

Mental Health Statistics Improvement Program (MHSIP) Surveys

HPA Data Profile

Oregon administers surveys that ask people about mental health care services they receive through the state's Medicaid program. The surveys ask adults, youth, and parents or guardians of children about their experiences across several domains including access to services, quality of care, and treatment outcomes. These questions are standardized by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by states and territories nationwide.

A few examples of the things MHSIP survey data can tell us include:

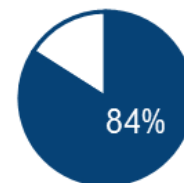
The percentage of adults who positively rated their mental health care in 2024, by domain of care.



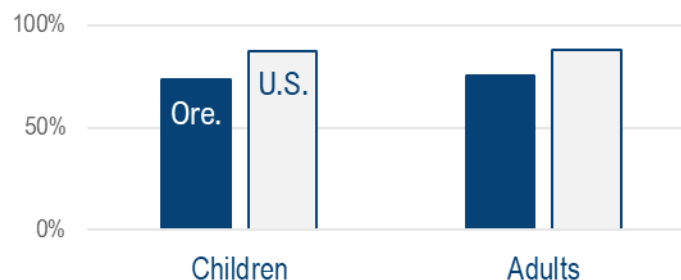
In 2024, more than 1 in 3 caregivers reported that their child had been prescribed psychotropic medications...



... and when asked if they felt the medication had helped their child, 84% felt that it had.



In 2023, both children and adults in Oregon were less likely to report positively about **access to mental health care** compared with the US average.



The 2020 MHSIP survey found that most people preferred seeing a mental health provider in person, but also acknowledged the **convenience of seeing a provider virtually**.

These insights were presented at the 2021 [Oregon Public Health Association](#) conference.

Regular reporting

MHSIP survey results are published annually (typically in January) on OHA's [MHSIP webpage](#). Comprehensive results are presented in two separate reports for 1) adults and 2) youth. The reports present statewide results, five-year trends, and brief analyses for each survey question; as well as summary results stratified by each coordinated care organization (CCO) and certified community behavioral health clinic (CCBHC) in the state.

Additional brief reports are published for each CCO. These reports compare a CCO's scores to all other CCOs combined as well as the CCO's five-year trends for different domains of care.

About the data

This section provides an overview of MHSIP and how the data are collected. Detailed methodology and definitions can be found in the statewide reports on the [program webpage](#).

Overview of data elements

The MHSIP surveys include dozens of questions designed to measure Medicaid clients' experiences with the mental health care services they received under both residential and outpatient settings. The standardized MHSIP questions ask people how strongly they agree (or disagree) with statements such as:

“As a direct result of services received from my provider... “

- *I do better in social situations*
- *My symptoms are not bothering me as much*
- *I am better able to handle things when they go wrong*

“Based on my experience with my most recent mental health provider... “

- *Services were available at times that were good for me*
- *Staff were sensitive to my cultural background*
- *Staff here believed my health can improve and I can recover*

In addition to the standardized MHSIP questions, OHA includes additional questions that are important to Oregon's specific health care goals. A few examples include questions about expectations versus outcomes of treatment; whether people had primary care providers; trauma screening; and whether mental health providers offered help finding housing or employment.

How the data are collected

OHA has a contractor that collects survey responses. People who are selected for the survey receive the questionnaire in either English or Spanish, depending on their preferred language, and have the option to participate by mail, phone, or online.

Timing and frequency

MHSIP surveys are fielded annually, typically from spring through summer. People are asked to rate the care they received since January 1 of the previous calendar year.

Who is represented in the survey

The surveys are sent to a sample of people who live in Oregon and received mental health service(s) during the previous year that were paid for by Medicaid. Specifically, there are four different populations surveyed:

1. **Adults (18+)** who received **outpatient** mental health services
2. **Adults (18+)** who received **residential** treatment services
3. **Parents or guardians of youth ages 0-17** who received any mental health services
4. **Youth ages 14-17** who received any mental health services

Sample sizes and response rate

The number of people who are randomly selected to receive the survey (sample size) varies by the four populations listed above, as does the percentage of people who respond to the survey (response rate). See the table below:

Population	Sample size <i>Approximate in 2024</i>	Response rate <i>Range between 2017 and 2024</i>
Adults who received outpatient care	31,000	14% - 24%
Adults who received residential care	Less than 2,000	12% - 20%
Guardians of youth ages 0-17	15,700	15% - 23%
Youth ages 14-17	9,000,	12% - 23%

OHA tries to include at least 500 people from each CCO in each sample, and at least 300 adults from each CCBHC. For CCOs or CCBHCs that did not serve enough people, 100 percent of their member populations are included in the sample.

REALD and SOGI

What are REALD and SOGI?

REALD and SOGI are types of standardized demographic information. REALD stands for: **R**ace, **E**thnicity and **L**anguage, **D**isability. SOGI stands for: **S**exual **O**rientation and **G**ender **I**dentify. Collecting and analyzing data aligned with REALD and SOGI standards helps us identify and address health disparities, and support data justice in communities that are most affected by health disparities. [Learn more about REALD and SOGI](#) on OHA's website.

REALD and SOGI in MHSIP surveys

Oregon's MHSIP surveys have always included race and ethnicity questions. Language and disability questions were added in 2023 to make the surveys fully compliant with REALD data collection standards. SOGI questions were also added in 2023. However, because MHSIP has relatively small sample sizes, results stratified by REALD and SOGI categories often aren't reliable. OHA suppresses these results from public reporting.

Things to remember when interpreting MHSIP survey data

Positive response rates

All the standardized MHSIP survey questions are asked on a five-point scale from "strongly agree" to "strongly disagree." Results are presented as a single number which is the percentage of survey respondents who chose "agree" or "strongly agree" for that question.

Statistical significance

MHSIP survey results also indicate when any change was statistically significant at the 95 percent confidence level. That means that we are very confident the difference was not due to chance.

Weighting and trend over time

Beginning in 2018 MHSIP results have been ***weighted***, which means calculations are applied to the survey response results to make them more representative of Oregon's actual Medicaid population that receives mental health care.

MHSIP reports analyze and display survey results in many ways, including five-year trends. Between 2018 and 2022, trends are shown using ***unweighted results***, since there weren't yet five years of weighted data available. However, ***weighted*** results are used for reporting of single years. As a result, the numbers displayed in trend charts may differ from the numbers in single-year reporting. The differences are usually very small. Beginning in 2023, there will be five years of weighted results available, so all charts and analysis (including trend reporting) will use the same weighted results.

Oversampling by race and ethnicity

To make sure the MHSIP survey results do a good job representing all Medicaid members in Oregon who receive mental health, OHA oversamples by race, ethnicity, and language.

Oversampling means reaching out to a larger proportion of people in certain groups.

Oversampling helps make survey results more reliable for groups with smaller representation in Oregon. For example, suppose XX percent of people in Oregon are Native Hawaiian and Pacific Islander. The surveyors will contact enough people who are Native Hawaiian and Pacific Islander so that enough people among the XX percent so that valid conclusions can be drawn for the population from their responses.

Requesting data

Deidentified individual-level survey results can be requested by submitting a general data request form (available on the Health Analytics [Data Request webpage](#)).

MHSIP survey data in action

Oregon is one of eight states to receive [special block grants](#) from the federal government to help pay for community mental health services. These funds fill identified gaps in Oregon's mental health care system by paying for services that otherwise aren't covered by Medicaid or other commercial insurers (the funds are also used to provide services to people who don't have any insurance coverage). A few examples of programs that these funds help support include:

- [Special services and treatment for children](#) who are experiencing their first episode of psychosis
- Services for priority populations, such as people who have substance use disorders and are pregnant or have young children

To be eligible for these grants, OHA must [annually report MHSIP results](#) to the federal block grant program.

Quick Facts

Name	Mental Health Statistics Improvement Program Surveys
Acronym	MHSIP Surveys
Summary	Surveys that ask adults, youth, and care givers of children and youth about mental health care services they or their children or youth receive through Oregon's Medicaid program
Data type	Survey
Populations	Adults and children who received mental health services in the previous year that were paid by Medicaid
Frequency	Annual
Available since	2005 (adult surveys) and 2011 (youth surveys)
Required?	Yes: OHA is required to report data elements annually to the federal government in support of Oregon's Mental Health Block Grant (MHBG)
Regular reporting	Annual summary results and CCO reports are published on the MHSIP webpage
Website	https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Mental-Health-Statistics-Improvement-Program-Survey.aspx
Data requests	Submit a general data request form (available on the Health Analytics Data Request webpage)
Security level	Deidentified data sets: Level 1 "Published" (low-sensitive information) Raw data files: Level 3 "Restricted" (sensitive information) Learn more about data security levels.
Data dictionary?	Yes: Available in annual statewide reports online and by request from program
REALD	Yes: Race and ethnicity since 2019: Language and Disability since 2023
SOGI	Yes: Since 2023
Suggested citation	Oregon Health Authority: Mental Health Statistics Improvement Program Survey [Year]

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