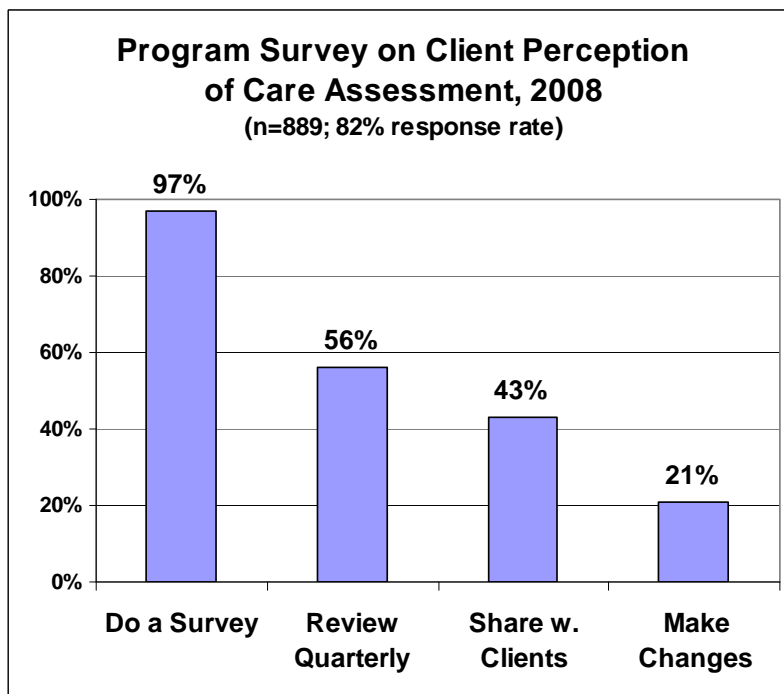


Routine Assessment of Client Perception of Care Among Chemical Dependence Treatment Programs in New York State: 2008 Provider Survey

In the fall 2008, the New York Single State Agency (OASAS) surveyed its certified substance abuse treatment programs asking whether the programs “*routinely use some type of questionnaire, structured interview or form to collect information from clients regarding their perception of care or satisfaction with services.*” All 1,087 certified substance abuse treatment programs were surveyed through OASAS’ online County Planning System. (A program is a particular type of services delivered at a specific site.) The survey includes both crisis withdrawal and stabilization services (n=83) and non-crisis treatment services (n=1,004). Non-crisis services consist of outpatient services (n=561), methadone services (n=135), inpatient rehabilitation (i.e., short-term residential; n=69) and residential (n=207). A total of 889 programs completed the survey, representing an 82 percent response rate. The response rate was high across all program categories, the lowest being 77 percent for methadone programs.

- Almost all programs (863 or 97%) indicated that they “*routinely use some type of questionnaire, structured interview or form to collect information from clients regarding their perception of care or satisfaction with services.*” Current regulations for outpatient, inpatient rehabilitation and residential programs have required these programs to conduct client satisfaction surveys as part of their quality improvement (QI) program.
- Over half of the programs (56%) indicated that they reviewed the results of client surveys at least quarterly. (Some programs only do surveys semi-annually or annually.) Almost half of programs (43%) have some method for sharing the results of surveys with the clients.
- However, only one-in-five programs (21%) indicated that, during the past year, changes were made in the program based on survey results.



Unless indicated otherwise, the results presented below are for non-crisis services. Typical lengths of stay in non-crisis treatment vary from 3 weeks in inpatient rehabilitation to two years in methadone services, whereas crisis withdrawal and stabilization typically last only several days. Differences in length of stay affects how client perception of care surveys would be implemented.

- Seven of eight programs (87%) use their own survey form rather than one developed nationally, such as, the MHSIP or CEST forms.
- Almost all programs (98%) use paper forms administered on-site; 6 percent use a mail survey and 4 percent used a telephone survey.
- Most programs (72%) do periodic surveys of all clients in treatment; however, 11 percent of programs time their surveys based on a client's date of admission and 32 percent time their surveys based on a client's discharge.
- Among programs that do periodic surveys of all clients in treatment, 44 percent do surveys quarterly while 29 percent do surveys annually. Among programs that do surveys based on discharge, 25 percent do surveys after discharge (i.e., follow-up).
- Almost all surveys conducted (92%) included an item like "*Staff treats me with respect*" while about half included the following items: "I believe staff see me as a partner in my treatment;" "As a result of the services I have received, I am better able to cope when things go wrong;" and "As a result of the services I have received, I am better able to accomplish things I want to."
- Over half of programs (53%) indicated that the results of the surveys are reviewed by program management at least quarterly.
- Almost half of programs (43%) indicated that results of client surveys are shared with the client served.
- Less than one-quarter of programs (22%) indicated that, during the past year, changes were made in the program based on survey results.
- Recommendations from providers include development and sharing of standard forms as well as the development of best practices guidance with training and assistance in utilizing perception of care data to improve the quality of services.

Client Perception of Care Survey
Addictions Care Center - CD OP (50113)
Certified: Debra Rhoades (11/14/08)
Approved: Michele Fitzgerald (11/14/08)

One method of improving the quality of chemical dependence treatment services is obtaining and acting on input from stakeholders, especially from treatment clients. As part of our practice improvement efforts, OASAS is interested in determining the extent to which treatment providers have been able to incorporate assessment of clients' perception of care and satisfaction with services into their quality improvement program.

This survey should be completed by the program director or other staff responsible for program management. Results of this survey will be posted on this County Planning System in the spring of 2009. Thank you for your assistance and support.

1. Does this program routinely use some type of questionnaire, structured interview or form to collect information from clients regarding their perception of care or satisfaction with services?

- Yes
- No

1a. If "Yes", please indicate the primary Client Satisfaction/Perception of Care Survey is used by this program?

- Our own survey instrument
- BASIS-32
- CARF
- CEST
- ECHO
- GAIN
- MHSIP
- Modular Survey
- Project Match Form 90
- ROSI Measure
- State Specific Survey
- Other (please identify): N/A

1b. What method does this program use to collect information on clients' perception of care or satisfaction? (Check all that apply.)

- On-site Paper Survey
- Telephone Survey
- Mail Survey
- Internet Survey
- I don't know
- Other (please identify): N/A

1c. When is this survey administered? (Check all that apply.)

- Within the first two weeks after admission
- Within the first month after admission
- Three months after admission
- Monthly
- Every other month
- Quarterly
- At discharge/completion of treatment
- When persons leave against clinical advice
- When persons drop out
- Post discharge
- Other (Describe): N/A

1d. Does this survey include any of the following questionnaire items (or very similar items) that are part of the Modular Survey Initiative sponsored by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)? (Check all that apply.)

- Staff treats me with respect.*
- I believe staff sees me as a partner in my treatment.*
- As a result of the services I have received, I am better able to cope when things go wrong.*
- Staff here believes I can grow, change and recover.*
- As a result of the services I have received, I am better able to accomplish things I want to do.*
- As a result of the treatment services I have received, my symptoms are not bothering me as much.*
- In the past 12 months, how often were you involved as much as you wanted to be in your counseling or treatment?*
- None of the above

1e. How frequently does this program's leadership analyze the data from your perception of care surveys? (Program leadership means a person(s) able to make changes in policies or procedures, such as, a program director.)

- Monthly
- Quarterly
- Semi-annually
- Annually
- Never
- I don't know

1f. Does this program share client perception of care data with clients served?

- Yes
- No
- I don't know

1g. During the past year, has this program implemented any changes to its program based on data obtained from its client perception of care surveys?

- Yes
- No
- I don't know

2. Which of the following accreditations does this program have? (Please check all that apply.)

- CARF - Commission on Accreditation of Rehabilitation Facilities
- JCAHCO - Joint Commission on Accreditation of Health Care Organizations
- COA - Council on Accreditation
- This program is not currently accredited
- Other (please identify): N/A

3. How could OASAS assist programs in collecting and utilizing data on client perception of care and satisfaction with services?

Perhaps by reviewing survey tools programs are using and developing a suggested model which programs might adapt for their own use. We invite clients to comment on their overall experience with the ACCA. Those comments are very revealing; they are so numerous that approximately half of the content of our overall quarterly reports are comprised of those comments.

4. [OUTPATIENT PROGRAMS ONLY] OASAS has developed a Web-based data system (STAR-QI) to assist programs in implementing a NIATx model for improving client access and retention in treatment. We are actively recruiting additional providers to use this system in addition to their standard CDS reporting requirements. Would you be interested in learning more about what the STAR-QI system is and how to use it?

- Yes, you may contact me about this.
- No, this program already participates in the NIATx model
- No

All questions regarding this survey should be directed to Susan Brandau, (518) 457-6129, susanbrandau@oasas.state.ny.us