

Operationalization of Person-Centered Care: A Survey of Clients in South Florida Health Facilities

Prepared by the *Person-Centered Care in Behavioral Health Working Group*
University of Central Florida

Introduction

Operationalization of person-centered care has been underexplored in the context of substance use disorder (SUD) treatment¹. Therefore, our research objective was to identify methods for operationalization of person-centered care across eight dimensions^{2,3} and to examine the perceived importance of each of these practices from the perspectives of current and former behavioral health treatment clients in South Florida. Achieving this objective involved a two-step process: 1) identifying potential practices for operationalizing person-centered care across eight dimensions using in-depth qualitative interviews with South Florida behavioral health clients and treatment staff; and 2) examining the extent to which client believe the identified practices are important. This report focuses on the second step. Given that treatment providers have resource, staff, and time constraints, identification of the relative importance of different potential person-centered practices within each dimension is necessary.

Methods

Instrument development

Our research team drafted a survey instrument based on results of phase 1 of the research study, which involved interviewing a convenience sample of clients and staff at South Florida Behavioral Health Network (SFBHN) affiliated treatment centers regarding potential methods of operationalizing PCC. The survey instrument was piloted with an advisory board of SUD/MHD treatment staff using a cognitive interviewing process, after which it was modified and coded in Qualtrics online software. We then piloted the online survey instrument with three SUD/MHD clients and then further modified the instrument. The survey instrument was structured but included a few open-ended response options.

Ethics

This research was approved by the University of Central Florida Institutional Review Board. Respondents were asked to provide their informed consent prior to proceeding with the survey.

Person-Centered Care in Behavioral Health Working Group

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Data collection

We recruited a convenience sample of clients associated with SFBHN SUD/MHD treatment facilities during Summer and Fall 2020. To recruit clients, we provided a recruitment text, Explanation of Research, and the online survey link via email to SFBHN. SFBHN sent this information to administrators at its facilities, asking them to share it with providers, who were then asked to share it with clients.

SFBHN repeated its recruitment messages weekly for one month. Additionally, we mailed flyers to administrators at each of the SFBHN facilities, asking administrators to distribute the flyers to patients. These flyers had contact information for Dr. Andraka-Christou, who would respond to clients by providing the Explanation of Research and the online survey link. Also, in response to a request from one provider, Dr. Andraka-Christou mailed paper versions of the survey to one facility with self-addressed return envelopes. Respondents were offered a \$20 incentive for survey completion.

Data analysis

Survey responses were analyzed using descriptive statistics in R software. Due to sample size limitations and timing, inferential statistical options were limited.

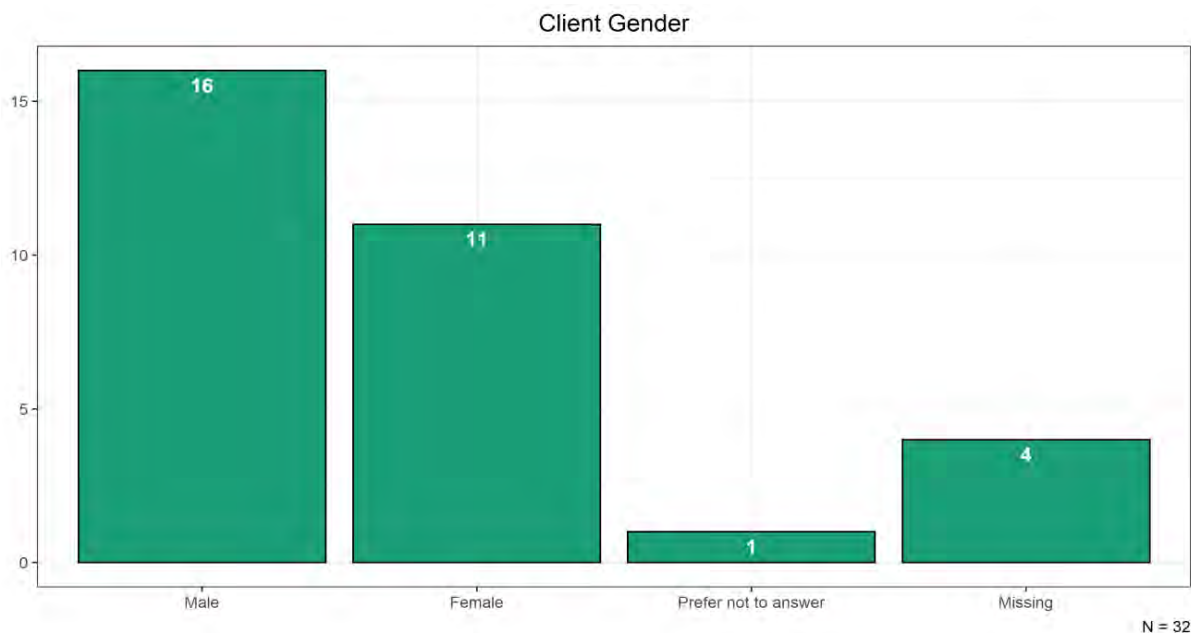
Results

Below we present results for demographic questions, as well as questions measuring the extent of perceived importance of person-centered practices across eight dimensions.

Participant sample

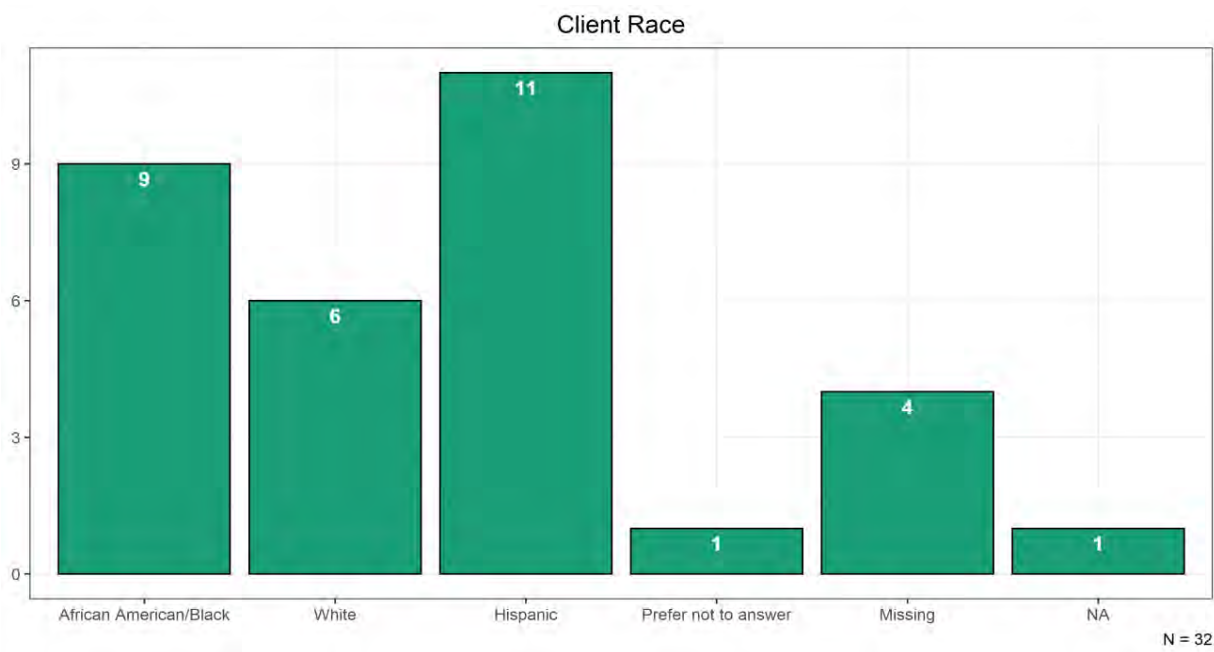
Different numbers of clients completed different items in the survey, with some questions prompted based on skip logic. Most survey respondents who indicated their gender were male (n=16), with fewer being female (n=11). See Figure 1.

Figure 1



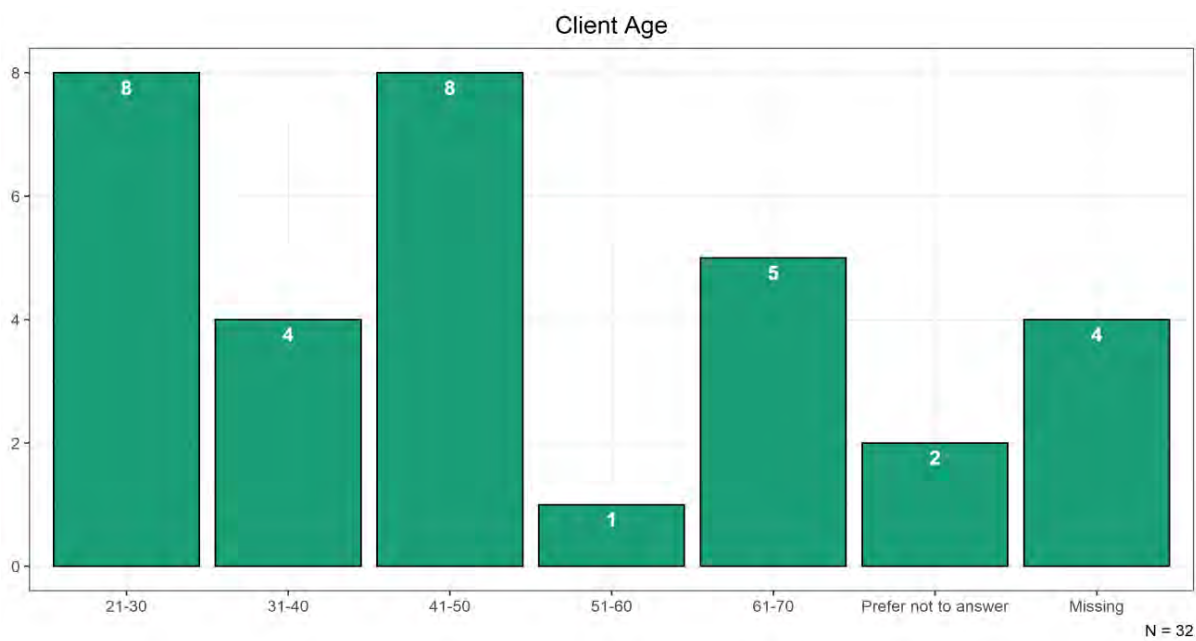
Respondents were prompted to identify their race/ethnicity and could select more than one answer. The most frequently selected race/ethnicity was African American and/or Hispanic. See Figure 2.

Figure 2



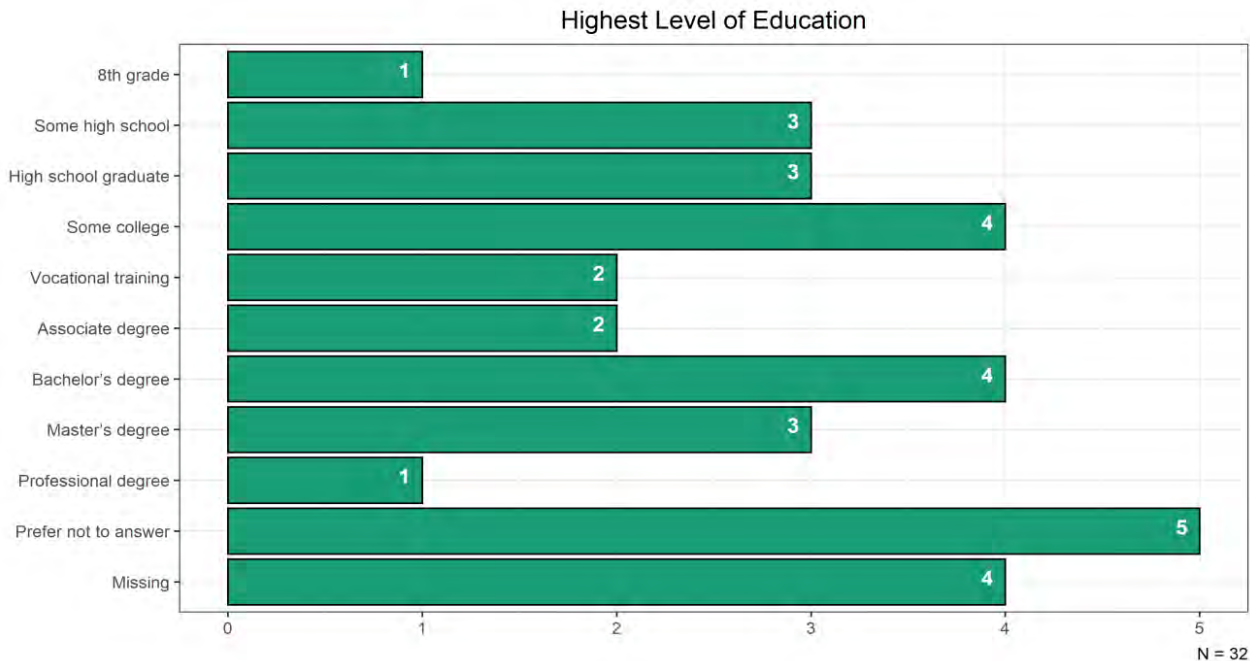
Clients indicated a wide range of ages. See Figure 3.

Figure 3



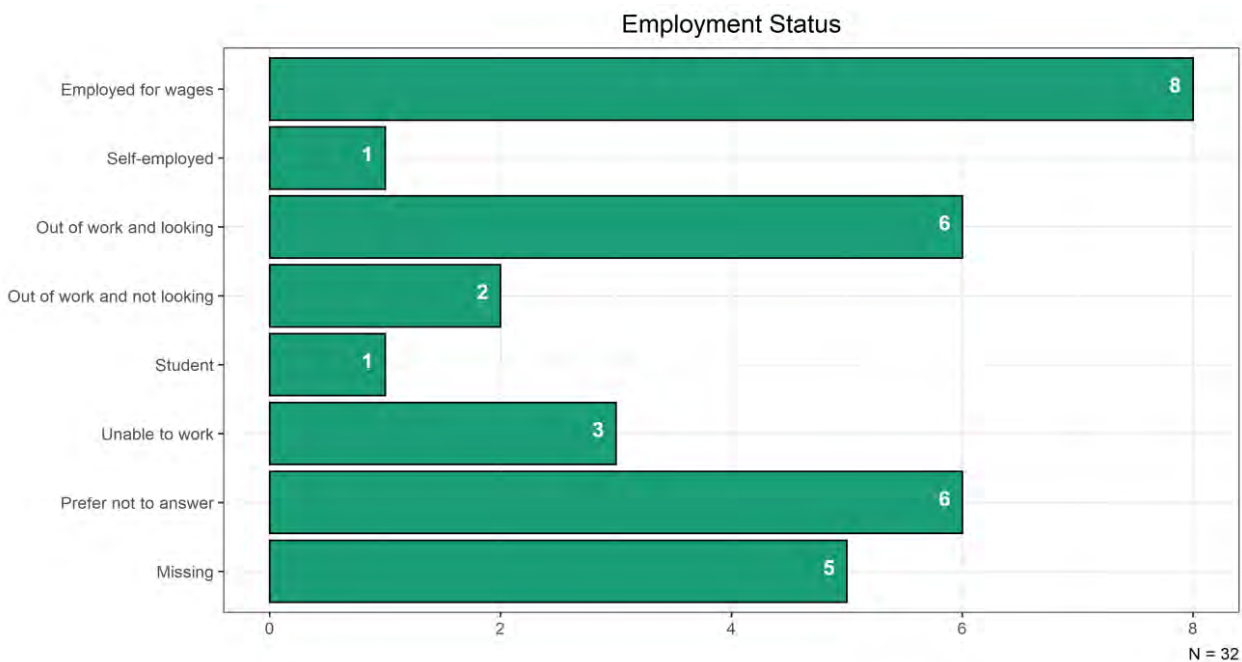
Approximately half of the respondents had at least a bachelor's degree. See Figure 4.

Figure 4



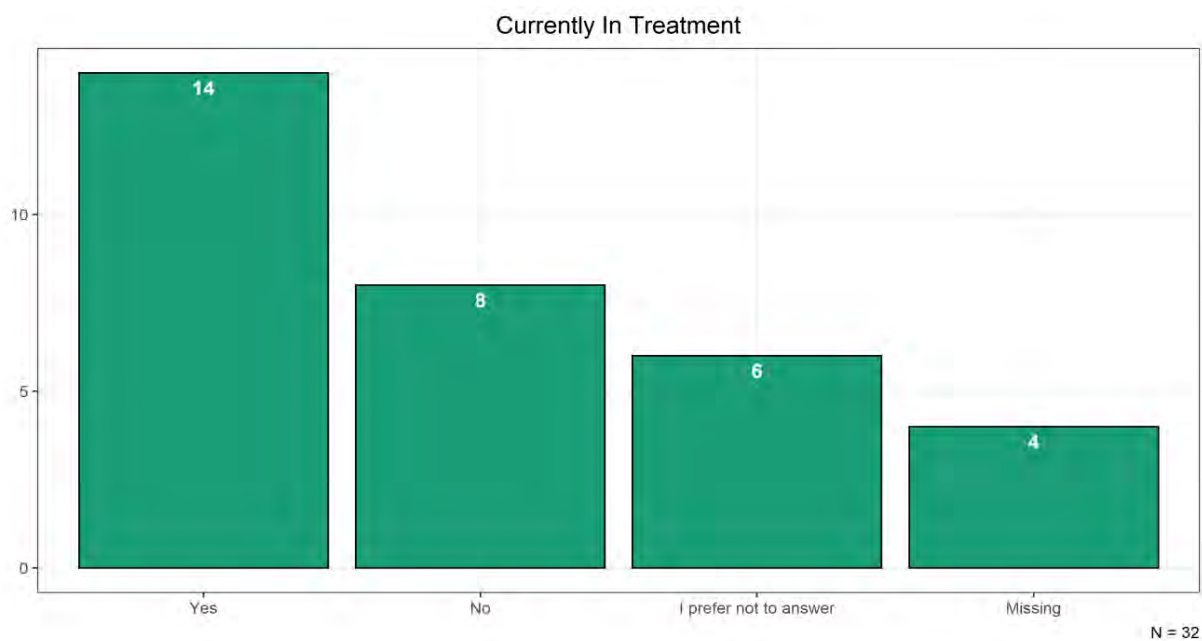
Respondents indicated a wide range of employment statuses. See Figure 5.

Figure 5



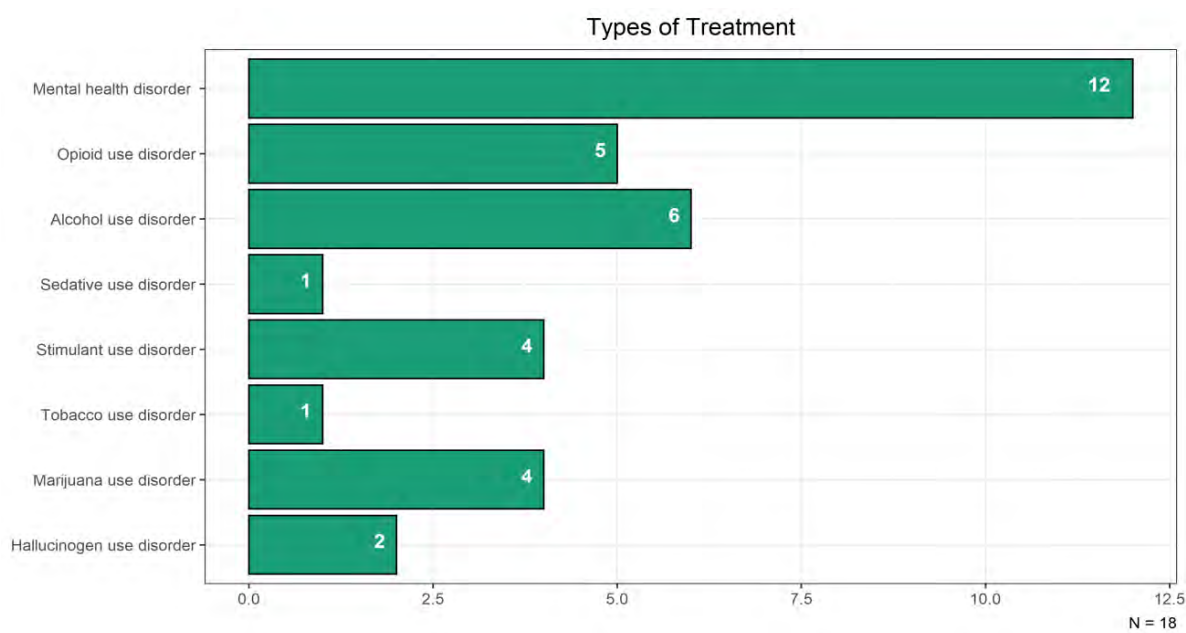
The survey asked respondents if they were currently in treatment for SUD. It was more common for respondents who provided treatment status to be in treatment than out of treatment. See Figure 6. Others may have previously been in SUD treatment or may currently be in MHD treatment only - treatment histories were not explored. Given that co-occurring SUD and MHD are common, we kept answers regarding SUD preferences for all respondents, regardless of whether they indicated they were currently in SUD treatment.

Figure 6



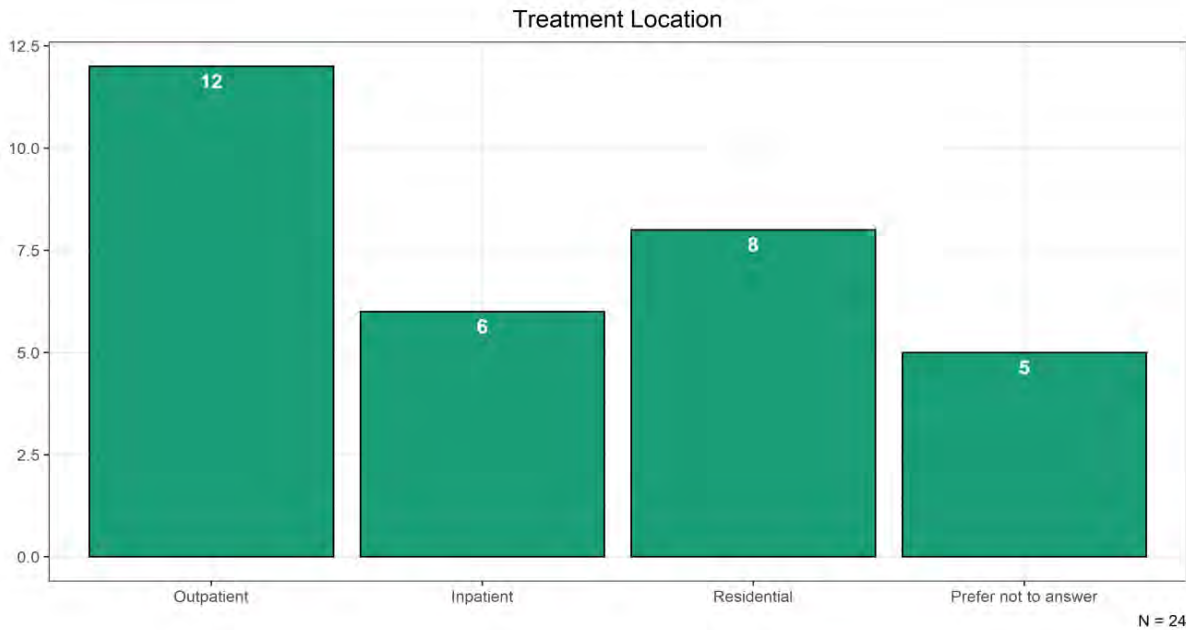
They were asked to indicate whether they had ever received treatment for a MHD and/or SUD. Respondents could select more than one option. 18 respondents indicated types of treatment they had currently or previously received. The most commonly indicated treatment was for MHD. Among the SUDs, alcohol use disorder and opioid use disorder treatment were most common, followed by marijuana use disorder and stimulant disorder. See Figure 7.

Figure 7



Clients were asked to indicate the types of facilities in which they had ever received treatment. Clients could select more than one option. Outpatient was most frequently selected. See Figure 8.

Figure 8



Preferences regarding Operationalization of Person-centered Care

Dimension 1: Respect for client preferences, values, and culture

Respect for client preferences

The survey asked respondents to specify how important it is for an SUD treatment facility to have each of the following practices: offering confidential ways for clients to express grievances; offering a new counselor when a client is dissatisfied with a current counselor; allowing clients to select among different group counseling topics; individualizing of group counseling topics to client needs; tailoring of services to different SUDs; asking clients about their treatment modality preferences; allowing clients to select harm reduction as a goal for drug use; allowing clients to select harm reduction as a goal for alcohol use; having 12-step groups available on-site; having non-12 step groups available on-site; and allowing clients to attend non-12 step groups.

For each of these individualization practices, more than two-thirds of respondents felt it was either "absolutely essential" or "very important", including the practices that our team felt are not indicative of person-centered care (e.g., requiring peer support group participation). Only a small minority of respondents selected "not important at all" or "of little importance" for any of the options. However, differences existed with respect to frequencies that a respondent felt a policy was "absolutely essential". Among practices, the "absolutely essential" was most frequently indicated for clients can choose to attend non-12- step groups, non-twelve-step peer support groups are available on site, and twelve-step peer support groups are available on site.

Table 1 Frequency of responses to items about individualization of treatment

Question Text	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
Clients can choose to attend non-twelve-step instead of twelve-step peer support meetings	0	0	1	11	15
Non-twelve-step peer support groups are available on site	0	0	3	9	15
Twelve-step peer support groups are available on site	0	0	2	7	17
When setting treatment goals, clients may select harm reduction as a goal for alcohol	2	1	0	10	1
When setting treatment goals, clients may select harm reduction as a goal for illicit drugs	2	1	0	9	1
Clients are asked their preference with respect to treatment modality	0	0	1	12	1
Treatment services are tailored to different types of SUD	0	0	0	10	3
Group counseling discussion topics are individualized based on the group members needs	0	0	0	10	3
When setting treatment goals, clients may select harm reduction as a goal for illicit drugs	2	1	0	9	1
Clients are asked their preference with respect to treatment modality	0	0	1	12	1
Treatment services are tailored to different types of SUD	0	0	0	10	3
Group counseling discussion topics are individualized based on the group members needs	0	0	0	10	3
Clients may select among different group counseling topics	0	0	1	6	2
Clients express discontent with their current counselor, offered a new counselor	0	1	3	9	3
Confidential ways are provided for clients to express grievances	0	0	0	9	3

Respondents were also asked to write in the ideal number of participants for a group counseling session. The modal response was 10 group participants.

Respect for culture

The survey asked respondents to specify how important it is for an SUD treatment facility to offer certain services/have certain policies related to respecting client culture: allowing transgender clients to sleep in the housing facility of the gender with which they identify; asking clients about counselor characteristic preferences (e.g. ethnicity) before assignment to a counselor; having staff demographic diversity match client demographic diversity; having bilingual staff; offering outreach services in non-English languages; offering programming in non-English languages; and having interpreter services available. For each of these practices, more than half of respondents felt it was either "absolutely essential" or "very important." Only a small minority of respondents selected "not important at all" or "of little importance" for any of the options.

The most frequently selected "absolutely essential" practices were having bilingual staff and having interpreter services available. See figure 9.

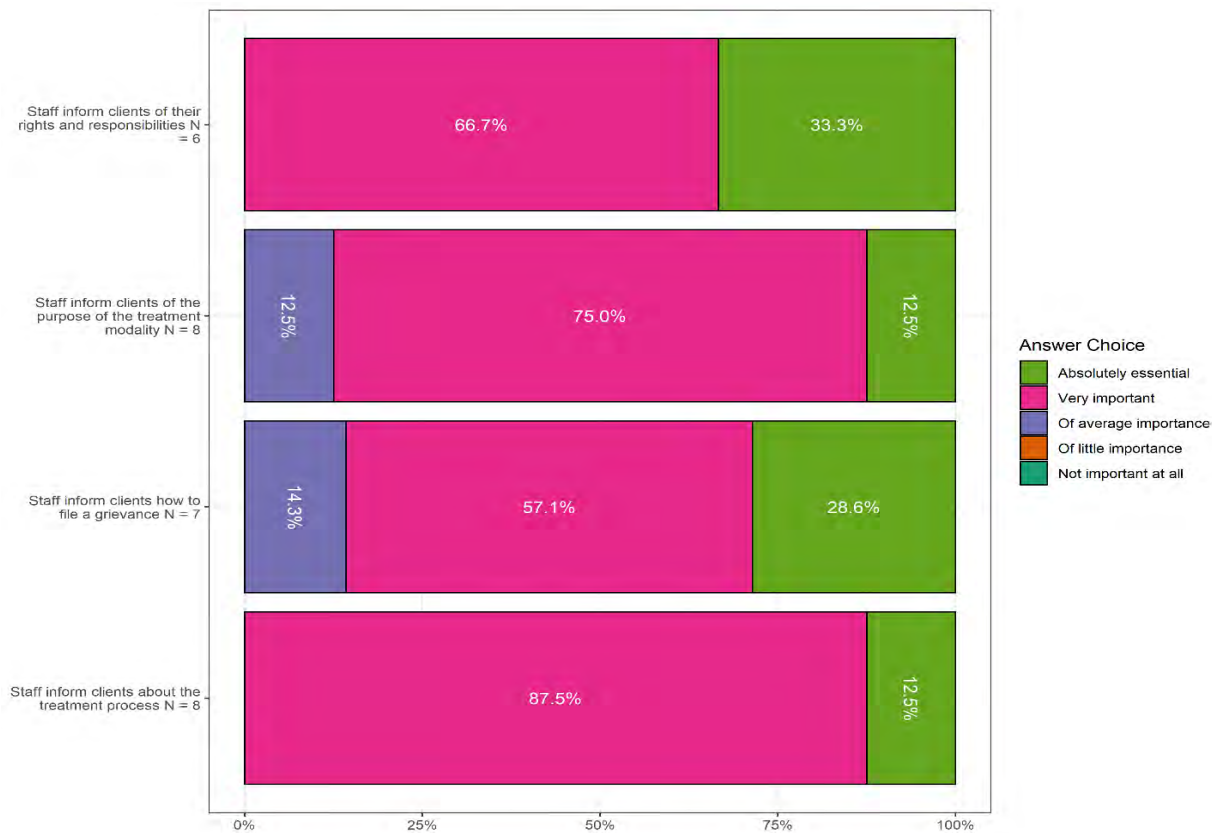
Figure 9



Dimension 2: Provision of information

Respondents were asked to indicate the perceived importance of SUD treatment facilities providing the following types of information: client rights and responsibilities, treatment purpose, treatment process, and how to file grievances. For each type of information, at least 80% of the respondents believed it is "absolutely essential" or "very important" for the facility to provide this type of information. However, respondents were more than twice as likely to believe it is "absolutely essential" to provide information regarding rights and responsibilities and how to file a grievance, as compared to treatment purpose or process. See Figure 10.

Figure 10



Dimension 3: Integration of care

Respondents were asked to indicate the perceived importance of SUD treatment facilities offering a range of services related to integration of care: staff arrange appointments for clients with outside healthcare providers, treatment notes are obtained from clients' outside healthcare providers, treatment notes are shared with clients' outside healthcare providers, psychiatric evaluations are offered for new clients, physical examinations are offered for new clients, Hepatitis testing is available on site, HIV testing is available on site, psychiatric care is available on site, OBGYN care is available on site, dental care is available on site, primary care is available on site, group counseling for co-occurring mental health disorders is available on site, and individual counseling for co-occurring mental health disorders is available on site. For each type of care, at least 70% of the clients believed it was "absolutely essential" or "very important." The following types of care were most often selected as being "absolutely essential": psychiatric evaluations for new clients, psychiatric care, and individual counseling for co-occurring mental health disorders. See Figure 11

Figure 11

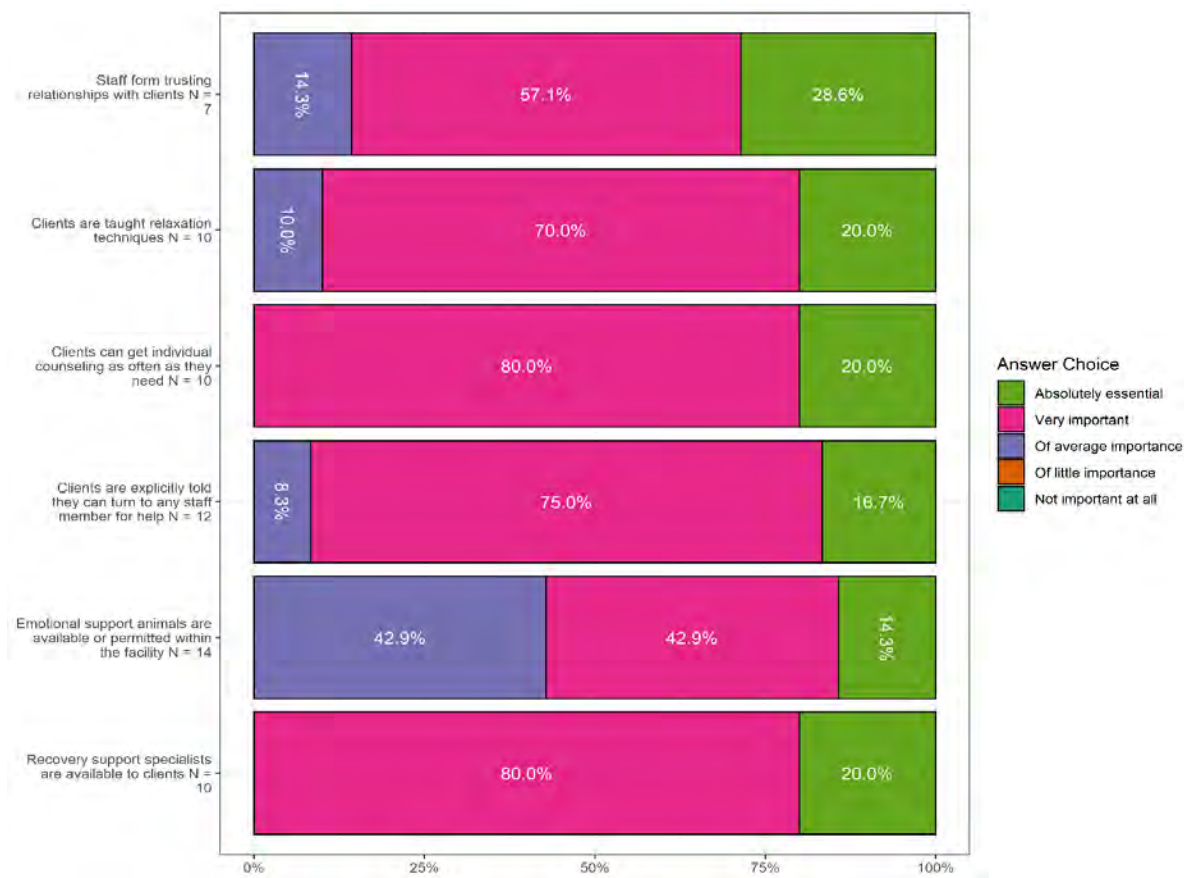


Dimension 4: Emotional Support

Respondents were asked to indicate the perceived importance of the following within SUD treatment: staff form trusting relationships with clients, clients are taught relaxation techniques, clients can get individual counseling as often as they need, clients are explicitly told they can turn to any staff member for help, emotional support animals are available or permitted, and recovery support specialists are available.

For each practice, except having emotional support animals available/permitted, 75% of respondents selected "absolutely essential" or "very important." More than 50% of respondents selected "absolutely essential" or "very important" for having emotional support animals available/permitted. Within this dimension, no respondents selected "not important at all" or "of little importance." The practice most frequently identified as being "absolutely essential" was staff form trusting relationships with clients. See Figure 12.

Figure 12

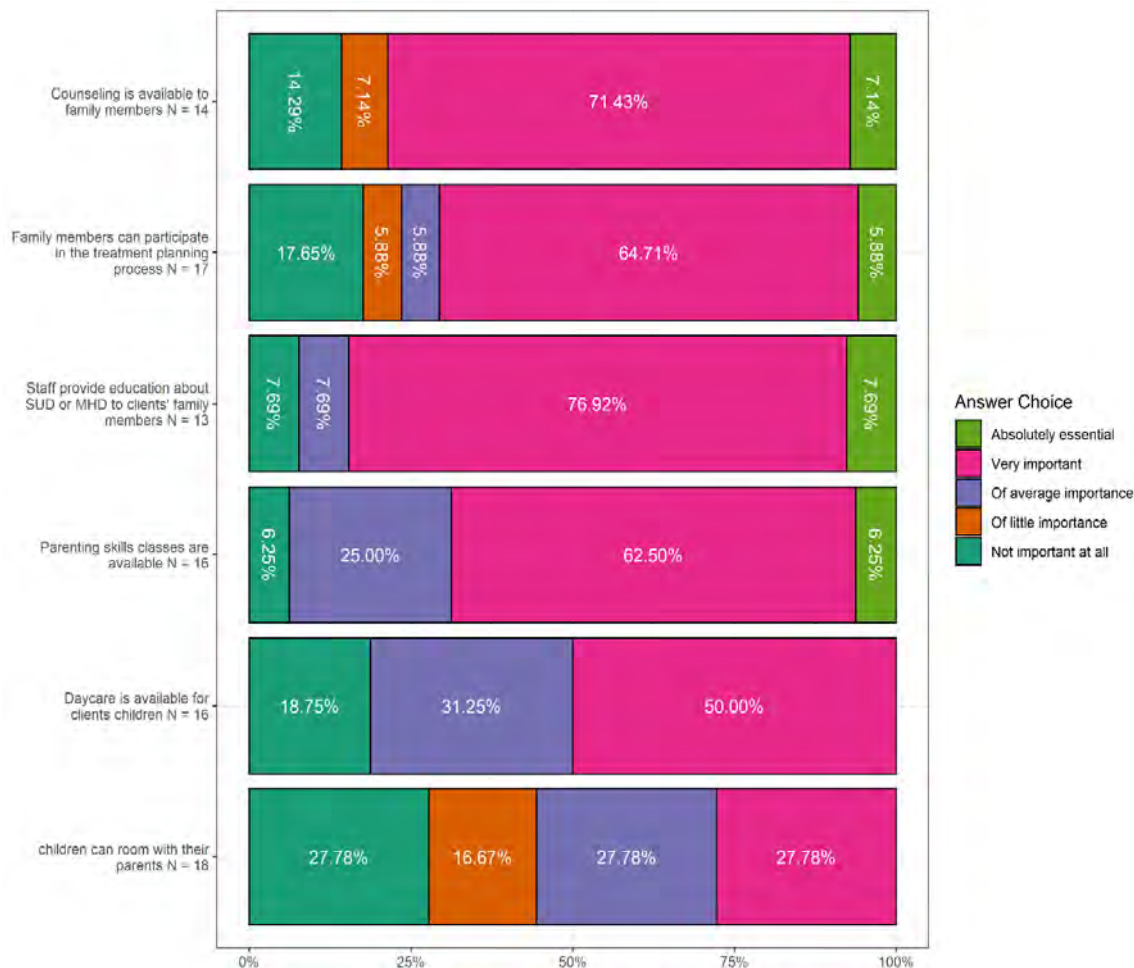


Dimension 5: Family Integration

Respondents were asked to indicate the perceived importance of the following within SUD treatment: children can room with their parents, daycare is available for clients' children, parenting skills classes are available, staff provide education about SUD or MHD to clients' family members, family members can participate in the treatment planning process, and counseling is available to family members.

At least 50% of respondents indicated that each practice, with the exception of allowing minor children to room with their parents, was either "absolutely essential" or "very important." However, fewer than 10% of clients selected "absolutely essential" for any of the practices. See Figure 13.

Figure 13

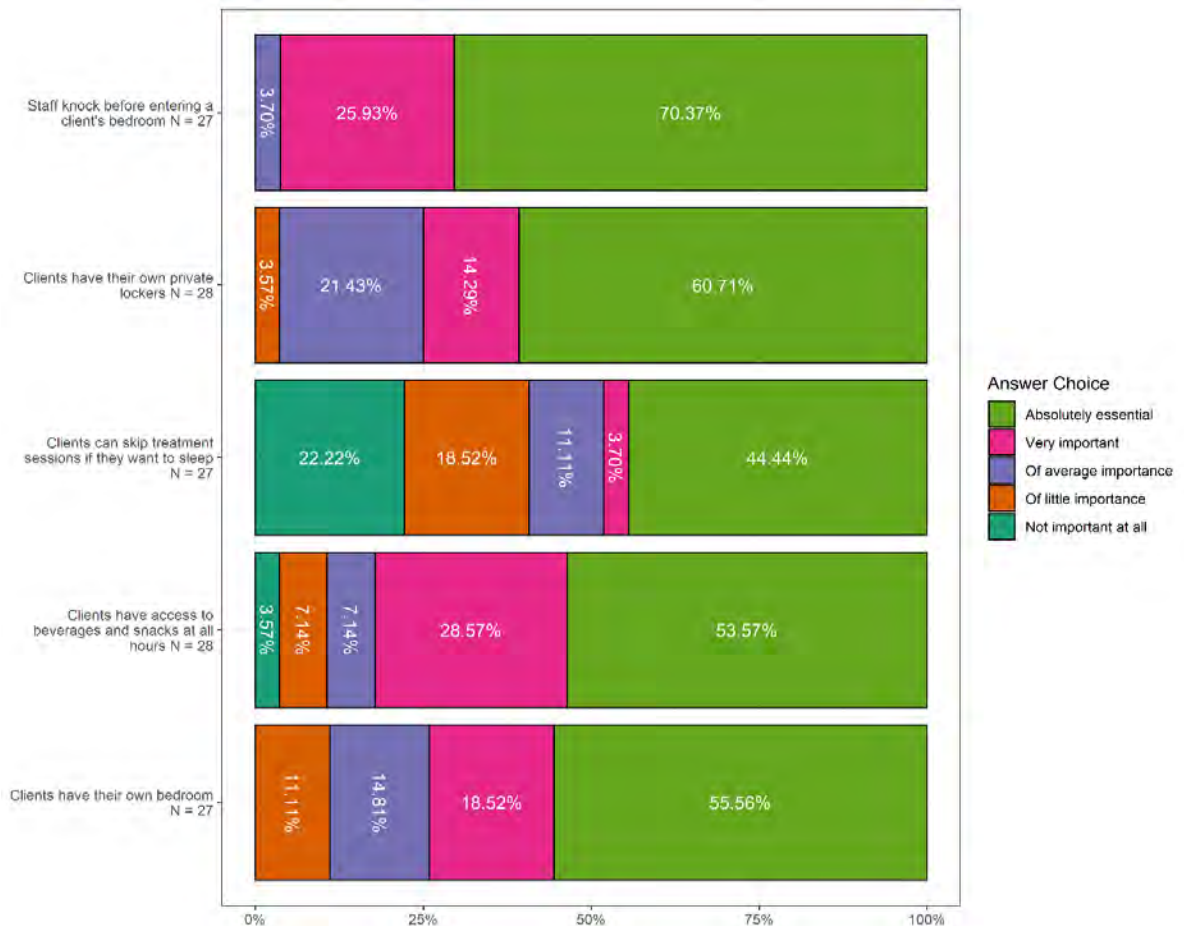


Dimension 6: Physical Comfort

The survey asked respondents to specify how important it is for a residential SUD treatment facility to have certain policies related to physical comfort: staff knock before entering a client's bedroom, clients have their own private lockers, clients can skip treatment if they want to sleep, clients have access to beverages and snacks at all hours, and clients have their own bedroom.

For each of the practices, at least 50% of respondents indicated the practice was either "absolutely essential" or "very important", with the exception of clients can skip treatment if they want to sleep. Among the operationalization practices, "absolutely essential" was most frequently chosen for staff knocking before they enter clients' rooms. See Figure 14.

Figure 14



Respondents were asked to write in the ideal number of roommates for a client in a residential treatment facility. The mean response was 1.89 roommates. The median response was 1.5 roommates and the modal response was 1 roommate. The lowest number provided was 1 roommate and the highest number provided was 4 roommates.

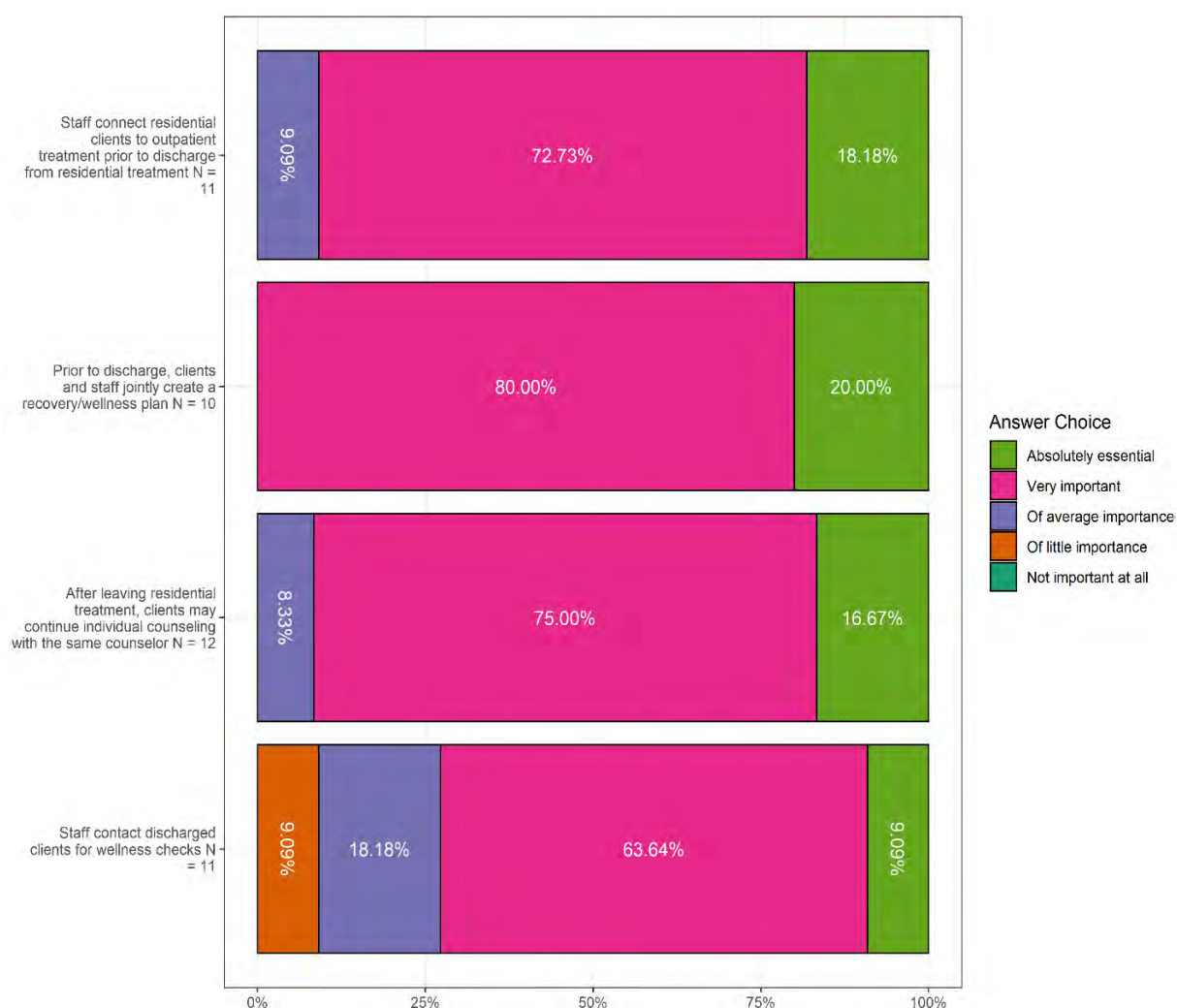
Questions in the "transition out of care" dimension related to aftercare, housing support, employment support, educational support, and assistance with legal/benefits applications.

Aftercare:

For transition out of care, respondents were asked to indicate their perceived importance of each of the following: staff connect residential clients to outpatient treatment prior to discharge; prior to discharge, clients and staff jointly create a recovery/wellness plan; after leaving residential treatment, clients may continue seeing the same counselor they had in residential treatment; and staff contact discharged clients for wellness checks. For each of these practices, at least 70% of respondents considered the practice essential. Among practices, "absolutely essential" was most often selected for clients and staff jointly creating a recovery/wellness plan prior to discharge. See Figure 15.

Additionally, respondents were asked to write-in the frequency with which they believed discharged clients should be contacted for follow-up. The modal response was 30 days.

Figure 15



Housing support, employment support, educational support, and assistance with legal/benefit applications:

Respondents were asked to rate their perceived importance for each of the following housing support practices: the facility provides clients with funds for housing-related costs; staff help clients complete housing applications; staff identify affordable housing options for clients; and staff contact housing options on clients' behalf. For each practice, at least 80% of respondents indicated that it was either "absolutely essential" or "very important."

Respondents were asked to indicate their perceived importance of each of the following employment support practices: offering experiential job opportunities on site; offering resume preparation or interview practicing; offering computer skills education; hosting job fairs on site; helping clients obtain work-appropriate clothing; and allowing clients to use computers for job searches. For each practice, at least 50% of respondents selected that it was "absolutely essential" or "very important", except for hosting job fairs on site.

Respondents were asked to indicate their perceived importance of each of the following educational support practices: staff help clients' complete applications for college or other education; GED classes are held onsite; and English as a second language (ESOL) classes are held onsite. At least 50% of respondents selected "absolutely essential" or "very important" for helping clients complete applications and holding ESOL classes onsite.

Respondents were asked to indicate their perceived importance of each offering assistance with preparing each of the following legal/benefit applications: health insurance, disability, Supplemental Nutritional Assistance Program, Temporary Assistance for Needy Families, and applications for legal documents (e.g., drivers license.) At least 80% of respondents selected "absolutely essential" or "very important" for each of these practices.

Table 2 Housing, employment, education, & legal assistance/benefits applications

Subdomain	Question Text	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
Housing support	The facility provides clients with funds for housing-related costs	0	1	1	11	2
Housing support	Staff help clients complete housing applications	0	0	0	7	3
Housing support	Staff identify affordable housing options for clients	0	0	1	8	3
Housing support	Staff contact housing options on clients' behalf	0	0	0	10	3

Subdomain	Question Text	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
Employment support	Experiential job training opportunities are available onsite	0	0	1	9	2
Employment support	Resume preparation or interviewing practice is offered	0	0	2	9	2
Employment support	Computer skills education is offered	1	0	3	5	2
Employment support	The facility hosts job fairs	1	0	6	5	2
Employment support	Staff help clients obtain work-appropriate attire	0	2	2	6	2
Employment support	Clients can use facility computers to search for jobs	0	0	3	10	2

Subdomain	Question Text	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
Educational support	Staff help clients complete applications for college or other education	0	0	1	10	2
Educational support	GED classes are held onsite	1	1	5	4	2
Educational support	English as a second language (ESOL) classes are held onsite	1	1	4	4	2

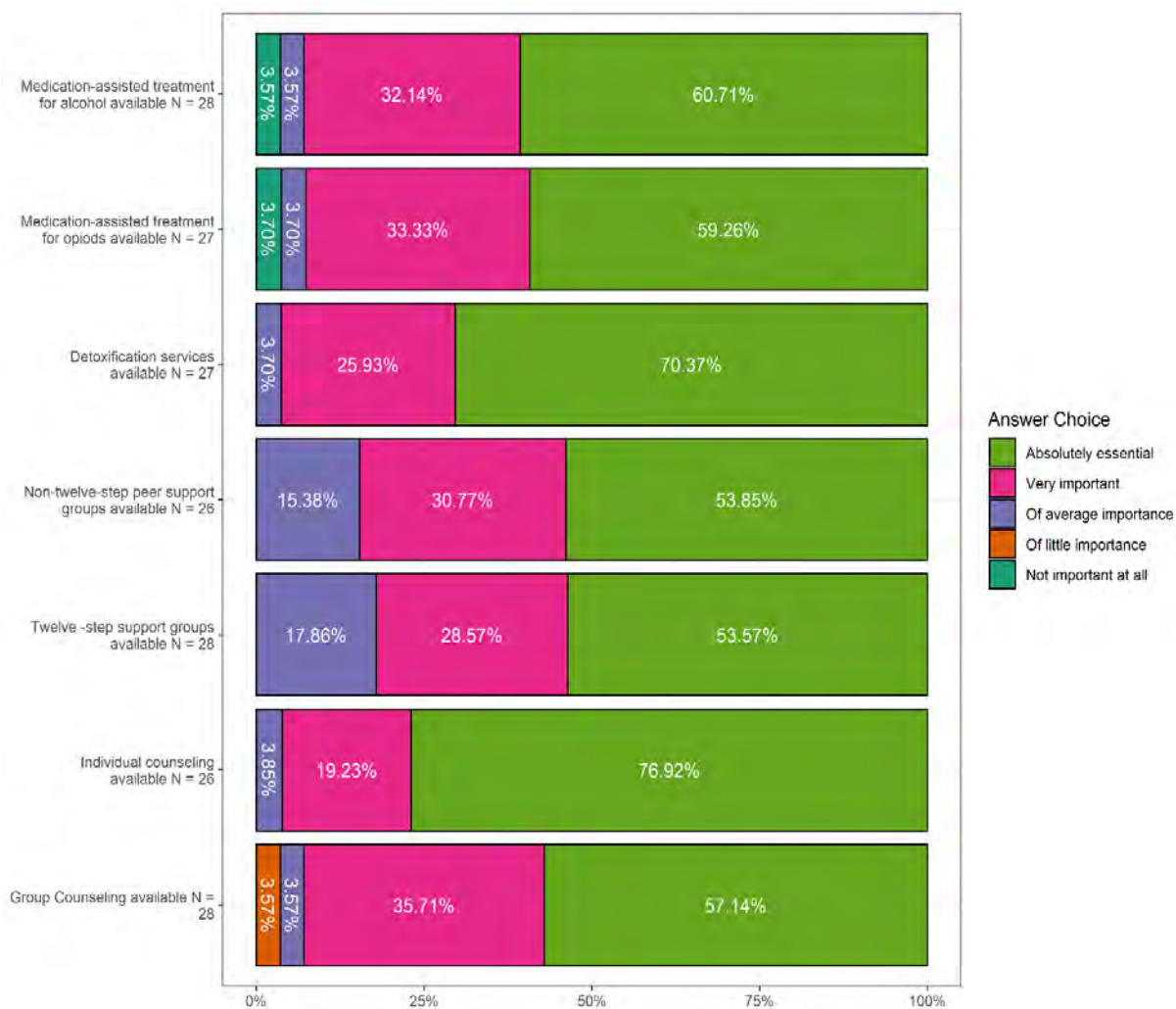
Subdomain	Question Text	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
Assistance with legal/benefits applications	Health insurance applications	0	0	3	7	2
Assistance with legal/benefits applications	Disability benefit applications	0	1	0	8	2
Assistance with legal/benefits applications	Supplemental Nutritional Assistance Program applications	0	0	1	7	2
Assistance with legal/benefits applications	Staff help clients complete applications for Temporary Assistance for Needy Families	0	0	1	8	2
Assistance with legal/benefits applications	Legal identification document applications (e.g., obtaining IDs)	0	0	2	6	2

Dimension 8: Access to evidence-based treatments

The survey asked respondents to specify how important it is for an SUD treatment facility to offer various SUD treatments: MAT for alcohol use disorder, MAT for opioid use disorder, detoxification services, non-12 step groups, 12-step groups, individual counseling, and group counseling.

A very small minority (<5%) of respondents selected "not important at all" or "of little importance" for any of the options. For each SUD treatment, more than 80% of respondents felt it was "absolutely essential" or "very important" that SUD treatment facilities offer the services. Among the treatment services offered, respondents most often selected "absolutely essential" for detoxification availability and individual counseling availability. See Figure 16.

Figure 16



Limitations

Our results have several limitations. First, the sample is one of convenience rather than a random or representative sample. Therefore, generalization to other clients may not be possible. For example, those clients who opted into this voluntary survey may have been more motivated to respond due to previous extreme positive or negative experiences in MHD/SUD treatment. Second, our sample size is small, despite repeated attempts at recruitment utilizing several approaches. Recruitment was likely hindered due to the COVID-19 pandemic, during which staff and clients may have had limited free time.

Additionally, many in the target population may lack computers for accessing the survey, either due to socioeconomic barriers or being in a residential/inpatient facility without client computer access. Lastly, even though several of the questions involved SUD treatment, a few clients indicated that they had only ever received MHD treatment. Nevertheless, they may still have preferences for SUD treatment.

Conclusions

Using a mixed method exploratory approach, our research team 1) identified potential practices for operationalizing person centered care in SUD treatment, and 2) examined perceptions of importance of each of these practices from the perspective of current and former behavioral health clients in South Florida. Importantly, we found that most of the practices that we identified in the first step of our research were considered either "absolutely essential" or "very important" by survey respondents.

Respondents' own experiences and needs likely informed what they believe are important practices. For example, most respondents indicated that they had experience with mental health treatment, which may explain the frequently indicated importance of psychiatric services and individual mental health counseling services in our survey. Even for clients with SUD, previous research indicates that mental health conditions are a commonly co-occurring condition⁴ - an important factor for SUD facilities to consider when designing services. The relative frequency with which respondents considered availability of bilingual staff and interpreter services for Dimension 1 may be related to the respondents' residence in South Florida – a multilingual and multicultural environment. Interestingly, although at least 50% of respondents selected either "absolutely essential" or "very important" for each family integration practices (other than permitting minor children to room with parents in residential treatment), relatively few respondents (less than 10%) selected "absolutely essential" for any family integration practice. This result may reflect the fact that the majority of respondents were male - a gender that is historically tasked with fewer child-rearing tasks than females in the U.S.

In contrast, for each practice in Dimension 8 (providing access to evidence-based treatment), at least 50% of respondents selected "absolutely essential". In combination, results from Dimension 3 (integration of care) and Dimension 8 suggest that respondents believe SUD facilities should offer a wide range of treatment options, including mental health, substance use, and

physical health services. At the same time, results from Dimension 1 (respect for client preferences, values, and culture) suggest that clients value opportunities to individualize treatment. For example, more than 75% of respondents indicated that ability to select harm reduction as a goal for drug use or alcohol use is "absolutely essential" or "very important." Though based on a nonrepresentative, convenience sample of former and current behavioral health clients, our results suggest avenues for future

research, including data collection from a larger sample of clients an identification of characteristics of facilities most likely to offer services found important in this survey.

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Appendix: Client Survey

1. What is your preferred language?


- ☐ English
- ☐ Español (Spanish)

2. Are you currently receiving treatment for substance use disorder (i.e. addiction)?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer.

3. In which of the following MHD or SUD treatment facilities do you **currently** receive treatment for a substance use disorder (i.e. addiction)? You may select more than one.

- ☐ Agape, Inc.
- ☐ Psychosocial Rehabilitation Center, Inc.
- ☐ Here's Help, Inc.
- ☐ The Village South, Inc.
- ☐ Better Way of Miami, Inc.
- ☐ Douglas Gardens Community Mental Health Center of Miami Beach, Inc.
- ☐ Guidance Care Center, Inc.
- ☐ Institute for Child & Family Health, Inc.
- ☐ Passageway Residence of Dade County, Inc.
- ☐ The Center for Child & Family Enrichment, Inc.
- ☐ Key West HMA, LLC
- ☐ Banyan Community Health Center, Inc.
- ☐ Jewish Community Services of South Florida, Inc.
- ☐ Catholic Charities of the Archdiocese of Miami, Inc.
- ☐ Jessie Trice Community Health System, Inc.
- ☐ Citrus Health Network, Inc.
- ☐ New Horizons Community Mental Health Center, Inc.
- ☐ Community Health of South Florida, Inc.
- ☐ Concept Health Systems, Inc.
- ☐ Camillus, Inc.
- ☐ Miami-Dade County through its Community Action & Human Services Department
- ☐ Miami-Dade County through its Juvenile Services Department
- ☐ New Hope Corps., Inc.
- ☐ Public Health Trust of Miami-Dade County, Florida, d.b.a. Jackson Health Systems
- ☐ Other
- ☐ I choose not to answer



For the remainder of the survey, imagine that you are helping design a substance use disorder (addiction) treatment center, meaning a center that markets itself as providing substance use disorder treatment. Imagine that the treatment center designers want you to rate the importance of including certain features in the facility. Answer these questions based on your own preferences and experience. When answering questions, assume that “clinical staff” means people working at the treatment facility providing clinical or clinical support services. These are people working at the treatment facility who treat patients, help treat patients, or supervise patient care. These people may include physicians, nurses, counselors, social workers, case managers, administrators, recovery support specialists, and behavioral health technicians.

When answering questions, assume that "clients" means individuals who are receiving treatment for substance use disorder at the treatment center.

4. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
4A. Outpatient substance use disorder treatment is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4B. Inpatient substance use disorder treatment is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4C. Residential substance use disorder treatment is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
5A. Group counseling for substance use disorders is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5B. Individual counseling for substance use disorders is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5C. Twelve-step peer support groups are available (e.g. AA, NA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5D. Non-twelve-step peer support groups are available (e.g. SMART Recovery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5E. Detoxification services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5F. Medication-assisted treatment for opioid use disorder is available (e.g. methadone, Suboxone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5G. Medication-assisted treatment for alcohol use disorder are available (e.g. Antabuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. To what extent is it important that the following are available in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
8A. Individual counseling for co-occurring mental health disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8B. Group counseling for co-occurring mental health disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8C. Primary care (e.g. treatment for common conditions like diabetes, the flu, strep throat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8D. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8E. OBGYN or gynecological care for women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8F. Psychiatric care (provided by a psychiatrist or psychiatric nurse practitioner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8G. HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8H. HIV treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8I. Hepatitis A, B, or C testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8J. Hepatitis A, B, or C treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8K. Physical examinations for new clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8L. Psychiatric evaluations for new clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Language

9. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
9A. Interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9B. Programming (e.g. group counseling, support groups) is available in non-English languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9C. Outreach services are available in non- English languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9D. Bilingual staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peer Support Groups

10.To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
10A. Clients can choose to attend non-twelve-step peer support meetings (e.g. SMART recovery) instead of twelve-step peer support meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10B. Clients are required to attend peer support group meetings (e.g. Alcoholics Anonymous, Narcotics Anonymous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10C. Non-twelve-step peer support groups (e.g. SMART recovery) are available on site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10D. Twelve-step peer support groups (e.g. Alcoholics Anonymous, Narcotics Anonymous) are available on site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10E. Group counseling focuses on the twelve steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10F. Individual counseling focuses on the twelve steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diversity

11. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Average importance	Very important	Absolutely essential
11A. Staff demographic diversity matches client demographic diversity (e.g., if 30% of clients are Hispanic, then 30% of staff are Hispanic too)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11B. Before being assigned to an individual counselor, clients are asked about their preferred counselor characteristics (e.g. gender, ethnicity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11C. Transgender clients may sleep in the housing facility of the gender with which they identify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Treatment goals and planning

12.To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
12A. When setting treatment goals, clients may select harm reduction (e.g. reduced use or controlled use) as a goal for alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12B. When setting treatment goals, clients may select harm reduction (e.g. reduced use or controlled use) as a goal for illicit drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13.To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
13A. Clients are asked their preference with respect to treatment modality (e.g. medication, counseling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Treatment Requirements

14. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
14A. Clients are <u>not</u> required to take medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14B. Clients are required to attend group counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14C. Clients are required to attend individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14D. Clients must participate in counseling in order to receive medication-assisted treatment (e.g. Suboxone or Vivitrol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14E. Clients are given a <u>preset</u> treatment schedule (e.g. group counseling) that they must attend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S

15. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
15A. Treatment services are tailored to different types of SUD (e.g. opioid use disorder, alcohol use disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15B. Treatment services are tailored to different types of SUD (e.g. opioid use disorder, alcohol use disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15C. Clients may select among different group counseling topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15D. If clients express discontent with their current individual counselor, then they are offered a new individual counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15E. Confidential ways are provided for clients to express grievances (e.g., a suggestion box)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relationship with external healthcare providers

16.To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
16A. Treatment notes are provided <u>to</u> clients' outside healthcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16B. Treatment notes are obtained <u>from</u> clients' outside healthcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16C. Staff arrange appointments for clients with outside healthcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional support

17.To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
17A. Clients are explicitly told they can turn to any staff member for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17B. Recovery support specialists are available to clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17C. Clients can get individual counseling as often as they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17D. Staff form trusting relationships with clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17E. Emotional support animals are available or permitted within the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17F. Clients are taught relaxation techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family integration

18.To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
18A. Minor children can room with their parents in the residential facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18B. Daycare is available for clients' children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18C. Parenting skills classes are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18D. Staff provide education about SUD or MHD to clients' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18E. Family members can participate in the treatment planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18F. Counseling is available to family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Housing services

Q58 19. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
19A. The facility provides clients with funds for housing-related costs (e.g. first month's rent, application fee, furniture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19B. Staff help clients complete housing applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19C. Staff identify affordable housing options for clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19D. Staff contact housing options on clients' behalf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Vocational Training & Employment Services

20. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
20A. Experiential job training opportunities are available onsite (e.g., food preparation, gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20B. Resume preparation or interviewing practice is offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20C. Computer skills education is offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20D. The facility hosts job fairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20E. Staff help clients obtain work-appropriate attire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20F. Clients can use facility computers to search for jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20G. Staff help clients complete applications for college, vocational training, and/or other education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20H. GED classes are held onsite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20I. English as a second language (ESOL) classes are held onsite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Transitioning out of care

21. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
21A. Staff contact discharged clients for wellness checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21B. Prior to discharge, clients and staff jointly create a recovery/wellness plan for post discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21C. After leaving residential treatment, clients may continue individual counseling with the same counselor they had in residential treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21D. Staff connect residential clients to outpatient treatment prior to discharge from residential treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. To what extent is it important that each of the following occurs within a **residential** substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
22A. Clients have their own bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22B. Clients have access to beverages and snacks at all hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22C. Clients can skip treatment sessions (e.g. counseling) if they want to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22D. Clients have their own private lockers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22E. Staff knock before entering a client's bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public Assistance Services

23. To what extent is it important that staff at the substance use disorder treatment facility **help clients complete the following applications?**

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
23A. Health insurance (e.g. Medicaid, private health insurance) applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23B. Disability benefit applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23C. Supplemental Nutritional Assistance Program (i.e. food stamps) applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23D. Staff help clients complete applications for Temporary Assistance for Needy Families (e.g. cash welfare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23E. Legal identification document (e.g. birth certificates, social security documentation) applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often should staff contact clients after they are discharged to check on them? (e.g. never, monthly, every six months, annually)

.....

25. Ideally, approximately how many clients would there be in a group counseling session?

.....

26. Ideally, after starting treatment when should residential clients be able to temporarily leave the facility, such as to go shopping? (e.g. immediately, one month, never)

.....

Information Provision

27. To what extent is it important that the following occur in a substance use disorder treatment facility?

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
27A. Staff inform clients of the purpose of the treatment modality (e.g. medication, group counseling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27B. Staff inform clients about the treatment process (e.g. treatment steps, what to expect)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27C. Staff inform clients of their rights and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27D. Staff inform clients how to file a grievance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Ideally, how many roommates (if any) should a client have in a residential facility?

.....

29. To what extent is it important that the substance use disorder treatment facility **provides transportation to clients to the following?**

	Not important at all	Of little importance	Of average importance	Very important	Absolutely essential
29A. Peer support groups in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29B. Outside healthcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics

30. What is your gender?

- ☐ A. Male
- ☐ B. Female
- ☐ C. Other
- ☐ D. Prefer not to answer

31. What is your race/ethnicity? Mark all that apply.

- ☐ African American/Black
- ☐ Asian
- ☐ Asian American
- ☐ Pacific Islander/Native American
- ☐ White
- ☐ Hispanic
- ☐ Prefer not to answer

32. For which of the following behavioral health conditions **have you ever received treatment at a substance use disorder treatment facility**? Mark all that apply.

- ☐ Mental health disorder (e.g. depression, post traumatic stress disorder, anxiety)
- ☐ Opioid use disorder (e.g. misuse of heroin, fentanyl or prescription pain medications)
- ☐ Alcohol use disorder
- ☐ Sedative use disorder (e.g. misuse of Xanax, Clonopin, barbiturates, Valium)
- ☐ Stimulant use disorder (e.g. misuse of cocaine, crack, Ritalin, Adderall, methamphetamine)
- ☐ Tobacco use disorder
- ☐ Marijuana use disorder
- ☐ Hallucinogen use disorder (e.g. misuse of ketamine)
- ☐ Prefer not to answer

33. In which of the following types of substance use disorder treatment facilities **have you ever received treatment**? Mark all that apply.

- ☐ Outpatient
- ☐ Inpatient/hospital
- ☐ Residential
- ☐ Prefer not to answer

34. What is your age?

- ☐ 18-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ 71+
- ☐ Prefer not to answer

35. At approximately what age did you first receive treatment for a substance use disorder?

.....

36. Is English your native language?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

37. What is the highest level of education that you have completed?

- ☐ 8th grade
- ☐ Some high school, no diploma
- ☐ High school graduate, diploma or the equivalent (for example: GED)
- ☐ Some college credit, no degree
- ☐ Trade/technical/vocational training
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree (for example: J.D.)
- ☐ Doctorate degree
- ☐ Prefer not to answer

38. What is your current employment status?

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work and looking for work
- ☐ Out of work but not currently looking for work
- ☐ A homemaker
- ☐ A student
- ☐ Military
- ☐ Retired
- ☐ Unable to work
- ☐ Prefer not to answer

39. If you would like to receive a \$20 gift card for completing this survey, please provide your email or mailing address below. Your contact information will only be used for providing the gift card.