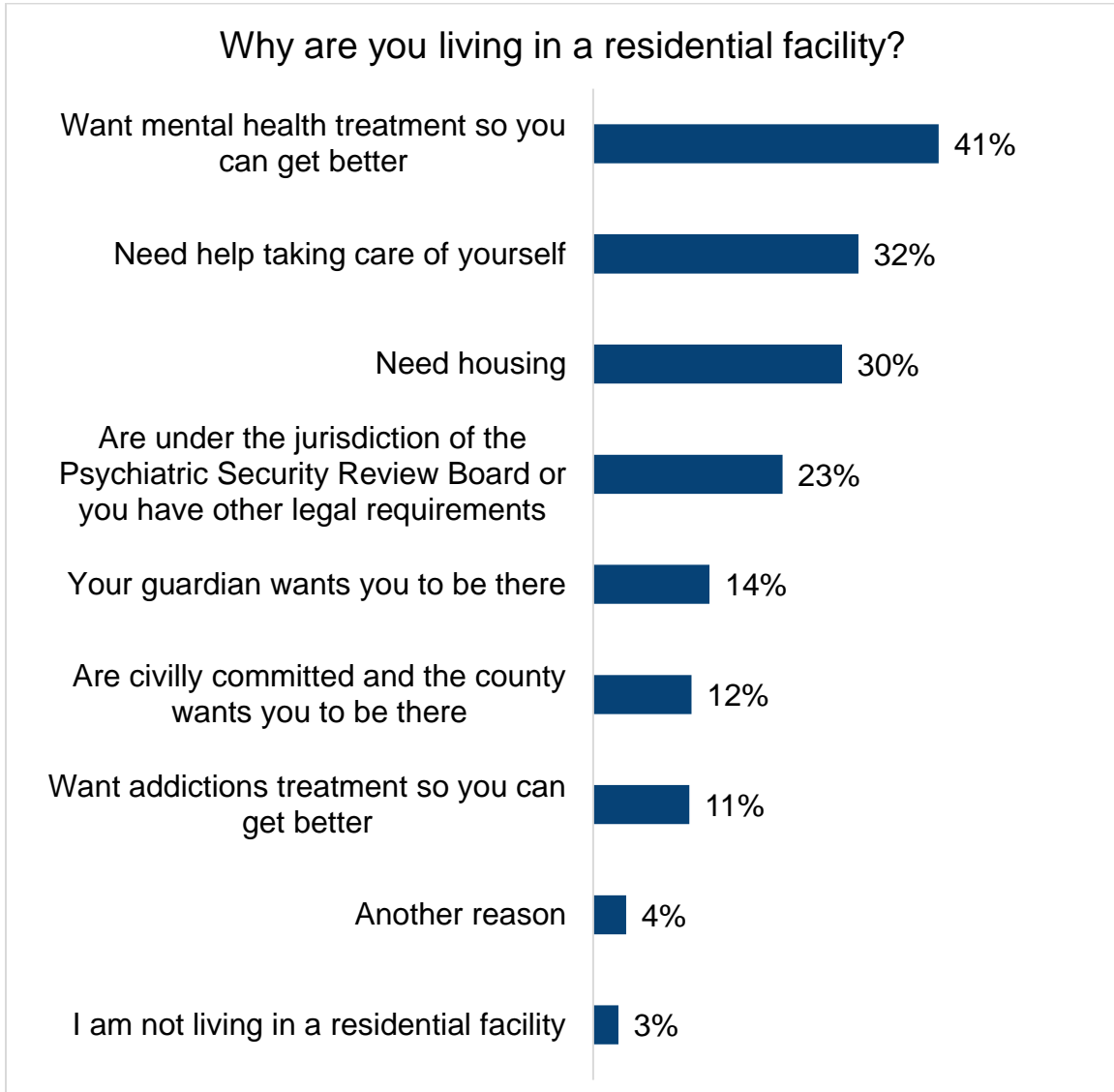
# Expectations and Results



Adult Residential, 2024

More than two thirds of respondents (69%) expected that they would feel better about themselves and 70% reported feeling better about themselves since they started receiving services. Just over half of respondents (58%) expected that they would get along better with family or friends and nearly two thirds of respondents (65%) reported that they get along better with family or friends since they started receiving services. However, more than two third of respondents (70%) expected to become less anxious or fearful and only 59% reported becoming less anxious or fearful since they started receiving services.

## Residential Treatment Services



*Adult Residential, 2024*

More than two fifths of respondents (41%) said they are living in a residential facility because they want mental health treatment so they can get better and just under one third (32%) said they are in a residential facility because they need help taking care of themselves. Slightly less than one quarter (23%) indicated that they are in a residential facility under the jurisdiction of the Psychiatric Security Review Board or other legal requirements.

Since being in a residential facility have you made progress with...?  
('Yes')

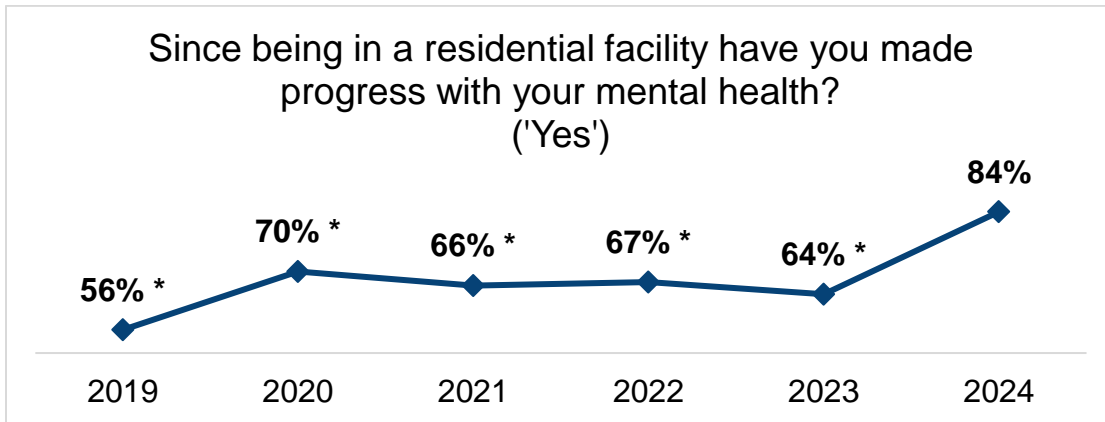


*Adult Residential, 2024*

Most respondents (84%) agreed that they have made progress with their mental health since being in a residential facility. Nearly three quarters of respondents (73%) have made progress with activities of daily living, such as cleaning, bathing, or cooking, and over two thirds (68%) have made progress with their self-care (68%), such as nutrition, exercise, quitting smoking, spiritual life, or establishing a recovery program, since being

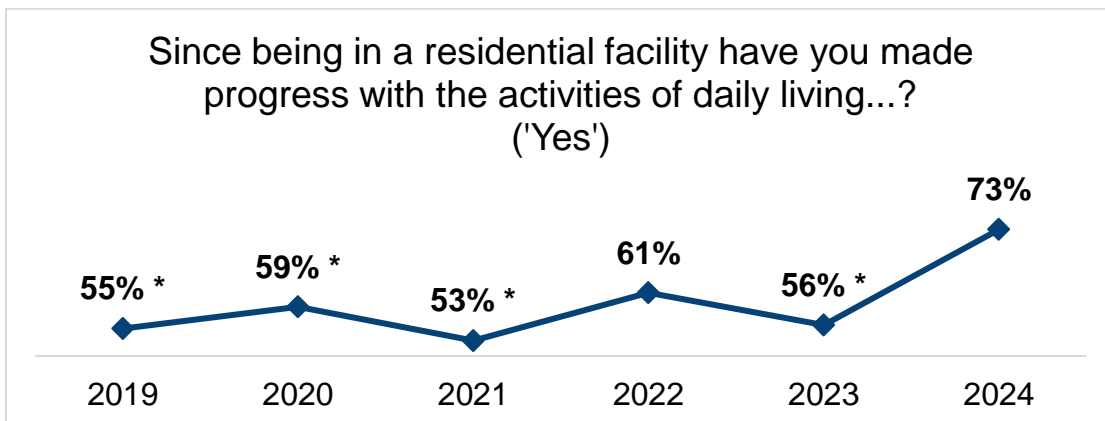
in a residential facility. However, only one quarter (25%) said that they have made progress with their job or school.

Respondents who indicated they are between the ages of 35 to 39 years old were significantly less likely to have made progress with their mental health since living in a residential facility (56%) as compared to the total in 2024 (84%).



Adult Residential, 2019 to 2024

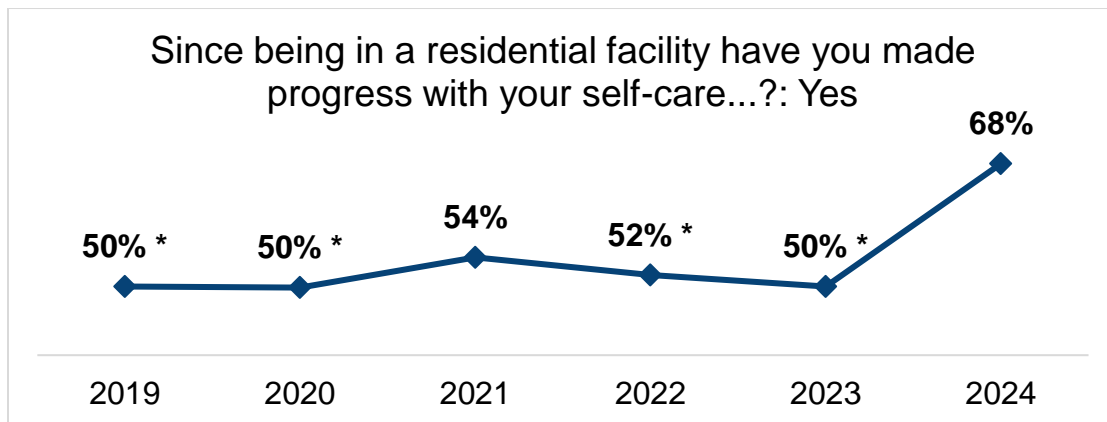
The proportion of respondents who said they have made progress with their mental health since being in a residential facility has been relatively stable over time and increased to 84% in 2024. All values in prior years (2019, 2020, 2021, 2022, and 2023) were significantly lower (56%, 70%, 66%, 67%, and 64%, respectively) as compared to the total in 2024 (84%).



Adult Residential, 2019 to 2024

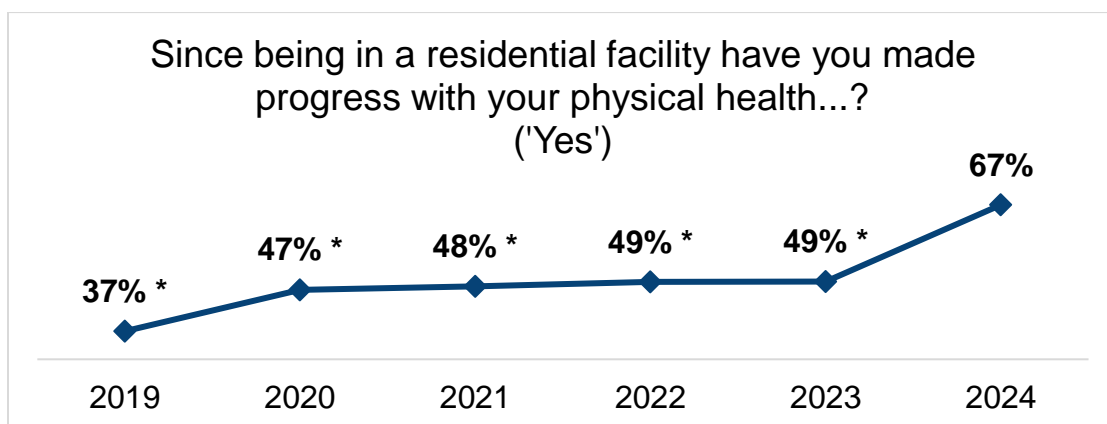
The proportion of respondents who said they have made progress with the activities of daily living since being in a residential facility has fluctuated over time and increased to

73% in 2024. Values in 2019, 2020, 2021, and 2023 were significantly lower (55%, 59%, 53%, and 56%, respectively) as compared to the total in 2024 (73%).



Adult Residential, 2019 to 2024

The proportion of respondents who said they have made progress with their self-care since being in a residential facility has been relatively stable over time and increased to 68% in 2024. Values in 2019, 2021, 2022, and 2023 were significantly lower (50%, 50%, 52%, and 50%, respectively) as compared to the total in 2024 (68%).

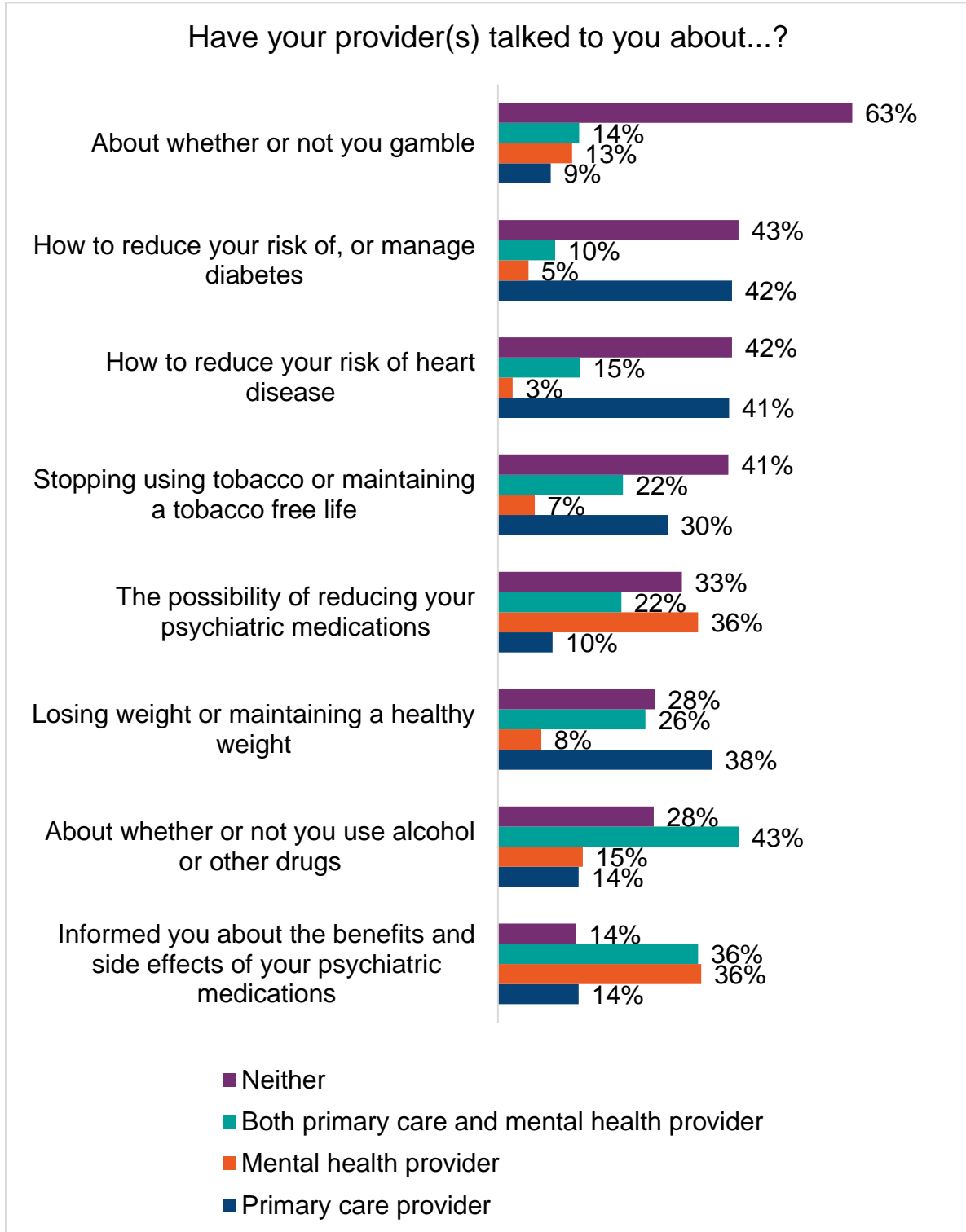


Adult Residential, 2019 to 2024

The proportion of respondents who said they have made progress with their physical health since being in a residential facility has been relatively stable over time and increased to 67% in 2024. All values in prior years (2019, 2020, 2021, 2022, and 2023) were significantly lower (37%, 47%, 48%, 49%, and 49%, respectively) as compared to the total in 2024 (67%).

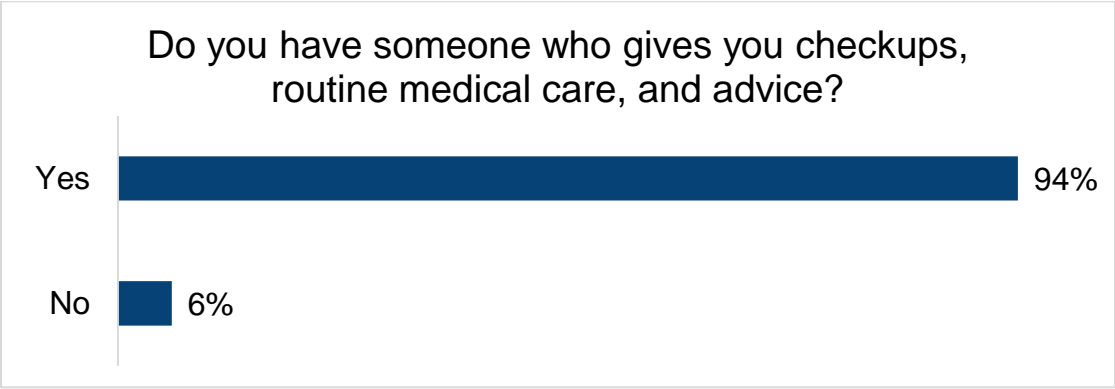


## Care Providers



Adult Residential, 2024

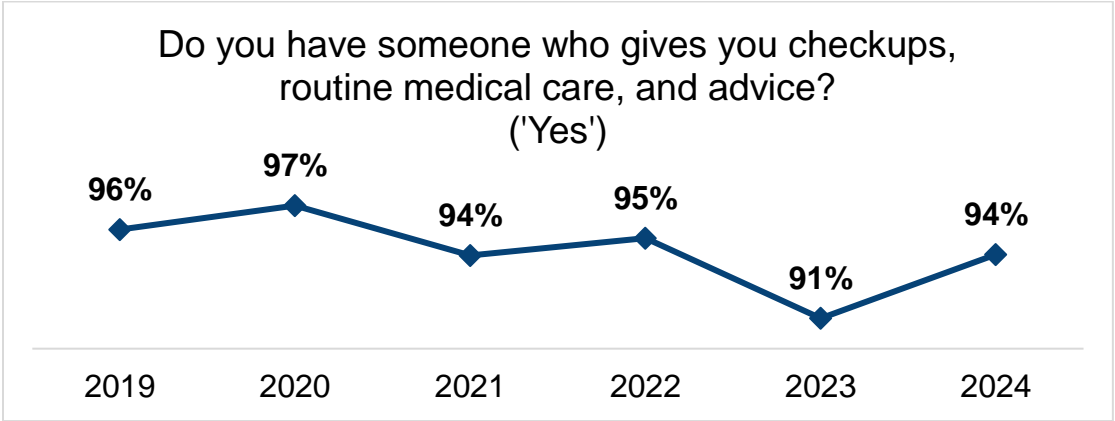
Just under two thirds of respondents (63%) reported that neither their primary care provider nor their mental health provider talked to them about whether they gamble. Less than half of respondents said that neither provider talked to them about how to reduce their risk or manage diabetes (43%) or heart disease (42%). However, just slightly less than half (43%) reported that both their primary care provider and their mental health provider talked to them about whether they use alcohol or other drugs.



Adult Residential, 2024

Most respondents (94%) said that they have someone who gives them checkups, routine medical care, and advice.

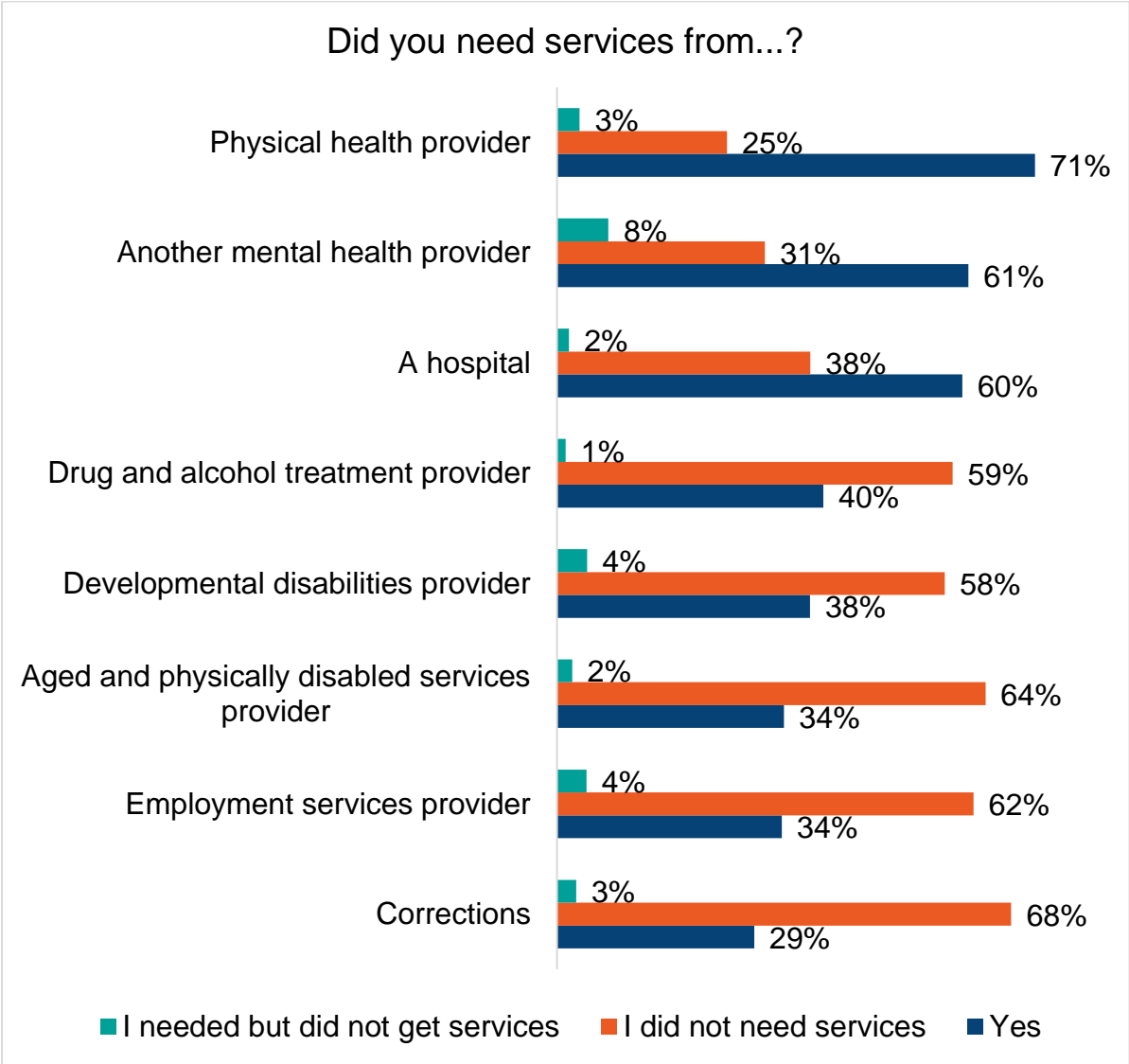
Respondents who indicated that they are between the ages of 18 to 24 years old were significantly less likely to have someone who gives them checkups, routine medical care, and advice (72%) as compared to the total in 2024 (94%).



Adult Residential, 2019 to 2024

The proportion of respondents who agreed that they have someone who gives them checkups or other routine medical care and advice has remained relatively high over time and increased to 94% in 2024.

# Coordination of Care

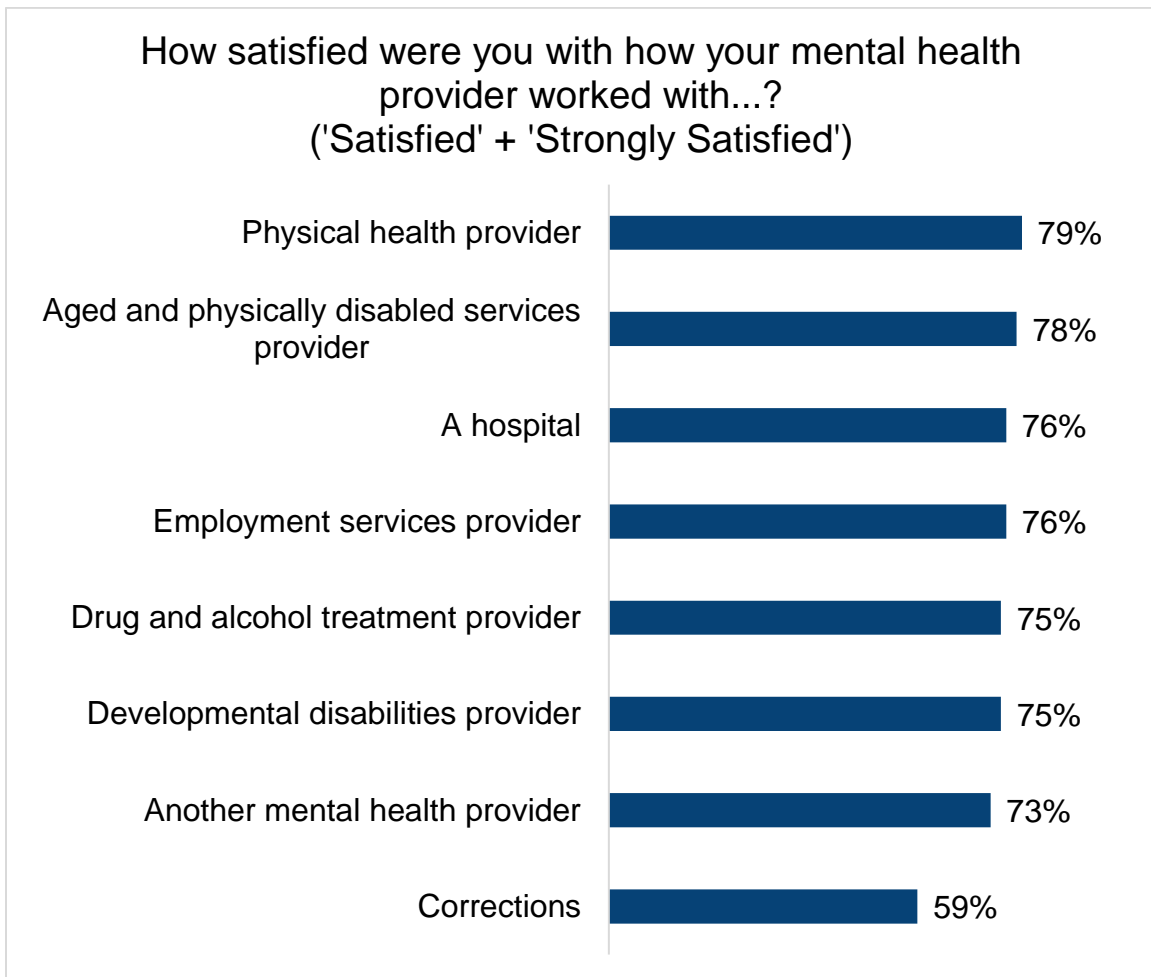


Adult Residential, 2024

Nearly three quarters of respondents (71%) indicated that they needed services from a physical health provider and just under two thirds (61%) said that they needed services from another mental health provider and 8% needed but did not receive services from another mental health provider. Over two thirds of respondents (68%) reported that they did not need services from Corrections.

Respondents whose primary race based on rarest race method is Black or African American were significantly more likely to have needed services from Corrections (67%) as compared to the total in 2024 (29%). Additionally, respondents whose primary race

based on rarest race method is Middle Eastern or North African were significantly more likely to say they needed but did not receive services from a developmental disabilities provider (63%) as compared to the total in 2024 (5%).

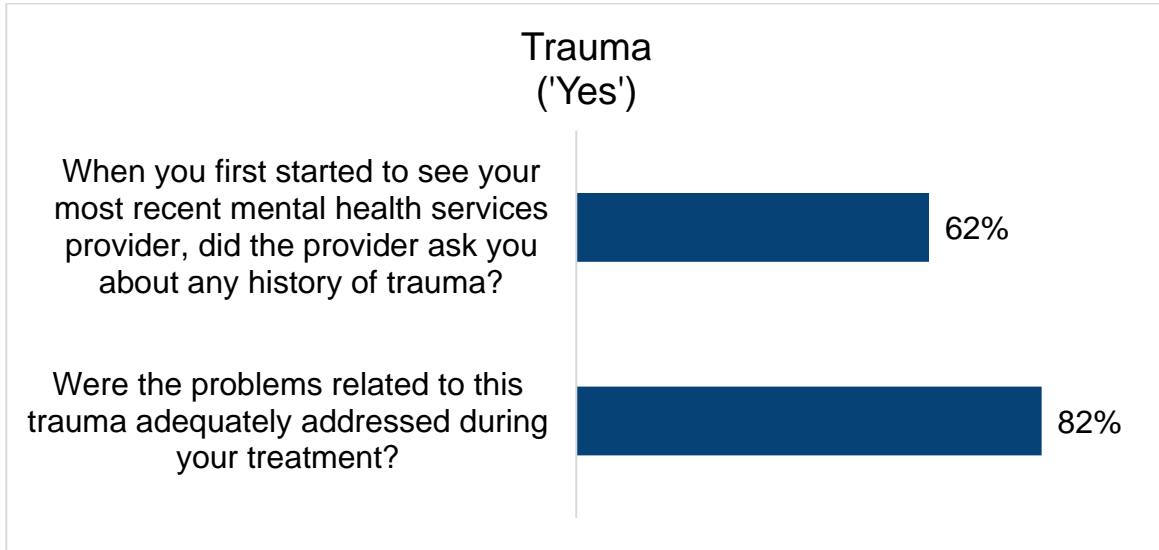


*Adult Residential, 2024*

Almost four fifths of respondents were satisfied with how their mental health provider worked with a physical health provider (79%) and an aged and physically disabled services provider (79%). Less than two thirds of respondents (59%) were satisfied with how their mental health provider worked with Corrections.

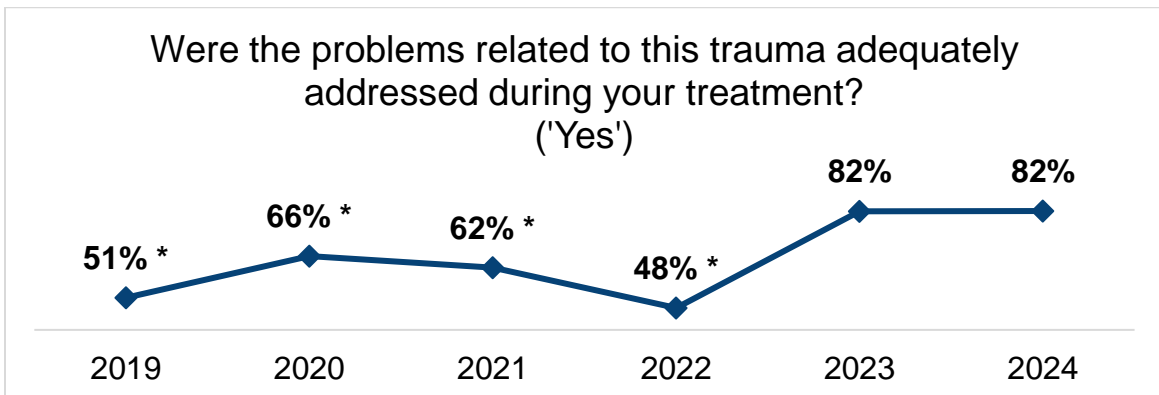
Respondents who indicated they are between the ages of 25 to 29 years old were significantly more likely to say they were 'Somewhat Satisfied' with how their mental health provider worked with a physical health provider (46%) as compared to the total in 2024 (13%).

## Trauma



*Adult Residential, 2024*

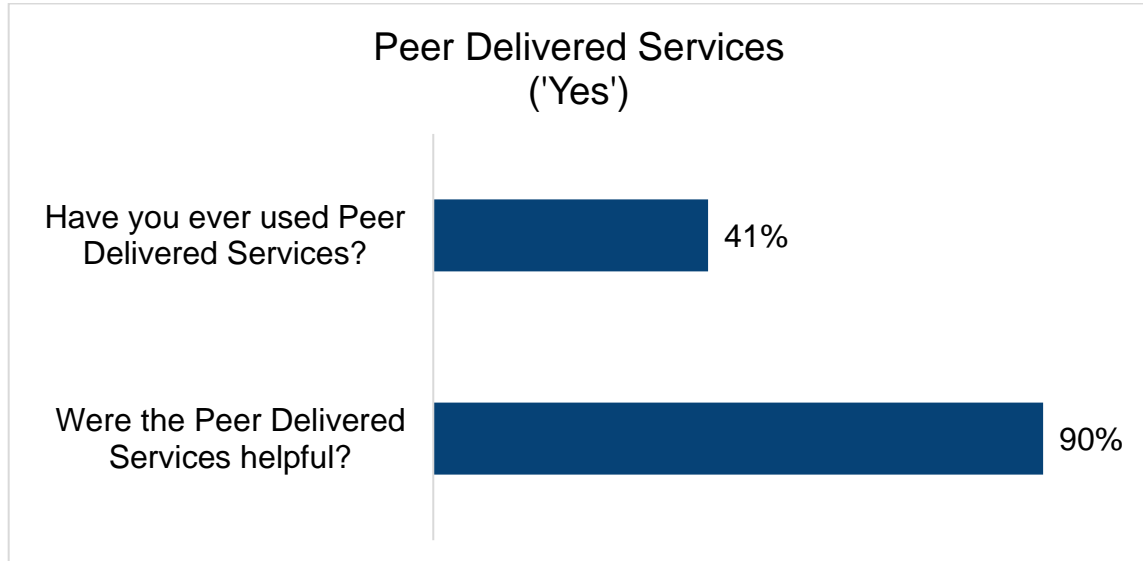
Less than two thirds of respondents (62%) said that when they first started to see their most recent mental health services provider, the provider asked them about any history of trauma. Of those who reported experiencing trauma, more than four fifths (82%) said that the problems related to this trauma were adequately addressed during their treatment.



*Adult Residential, 2019 to 2024*

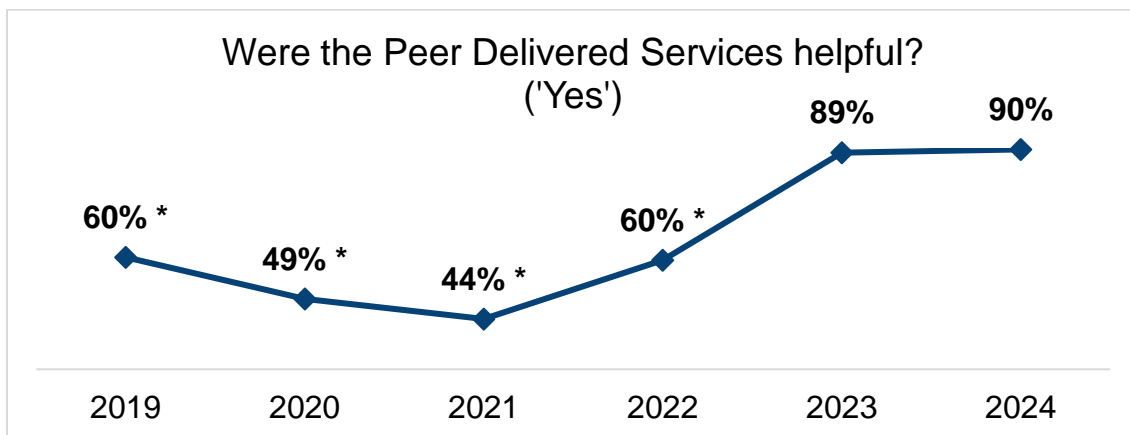
The proportion of respondents who experienced problems related to trauma and agreed that their provider adequately addressed these problems appears to have been trending downward before increasing sharply in 2023 and remaining unchanged at 82% in 2024. Values in 2019, 2020, 2021, and 2022 are significantly lower (51%, 66%, 62%, and 48%, respectively) as compared to the total in 2024 (82%).

## Peer Delivered Services



*Adult Residential, 2024*

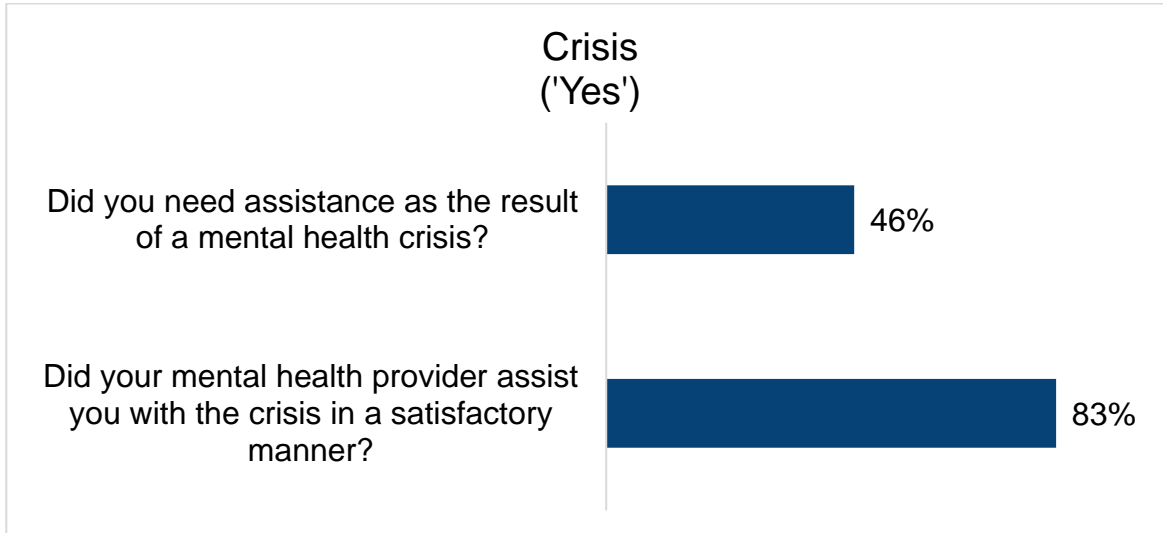
Just over two fifths of respondents (41%) reported using Peer Delivered Services. Of those who ever used Peer Delivered Services, most (90%) found them to be helpful.



*Adult Residential, 2019 to 2024*

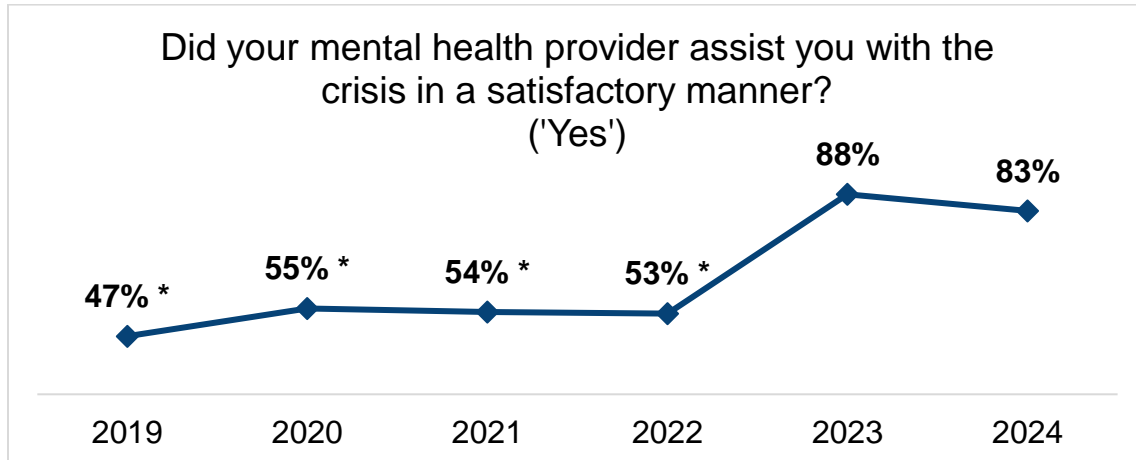
The proportion of respondents who ever used Peer Delivered Services and found the services to be helpful appears to now be trending steadily upwards over recent history, increasing slightly to 90% in 2024. Values in 2019, 2020, 2021, and 2022 were significantly lower (60%, 49%, 44%, and 60%, respectively) as compared to the total in 2024 (90%).

## Crisis



*Adult Residential, 2024*

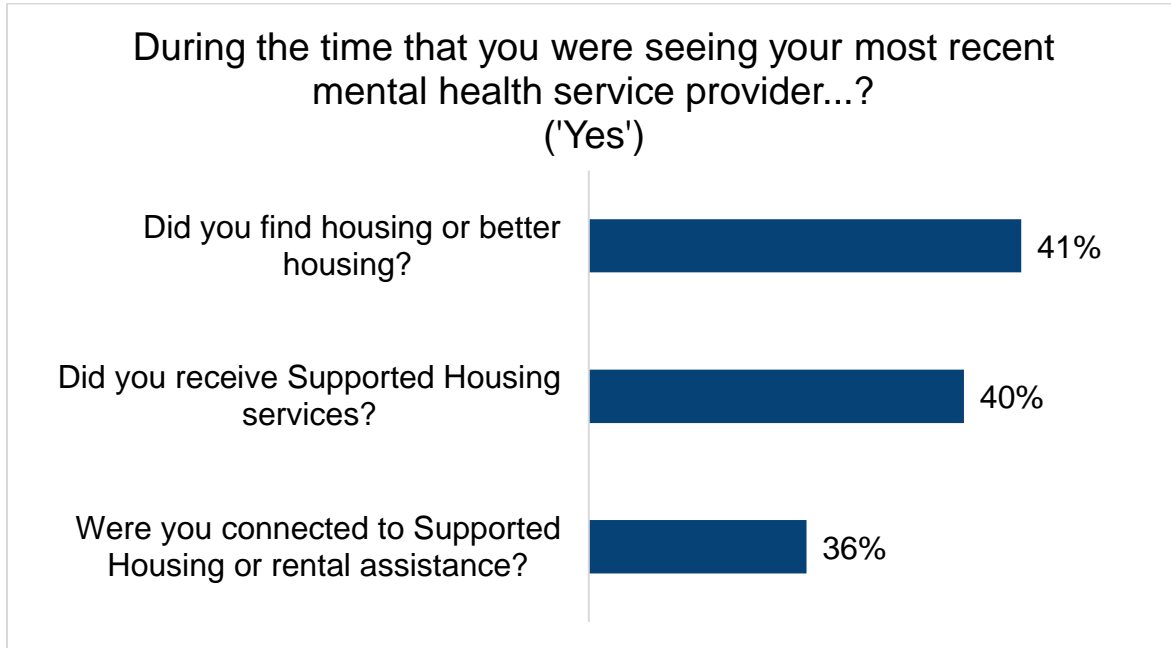
Just under half of respondents (46%) reported that they need assistance as the result of a mental health crisis. Of those who experienced crisis, most (83%) said that their mental health provider assisted them with the crisis in a satisfactory manner.



*Adult Residential, 2019 to 2024*

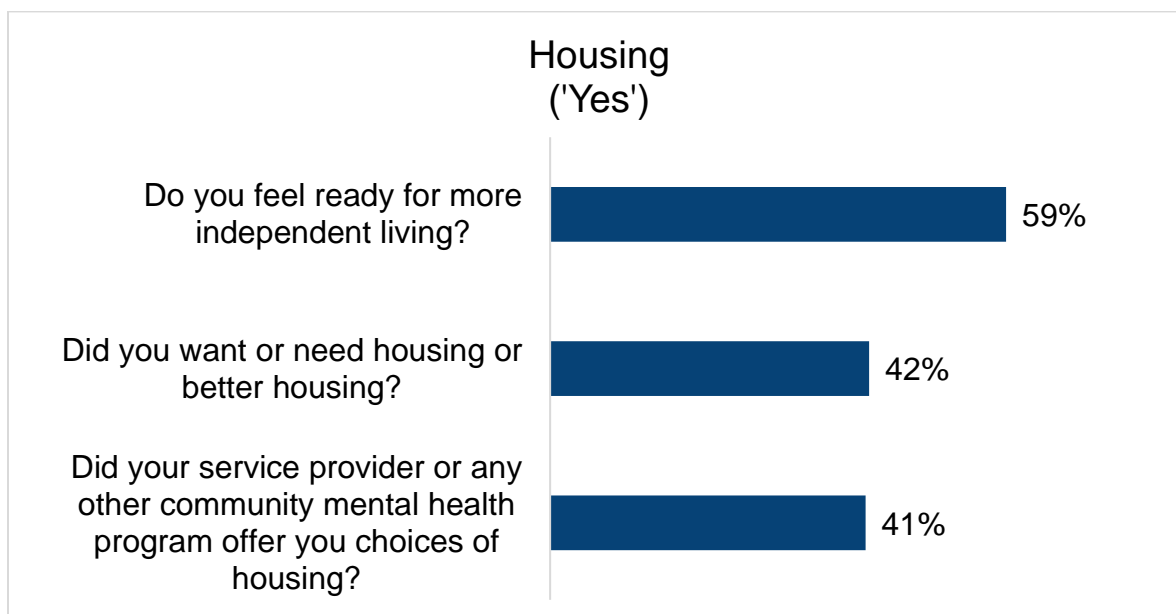
The proportion of respondents who experienced crisis and agreed that their provider assisted them with their crisis in a satisfactory manner appears to have been trending slightly downward before increasing sharply in 2023; however, this value decreased to 83% in 2024. Values in 2019, 2020, 2021, and 2022 were significantly lower (47%, 55%, 54%, and 53%, respectively) as compared to the total in 2024 (83%).

## Housing



*Adult Residential, 2024*

Over two fifths of respondents (41%) reported that they found housing or better housing during the time that they were seeing their most recent mental health service provider. Just over one third of respondents (36%) were connected to Supported Housing or rental assistance.

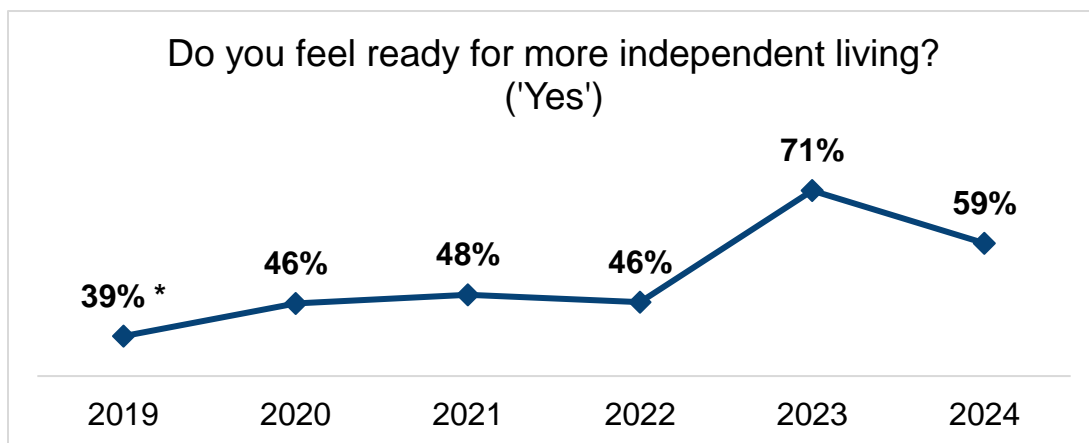


*Adult Residential, 2024*



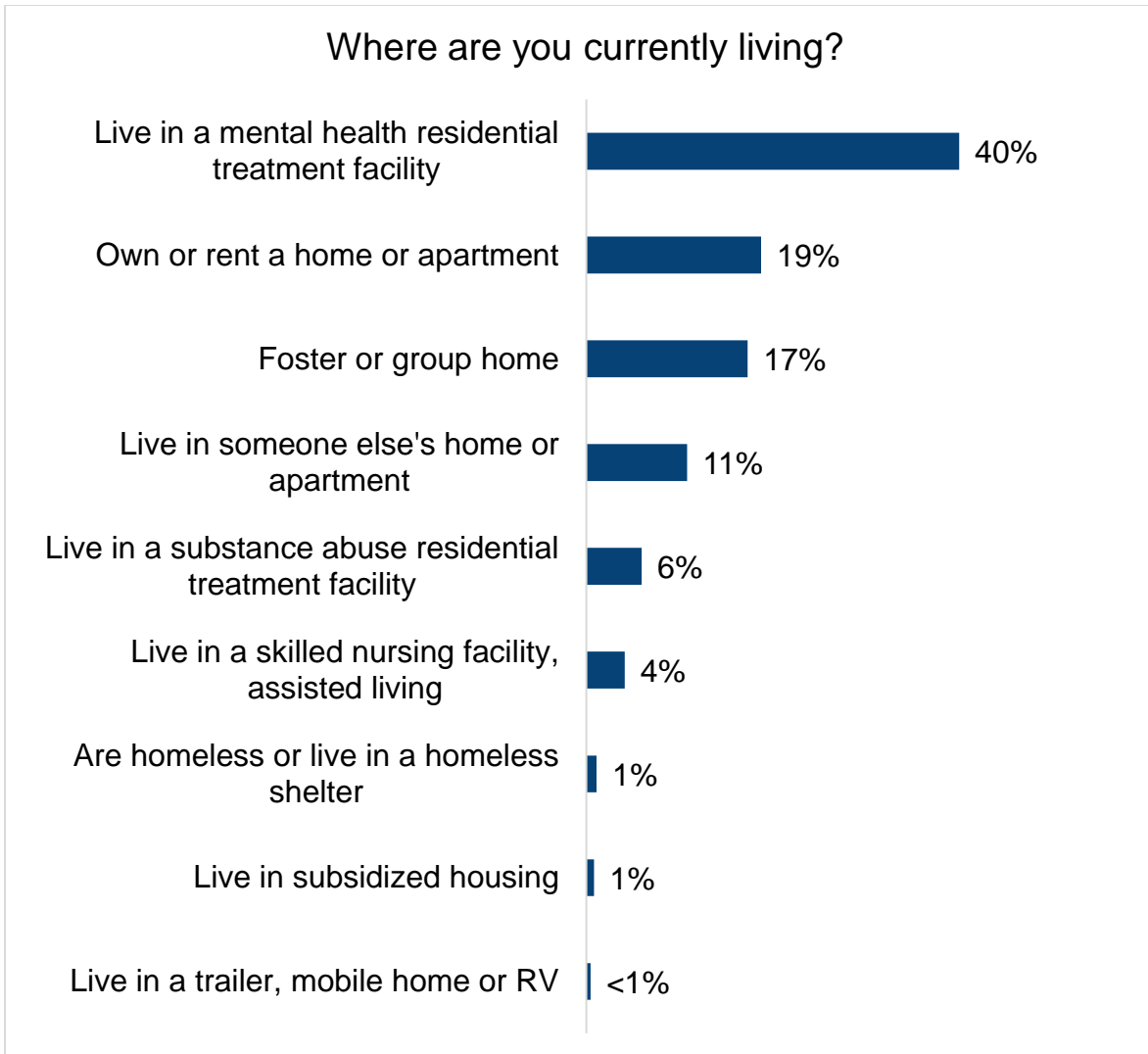
Just over half of respondents (59%) agreed that they feel ready for more independent living. Slightly less than half (42%) said that they want or need housing or better housing. Just over two fifths of respondents (41%) indicated that their service provider or any other community mental health program offered them choices of housing.

Respondents who indicated they are between the ages of 35 to 39 years old were significantly more likely to have wanted or needed housing or better housing during the time that they were seeing their most recent mental health service provider (88%) as compared to the total in 2024 (42%). Additionally, respondents who indicated they are between the ages of 30 to 34 years old were significantly more likely to say they feel ready for more independent living (90%) as compared to the total in 2024 (59%).



*Adult Residential, 2019 to 2024*

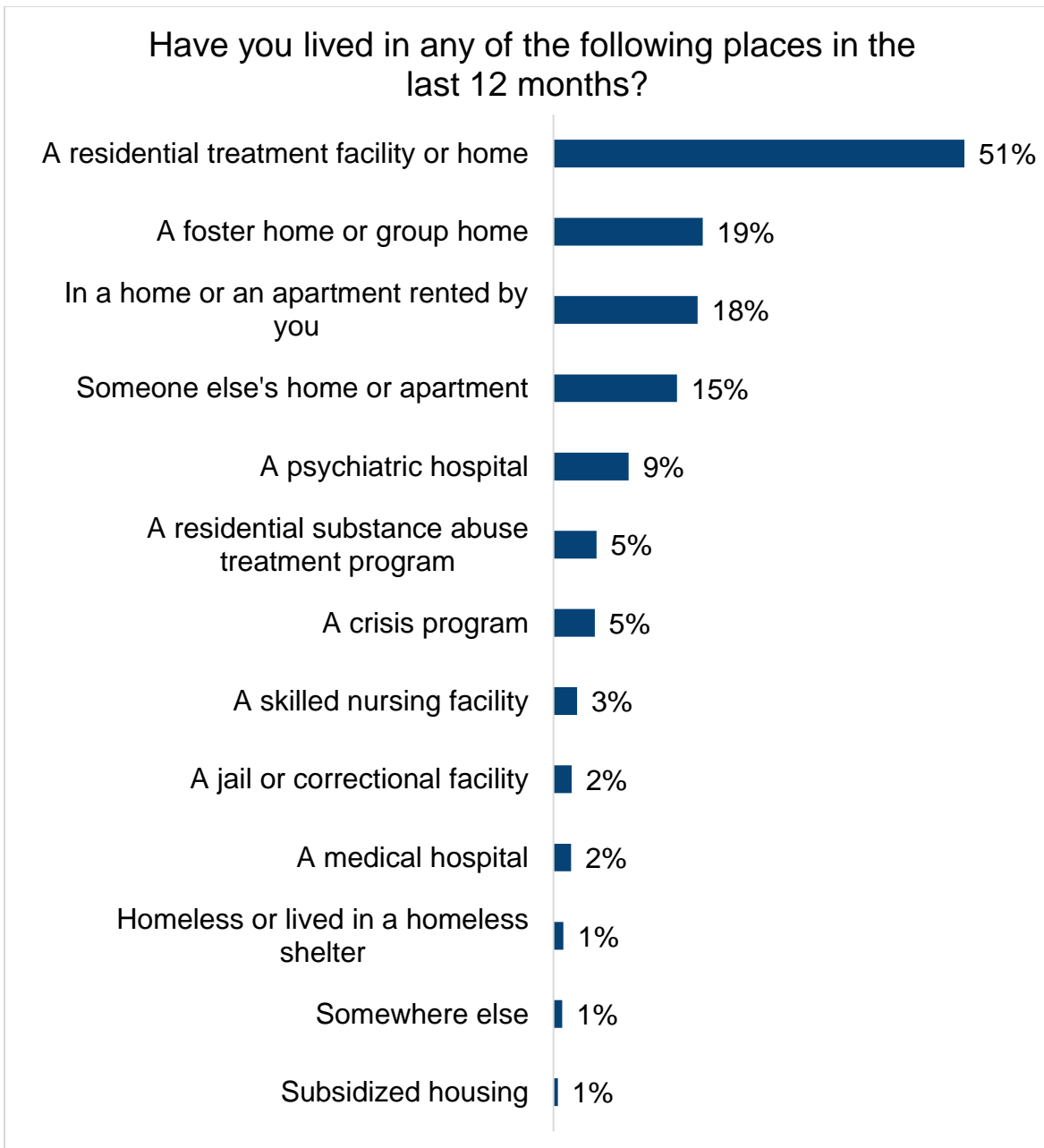
The proportion of respondents who agreed that they feel ready for more independent living had remained stable over recent history before sharply increasing in 2023 and decreasing to 59% in 2024. The value in 2019 is significantly lower (39%) as compared to the total in 2024 (59%).



*Adult Residential, 2024*

Two fifths of respondents (40%) said that they are currently living in a mental health residential treatment facility. Less than one fifth of respondents reported that they own or rent their home or apartment (19%) and less than one fifth said they currently live in a foster or group home (17%). Only 6% said they currently live in a substance abuse residential treatment facility.

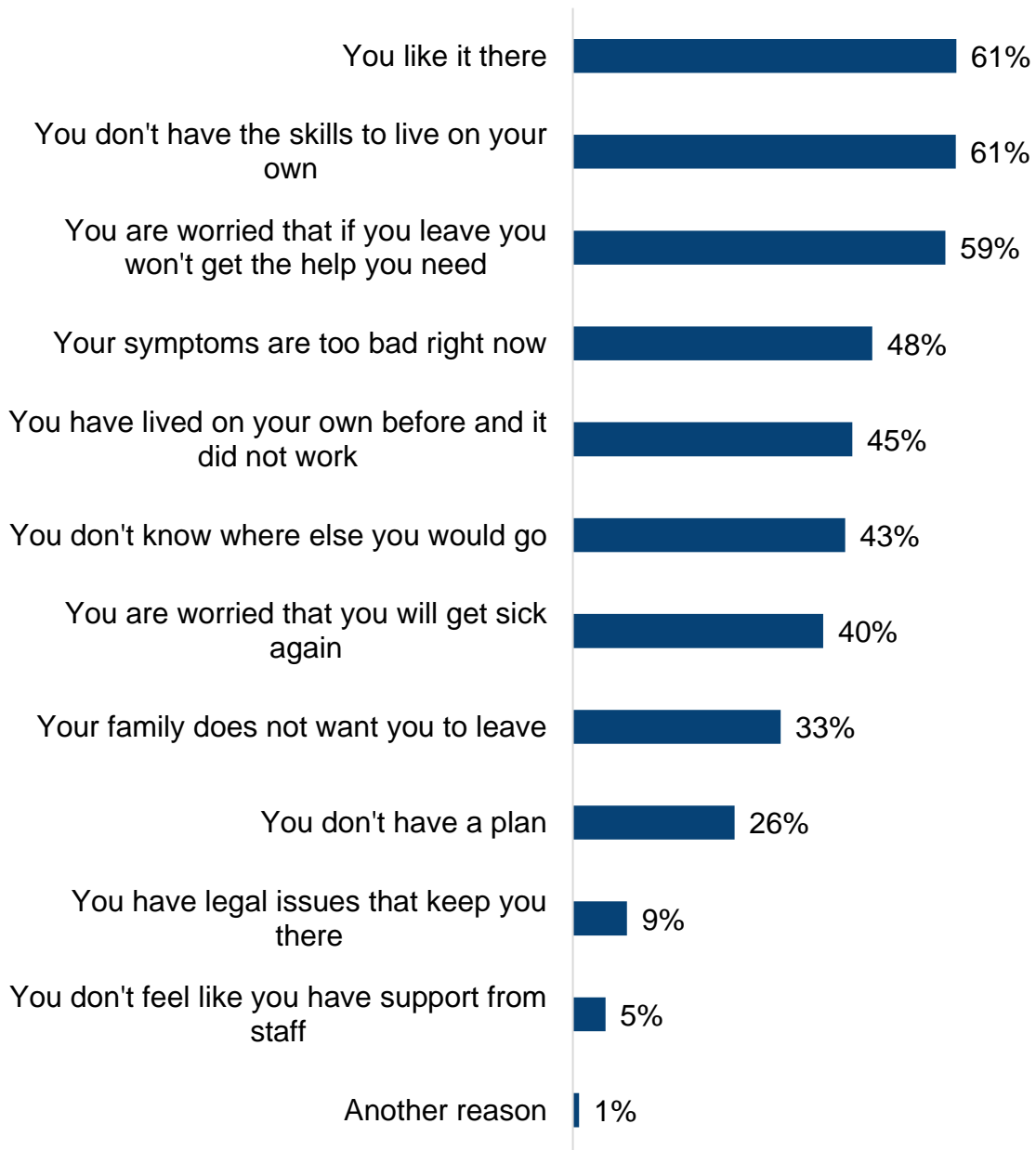
Respondents who indicated they are between the ages of 18 to 24 years old were significantly more likely to own or rent a home or apartment (59%) as compared to the total in 2024 (19%).



*Adult Residential, 2024*

More than half (51%) of respondents reported that they lived in a residential treatment facility or home within the last 12 months. Less than one fifth of respondents (19%) said that they lived in a home or apartment they rented themselves and less than one fifth of respondents (18%) said that they lived in someone else’s home or apartment. Only 1% of respondents indicated that they were homeless or lived in a homeless shelter in the last 12 months.

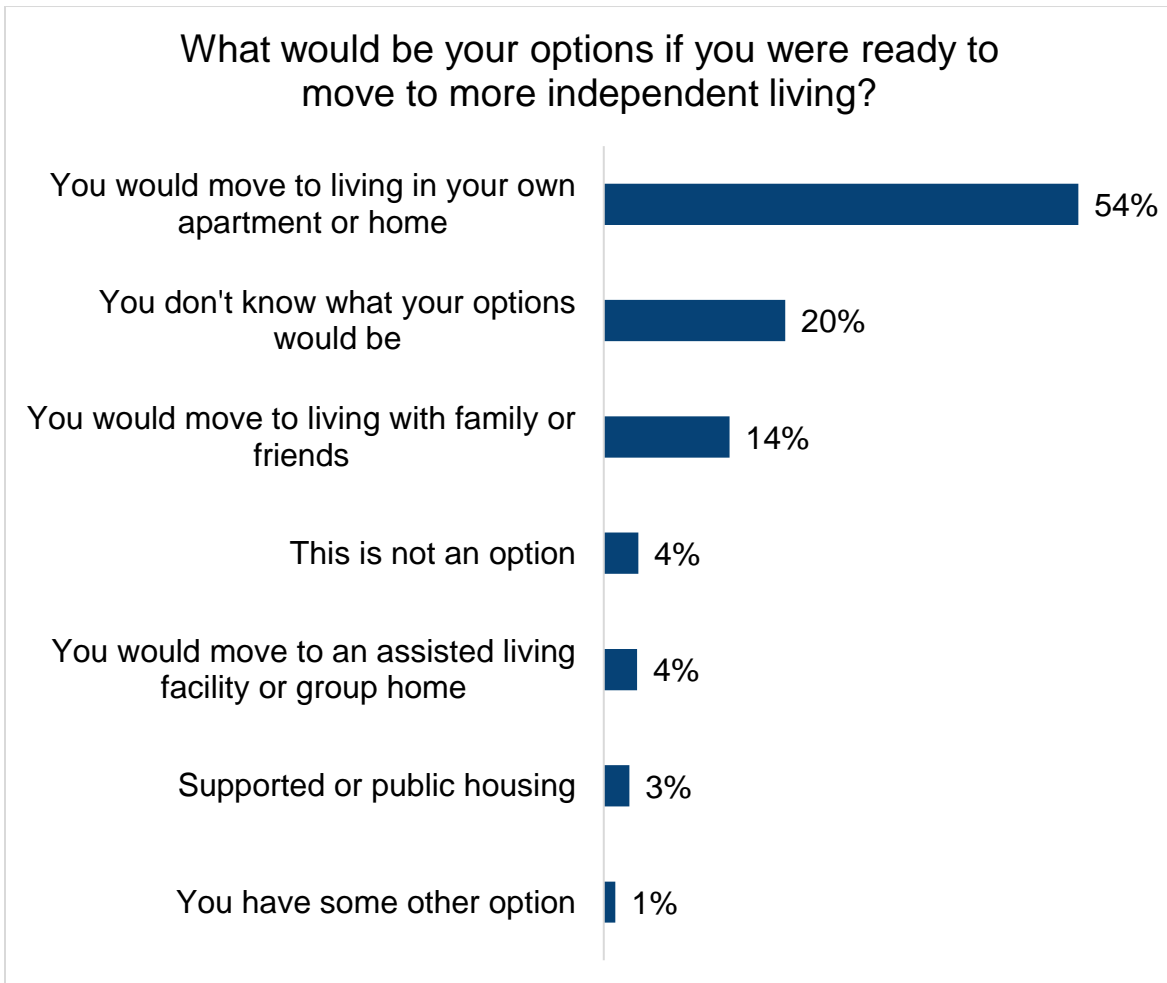
## Why do you do not feel ready for more independent living?



*Adult Residential, 2024*

Just under two thirds of respondents said they do not feel ready for independent living because they like it there (61%) and they don't have the skills to live on their own (61%). More than half of respondents (59%) do not feel ready for independent living because

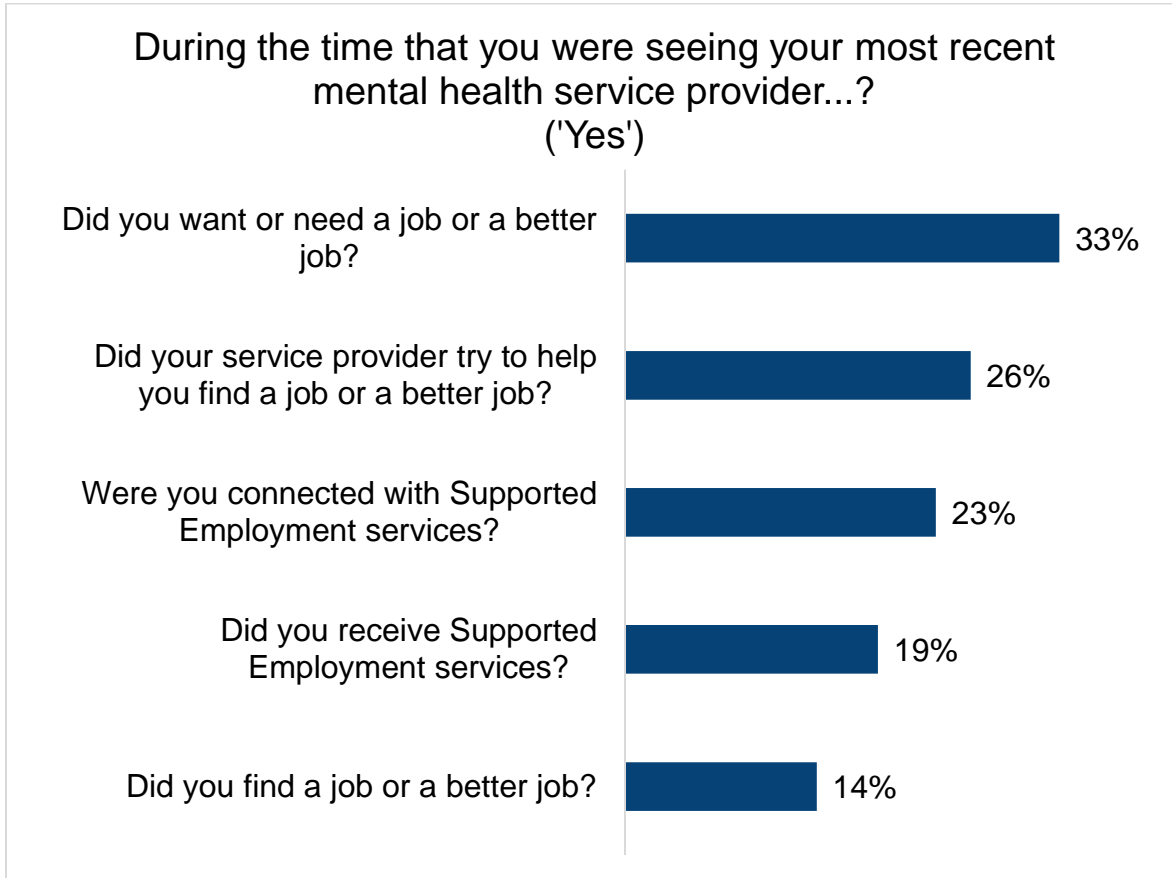
they are worried that if they leave, they will not get the help they need. Only 1% reported other reasons for not being ready for independent living.



*Adult Residential, 2024*

More than half of the respondents (54%) said that if they were ready to move to more independent living they would transition to living in their own apartment or home. One fifth of respondents (20%) do not know what their options would be. Just under one fifth (14%) said they would transition to living with family or friends.

## Employment

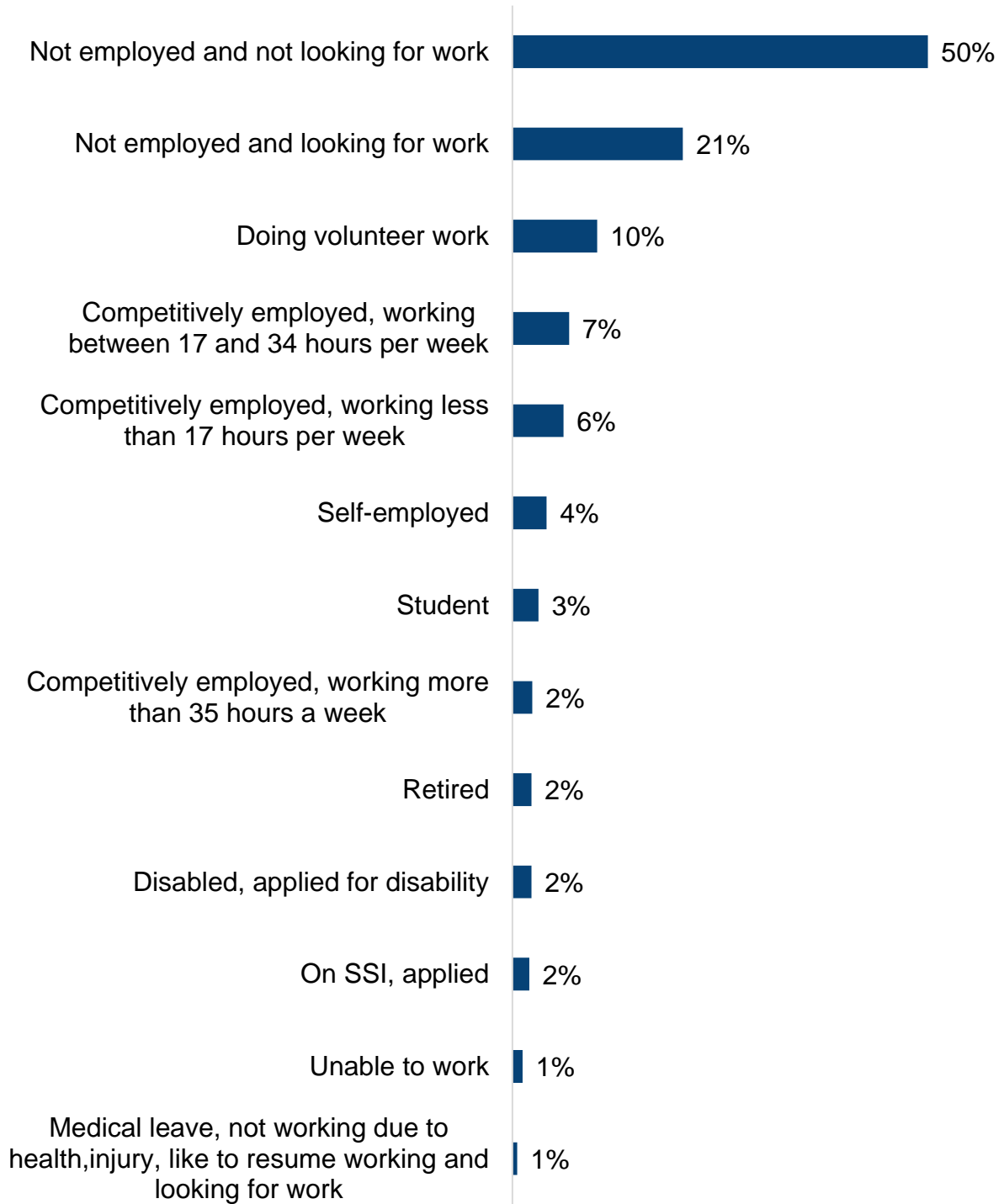


*Adult Residential, 2024*

One third of respondents (33%) reported that they wanted or needed a job or a better job during the time that they were seeing their most recent mental health service provider and over one quarter (26%) said that their provider tried to help them find a job or a better job. However, less than one fifth (14%) found a job or a better job during the time that they were seeing their most recent mental health service provider. Slightly less than one quarter of respondents (23%) were connected to Supported Employment services and of those, just under one fifth (19%) received services.

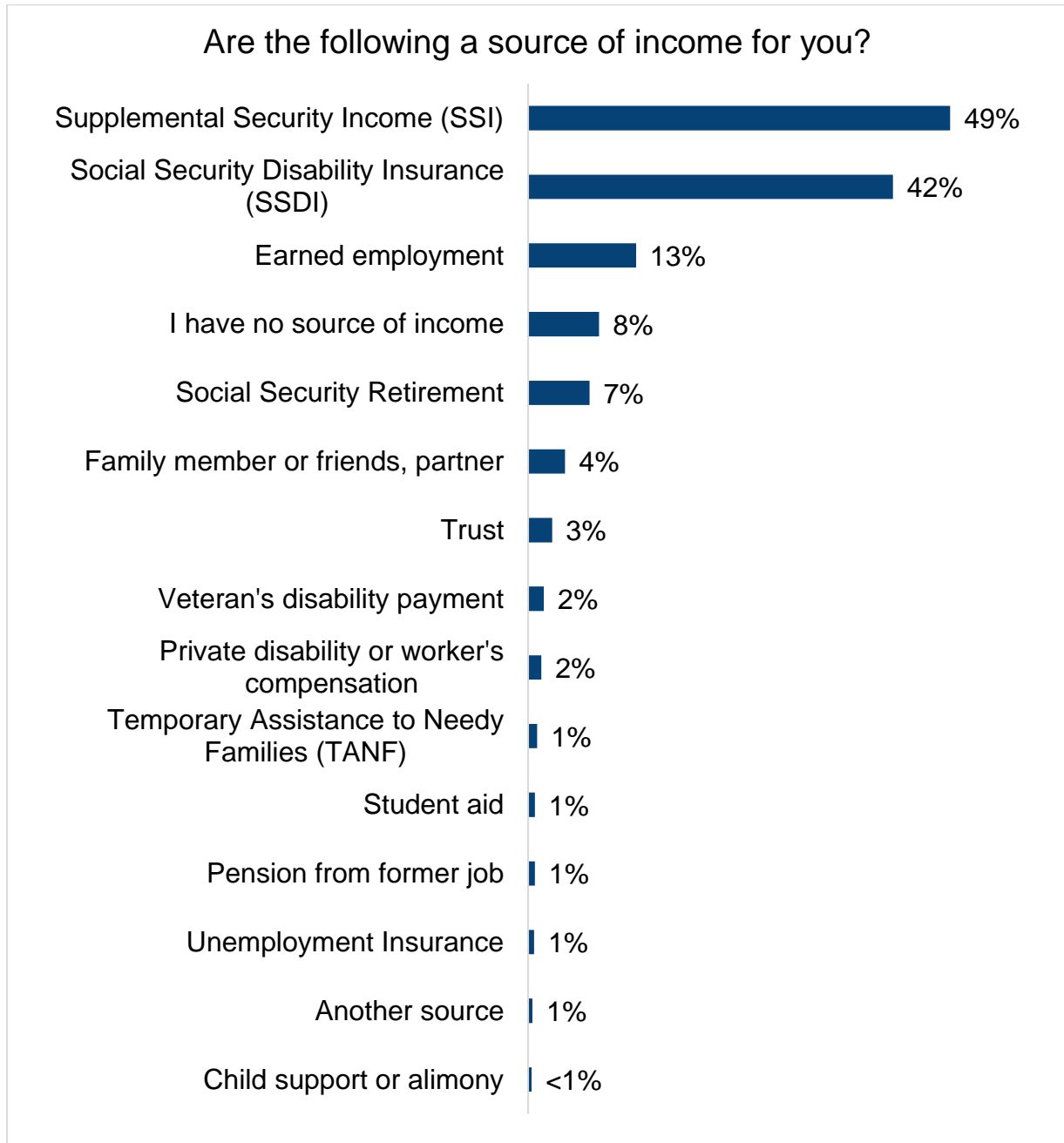
Respondents who indicated they are between the ages of 30 to 34 years old were significantly more likely to want or need a job or a better job during the time that they were seeing their most recent mental health service provider (71%) as compared to the total in 2024 (33%). Additionally, respondents who indicated they are between the ages of 60 to 64 years old were significantly more likely to not have had their service provider try to help them find a job or a better job (81%) as compared to the total in 2024 (50%).

### Which of the following best describes your employment?



Half of respondents (50%) reported that they are not employed and not looking for work and just over one fifth (21%) are not employed but are looking for work. Only 2% of respondents are competitively employed and work more than 35 hours per week.

## Income

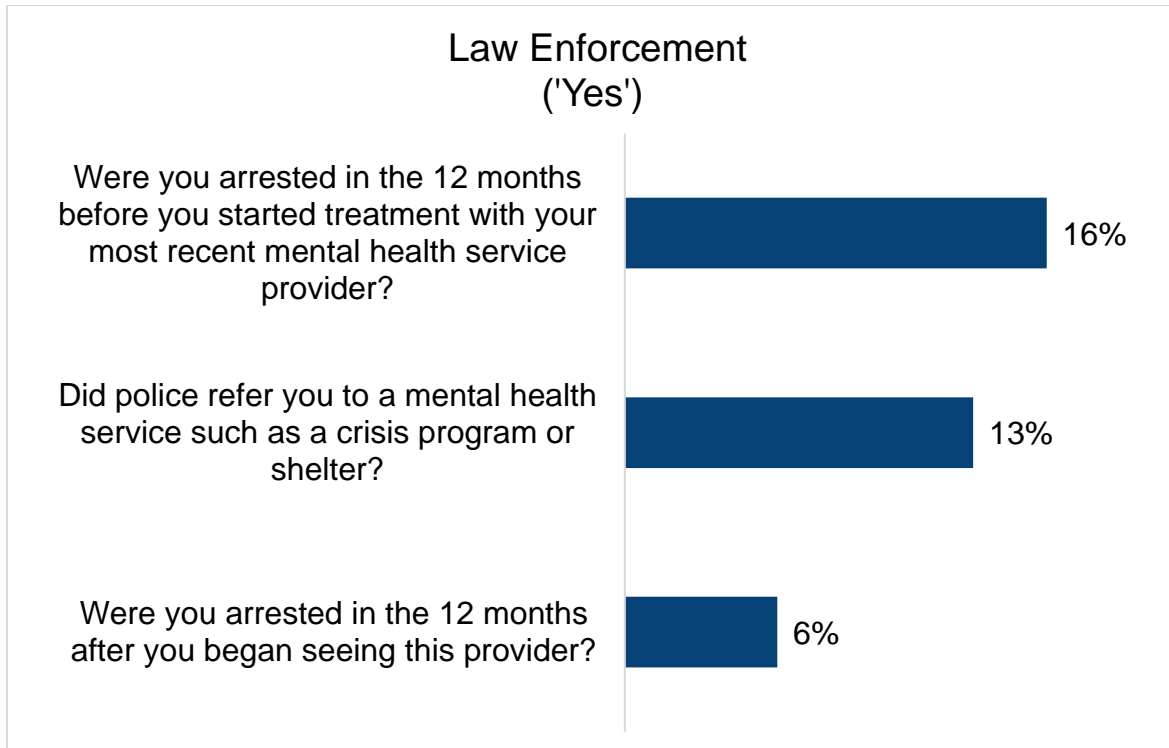


*Adult Residential, 2024*



Just under half of respondents indicated that they receive income from Supplemental Security Income (SSI) (49%) and Social Security Disability Insurance (SSDI) (42%). Less than one fifth of respondents (13%) said that earned employment is a source of income for them. Only 8% indicated that they do not have a source of income.

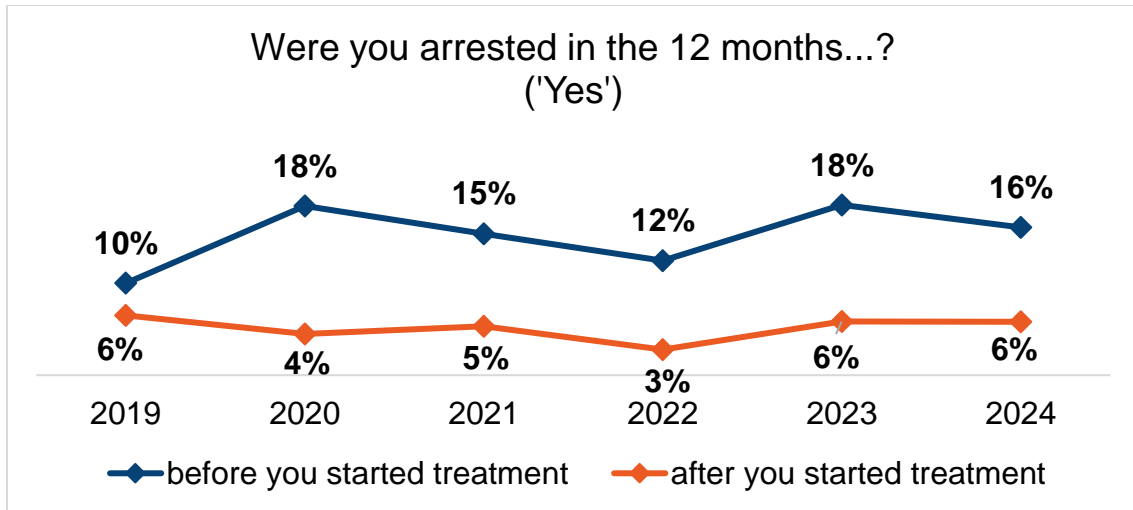
## Law Enforcement



*Adult Residential, 2024*

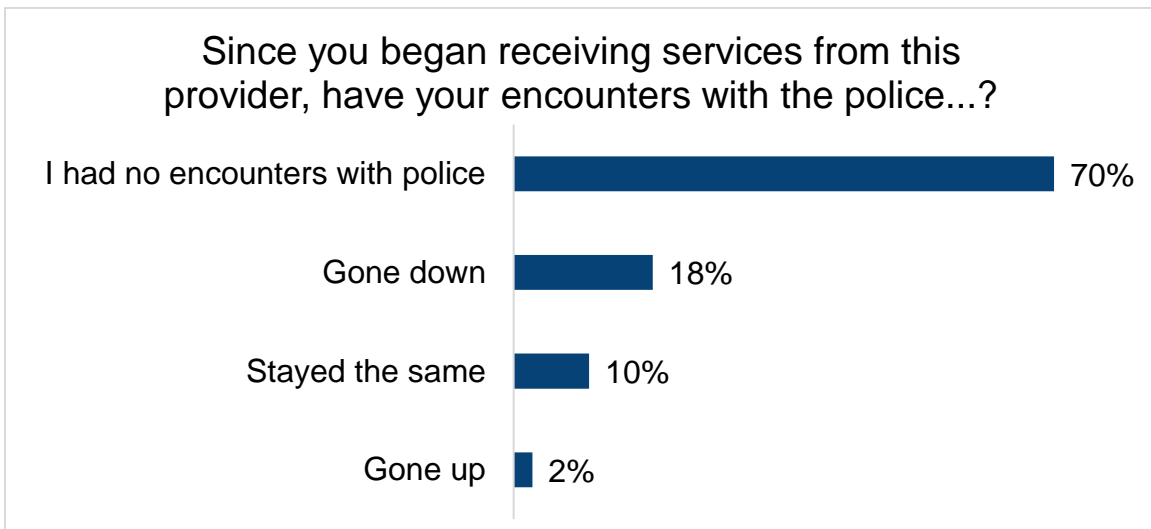
Less than one fifth of respondents (16%) said that they were arrested in the 12 months before they started treatment with their most recent mental health service provider and only 6% reported being arrested in the 12 months after they began seeing this provider. Less than one fifth (13%) said that the police referred them to a mental health service such as a crisis program or shelter.

Respondents who indicated they are between the ages of 25 to 29 years old were significantly more likely to have been referred by police to a mental health service such as a crisis program or shelter (42%) as compared to the total in 2024 (13%).



*Adult Residential, 2019 to 2024*

The proportion of respondents who said they were arrested in the 12 months before they started treatment with their most recent mental health provider has fluctuated over recent history and decreased to 16% in 2024. The proportion of respondents who said they were arrested in the 12 months after they started treatment with their most recent mental health provider has remained relatively stable over recent history and remained unchanged at 6% in 2024.



*Adult Residential, 2024*

Less than three quarters of respondents (70%) indicated that they have not had encounters with the police. Nearly one fifth (18%) of respondents reported that since they began receiving services from this provider, their encounters with the police have gone down.

# Appendix A

**Table 3. All Adult Outpatient Race/Ethnicity Groups, 2024**

<b>Race/Ethnicity</b>	<b>Percent (%)</b>
<b>American Indian or Alaska Native</b>	
American Indian	5.5%
Alaska Native	0.2%
Indigenous Mexican, Central American, or South American	0.9%
Canadian Inuit, Metis, or First Nation	0.2%
Other American Indian or Alaska Native	0.1%
<b>Asian</b>	
Asian Indian	0.3%
Cambodian	0.1%
Chinese	0.8%
Communities of Myanmar	0.01%
Filipino/a	0.6%
Hmong	<i>No Response</i>
Japanese	0.9%
Korean	0.4%
Laotian	0.04%
South Asian	0.05%
Vietnamese	0.7%
Some other Asian	0.2%
<b>Black or African American</b>	
African American	3.6%
Afro-Caribbean	0.6%
Ethiopian	0.02%
Somali	0.1%
Some other Black African	0.4%
Some other Black	0.4%
<b>Hispanic or Latino/a/x</b>	
Central American	0.8%
Mexican	8.6%

South American	1.0%
Some other Hispanic or Latino/a/x	1.6%
<b>Middle Eastern or North African</b>	
Middle Eastern	1.1%
Northern African	0.4%
<b>Native Hawaiian or Pacific Islander</b>	
CHamoru or Chamorro	0.1%
Marshallese	<i>No Response</i>
Communities of the Micronesian Region	<i>No Response</i>
Native Hawaiian	0.2%
Samoan	0.1%
Other Pacific Islander	0.3%
<b>White</b>	
Eastern European	11.7%
Slavic	3.3%
Western European	27.2%
Other White	14.7%

**Table 4. All Adult Residential Race/Ethnicity Groups, 2024**

<b>Race/Ethnicity</b>	<b>Percent (%)</b>
<b>American Indian or Alaska Native</b>	
American Indian	5.6%
Alaska Native	2.3%
Indigenous Mexican, Central American, or South American	0.3%
Canadian Inuit, Metis, or First Nation	0.5%
Other American Indian or Alaska Native	0.5%
<b>Asian</b>	
Asian Indian	0.3%
Cambodian	<i>No Response</i>
Chinese	0.5%
Communities of Myanmar	0.5%
Filipino/a	<i>No Response</i>
Hmong	<i>No Response</i>
Japanese	<i>No Response</i>
Korean	1.4%
Laotian	0.6%
South Asian	3.4%
Vietnamese	0.4%
Some other Asian	3.4%
<b>Black or African American</b>	
African American	2.5%
Afro-Caribbean	<i>No Response</i>
Ethiopian	<i>No Response</i>
Somali	0.5%
Some other Black African	0.4%
Some other Black	1.2%
<b>Hispanic or Latino/a/x</b>	
Central American	0.5%
Mexican	5.8%
South American	<i>No Response</i>
Some other Hispanic or Latino/a/x	1.0%

<b>Middle Eastern or North African</b>	
Middle Eastern	0.3%
Northern African	<i>No Response</i>
<b>Native Hawaiian or Pacific Islander</b>	
CHamoru or Chamorro	<i>No Response</i>
Marshallese	<i>No Response</i>
Communities of the Micronesian Region	<i>No Response</i>
Native Hawaiian	<i>No Response</i>
Samoan	<i>No Response</i>
Other Pacific Islander	<i>No Response</i>
<b>White</b>	
Eastern European	8.9%
Slavic	2.0%
Western European	15.5%
Other White	19.2%

**Table 5. List of Adult Survey Deliverables, 2024**

OHA MHSIP Adult Outpatient Survey Questionnaire
OHA MHSIP Adult Residential Survey Questionnaire
OHA MHSIP Adult Outpatient Data Compendium
OHA MHSIP Adult Residential Data Compendium
OHA MHSIP Adult Outpatient Trending Data Compendium
OHA MHSIP Adult Residential Trending Data Compendium
OHA MHSIP Adult Outpatient Dataset
OHA MHSIP Adult Residential Dataset
OHA MHSIP Adult Outpatient Trending Dataset
OHA MHSIP Adult Residential Trending Dataset
OHA MHSIP Adult Outpatient CCO-Level Infographics (combined with Youth Surveys)
OHA MHSIP Adult Outpatient/Adult Residential Statewide Reports (combined)
OHA MHSIP Adult Outpatient Data Dictionary and Crosswalk
OHA MHSIP Adult Residential Data Dictionary and Crosswalk