



Mid-Valley Behavioral Care Network

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2010 CONSUMER SATISFACTION SURVEY Summary of Results

The Mid-Valley Behavioral Care Network (MVBCN or BCN) Regional Service Center coordinates an annual Consumer Satisfaction Survey at the network level, with provider agencies administering the survey to clients at point of service. This is an analysis of the thirteenth annual MVBCN Consumer Satisfaction Survey.

The Survey Instrument

For ten years the MVBCN used a survey instrument developed from the 21-item MHSIP Consumer Report Card, a national measure developed for public mental health system use. In order to maintain long-term trend reporting, few changes were made during that period except for the addition of new questions. Over the ten years the data showed consistent improvement, with some agencies reaching such high scores that little more gain could be expected.

In 2008 the Quality Management Committee (QMC) decided on a major revision of the survey. The intent was to include questions which focus more clearly on recovery and on the treatment relationships and community supports which contribute. It was hoped that the changes would provide customer feedback on issues currently crucial to the Network, and contribute to the BCN's ever-evolving quality improvement efforts.

Both the MHSIP-derived questions and questions added in 2008 used a Likert scale, offering 5 responses from "Strongly Agree" to "Strongly Disagree", with a "Does Not Apply" option. Scores represented the percent of respondents agreeing (either "Somewhat" or "Strongly"). Graphs also noted the percentage of "Neutral" responses.

Information on the development of the revised survey is contained in the 2008 narrative report. After intensive discussion, QMC decided to make no changes in the 2009 survey questions in order to begin accumulating longitudinal data using the new items. In 2008, the Committee had difficulty evaluating the meaning of a large number of neutral responses to the new items, and was unsure about how consumers might be understanding some of the questions. Therefore we added space for comments on each of the Likert-scored questions. The comments on each item were provided to each agency, and were summarized at the regional level to inform QMC work with the results.

In reviewing the 2009 results, QMC noted that there was little change from the previous year and few comments. There was a strong desire for more detailed information that could direct improvements at the agency level. Therefore QMC decided to reduce the rating options on each question to three: "I agree", "I Disagree", or "Does not Apply to me". The intent is to encourage respondents to explain their scoring by adding more comments.

Two topics which are the focus of BCN initiatives (medications information and trauma sensitive care) have an initial YES/NO question to identify those consumers to whom the question is applicable. Two questions ask about co-occurring mental health and substance use issues. One question asks about the individual's length in treatment. A new question asked whether people feel they have been treated unfairly, and there is one open-ended question.

A total of four versions of the questionnaire are designed to get feedback from consumers and parents/guardians of consumers receiving Chemical Dependency (CD) or Mental Health (MH) Services. Copies of the survey may be found in the Appendix section of the agency report binders. Spanish Language versions were available for all four surveys.

Survey Administration

Questionnaires were given to current clients who were at all stages of receiving treatment in the agencies between October 4 and October 31, 2010. Most agencies administered the survey for two to four weeks and distributed the questionnaires to all clients who walked through their doors, while some agencies offered them only to Oregon Health Plan clients. For children and youth in treatment, parents/guardians were invited to complete the 'Parent' version of the survey. Youth ages 14 or older who participated were invited to use the 'Adult' version.

Clients unable to complete the written survey were interviewed by a survey assistant or other helper who completed the survey for the client based on the client's response to the questions. There were 76 clients (3% of total respondents) who indicated that they received such assistance. The reasons cited for needing assistance were difficulty with vision, reading and/or writing or comprehension. Most assistance was given by staff, but it is unclear whether these were mental health outpatient staff or were caregivers from residential settings or case managers from allied agencies. Others assisting were identified as family, friend, or volunteer.

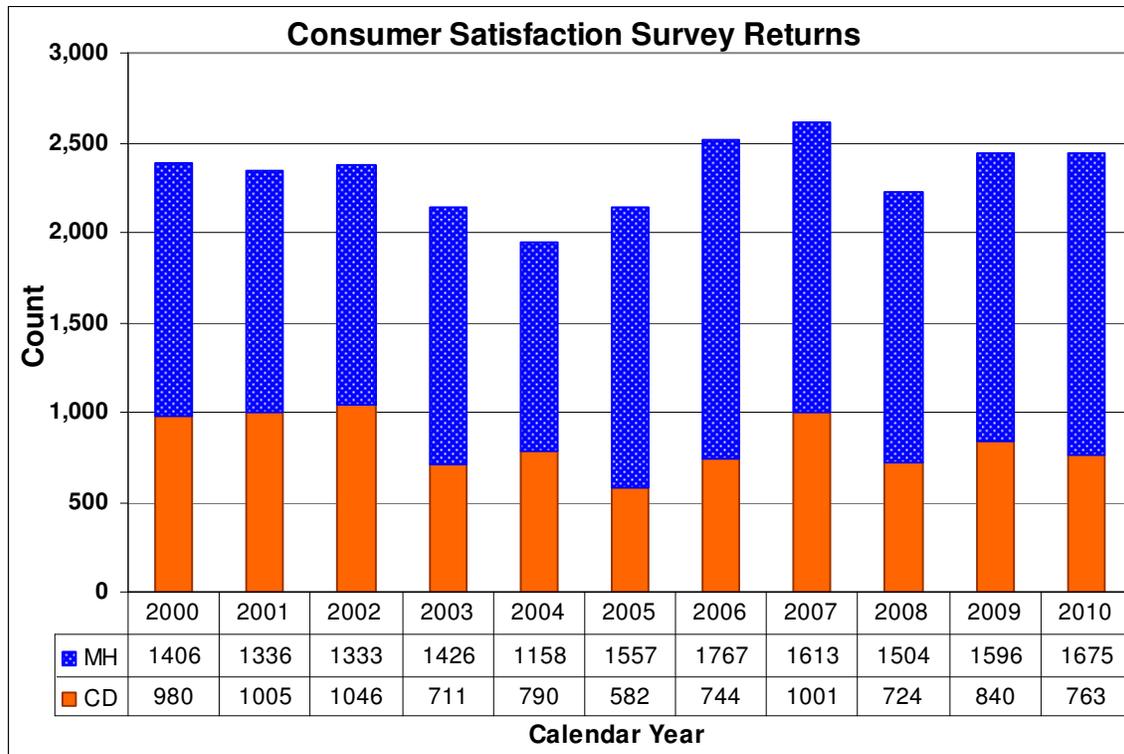
Participants were asked to complete the questionnaire and place it in a sealed "ballot box" or confidential envelope. The surveys were then delivered sealed to the BCN. Agencies were provided with postage paid return envelopes for mailing to BCN which could be offered to participants who lacked time on-site to complete the survey or who desired greater anonymity. This year 58 surveys were mailed to BCN. Data was entered and analyzed by temporary staff at the BCN Regional Service Center. Comments and responses in Spanish to the open ended question were translated into English during data entry by the bilingual temporary employee.

Levels of Participation

A total of 2,438 surveys were collected, just shy of the 2481 received in 2009. (The highest number of returns in the twelve years that this survey has been conducted was 2614 in 2007.) Compared to last year, this year's total was comprised of slightly more responses from MH clients (1,675) and slightly fewer from CD clients (763). Only 71 individuals chose to complete the survey in Spanish. The majority of these (49) were

parents of children in MH treatment, with 19 adults in MH treatment and only 3 adults in CD treatment using the Spanish version of the survey. This continues the trend of decreasing choice of the Spanish version by adults in treatment. The shift to the preponderance of Spanish responses coming from parents reflects outreach to Latino families and the increased volume of MH service in Spanish to children with monolingual parents.

The following chart details the numbers of surveys collected for 2010 and prior years.



1. Source: qry9860/xls9860

This year the three programs receiving very few surveys were Options Counseling (11 responses), Bridgeway’s MH program (13) and Clear Paths (12). There were sizeable shifts in the number of returns from many agencies. For those listed below, the numbers reflect a significant change from the two previous years. Because these programs serve distinct populations through multiple funding streams, understanding these changes is important in comparing this year’s regional data to that from previous years.

Mental Health:

- EAST (Early Assessment and Support Team) programs garnered their largest-ever number of returns at 87, representing participants and parents from Marion, Polk and Yamhill Counties.
- Easter Seals Children’s Therapy Center dropped to 60 responses.
- Linn County Mental Health dropped to 137.
- Marion County Adult Behavioral Health dropped to 115.
- Marion County Children’s Behavior Health increased to 125.
- The HOAP program of Northwest Human Services increased to 41 responses.

- Tillamook County MH increased to 158.

Chemical Dependency:

- Bridgeway's number of surveys continues to decrease, with 88 this year.
- Polk County Addictions increased to 75 responses.
- Marion County's Integrated Treatment and Recovery Services showed a sizeable increase for the 2nd year, with 119 responses.
- Yamhill County's CD program dropped to 109.

Parents completed 536 of all MH surveys (representing 32% of MH responses), while only 8 parents completed CD surveys. Because the number is too small for analysis, we are not reporting regionally on results from parents of children in CD services. We have always found this group difficult to survey, and providers have indicated that this is consistent with their challenges in engaging parents of these youth in treatment.

This year we attempted to reach parents of children in the New Solutions intensive services program by routing surveys through wraparound staff, with the goal of reaching 50% of New Solutions families. This was successful in 4 of the 5 counties, with total returns from 84 parents. Although only 2 respondents in Polk County filled out the surveys for New Solutions, we believe that other New Solutions families there may have completed the survey using the form for parents of children in outpatient MH service.

Reporting Results

This regional summary narrative is provided to the MVBCN's Regional Advisory Council and Quality Management Committee. It is included in the annual report on quality assurance and performance improvement activities submitted to Oregon's Addiction and Mental Health Division.

Along with this written regional summary, each BCN provider agency receives:

1. A longitudinal report based on client ratings of their individual agency program(s). Each program graph also displays the regional average of all MVBCN MH or CD programs (as applicable) to offer a reference for comparison. The current graph shows results from 2008, 2009 and 2010.
2. If the MH agency had at least 10 'Parent' surveys completed, separate reports for 'Parent' and 'Adult' returns were provided.
3. Agency Special reports are "drill-down" reports within the agency for up to 6 agency-specified subgroups in addition to New Solutions and EAST results.
4. A complete listing of comments to each question, and responses to the open-ended question.
5. Appendices with detail on numbers of survey forms requested and returned by the agency, copies of the survey forms and a chart showing the relationship between data analyses and graphs.

Use of the Survey Results

This data is designed to inform quality improvement efforts at both the regional and agency levels. BCN management, analysis and reporting allows for a consistent data set which can be used by each agency to evaluate its own performance in comparison to similar agencies. QMC and its subcommittees rely on the data as an indicator of overall performance across the Network and a source of information on areas of strength and weakness in relationship to specific quality initiatives. The Membership Committee reviews each agency's results in comparison to its peers as part of the biennial recredentialing process.

Results

What is most striking in reviewing this year's results is the large shift towards more positive responses on the first 12 questions where we eliminated the option for a neutral response and included only one positive and one negative response, plus a does not apply option. The increase in scores ranged from 4 to 11 points positive per question, with an average of almost 6.5. There were still a few questions where more than a handful of people chose the "Does not Apply to me" response (detailed below). We did receive many more comments than last year, with many of them offering more specific information to help explain responses.

The scores reported below as 'MH' are derived by combining responses from adults or adolescents receiving MH services with surveys from parents of children receiving care. For ten of the first 12 question parent scores were equal to or somewhat higher than scores from adult or adolescent clients – on average 1.5 points higher. The two items scored lower by parents than clients are described below.

A. MHSIP-derived questions

The following five questions derived from the MHSIP instrument have been used in the BCN survey since 1998. The report binder contains graphs showing results on these questions, with separate reports for MH Consumers (including youth 14 and over), MH Parents, and CD Consumers. Please refer to those graphs as you read the analysis below on each of the questions.

Respect and Dignity

This question was modified in 2008 from the previous year's version ("Staff treat me with respect and dignity") to read "The staff here treat me with respect and dignity even when things do not go well". Despite the wording change, 2008 and 2009 scores were consistent with those seen in previous years. For the 2010 survey, the wording was changed to "The staff here treat me with respect and dignity at all times." For MH, 98% of respondents gave positive responses to this item; for CD, 97% were positive. Most comments were made by people who agreed with the question and offered positive comments about the staff. Some of those who disagreed explained by referring to specific staff or perceived negative interactions such as "I can't handle being chewed out", or "Don't talk down to clients".

Choice of Agency

The question used in the last 2 years was “If we had other choices, we would still choose to get services from this agency”. It was unclear whether answers reflected satisfaction with the agency or whether it referred more to being mandated into treatment by other systems. QMC decided to shift to a different MHSIP question, “I would recommend this agency to a friend or family member.” Responses from mental health programs were 96% positive, with CD programs positive responses at 92%. Many of those agreeing with this statement indicated that they had referred others or described what they appreciated about the agency. There were a few comments from some of those who disagreed identifying their specific concerns.

Timely Response to Calls

The question used in previous years was “My calls are returned in a timely manner.” QMC members felt the question was ambiguous and opted to change it to “I am satisfied with how quickly staff return my calls.” For one agency which is setting an expectation for returning calls within 24 hours, a sub-question about meeting that standard was included. Using the previous question, we had seen lowered scores on this question in the past few years. With the new question, mental health responses rose to 87% positive and CD to 77%. Even with these gains, we have not reached the levels of satisfaction with phone response that we were seeing in 2006 and 2007. Many respondents (7% for MH, 14% for CD) chose ‘Does not Apply to me’ or wrote in that they had not needed to call. Most agencies received a number of specific negative or positive comments about staff performance on this question.

Belief in Recovery

In 2008 the adult version of this question was modified from the previous year’s language (“The staff believed that I could grow, change and succeed”) to read “The staff here believe that I can recover, grow, change and succeed.” On this item MH respondents chose the positive response 95% of the time; CD clients were 96% positive. It is interesting that 3% of MH and 2% of CD clients indicated that this item did not apply to them. Some people indicated that they hadn’t been with the agency long enough to know; others offered examples of encouraging staff or indicated that they weren’t sure within themselves about whether they could succeed.

Freedom to Complain

QMC changed the phrasing of this question from “I feel free to complain” to what they felt was clearer language, “I feel safe to complain here.” The 94% of positive responses to the statement by MH respondents and the 89% from CD is much higher than our results with the previous question. (Between 1998 and 2009, MH had moved from 80% positive to 86%. CD had improved from 64% in 1998 to a high of 86% in 2006, but dropped back to 80% in 2009.) Three percent of respondents said this didn’t apply to them; some wrote in that they had not had any complaints. The comments by those disagreeing with the statement gave a number of reasons for not feeling safe: “Because this agency is connected to DHS”; “I have always been treated like I don’t know what I am talking about”; “I thought I did but it backfired on me”; “Would it make any difference?”; “I don’t want to upset anyone”; “...has to do more with my own fear and securities about being judged”, “I have and it doesn’t help”.

B. Recovery-oriented questions

These seven new questions were added in 2008. There were minor wording changes for the 2010 survey.

Knowledge of Complaints Process

QMC added the question “I know who to talk to - or what to do - if I have a complaint’ in an attempt to learn whether consumers were well educated about the complaints process. This year 89% of MH respondents and 91% from CD agreed with this statement, with 3% from MH and 2% from CD indicating that it didn’t apply to them. For MH agencies, clients responded positively 1% more often than did parents. There were a sizeable number of comments from people saying they did not know the process, indicating that the current mechanisms (posting in waiting rooms, reviewing at intake) do not work for everyone. Several people suggested posting something simple in the waiting room indicating who to talk to about a complaint.

Self-Directed Recovery

The question reads “Staff helps (not directs) me to create a plan for my recovery; I am responsible for following it.” It is designed to assess the degree to which consumers are directing and owning responsibility for their recovery plan. Positive responses from mental health consumers rose to 94% with another 4% choosing does not apply. For chemical dependency, there were 96% positive responses with 2% does not apply. There were relatively few comments on this item, with several indicating that they were new to treatment and did not yet have a plan developed.

Safety

The statement “I feel safe here” was initially selected as an additional measure of the trauma-sensitivity of services. This year QMC changed it to read, “I [My child]receive[s] services in a safe place.” Mental health scores rose to 97% positive this year with 2% does not apply. Parent positive responses on this item (95%) were lower than those given by adult and adolescent clients (99%), but the difference is accounted for by 5% of parents who selected ‘does not apply.’ CD responses were also 97% positive with 1% does not apply. Few agencies received any comments on this item. There were a handful of concerns related to facilities (waiting room, drug deals in parking lot) and some about trust (consequences of CD reports to parole/probation officer).

Respect for Values, Beliefs

The statement “My [My family’s] values and beliefs are respected here” was included as a measure of cultural competency. This year QMC changed it to “My [My family’s] culture, values, and beliefs are respected here. For mental health programs the score rose to 96% with 3% does not apply. Chemical dependency scored 96% plus 2% does not apply. Most MH programs received no comments on this item. There were some requests for more inclusion of client’s spiritual beliefs and practices. Respondents gave many positive comments about staff attitudes. There were comments from several people feeling that some staff needed additional training to understand their culture, and from CD clients who have experienced being made fun of because race or sexual orientation.

Wholistic Services

QMC struggled to write a question which communicated their interest in treatment addressing the whole person. The chosen language was ‘Services I receive here consider my whole situation, not just my mental health (or addiction) issues.’ This year mental health programs scored 95% positive and chemical dependency 92%. For both the percent choosing does not apply was 2%. There were few comments explaining these responses.

Natural Supports

A focus on building natural supports as a part of all treatment is a quality improvement goal BCN has been pursuing for several years. The question “Staff talk with me about finding more support outside of the treatment system” was designed to measure the impact of these efforts. This year’s language is “Staff help me connect with support in the community, in addition to mental health (or addiction) services.” QMC is using responses to this question as a measure of agency success in focusing on natural supports, with a target of 80% for the regional MH results and 85% for responses from CD programs. For MH, there were 85% positive responses, and as in previous years a large group – 11% - choosing does not apply. For CD, responses were 91% positive with 5% does not apply. Many people offered positive comments about having received help accessing other resources, with others wishing there were more options available in their community or that staff were more knowledgeable or helpful with this.

Self-help Resources

BCN funds and promotes a variety of peer-delivered services for mental health consumers; 12-step programs are an intrinsic part of chemical dependency recovery. The question measuring this says “I know where to find the local self-help resources, such as groups and classes, for myself and family members.” QMC will also use responses to this question as a measure of agency success in focusing on natural supports, with a target of 80% for the regional MH results and 85% for responses from CD programs. MH programs reached 85% positive this year with 8% choosing “Does not Apply to me.” CD scores were 94% positive with just 2% choosing does not apply. Comments to this item were split between those who had been helped to find resources and those who had not or wanted more information.

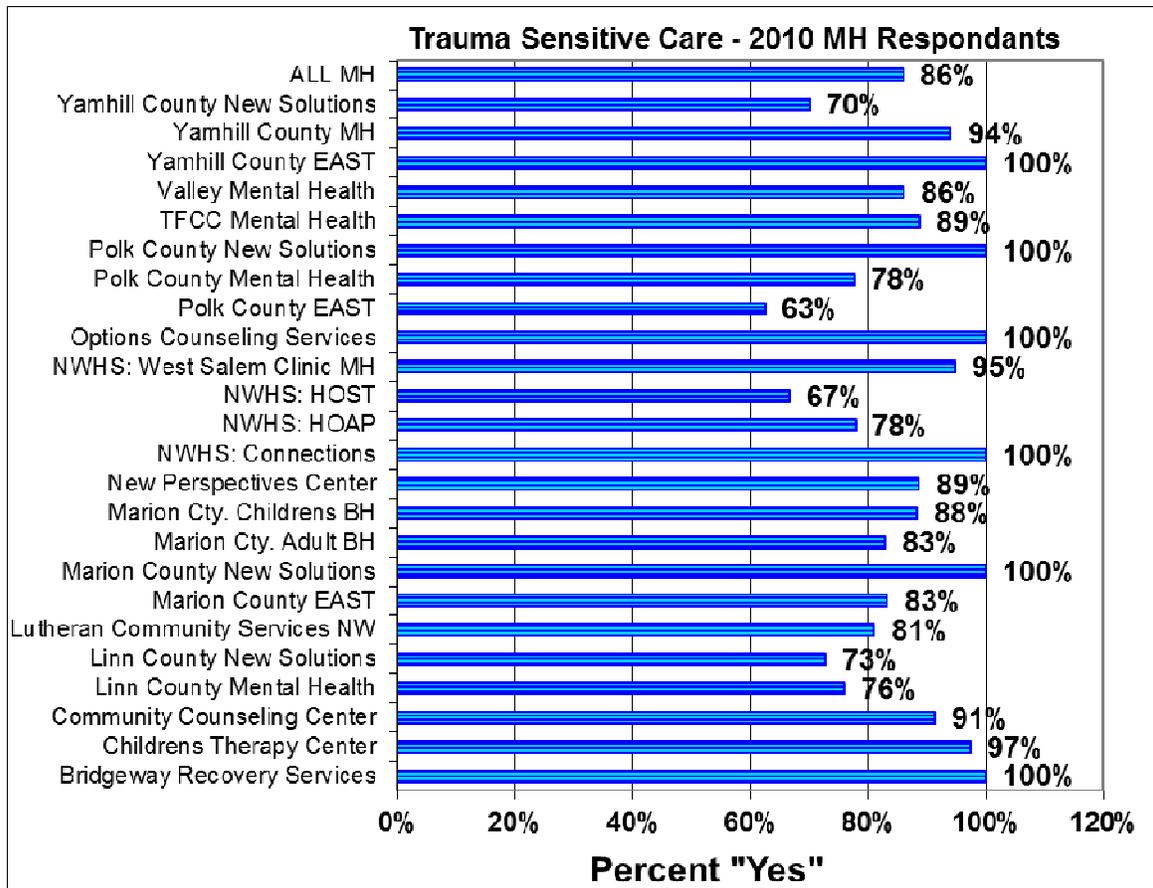
C. Trauma Sensitive Care

In 2007 a YES/NO question was added to the survey in an attempt to measure the success of a multi-year Network focus on trauma-sensitive care. In 2008 we changed the question to read “Has one or more traumatic events(s) in your life affected your mental health or substance use?” We also added a second question for those who responded “YES” to the first: “The effects of trauma or abuse are considered in my care.” This year 81% of adult MH clients indicated significant trauma history impacting mental health or substance use, with 88% of parents of children in MH treatment agreeing this was true for their child. The combined percent of 78% positive is one point lower than last year’s result. Although the level of recognition of trauma’s contributions to problems continues to be a bit lower among chemical dependency clients, this year it rose to 68%, a huge increase from the 42% positive when we first asked the question in 2007. In addition, there appear to be 60 people who wrote in “YES” rather than using the check

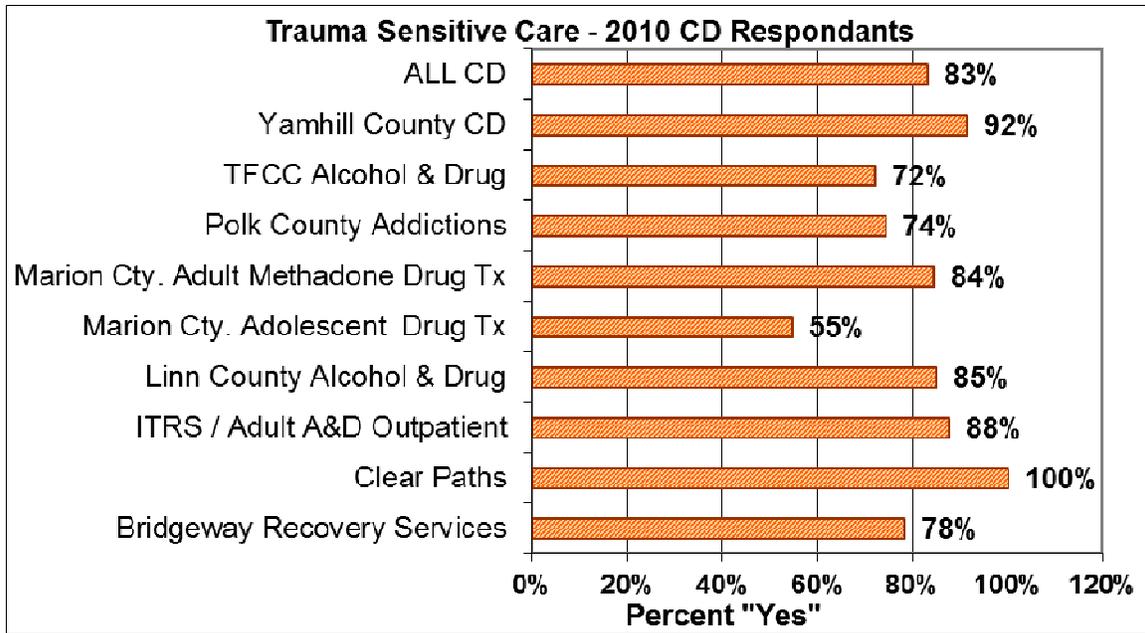
boxes offered, and these written responses were not captured in the data analysis. This would slightly increase the percent positive on this item.

Of those acknowledging a significant trauma history, 86% of mental health consumers indicated that the impact of trauma was considered in their care, 3 points higher than last year. For chemical dependency agencies, 83% of trauma survivors said that trauma is taken into consideration, an increase of 5 percentage points. Overall, responses to these two questions reflect increased recognition of the role of trauma on the part of MVBCN consumers, families and clinicians, and perhaps broader understanding within the general public.

As shown below, there is variation across agencies in the clients' perception of the degree to which trauma is being considered in their treatment. MVBCN's current initiatives in this area include a new Trauma 101 training for clinical staff, development of a trauma policy template for agency adoption, and provision of orientation materials for agencies to use with all new staff. We would expect that with implementation we will see these scores continue to increase.



* Percent answering "Yes" to the question: "Has one or more traumatic event(s) in your life affected your mental health?" who also answered "Yes" to "The effects of trauma and abuse are considered in my care"

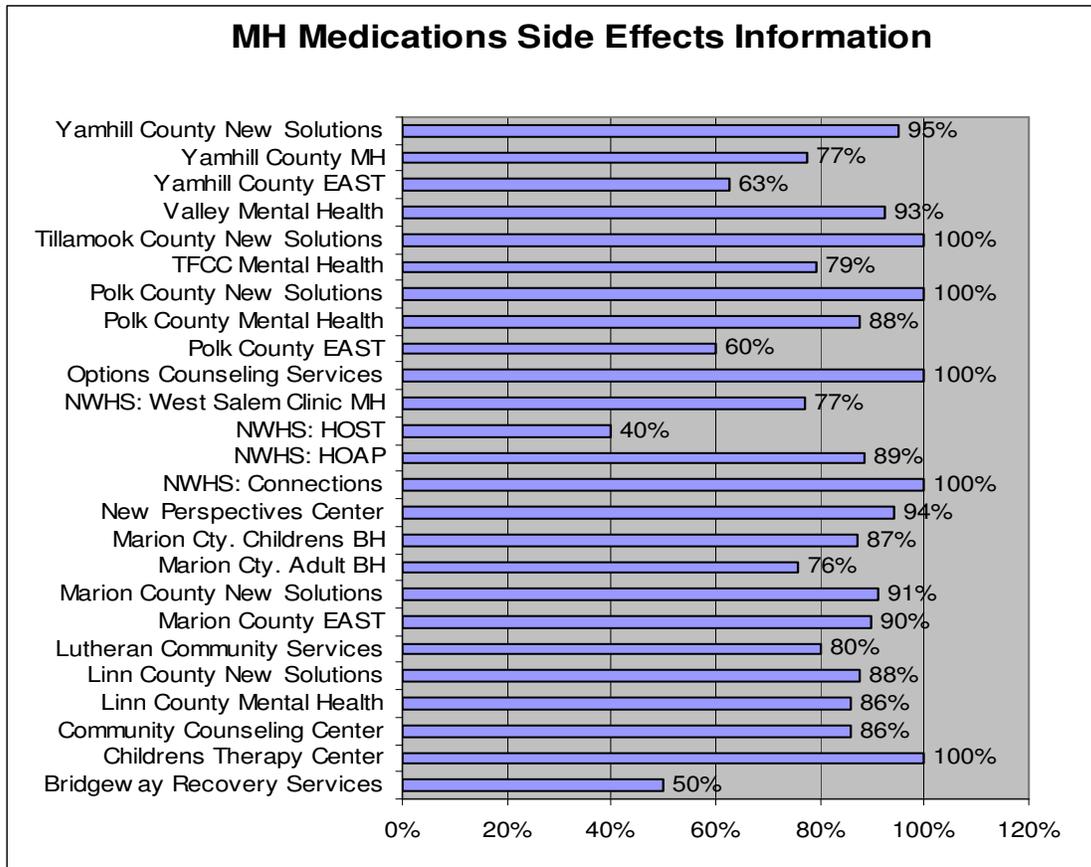


* Percent answering "Yes" to the question: "Has one or more traumatic event(s) in your life affected your mental health or substance use?" who also answered "Yes" to "The effects of trauma and abuse are considered in my care"

D. Medication Information

QMC has consistently been concerned about low scores on the question "I was told what side effects to watch for". Scores from 2000 through 2007 averaged 81.5%, and were not showing improvement. In 2008 we added a new YES/NO question asking "Are you prescribed medication here?", and only those who respond "YES" are included in the analysis of the subsequent side effects question. Our target is for all consumers for whom we prescribe to respond affirmatively to this question.

In 2008 BCN and Project ABLE provided training to mental health agencies on a peer-led patient education program empowering clients to better understand medication issues and collaborate with medical staff. Project ABLE offers this course for OHP members in our region, but is not getting requests for the classes from as many agencies or consumers as desired. Perhaps partially as a result of the 2008 efforts, that year's survey showed an increase to 86% of MH respondents saying they received side effects information. In 2009, this dropped by 5% points back to our previous average, with markedly lower performance in many agencies. The 2010 survey rebounded to 86% positive answers from MH respondents. QMC may want to pay attention to the wide variation among agencies on this item in determining what actions would result in improvement.



* Percent answering "Yes" to the question: "Are you prescribed medication here" who also answered "Yes" to "I was told what side effects to watch for."

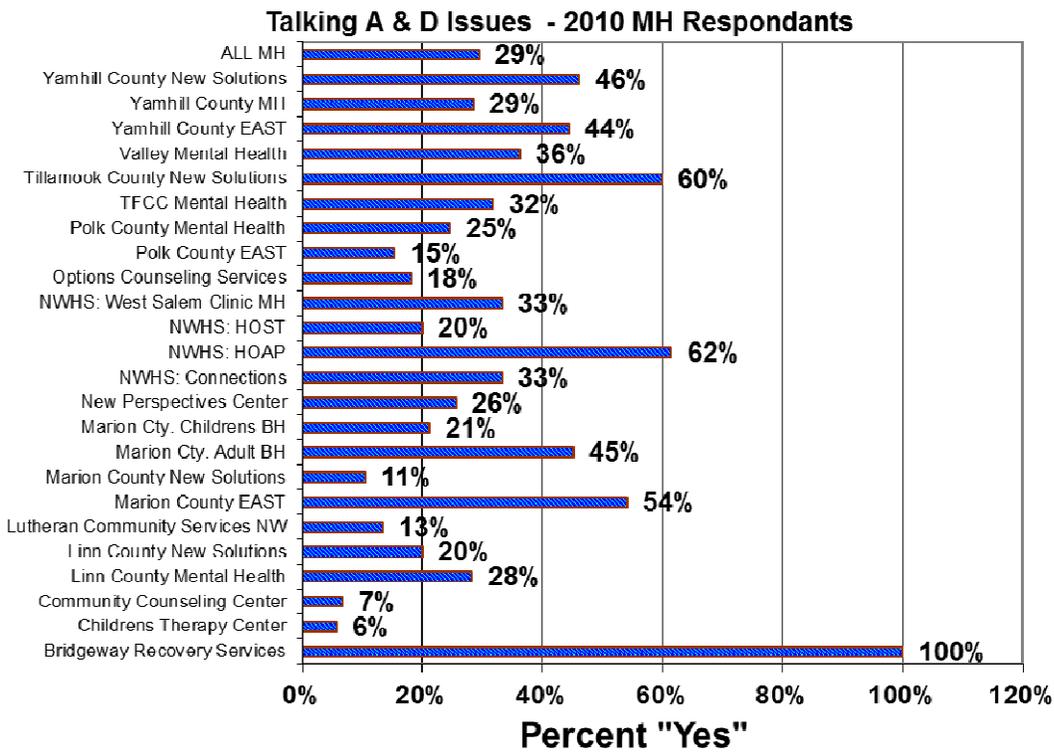
Across the region there were 189 CD consumers indicating that they were prescribed medications by the agency. Of those, 84% felt they had been told about side effects, one point higher than last year. Interestingly, only 134 of the 168 clients from the Marion County methadone maintenance program identified methadone as a prescribed medication. The positive responses from other chemical dependency consumers probably reflect that they also received some mental health and medication management services as part of integrated care. The largest counts were 13 people at Linn County A&D, 12 at Polk Addictions, and 11 at Yamhill County CD.

E. Co-occurring Disorders

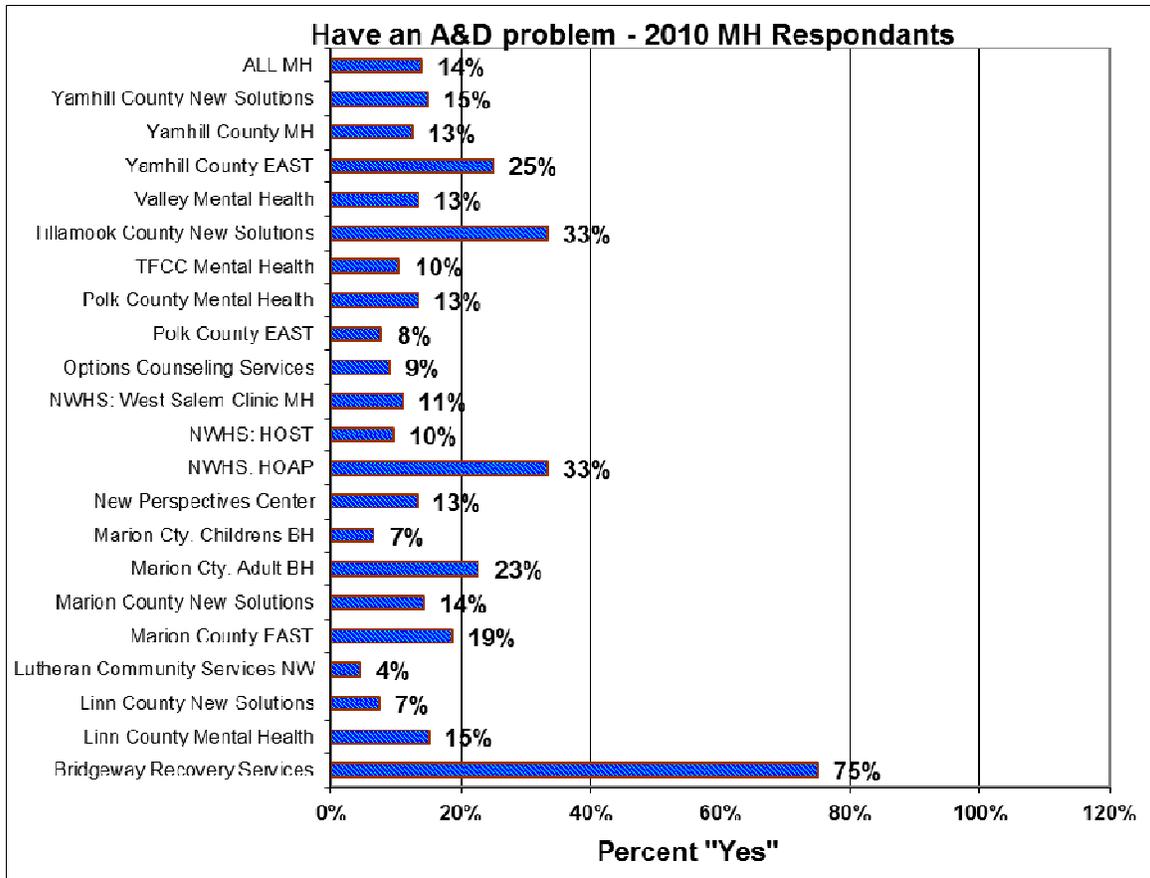
Beginning in 2003, our survey asked questions about integration of services for mental health and chemical dependency, as a way to measure progress on a major systems improvement effort. In revising the survey in 2008, Integration Group recommended retaining only two YES/NO questions. The first, "Are you talking about alcohol or drug issues with your mental health counselor" (or the reverse for those served in chemical dependency programs), is seen as a measure of the extent to which staff are engaging consumers in discussion of both disorders. The second question, "Do you think that you may have an alcohol or drug problem?" (or a mental health problem for chemical dependency program consumers) measures the individual's perception of a dual disorder. Historically, most BCN programs have scored approximately twice as high on the first question as on the second. This is seen as a positive reflection of staff ability to engage

in a conversation about both conditions regardless of the individual’s readiness to acknowledge a disorder.

For mental health, this year 29% of respondents report talking about addiction issues as well, one percentage point higher than last year. Of parents of children receiving MH services, 15% reported that this was discussed in treatment; 36% of adult and adolescent clients said “YES”. The 14% of MH respondents (7% for parents of children in MH treatment, 16% for adult and adolescent clients) acknowledging having an A&D problem was similar to scores we’ve seen in the last 5 years (which ranged from 10% to 15%). The wide variation in agency scores on this question reflects variation in the mix of consumers served (child vs. adult, as well as severity of mental illness).



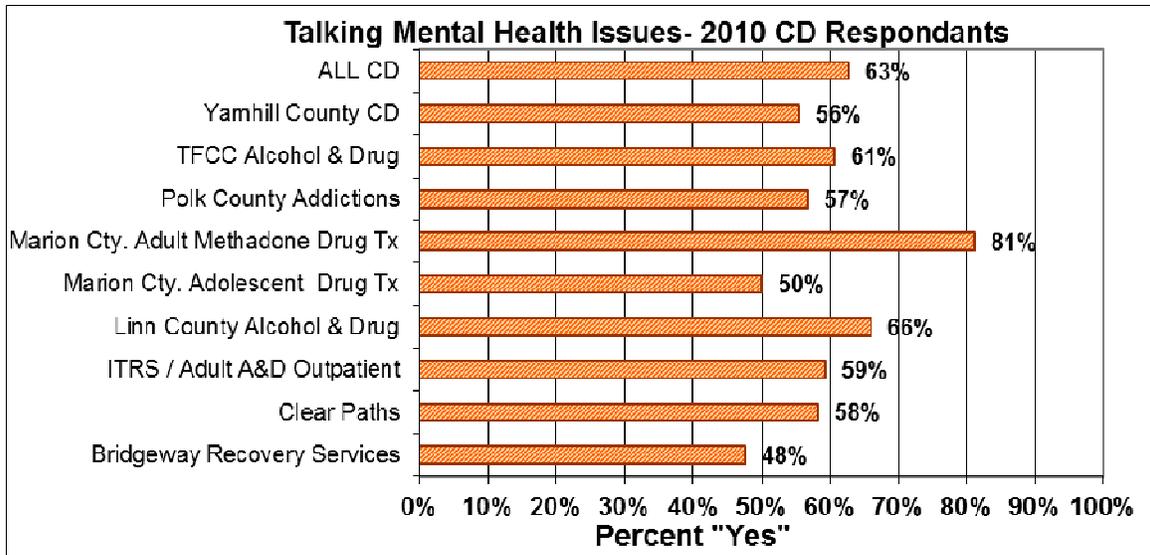
Percent answering "Yes" to the question: "Are you talking about alcohol and drug issues with your mental health counselor?"



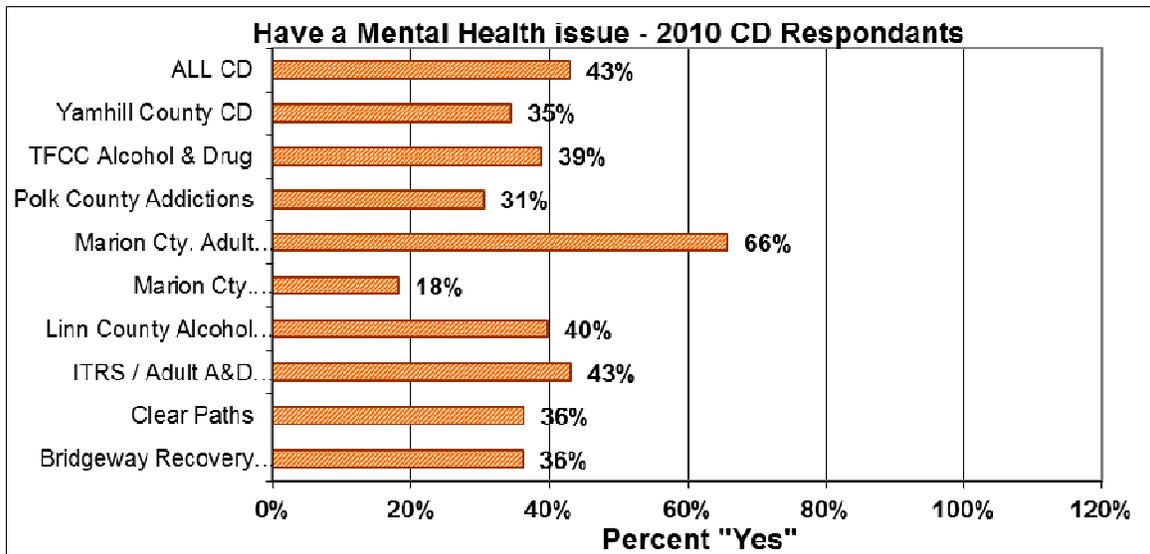
Percent answering "Yes" to the question: "Do you think you have a drug or alcohol problem?"

This year 63% of chemical dependency clients reported talking about mental health issues, reflecting a continuing trend of higher scores on this question. The 43% acknowledging both disorders is just two points lower than last year, when we received our highest score ever on this item. From focus group discussions in one CD agency, we learned that the symptoms of depression and anxiety commonly addressed in CD treatment are not always considered by clients to be ‘mental health’ issues. This suggests that the level of integration may actually be higher than is reflected in these numbers.

Results indicate that attention to co-occurring disorders continues to be emphasized in our system, and that increasing numbers of CD consumers are recognizing their own mental health needs. This poses a particular challenge for consumers in addiction treatment who are not covered by Oregon Health Plan and may have very limited access to mental health services beyond what can be provided within the CD program.



* Percent answering "Yes" to the question: "Are you talking about Mental Health issues with your A & D counselor?"



Percent answering "Yes" to the question: "Do you think you have a mental health issue?"

Ethnicity and "Discrimination"

After extensive debate, QMC decided to eliminate the question used in previous years which asked people to identify their ethnicity. In the past we have analyzed responses by ethnic group in an attempt to detect any difference in satisfaction levels which might suggest problems with cultural competency. In fact, the numbers for groups other than Latinos have been fairly small and we've seen no meaningful differences in responses for any ethnic group. QMC decided that their real interest is in learning whether people feel that they have been discriminated against. They identified a number of characteristics that could be the basis for unequal treatment. The new question asks for a YES/NO answer to "I feel that staff treat me unfairly." Those who answer "YES" are asked to check whether this is because of race, age, gender, sexual orientation, religion, physical

disability, or other condition. Five percent of all survey respondents (105 people) said “YES” to this question. Only 27 people cited specific reasons for discrimination, and 10 of these were from the Marion County methadone program. The reasons cited were:

- Age 6
- Gender 4
- Physical Disability 5
- Race 6
- Religion 3
- Sexual Orientation 3

Another 27 people checked ‘Other’ condition, but the six who offered an explanation referred to problems with staff responsiveness (“Some staff does not take me seriously”) rather than citing a reason for what they experience as unfair treatment.

Open –Ended Question

Again this year only one open-ended question was included: “What one thing could we do to improve the services you have received?” Responses to this question were analyzed by sorting responses into themes. The following summary offers a high level analysis for BCN as a whole. Further value should be derived by individual agency review of the written comments from their own surveys.

Frequency and Themes

Overall the responses on this question were not markedly different from what was received last year. The question was left *Blank* by 51% of respondents. Another 8% wrote in a *Non-response* (such as “idk”, or “n/a”), or offered a comment that was categorized as *Miscellaneous*. These included jokes, unintelligible answers, requests for snacks, and issues related to costs for non-OHP clients. On a full 26% of surveys, rather than offering a suggestion the respondent either wrote a very specific *Positive Comment* or said that *Nothing* should be changed. Of the 15% of surveys which contained improvement suggestions, the categories receiving more than 20 responses included the following:

- 57 people requested *More* of the services they receive, such as more one-on-one counseling sessions in CD programs, more frequent or longer sessions in MH, more respite care and family support services.
- 55 people suggested improved attitudes or behaviors by *Staff* or indicated unhappiness that specific staff had left the program.
- 55 comments which were categorized as relating to *Clinical Approach* also included some relating to program expectations (in CD and other mandated treatment) and eligibility processes in New Solutions and EAST.
- 40 people indicated interest in having more help and information related to *Other Community Resources*, most often transportation but also including peer support and housing.
- 36 comments categorized as *Times/Hours* focused primarily on more convenient hours, including early mornings for methadone dosing and evening counseling appointments.

- 37 *Facility* comments were most often a request for other service locations or related to waiting rooms – the availability of water was the most frequent idea.
- 26 comments about *Groups* were almost all from CD programs and related to group rules, materials, and expectations.
- 22 suggestions included in *Front/Secretary* included some negative comments about staff attitudes and behaviors, but this year most were requests for easier processes for making appointments, or for reminder calls.
- 20 suggestions related to *Medications* came from people with concerns about prescribing practices or interactions with medical staff, but also included coordination with pharmacies.

Summary and Conclusions

This year's survey scores and the large number of positive comments continue to reflect very high overall satisfaction with services. On the first 12 questions we changed some wording and eliminated a neutral response, with the result that more people chose the positive response. We do not know to what extent the increased scores compared to last year might also reflect improved performance and actual increase in satisfaction. On the trauma, co-occurring disorders and medications items which were not changed, we did see that scores continued to improve.

One approach to improvement is to reduce variation in performance by identifying agencies with low scores on critical items and providing targeted technical assistance and support. Quality Management Committee will examine the results on each question by agency in order to determine where this kind of focus is needed. We also expect that each agency will note areas of concern from both their scores and the comments, and will use this data as guidance in developing their internal quality management and supervisory strategies. Where it is not clear from the results how respondents interpreted the questions or what actions might be relevant, the agency is encouraged to use focus groups or other mechanisms to further explore their clients' experiences and desires.