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

Prepared by the Person-Centered Care in Behavioral Health Working Group
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Introduction

Person-centered care (PCC) is an ethical imperative1. PCC has been defined in various ways, including treating patients as a whole person, respecting client preferences, and engaging clients in the treatment decision-making process[1]. Despite its importance, PCC has been poorly operationalized in substance use disorder (SUD) treatment[2], resulting in limited guidance for clinicians and administrators at SUD facilities or dual diagnosis facilities (i.e., those that provide both mental health care and SUD care). Furthermore, while PCC involves several dimensions (i.e. respect for preferences, education, family integration, providing physical comfort, providing emotional comfort, integrating/coordinating care, enabling access to evidence-based treatment, and facilitating transition out of care[1, 3], most research examining operationalization of PCC in SUD treatment has focused on only one or two dimensions[2].

To help address this gap, our research team conducted a mixed method exploratory study to achieve the following aims: 1) identify methods for operationalizing each of eight dimensions of PCC in SUD or dual diagnosis treatment, and 2) identify the relative frequency with which these practices are occurring in SUD facilities. Our research context is South Florida, an area that has been heavily impacted by the opioid overdose crisis and is home to many SUD facilities. Furthermore, given that people with SUD have relatively lower incomes than people without SUD, with a large portion of SUD services paid for by Medicaid, we chose to focus on staff and clients in publicly funded SUD facilities[4]. To facilitate this endeavor, we partnered with the South Florida Behavioral Health Network d/b/a Thriving Mind - a managing entity in South Florida.

Our mixed method study included three parts: 1) identifying methods for operationalizing PCC using in-depth qualitative interviews, 2) confirming the desirability of these methods with former or current behavioral health clients via client surveys, and 3) exploring the relative frequency with which these practices are occurring, using staff surveys. This report focuses on part 3 of the study.

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Information is provided below about our methods and results for the survey. Within the results section, after key findings are discussed for each dimension, comments are provided by the research team. Results from some survey questions are not provided below due to insufficient sample size (e.g., if the question was only displayed for some respondents based on skip logic.)

Methods

Ethics

This study was approved by the Institutional Review Board of the University of Central Florida. The survey began with an Explanation of Research. Participation was voluntary

Instrument development

Based on the results of Part 1 of the study (i.e., interviews with clients and staff at behavioral health facilities in South Florida), we developed a survey instrument for staff to identify the frequency of specific practices within each of the eight dimensions of PCC. This instrument is available in the Appendix. The survey also asked staff to identify their demographic characteristics, professional background, and the corporation for which they work. We piloted the survey with an advisory board of stakeholders, including a representative from the managing entity, a peer support specialist, and a therapist

Data collection

To recruit staff for the survey, our collaborating managing entity shared a recruitment message drafted by the research team, a survey link, and an Explanation of Research with administrators and staff at its partnering behavioral health facilities. The recruitment message encouraged staff to share the email with others. Based on the advice of our advisory board and stakeholder feedback, a financial incentive was not offered to administrators or clinicians but was available to other types of staff (e.g., peer support specialists.) Reminder emails were sent weekly for one month.

Data analysis

Data were analyzed using descriptive statistics. Since the respondents were embedded within corporations, and practices across corporations may be consistent, for questions about PCC practices the unit of analysis was the corporation. Additionally, we examined differences between responses from administrators and non-administrators, since previous literature outside of the SUD field has found differing perceptions of practices between administrators and non-administrators within the same corporation[5, 6].

Some dimensions included numerous survey questions (e.g., Dimension 7), so these dimensions were broken down further into domains (e.g., Dimension 7 was broken down into post-discharge care, help with housing, help with education, help with employment, help with obtaining legal documents). We

then compared responses across each domain of the same dimension to identify the domain with the highest and lowest frequency of PCC practices, as described in more detail below.

For each Likert-scale question in Dimensions 1, 3, 4, and 7, we identified the answer that is most person-centered (we call this a "green flag" response) and the answer that is least person-centered (we call this a "red flag" response). For example, for the survey item "bilingual staff are available", the "green flag" response was "always", and the "red flag" response was "never". Decisions regarding which answers were the most or least person-centered were based on our results from Part 1 of the study, existing scholarly literature regarding PCC, and discussions with subject matter experts in the field. As a general rule, requirements for all clients to engage in a particular treatment (e.g., all clients must attend group counseling) were considered non-person-centered, as such requirements reflect a lack of individualization reflecting client preferences. Alternatively, lack of requirements to engage in specific modalities and availability of alternative treatment choices was considered person-centered. We then examined the relative frequency of "red flag" and "green flag" responses for each item in the domain and compared across corporations. An item was given a "red flag" or "green flag" if at least one respondent in the corporation provided the "red flag" or "green flag" response, even if other respondents from the same corporation provided a different response. Therefore, these results should be interpreted with some caution. Only the most extreme answers (e.g., "never" or "always") were considered "red flags" or "green flags" in our analysis.

Additionally, for some dimensions we compared average responses on Likert scale responses for each domain, and then compared across domains to examine the least person-centered and most person-centered domain for that dimension. For consistency in the statistical analysis, questions and answers were reverse coded (when appropriate), so that the highest ordinal value on the Likert scale was the most person-centered response and the lowest ordinal value was the least person-centered response.

Results

Participant sample

Respondents in the preliminary sample

76 respondents completed the survey from 13 different corporations associated with Thriving Mind. For analysis purposes, we grouped each respondent into one of the following four roles: administrator, treatment provider (which included mental health counselors and nurses), case manager (which included case managers, social workers, and coordinators), and recovery support (which included peer recovery support specialists, behavioral health technicians, and advocates).

Of these, the majority were mental health counselors (n= 19), administrators (n= 16), or substance use counselors (n= 15). Other respondents included case managers (n=7), social workers (n=5), recovery support specialists (n=4), and behavioral health technicians (n=4). The remaining roles in the sample

were only represented by a single respondent. The majority indicated that they had worked in the corporation for no more than 5 years.

Corporations and respondents in final sample

Since several respondents worked within the same corporation, and we assumed that the corporation plays a role in influencing PCC practices of respondents, the remainder of the analysis used the corporation as the unit of analysis. Since the number and types of respondents varied by corporation, for consistency of comparison we focused on respondents working within corporations that met each of the following criteria: a) provide care to non-incarcerated individuals, b) have at least one administrator respondent, and c) offer at least one SUD treatment. We assumed that some PCC practices are unlikely to be known by non-administrators, hence the requirement of at least one administrator respondent. Since many questions in the survey specifically addressed SUD treatment, we required that the corporation offer SUD treatment as a condition for inclusion of the corporation in the final analysis. After these restrictions were applied, 6 corporations remained in the final sample, with 61 respondents (n=61) across these corporations.

Even though each corporation had at least one administrator reporting, the other types of roles reporting (if any) for each corporation differed. Additionally, some corporations had fewer than 5 respondents, while others had at least 10. The figure below depicts the distribution of administrator versus non-administrator roles among respondents in the final sample (i.e., the 6 corporations described above).

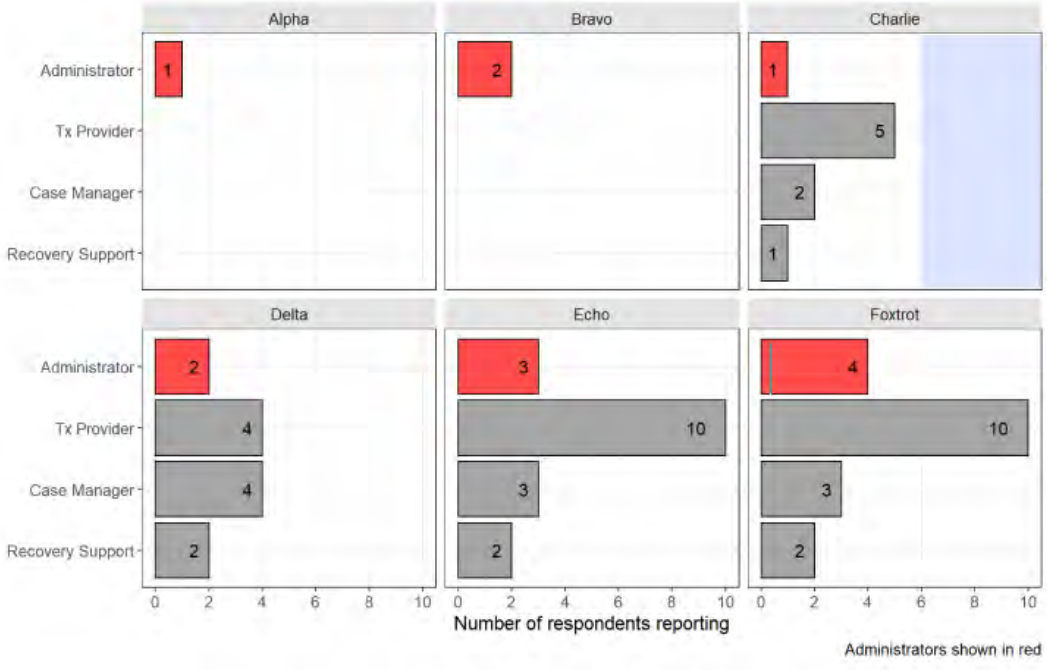

Figure 1 Number of respondents in each role by corporation

Within the 6 corporations in our final sample, the average length of time working in the corporation was 11.2 years for administrators, 4.5 years for treatment providers, 4.3 years for case managers, and 3.3 years for recovery support staff. Please see the figure below.

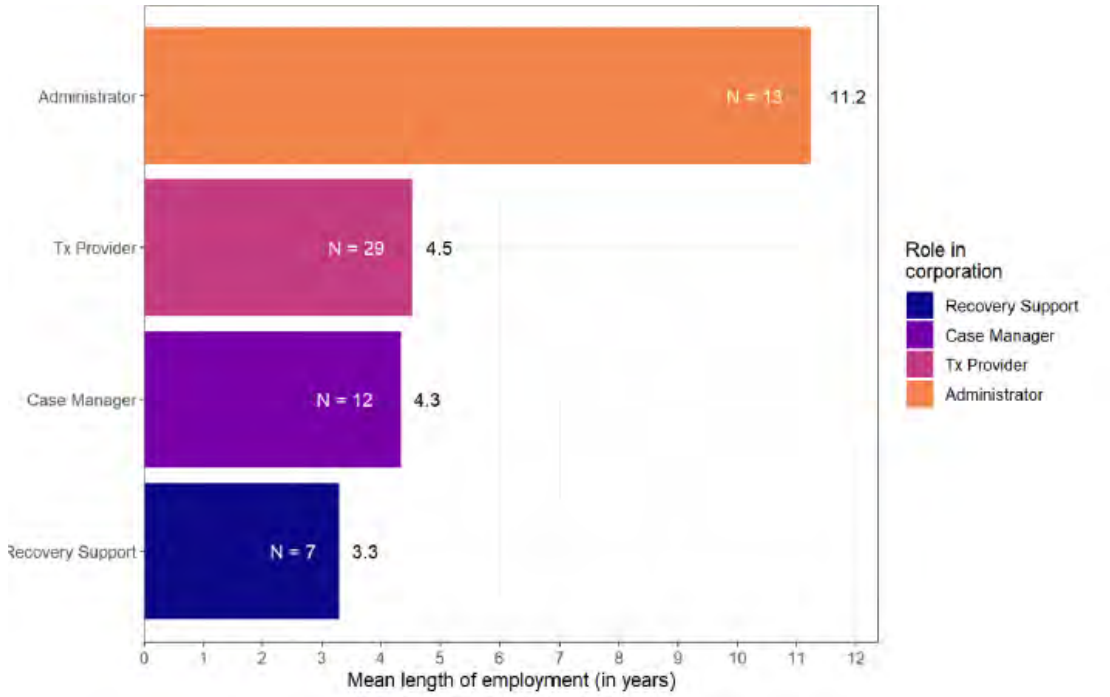

Figure 2 Average length of employment across respondents' roles

The vast majority of respondents who provided their gender said they were female (n=48 female, n=9 male, n= 1 other.) Respondents were asked to indicate their race/ethnicity with the majority selecting White non-Hispanic (n=26), followed by Hispanic (n=2 l), Black/ African American (n=9), and Native American/Pacific Islander (n= 1). Respondents could indicate more than one race/ethnicity. See the figure below.

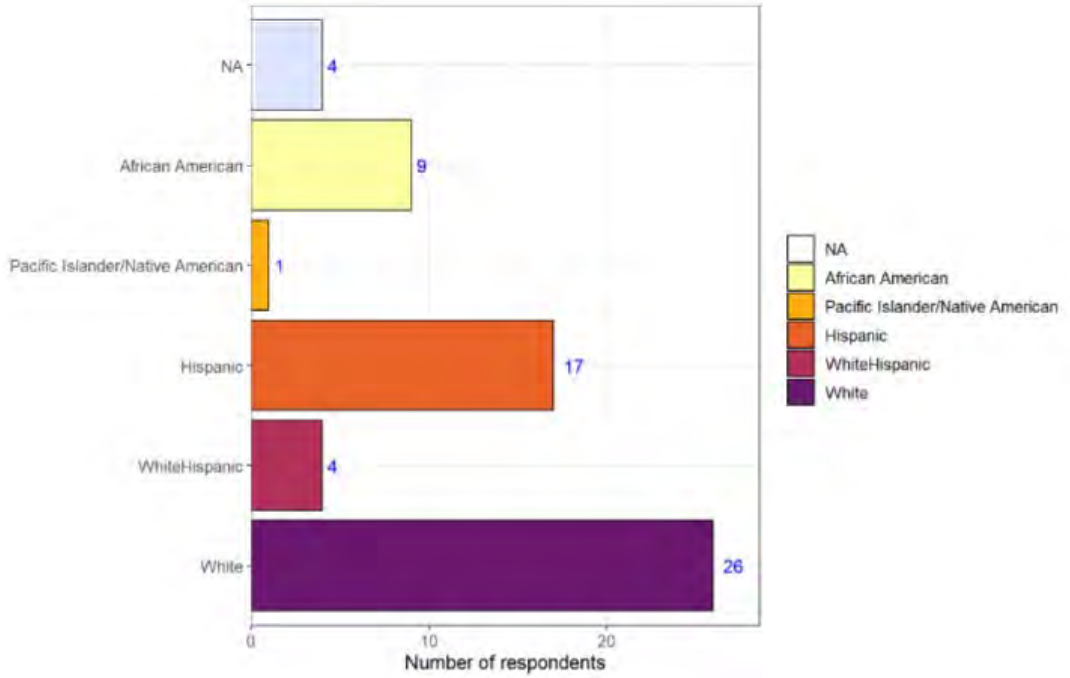

Figure 3 Race composition of the valid sample

We also examined race/ethnicity by role in the corporation for respondents who provided both their race/ethnicity, depicted below. Respondents could select more than one race/ethnicity.

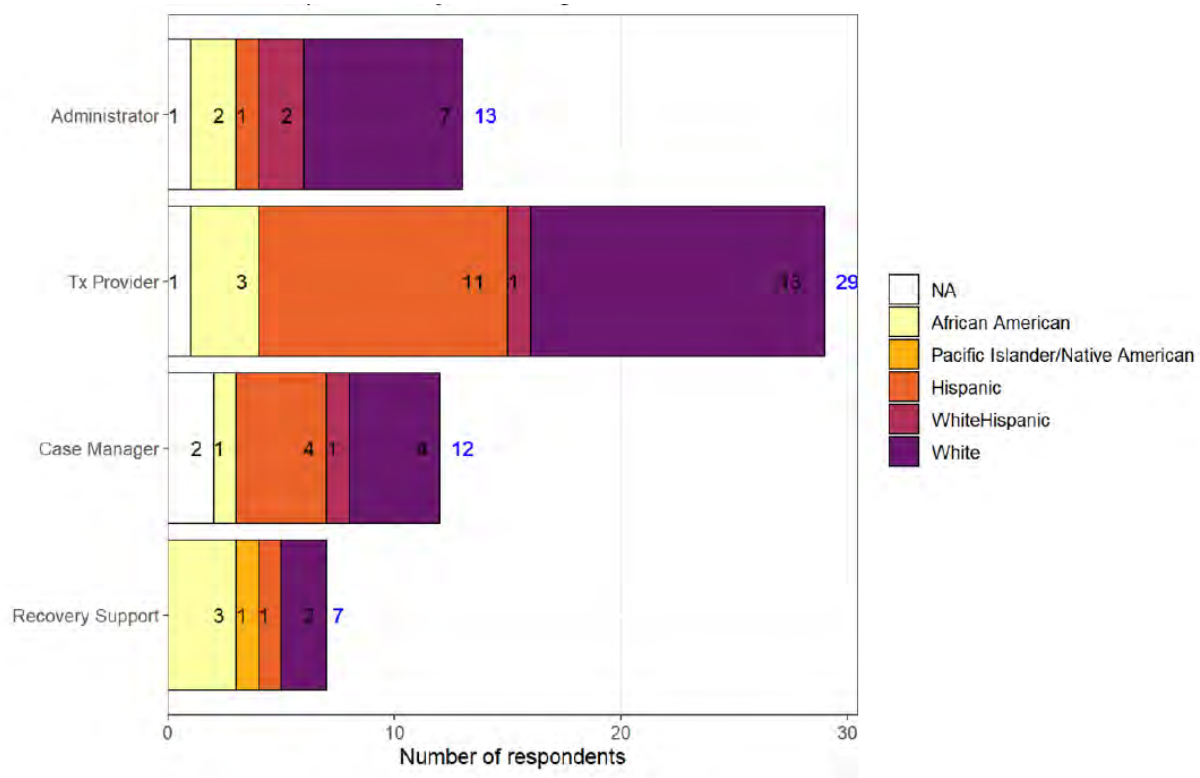

Figure 4 Race or respondents by role in organization

Operationalization of Person-centered Care at Corporation Level

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

Domain of Dimension 1	Question	Red flag (i.e. least person-centered)	Green flag (i.e. most person-centered)
Peer support groups	Clients with SUD are required to attend peer support group meetings	Always	Never
Peer support groups	Clients with SUD can choose to attend **non-twelve-step** peer support meetings (e.g., SMART recovery) instead of twelve-step peer support meetings	Never	Always
Peer support groups	**Non-twelve-step** peer support groups (e.g., SMART recovery) are available on site	Never	Always
Peer support groups	**Twelve-step peer support** groups (e.g., SMART recovery) are available on site	Never	Always
Counseling	Group SUD counseling focuses on the twelve steps	Always	Never
Counseling	Individual SUD counseling focuses on the twelve steps	Always	Never
Counseling	Before being assigned to an individual counselor, clients are asked about their preferred counselor characteristics (e.g., gender, ethnicity)	Never	Always
Counseling	Clients are asked their preference with respect to treatment modality (e.g., frequency of counseling)	Never	Always
Counseling	Clients are required to attend group counseling	Always	Never
Counseling	Clients are required to attend individual counseling	Always	Never
Counseling	Group counseling discussion topics are individualized based on the group members' needs	Always	Never
Counseling	Clients may select among different group counseling topics	Always	Never

Domain of Dimension 1	Question	Red flag (i.e. least person-centered)	Green flag (i.e. most person-centered)
Counseling	If clients express discontent with their current individual counselor, then they are offered a new individual counselor (if one is available)	Always	Never
Language	Interpreter services are available	Never	Always
Language	Bilingual staff are available	Never	Always
Language	Programming (e.g., counseling, peer support groups) is available in non- English languages	Never	Always
Language	Outreach services are available in non-English languages	Never	Always
Diversity	Staff demographic diversity matches client demographic diversity	Never	Always
Diversity	Staff are aware of signs of respect and disrespect in different clients' cultures	Never	Always
Diversity	Transgender clients may sleep in the housing facility of the gender with which they identify	Never	Always
Treatment (not specifically counseling)	When setting treatment goals, clients may select harm reduction (e.g., reduced use or controlled use) as a goal for **alcohol**	Never	Always
Treatment (not specifically counseling)	When setting treatment goals, clients may select harm reduction (e.g., reduced use or controlled use) as a goal for **illicit drugs**	Never	Always
Treatment (not specifically counseling)	Clients are **not** required to take medication	Never	Always
Treatment (not specifically counseling)	Clients must participate in counseling in order to receive medication- assisted treatment (e.g., Suboxone or Vivitrol)	Always	Never
Treatment (not specifically counseling)	Clients are given a preset treatment schedule (e.g., group counseling) that they must attend	Always	Never
Treatment (not specifically counseling)	Treatment services are tailored to different types of SUD (e.g., opioid use disorder, alcohol use disorder)	Always	Never
Other	Confidential ways are provided for clients to express grievances (e.g., a suggestion box)	Always	Never

Across the six corporations, corporations tended to score highest on the language and diversity domains as compared to the other domains (e.g., peer support, counseling, treatment not specific to counseling), with lowest scores in the peer support group domain. The lowest scores in the peer support group domain are due to the relatively high frequency of respondents reporting that peer support group attendance is required in their corporation, and the relatively low frequency of availability of non-12-step support groups, with these responses considered non-person-centered due to lack of choice. In contrast, few "red flag" responses appeared for language and diversity domains.

With respect to specific survey items, the following had the highest number of green flags: clients can confidentially file a grievance (68% of respondents selected "always"); an interpreter is available (63% of respondents selected "always"); bilingual staff are available (54% of respondents selected "always"); outreach occurs to non-English speaking clients (50% of respondents selected "always"); staff with diverse professional backgrounds attend client staffings (49% of respondents selected "always"); programming is available in non-English languages (47% of respondents selected "always"); and staff respect client cultures (46% of respondents selected "always").

The following items had the highest number of "red flags": mandatory substance use screening occurs after residential clients leave the facility temporarily and then return to the facility (67% of respondents selected "always"); clients must attend individual counseling (51% of respondents selected "always"); the facility has a preset treatment schedule for clients (43% of respondents selected "always"); clients must attend group counseling (41% of respondents selected "always"); clients must attend peer support groups (37% of respondents selected "always"); and clients must attend counseling to obtain medications (32% of respondents selected "always").

The following survey items had the highest number of respondents responding "I don't know," suggesting that they do not know these practices or policies for their facility: transgendered clients can sleep in the facility for the gender with which they identify (47% selected "I don't know", with the question only given to respondents who worked in residential treatment facilities); clients must attend counseling in order to obtain medications (30% selected "I don't know"); non-12 step peer support groups are available on-site (28% selected "I don't know"); clients can choose non-12 step peer support groups (27% selected "I don't know"); group counseling focuses on the 12 steps (26% selected "I don't know"); clients can select harm reduction as a goal for drug use (25% selected "I don't know"); and clients can select harm reduction as a goal for alcohol use (23% selected "I don't know").

Dimension 1 Comments: Given the South Florida context of our study, an area with large Spanish and Creole speaking populations, the corporations in our sample may be particularly attuned to the needs of their multi-lingual populations. It is also well-established in the literature that availability of services for multi-lingual populations is an important part of person- centered care. Therefore, we are not surprised to see the relatively high proportion of "green flag" responses in this domain. Limited choice regarding peer support groups, including lack of availability of non-12-step groups, likely reflects a trend across SUD treatment facilities nationally. Our results also suggest that greater dissemination is needed regarding policies related to transgender clients, as 40% of respondents did not know their corporation's

policies regarding whether transgender clients may sleep in the facility of the gender with which they identify.

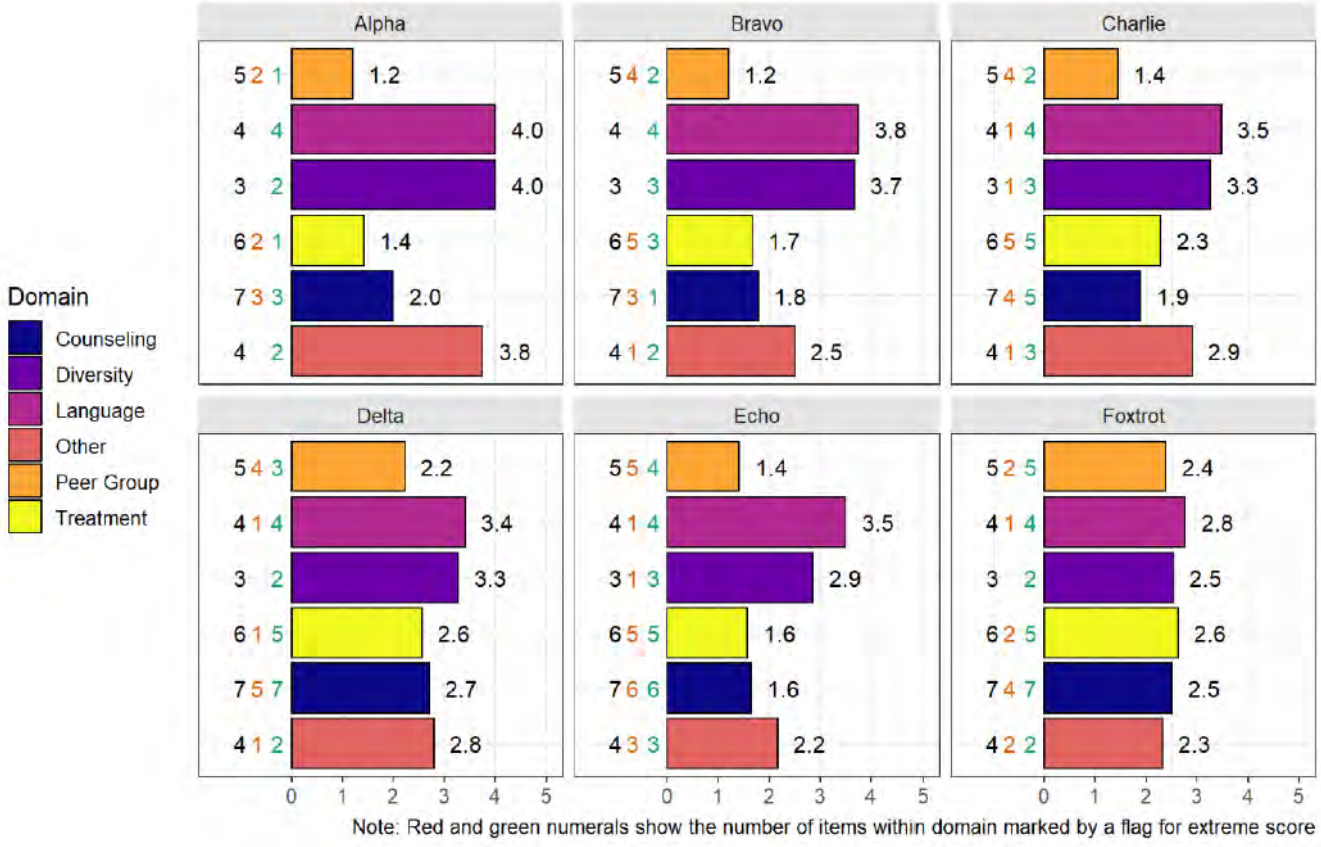

Figure 5 Domain score among all roles

Dimension 2: Provision of information

The survey asked respondents to select all the approaches in which four types of information are provided: treatment purpose, treatment process, patient rights and responsibilities, and how to report grievances. Respondents could also indicate that the type of information is not provided at all in any form. We examined the following methods of information provision: document form, verbally, in a group setting, with the opportunity to ask questions, one-on-one, in a non-English language, in a visual manner (e.g., with images), and in a public posting (e.g., on a bulletin board). Respondents were also asked to indicate if a type of information was provided at the beginning of treatment only.

At least one respondent from each corporation indicated that all four types of information (i.e., treatment purpose, process, patient rights/responsibilities, process for reporting grievances) were provided in some manner. For each type of information, at least one respondent from each corporation indicated that information was provided in a document, verbally, with time for questions, and in a non-English language. However, provision of information in a visual manner was less common, with only 67% of corporations having a respondent indicating this option for treatment purpose and treatment process. While all corporations had at least one respondent indicating that information about patient/rights

responsibilities and reporting grievances was in a public place, fewer corporations (83%) had at least one respondent indicating that information about treatment purpose and processes was posted in a public place (e.g., on a bulletin board.) Almost 70% of corporations had at least one respondent indicating that treatment purpose, treatment process, and patient/rights responsibility information were shared with clients at the beginning of treatment only. In contrast, few corporations had a respondent indicate that information about how to report grievances was only shared at the beginning of treatment.

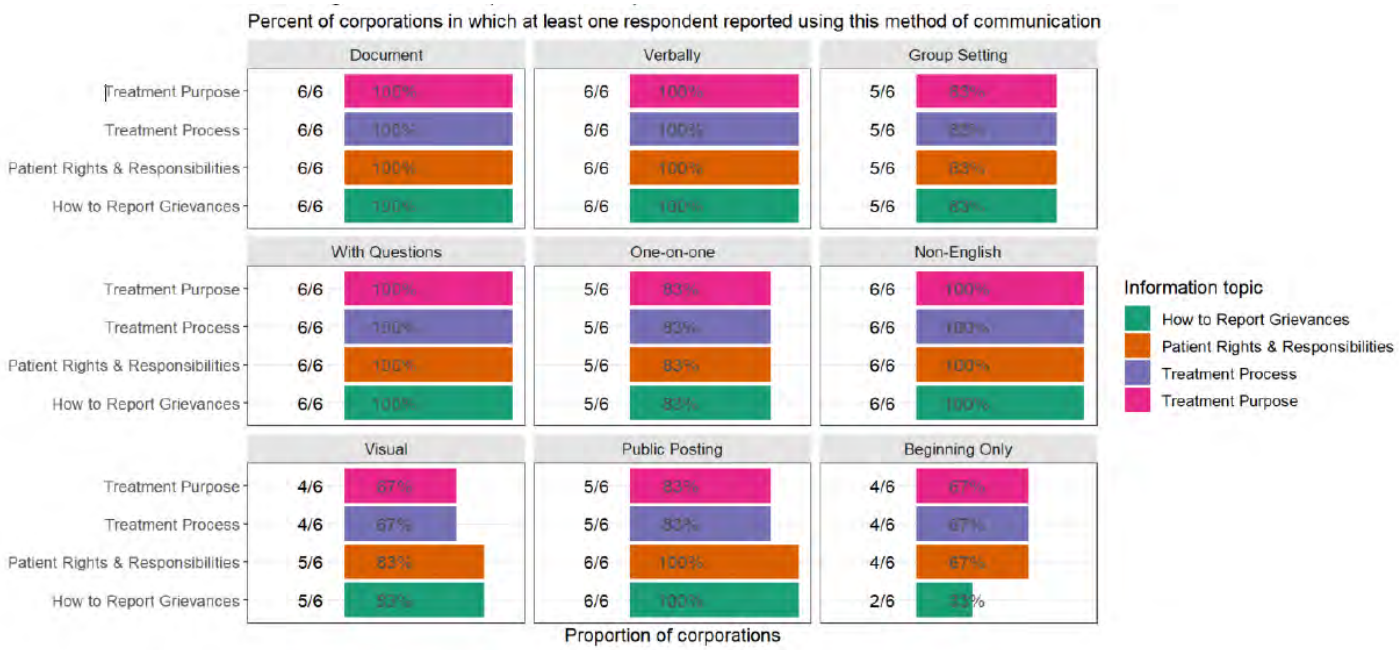

Figure 6 Providing information topic across corporations

Dimension 2 comments: Corporations in our sample appear to be providing information about each of the following topics: treatment purpose, treatment process, patient rights and responsibilities, and how to report grievances. The corporations are using a variety of methods for communicating information, which is important, since different clients may have preferences for obtaining information in different ways (e.g., in a document or verbally.) Some corporations in our sample, however, could increase their use of visual methods for providing information (e.g., via pictures or diagrams) and post more information in public places (e.g., on bulletin boards.) Importantly, most information appeared to only be provided at the beginning of treatment, which is a time when some clients may be in crisis and not fully comprehending information provided to them. Therefore, in addition to providing important information at the beginning of treatment, corporations could provide information throughout treatment.

Dimension 3: Integration of care

Dimension 3 included several domains related to integration of care: services offered (i.e., offering a variety of physical, MHD, and SUD evaluation and treatment services within the facility); referring to

services outside of the facility (i.e., referral for a variety of physical, MHD, and SUD evaluation and treatment services); and information sharing between staff (including with internal staff and between internal and external providers.)

Figures below depict the frequency of corporations (out of 6 corporations in our study) that had at least one respondent from that corporation reporting a "green flag" answer (i.e., the most person-centered response), as well as the frequency of corporations with one respondent from that corporation reporting a "red flag" answer (i.e., the least person-centered response.) Based on the literature and our interview results, person-centered practices in the domain of "integration of care" include offering a full range of MHD, SUD, and physical health services, offering a full range of referrals to external providers, and sharing client information with internal and external providers involved in that client's care.

In the subdomain of services offered, based on administrator responses, the most common "green flags" across corporations were for HIV testing, followed by performance of psychiatric assessments, and hepatitis testing. Based on non-administrator responses, the most common "green flags" across corporations were for HIV testing, psychiatric assessments, hepatitis testing, and performance of physical examinations. These "green flag" results are difficult to interpret, however, since a similar number of corporations had "red flags" for physical examinations being performed and hepatitis testing.

The most noted "red flags" by both administrators and non-administrators were for dental examinations, hepatitis testing, OBGYN treatment, and physical examinations.

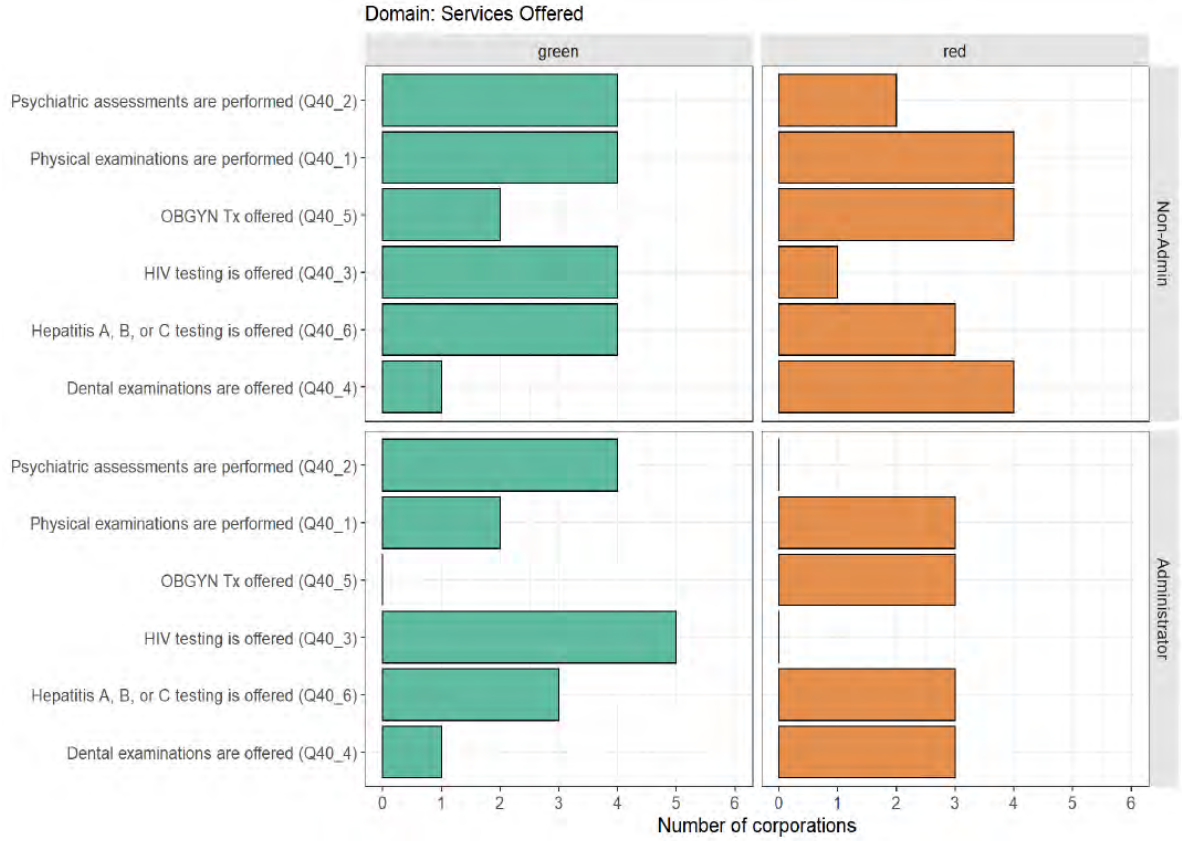

Figure 7 Number of corporations reporting at least 1 flag

In the subdomain of information sharing between staff, "green flag" answers were noted for at least 50% of corporations for each operationalization method by non-administrators. These operationalization methods included obtaining treatment notes from outside healthcare providers, sharing notes with outside healthcare providers, use of an electronic medical record, staff reading each other's notes, staff holding case conferences to discuss individual clients' treatment, staff arranging appointments for clients with outside healthcare providers, ability for peer support specialists to add notes to medical records, and ability for behavioral health technicians to add notes to medical records. Administrators in at least 50% of corporations noted "green flags" for the same operationalization methods as did non-administrators, except for obtaining notes from outside providers and sharing notes with outside providers. The most common "green flag" noted by administrators was the ability of recovery support specialists and behavioral health technicians to add notes to medical records.

Based on administrator responses, "red flags" in this subdomain were relatively rare as compared to the "green flags" responses. However, there were stark differences in the frequency of corporations reporting a "red flag" based on non-administrators' responses as compared to administrator responses; and non-administrators appeared to note "red flags" more often than did administrators. From administrator responses, only one or fewer corporations had "red flags" with respect to any of the operationalization methods. On the other hand, from non-administrator responses, "red flags" appeared for at least 50% of the corporations with respect to the following: obtaining treatment notes from outside

healthcare providers, sharing treatment notes with outside healthcare providers, ability of recovery support specialists to add notes to medical records, and the ability of behavioral health support technicians to add notes to medical records. No "red flags" were noted for staff holding case conferences, either from administrator or non-administrator responses.

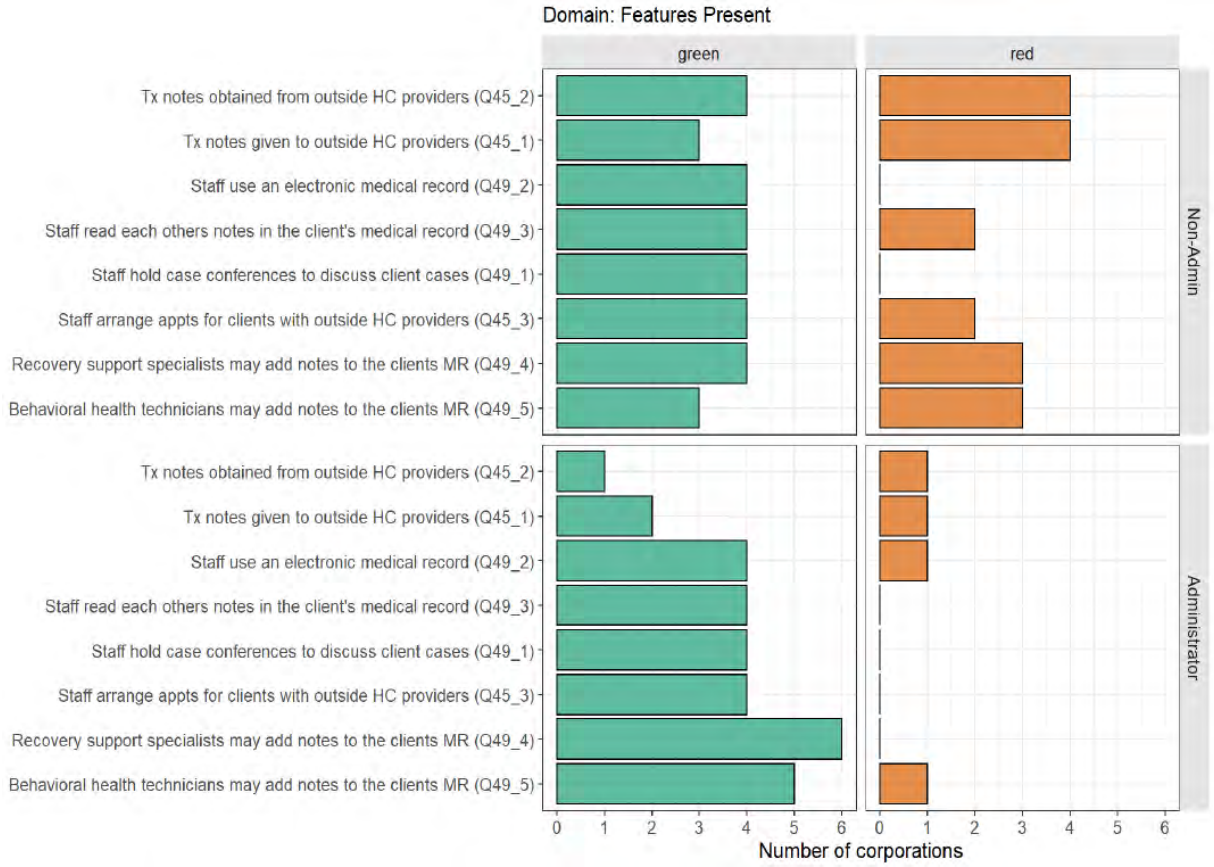

Figure 8 Number of corporations reporting at least 1 flag

For the subdomain of treatment referrals, based on responses of administrators, "green flags" were noted for more than 50% of the corporations for referrals to psychiatric care, primary care, HIV treatment, OBGYN treatment, and dental treatment. Based on non-administrator responses, at least 50% of corporations had "green flags" for referral to psychiatric care, primary care, oral/sublingual treatment (for opioid use disorder), oral naltrexone treatment (for opioid or alcohol use disorder), implantable buprenorphine (for opioid use disorder), HIV treatment, detoxification, and dental treatment.

Based on responses from administrators, at least 50% of corporations had a "red flag" for referrals to oral naltrexone treatment, methadone treatment, implantable buprenorphine, and depot injection buprenorphine. Based on responses from non-administrators, at least 50% of the corporations had a "red flag" for every type of referral except to psychiatric care and HIV treatment.

Based on an overall examination of the results from non-administrators and administrators, including "green flags" and "red flags", it appears that "green flags" were relatively common for and "red flags" were relatively rare for psychiatric care and HIV treatment.

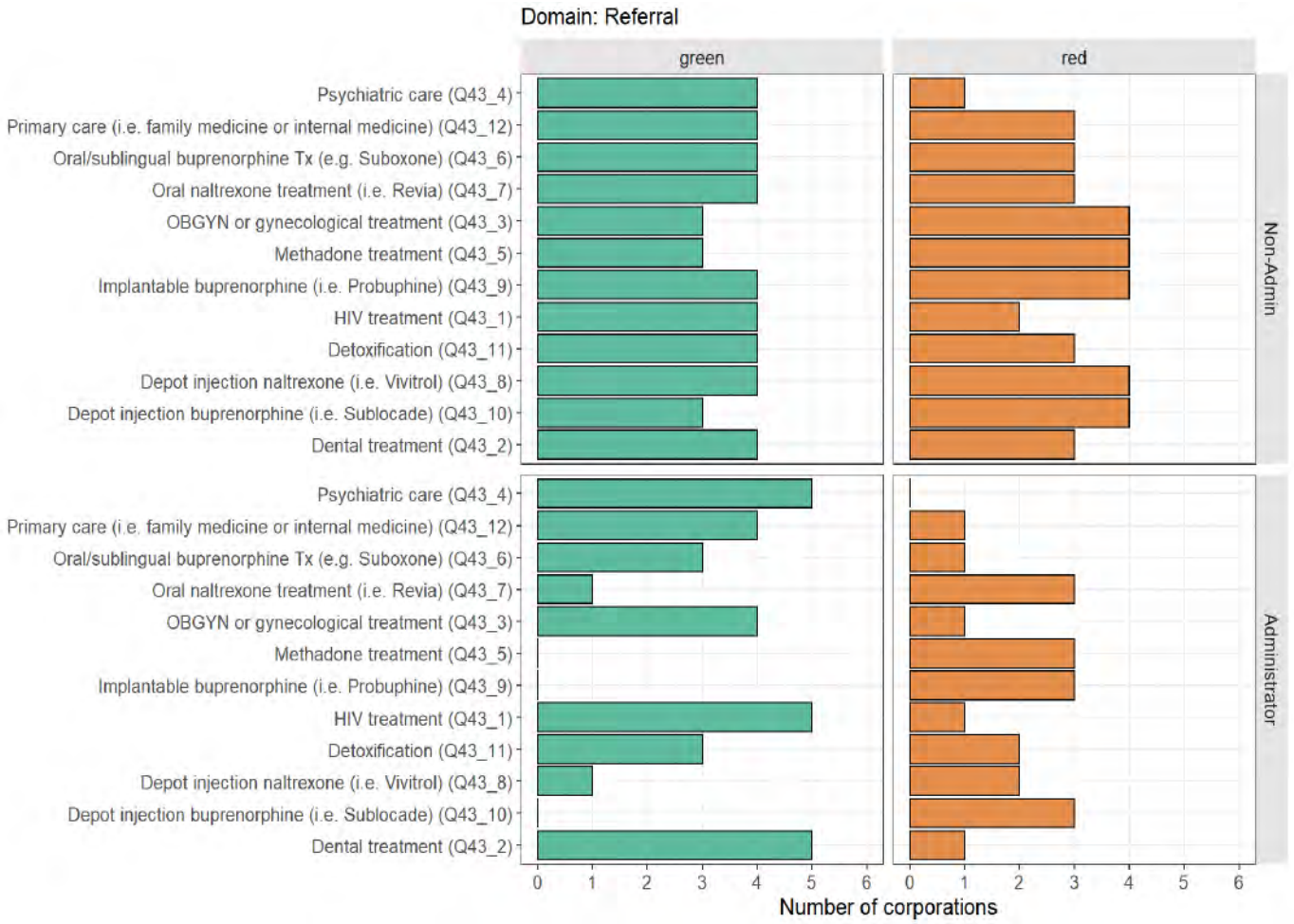

Figure 9 Number of corporations reporting at least 1 flag

Dimension 3 comments: Integration of care is meant to enable a holistic "whole person" view of the client. Integration of care is particularly important in SUD treatment, since SUD is a biopsychosocial condition. Integration can be facilitated through offering a range of services, referring to a range of services, and sharing information between providers within and outside of the facility. Results from this dimension in our survey suggest significant differences between perceptions of administrators and non-administrators regarding the occurrence of operationalization methods. It is possible that awareness differs based on whether the respondent personally engages in the action (e.g., providing referrals) and whether the respondent is likely (based on their role) to know whether other staff in the facility engage in the action.

Dimension 4: Emotional Support

The survey asked respondents to indicate the extent to which the following is true in their treatment facility: clients are explicitly told they can turn to any staff member for help, recovery support specialists are available to clients, individual counseling frequency is driven by a client's needs, emotional support animals are available or permitted within the facility, and clients are taught relaxation techniques. These methods of emotional support were divided into two domains, support personnel

availability and emotional support, as shown in the table below. In data analysis, "always" was considered the most person-centered response (i.e., a green flag), while "never" was considered the least person-centered response (i.e., a red flag). Respondents could also select "I don't know."

Domain	Question	"Red flag"	"Green flag"
Support personnel	Clients are **explicitly told** they can turn to any staff member for help	Never	Always
Support personnel	Recovery support specialists are available to clients	Never	Always
Emotional support – other	Individual counseling frequency is driven by a client's needs	Never	Always
Emotional support – other	Emotional support animals are available or permitted within the facility	Never	Always
Emotional support – other	Clients are taught relaxation techniques	Never	Always

No "red flags" were reported regarding support personnel availability, with 3-4 of the 6 corporations always having recovery staff available, and 4-6 of the 6 corporations always informing clients that they can turn to any staff member for help. There was some disagreement between administrator and non-administrator responses to these items within the same corporation, as shown in the table below.

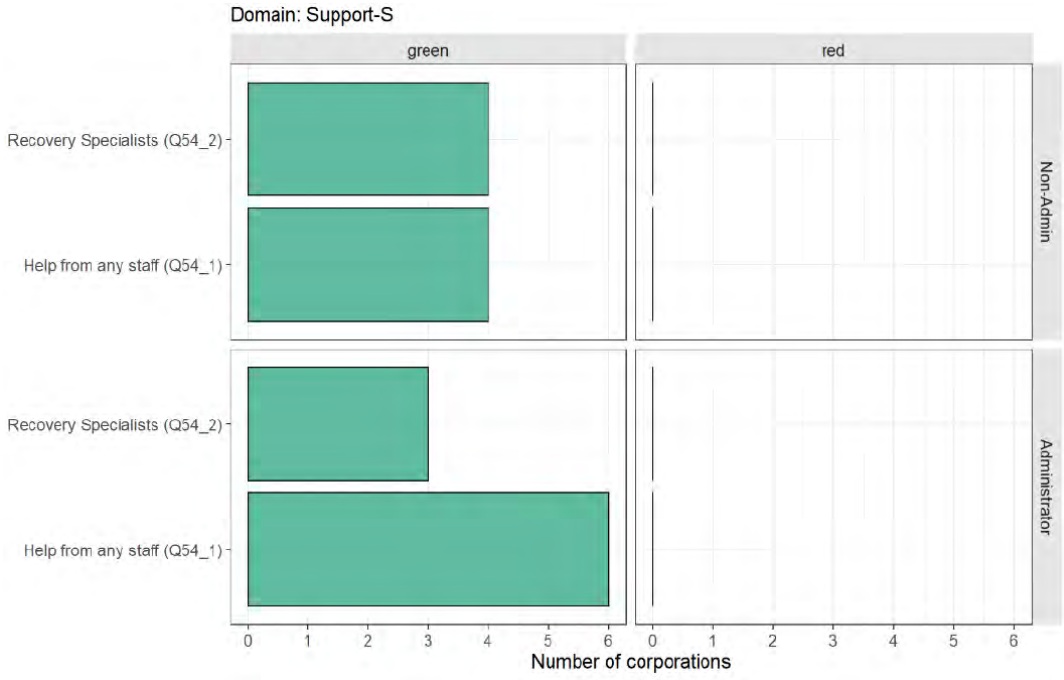

Figure 10 Number of corporations reporting at least 1 flag

No "red flags" were reported regarding teaching relaxation techniques, with 4 of the 6 corporations always teaching relaxation techniques (a "green flag"). Respondents in 4-5 of 6 corporations indicated that counseling frequency is always driven by the clients' needs (a "green flag"), but 1 corporation had at least one respondent indicating that counseling frequency was never driven by the clients' needs (a "red flag"). Responses regarding whether emotional support animals are permitted or available were mixed, with 2-3 of 6 corporations each having at least one respondent saying emotional support animals are always permitted/available (a "green flag") and 4 corporations having at least one respondent saying emotional support animals are never available (a "red flag.") The disagreement regarding emotional support animal policies might indicate lack of awareness among staff regarding policies related to emotional support animals.

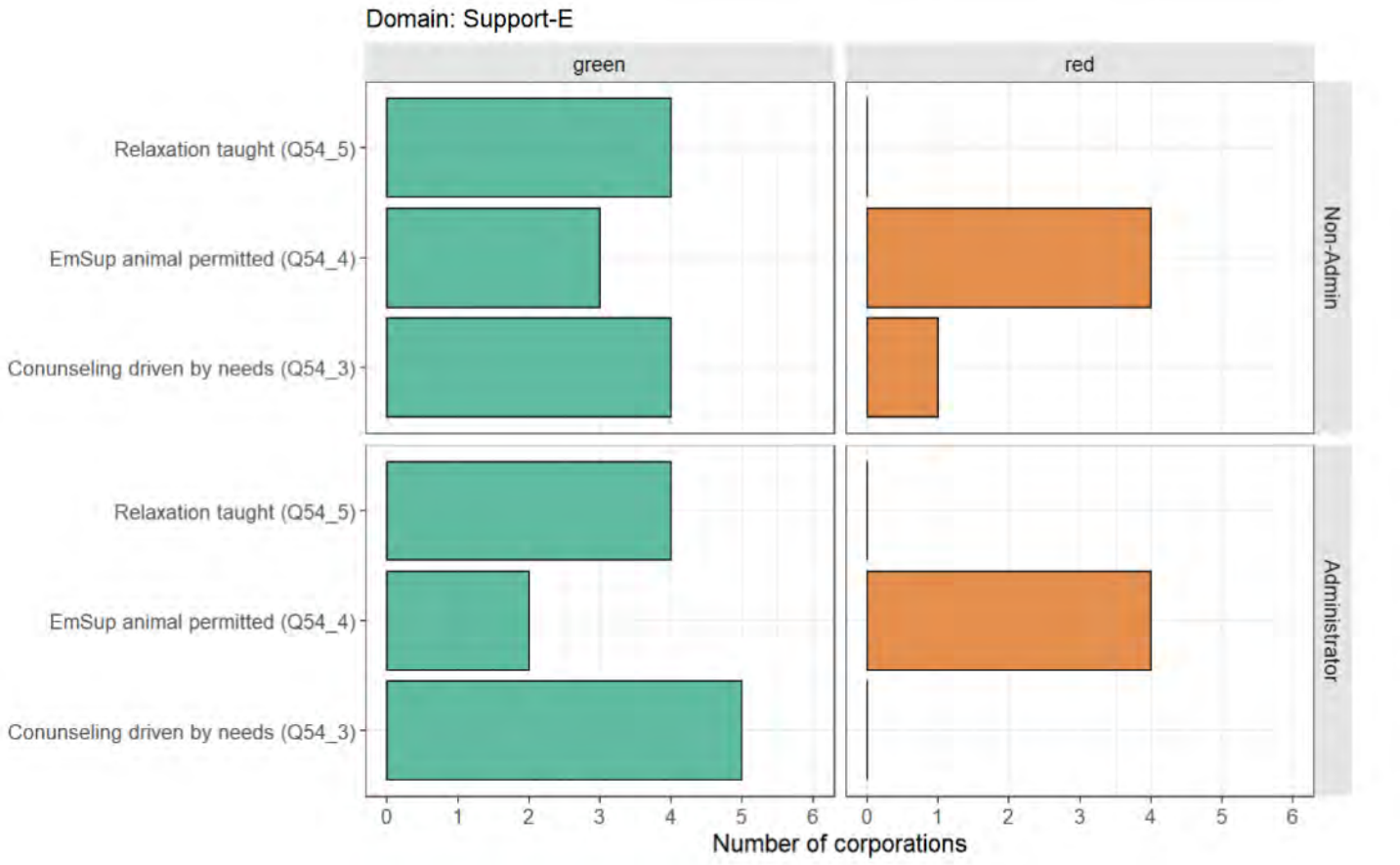

Figure 11 Number of corporations reporting at least 1 flag

Dimension 5: Physical Comfort

Unfortunately, due to an error in coding, respondents did not receive questions regarding physical comfort in the staff survey. However, results regarding physical comfort are reported in the qualitative report and the client survey report.

Dimension 6: Family Integration

The survey asked respondents to indicate the extent to which the following is true in their treatment facility: minor children can room with their parents in the residential facility, daycare is available on-site for clients' children, parenting skills classes are available, staff provide education about SUD or MHD to clients' family members, clients' family members can participate in the treatment planning process, and counseling is available to clients' family members. In data analysis, "always" was considered the most person-centered response (i.e., a green flag), while "never" was considered the least person-centered response (i.e., a red flag). Respondents could also select "I don't know."

"Green flags" were most common for allowing family members to participate in treatment planning, educating family members about SUD/MHD, and offering family counseling.

The number of corporations with at least one respondent reporting a "red flag" differed depending on whether administrator or non-administrator answers were examined. At least one administrator in 4 of 6 corporations reported that parenting classes were never available (a "red flag"), and daycare was never available ("a red flag"). At least one administrator from 1 of 6 corporations reported that minors can never room with a parent ("a red flag"). No administrators from any corporations provided "red flag" answers regarding family participation in treatment planning, education of family members about SUD/MHD, or the facility offering counseling. However, at least one non-administrator in 1 of 6 corporations reported that family can never participate in treatment planning and the facility never offers family counseling ("red flags"). Also, at least one non-administrator in 2 of 6 corporations reported that family is never provided education about SUD/MHD (a "red flag").

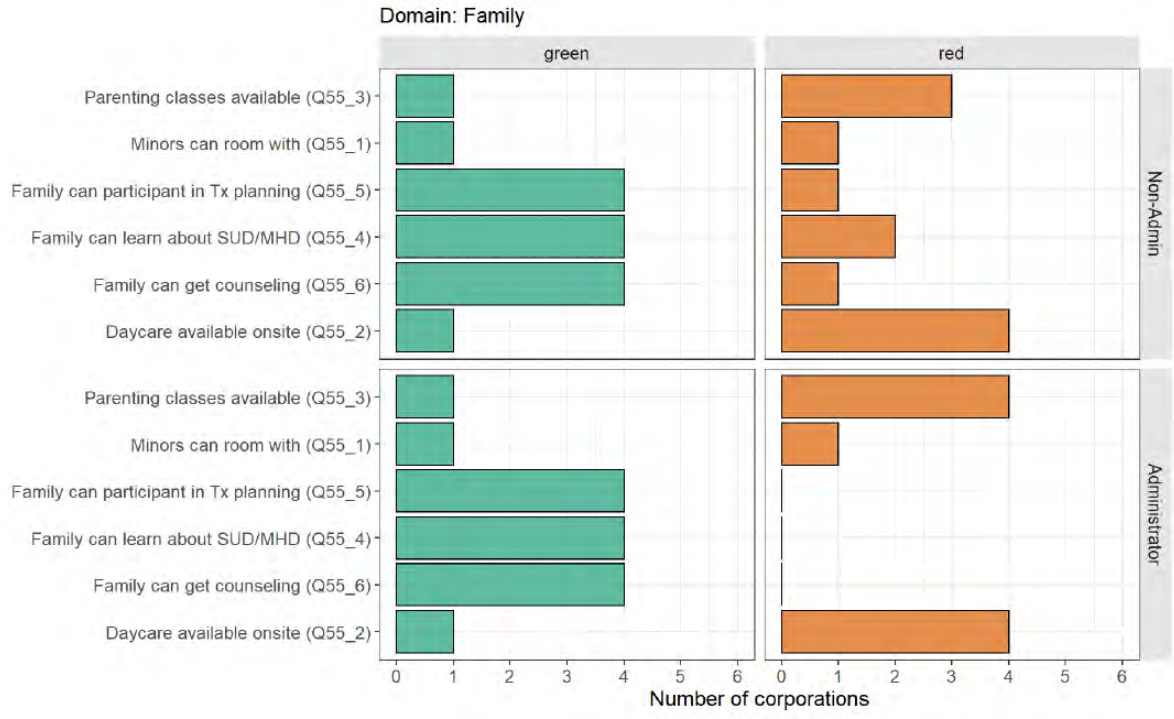

Figure 12 Number of corporations reporting at least 1 flag

Dimension 7: Transition out of care

The survey included fifteen items regarding transition out of care, which were divided into five domains for analysis: post discharge care, education, employment, housing, and help with legal applications (e.g. disability benefits).

In the domain of post-discharge care, 4 of 6 corporations had at least one respondent reporting that staff always contact discharged clients for wellness checks and staff always help create a recovery/wellness plan for post discharge ("green flags"). Also, 3 of 6 corporations had at least one respondent reporting that staff connect residential clients to outpatient treatment prior to discharge ("green flags"); and no corporations had a respondent reporting that staff never connect clients to outpatient treatment prior to discharge.

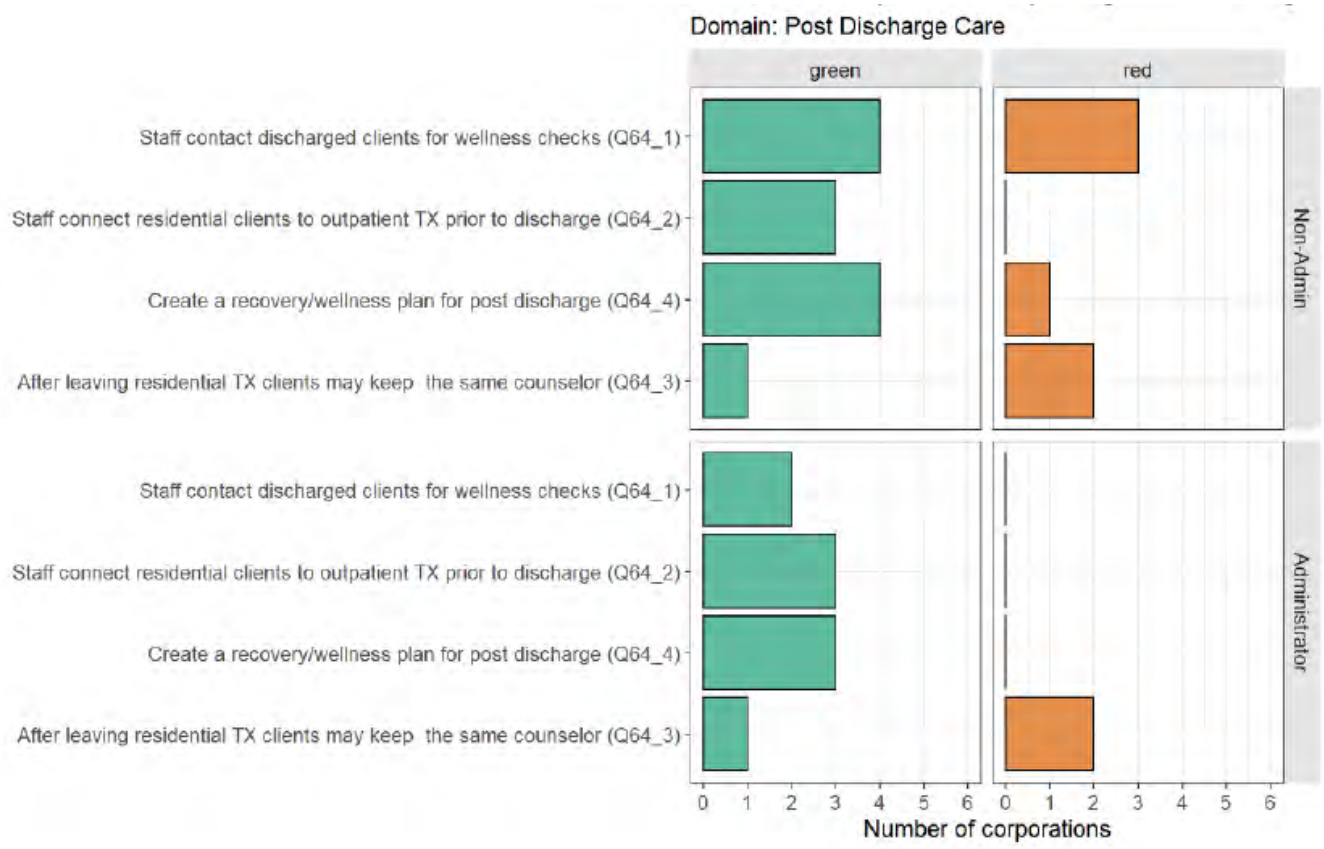

Figure 13 Number of corporations reporting at least 1 flag

In the domain of education, "green flags" were most common for staff helping clients to complete applications for training/education. At least one respondent in 3 of 6 corporations reported that staff always help clients complete applications for training/education (a "green flag"). In the domain of education, at least one respondent in each corporation reported that GED classes are never held on-site and English as a second language classes are never held on-site ("red flags"). 2 of 6 corporations had at least one respondent reporting that staff never help clients complete applications for training/educational programs.

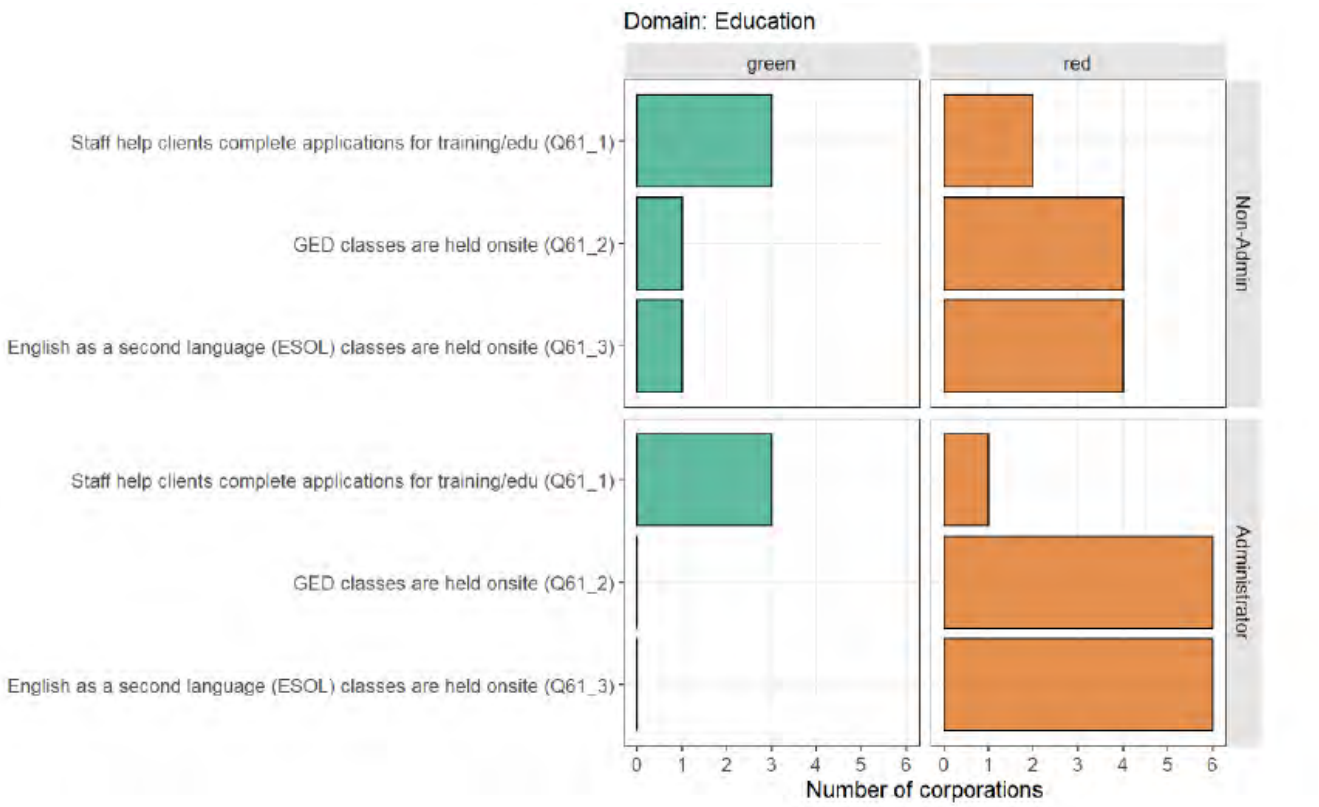

Figure 14 Number of corporations reporting at least 1 flag

In the domain of employment, depending on whether answers from non-administrators or administrators are examined, out of the 6 corporations in the sample, 0-2 host job fairs, 3-4 have staff help clients obtain work appropriate attire, 2-3 have staff help clients complete job applications, 3 offer resume preparation or interview practice, 2 offer job training onsite, 1-3 offer computer skills education, and 2 allow clients to use computers for job applications.

Figure 15 Number of corporations reporting at least 1 flag

Figure 16 Number of corporations reporting at least 1 flag

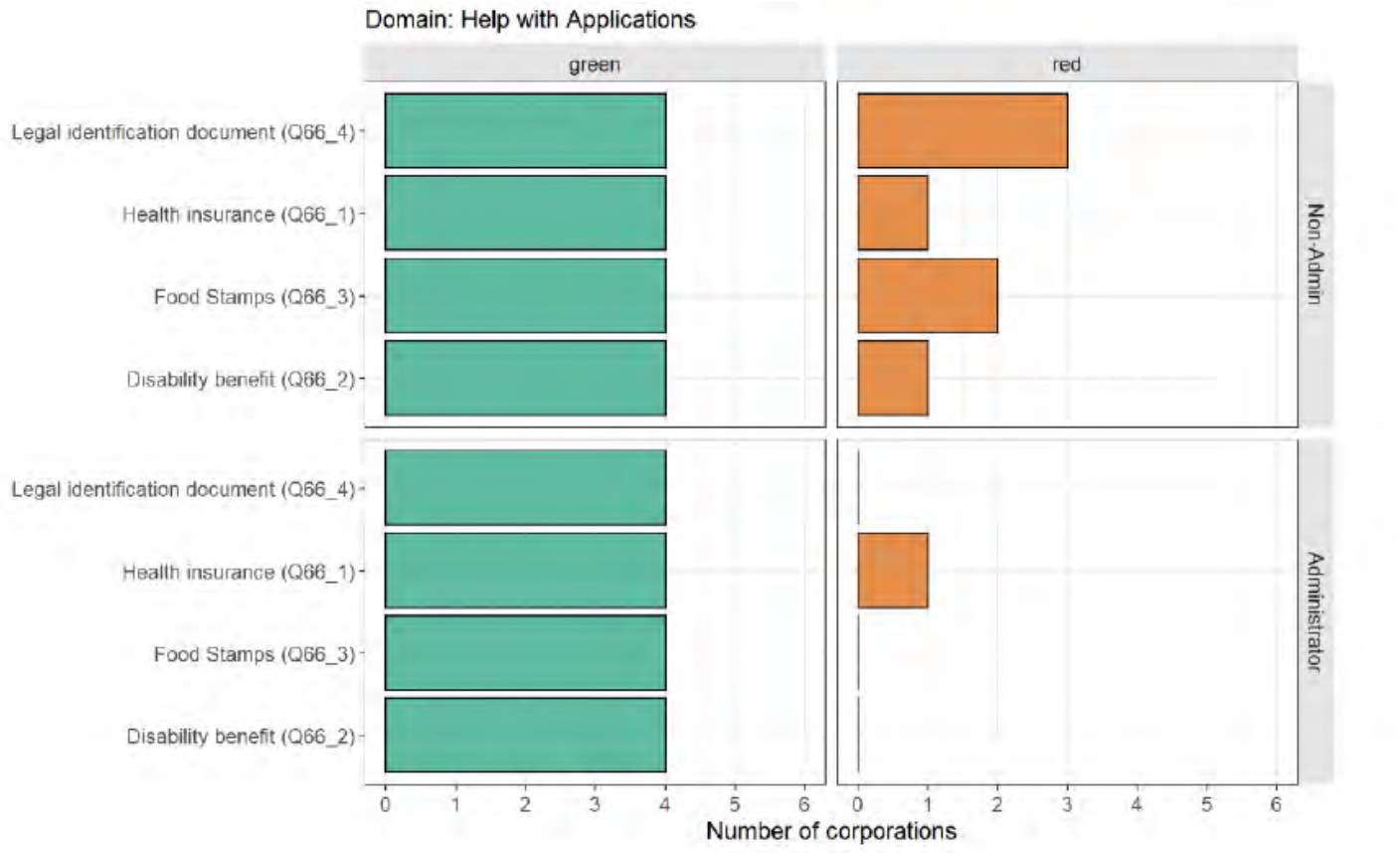

Figure 17 Number of corporations reporting at least 1 flag

We compared the relative frequency of "red flag" to "green flag" responses across the five domains of this dimension. We also examined the average Likert scale response (never=l; always=S) among respondents in each corporation for all items in a domain, with a higher average Likert scale response indicating a more person-centered care approach in that domain. In general, education had a lower score than the other domains, driven by at least one respondent in each corporation indicating that GED classes and English as a second language classes were never offered on-site.

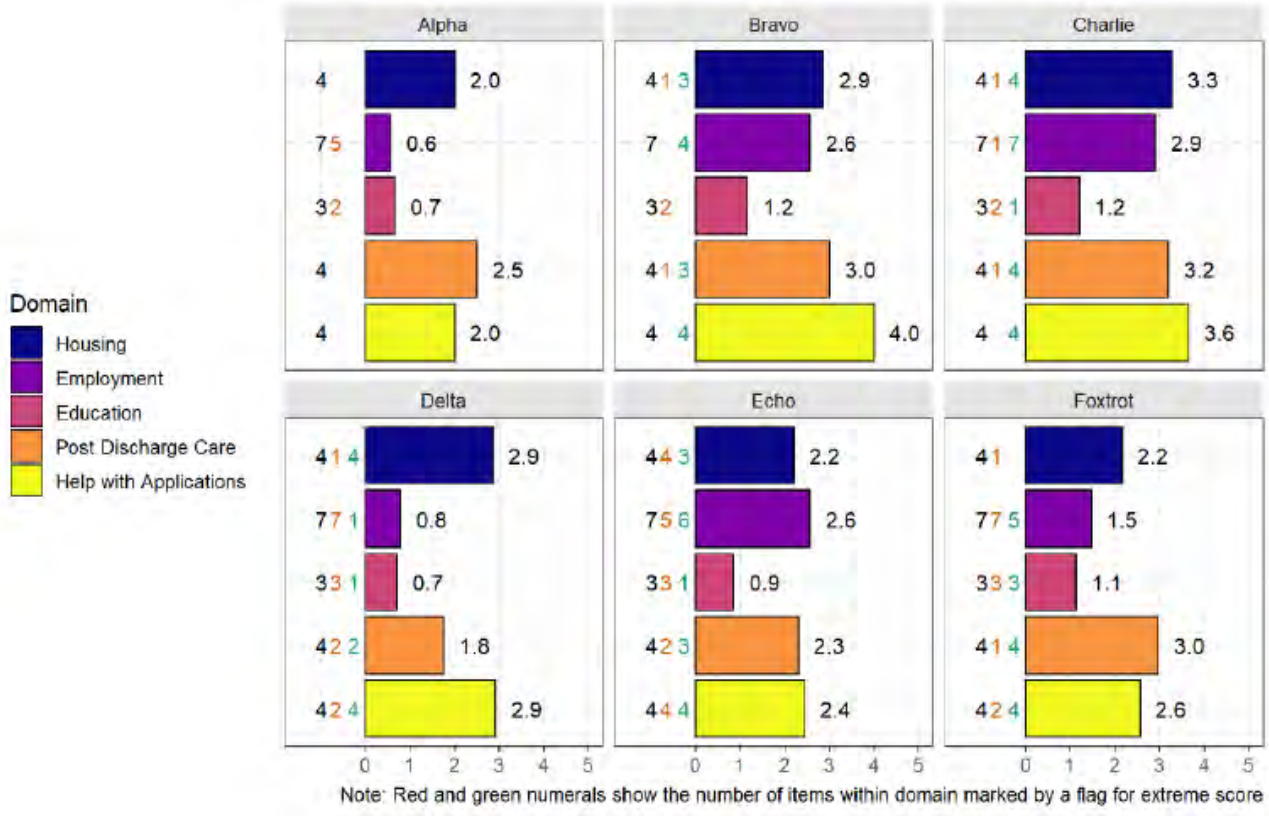

Figure 18 Domain score among (ALL ROLES)

Dimension 7 comments: Corporations in our sample appear to be providing many forms of assistance with transition out of care and into the community, including help with applications for government services, housing, employment, and education, preparation of wellness plans for post-discharge, and contact with clients who have left treatment. The corporations could further facilitate transition out of care by offering more educational and employment services on-site, such as GED classes, English as a second language classes, and computer skills classes.

Dimension 8: Access to evidence-based treatments

To examine access to evidence-based treatments, we examined the extent to which corporations offered counseling, peer support groups, medications for opioid use disorder (MOUD), and medications for alcohol use disorder (MAUD), also called medication-assisted treatments. Specifically, the survey asked respondents to indicate the types of treatment services available in their facility.

Respondents indicated that each corporation in our sample offered both MOUD and MAUD, and all corporations offered at least two forms of MOUD and at least one form of MAUD.

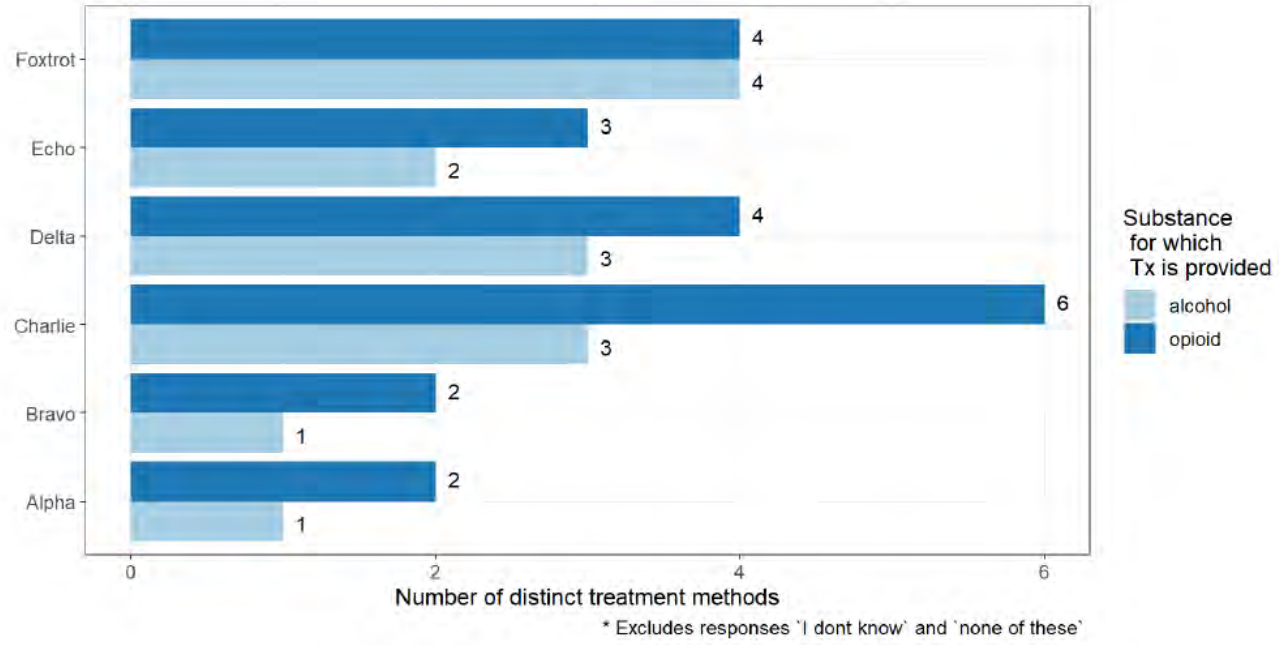

Figure 19 Number of medication treatments provided in each corporation*

Distribution of MOUDs and MAUDs provided are illustrated in the figure below.

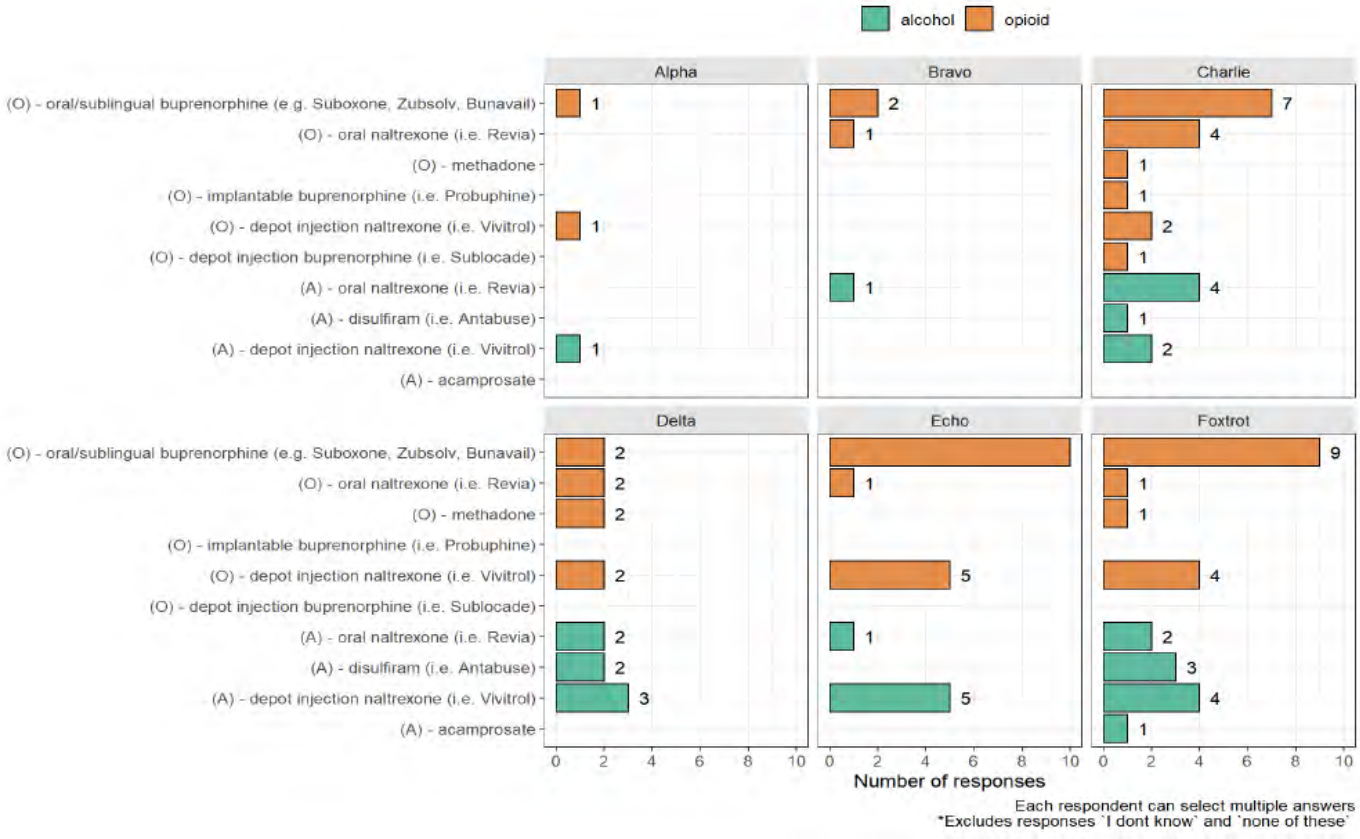

Figure 20 Combinations of medication treatments by corporation*

Dimension 8 comments: The proportion of facilities providing at least one form of medication, either for alcohol use disorder or opioid use disorder, is significantly higher than what has been found in other studies of MOUD availability in publicly funded facilities[7-9].

Perception of need for further PCC training

The vast majority of respondents in our final sample indicated a need for further PCC training, with only 7 respondents indicating that they did not need such training. The survey did not ask respondents to indicate specific topics or dimensions of PCC for which they felt they need further PCC training.

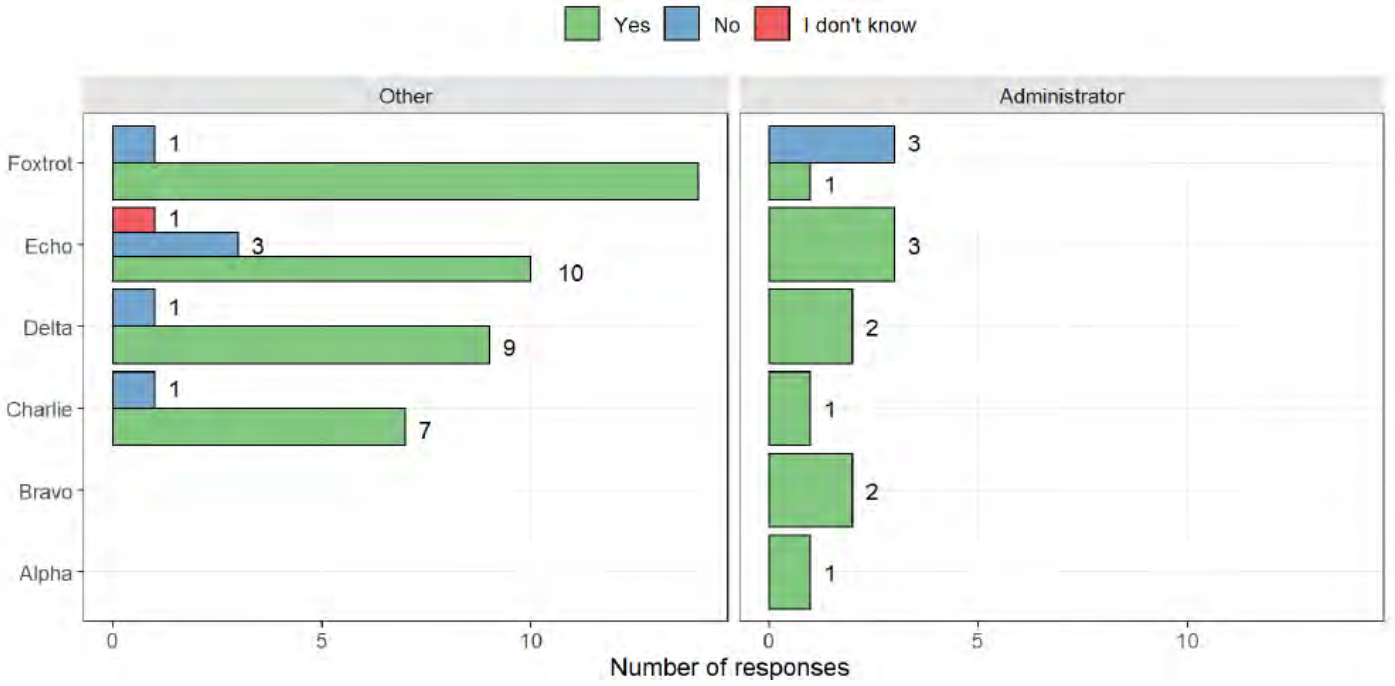

Figure 21 Need in PCC training

Limitations

Our study has several important limitations. First, since we used a convenience sample of staff in each corporation, our results may not be representative of other staff in the same corporation. Second, staff provided answers with respect to their facility, but our results were presented by corporation, due to our ability to match staff to corporations but not facilities within the corporation. While it is likely that policies and culture across different facilities in the same corporation in South Florida are similar in many respects, there may also be important differences not captured by our survey. For example, two different facilities in the same South Florida corporation may have the same policy in writing but may implement the policy in different ways. Additionally, while differences in responses between non-administrators and administrators from the same facility are common in health services studies (e.g., since different roles may see healthcare through different "lenses")[5,6], it is possible that the differences also represent measurement error. Lastly, our sample size was too small to allow us to provide results based on

inferential statistics. Therefore, statements comparing between two groups of people (e.g., administrators or non-administrators) and two operationalization methods are based on descriptive results, not inferential statistical analysis.

Therefore, it is impossible for us to test whether the differences are statistically significant.

Conclusions

Using a mixed method approach, our research team identified a range of operationalization methods for each of the eight dimensions of person-centered care and then examined the frequency of utilization of these methods in a convenience sample of publicly funded behavioral health facilities in South Florida. While our survey results are not representative, they indicate potential future avenues of research, including exploration of reasons for relative differences in operationalization methods across facilities, even within the same healthcare system. For example, whether an operationalization method is adopted could reflect administrator or clinician choice, requirements imposed by funders or state/local regulators, perceived client demand for certain practices, culture, administrator/clinician training in person-centered care, among other reasons. To further illustrate this point, while we interpreted requirements for all clients to attend individual counseling as not indicative of person-centered care, the reasons why a facility requires individual counseling were not examined and such requirements may be imposed on a facility by an external source.

Additionally, future research should examine the relationship between adoption of certain operationalization methods and health service outcomes, such as retention of clients. Due to our sample size limitations, our study was unable to examine such relationships but provides critical data as the foundation for a future larger-scale study. Furthermore, it is unknown to what extent operationalization methods differ between publicly funded an

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Appendix A: Survey Instrument

Throughout this survey, please answer questions about the primary treatment facility in which you work to the best of your ability. Throughout this survey, the following terms have the meanings described below:

- "SUD" means "Substance Use Disorder."
- "MHD" means "Mental Health Disorder."
- "Treatment facility" means the location in which SUD and/or MHD treatment is provided, including but not limited to counseling offices, physician offices, residential facilities, inpatient facilities, detoxification facilities, and outpatient offices.
- "Staff" means individuals who work at the treatment facility and provide either clinical or clinical support services. These individuals include but are not limited to physicians, nurses, counselors, social workers, case managers, administrators, recovery support specialists, and behavioral health technicians.

Background

In which of the following MHD or SUD treatment facilities do you spend the most time working? Please select one only. Answer all other questions in this survey with respect to this facility.

- O Agape, Inc.
- O Psychosocial Rehabilitation Center, Inc.
- O Here's Help, Inc.
- O The Village South, Inc.
- O Better Way of Miami, Inc.
- O Douglas Gardens Community Mental Health Center of Miami Beach, Inc.
- O Guidance Care Center, Inc.
- O Institute for Child & Family Health, Inc.
- O Passageway Residence of Dade County, Inc.
- O The Center for Child & Family Enrichment, Inc.
- O Key West HMA, LLC
- O Banyan Community Health Center, Inc.
- O Jewish Community Services of South Florida, Inc.
- O Catholic Charities of the Archdiocese of Miami, Inc.
- O Jessie Trice Community Health System, Inc.
- O Citrus Health Network, Inc.
- O New Horizons Community Mental Health Center, Inc.
- O Community Health of South Florida, Inc.
- O Concept Health Systems, Inc.
- O Camillus, Inc.
- O Miami-Dade County through its Community Action & Human Services Department
- O Miami-Dade County through its Juvenile Services Department
- O New Hope Corps., Inc.
- O Public Health Trust of Miami-Dade County, Florida, d.b.a. Jackson Health Systems
- O Other _____

Which of the following services are provided by this facility? Mark all that apply.

- O Adult mental health
- O Children mental health
- O Adult substance use
- O Children's substance use
- O Residential
- O Inpatient
- O Out-patient
- O Other _____

Approximately how many years have you worked at this facility?

Which of the following best describes your role on the staff at this facility?

- O Psychiatrist
- O Primary care physician (i.e. family medicine or internal medicine)
- O Medical director
- O Other physician
- O Advanced practice nurse (NP) or Physician assistant (PA)
- O Nurse (LPN or RN)
- O Mental health counselor
- O Substance use counselor or Addiction counselor
- O Administrator
- O Case manager
- O Recovery support specialist (i.e. peer support specialist)
- O Behavioral health technician
- O Social worker
- O Other _____

Which of the following treatment methods for SUD or MHD are available at primary facility where you work? Mark all that apply.

- O Mental health medications
- O Group counseling for MHD
- O Group counseling for SUD
- O Individual counseling for MHD
- O Individual counseling for SUD
- O Medication-assisted treatment for opioid use disorder
- O Twelve-step peer support groups (e.g. AA, NA)
- O Non-twelve-step peer support groups (e.g. SMART Recovery)
- O Detoxification services
- O Medication-assisted treatment for alcohol use disorder
- O I don't know
- O None of these
- O Other _____

Which of the following maintenance medications for **opioid use disorder** are available at the facility where you work? Mark all that apply. [Do not mark if used for detoxification only]

- O Methadone
- O Oral/sublingual buprenorphine (e.g. Suboxone, Zubsolv, Bunavail)
- O Depot injection buprenorphine (i.e. Sublocade)
- O Implantable buprenorphine (i.e. Probuphine)
- O Oral naltrexone (i.e. Revia)
- O Depot injection naltrexone (i.e. Vivitrol)
- O I don't know
- O None of these

Which of the following maintenance medications for alcohol use disorder are available at the facility where you work? Mark all that apply. [Do not mark if used for detoxification only]

- O Oral naltrexone (i.e. Revia)
- O Depot injection naltrexone (i.e. Vivitrol)
- O Disulfiram (i.e. Antabuse)
- O Acamprosate
- O I don't know
- O None of these

Which of the following health services are available at the facility where you work? Mark all that apply.

- O Primary care
- O Dental care
- O OBGYN or gynecological care
- O Psychiatric care (provided by a psychiatrist or psychiatric NP)
- O HIV testing
- O HIV treatment
- O Hepatitis A, B, or C treatment
- O Hepatitis A, B, or C testing
- O none of these
- O I don't know
- O Other _____

Person-Centered Care Training

Do you feel you would benefit from receiving additional training regarding how to implement person-centered care in SUD or MHD treatment? (e.g. training about how to respect client treatment preferences)?

- O Yes
- O No
- O I don't know

Peer support groups

To what extent are the following true in the facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Clients with SUD are required to attend peer support group meetings	○	○	○	○	○	○	○
Clients with SUD can choose to attend non-twelve- step peer support meetings (e.g. SMART recovery) instead of twelve-step peer support meetings	○	○	○	○	○	○	○
Non-twelve- step peer support groups (e.g. SMART recovery) are available on site	○	○	○	○	○	○	○
Twelve- step peer support groups (e.g. SMART recovery) are available on site	○	○	○	○	○	○	○
Group SUD counseling focuses on the twelve steps	○	○	○	○	○	○	○
Individual SUD counseling focuses on the twelve steps	○	○	○	○	○	○	○

Language

To what extent are the following true in the primary facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Interpreter services are available	○	○	○	○	○	○	○
Bilingual staff are available	○	○	○	○	○	○	○
Programming (e.g. counseling, peer support groups) is available in non- English languages	○	○	○	○	○	○	○
Outreach services are available in non- English languages	○	○	○	○	○	○	○
Before being assigned to an individual counselor, clients are asked about their preferred counselor characteristics (e.g. gender, ethnicity)	○	○	○	○	○	○	○

Diversity

To what extent are the following true in the primary facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Staff demographic diversity matches client demographic diversity	○	○	○	○	○	○	○
Staff are aware of signs of respect and disrespect in different clients' cultures	○	○	○	○	○	○	○
Transgender clients may sleep in the housing facility of the gender with which they identify	○	○	○	○	○	○	○

Treatment goals and planning

To what extent are the following true in the primary facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
When setting treatment goals, clients may select harm reduction (e.g. reduced use or controlled use) as a goal for **alcohol**	○	○	○	○	○	○	○
When setting treatment goals, clients may select harm reduction (e.g. reduced use or controlled use) as a goal for **illicit drugs**	○	○	○	○	○	○	○

To what extent are the following true in the primary facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Clients are asked their preference with respect to treatment modality (e.g. frequency of counseling)	○	○	○	○	○	○	○
Staff with a variety of professional backgrounds are included in the treatment planning process	○	○	○	○	○	○	○

Treatment requirements

To what extent are the following true in the primary facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Clients are not required to take medication	○	○	○	○	○	○	○
Clients are required to attend group counseling	○	○	○	○	○	○	○
Clients are required to attend individual counseling	○	○	○	○	○	○	○
Clients must participate in counseling in order to receive medication- assisted treatment (e.g. Suboxone or Vivitrol)	○	○	○	○	○	○	○
Clients are given a preset treatment schedule (e.g. group counseling) that they must attend	○	○	○	○	○	○	○

Grievances

To what extent are the following true in the primary facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
If clients express discontent with their current individual counselor, then they are offered a new individual counselor (if one is available)	○	○	○	○	○	○	○
Confidential ways are provided for clients to express grievances (e.g. a suggestion box)	○	○	○	○	○	○	○

Information Provision

How are clients provided the following types of information? Mark all that apply.

	In a document	Verbally	In a group setting	With time for questions	One-on-one	In a non-English language (if applicable)	In a visual format (e.g. pictures)	In a public posting (e.g. bulletin board)	Clients are not provided this information	At the beginning of treatment only
Treatment purpose	○	○	○	○	○	○	○	○	○	○
Treatment process	○	○	○	○	○	○	○	○	○	○
Patient rights & responsibilities	○	○	○	○	○	○	○	○	○	○
How to report grievances	○	○	○	○	○	○	○	○	○	○

Health Assessments

To what extent are the following true at the facility where you work with respect to **new clients?**

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Physical examinations are performed	○	○	○	○	○	○	○
Psychiatric assessments are performed	○	○	○	○	○	○	○
HIV testing is offered	○	○	○	○	○	○	○
Dental examinations are offered	○	○	○	○	○	○	○
OBGYN or gynecological examinations are offered to female clients	○	○	○	○	○	○	○
Hepatitis A, B, or C testing is offered	○	○	○	○	○	○	○

Relationship with external healthcare providers

To which **healthcare services** outside of your facility are referrals made (if needed by a client)?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
HIV treatment	○	○	○	○	○	○	○
Dental treatment OBGYN or gynecological treatment	○	○	○	○	○	○	○
Psychiatric care	○	○	○	○	○	○	○
Methadone treatment	○	○	○	○	○	○	○
Oral/sublingual buprenorphine treatment (e.g. Suboxone)	○	○	○	○	○	○	○
Oral naltrexone treatment (i.e. Revia)	○	○	○	○	○	○	○
Depot injection naltrexone (i.e. Vivitrol)	○	○	○	○	○	○	○
Implantable buprenorphine (i.e. Probuphine)	○	○	○	○	○	○	○
Depot injection buprenorphine (i.e. Sublocade)	○	○	○	○	○	○	○
Detoxification	○	○	○	○	○	○	○
Primary care (i.e. family medicine or internal medicine)	○	○	○	○	○	○	○

Which of the following are true in the facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Treatment notes are provided to clients' outside healthcare providers	○	○	○	○	○	○	○
Treatment notes are obtained from clients' outside healthcare providers	○	○	○	○	○	○	○
Staff arrange appointments for clients with outside healthcare providers	○	○	○	○	○	○	○

Internal information sharing

Which of the following are true in the facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Staff hold case conferences to discuss client cases	○	○	○	○	○	○	○
Staff use an electronic medical record	○	○	○	○	○	○	○
Staff read each other's notes in the client's medical record	○	○	○	○	○	○	○
Recovery support specialists may add notes to the client's medical record	○	○	○	○	○	○	○
Behavioral health technicians may add notes to the client's medical record	○	○	○	○	○	○	○

Emotional support

To what extent are the following true in the facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Clients are **explicitly told** they can turn to any staff member for help	○	○	○	○	○	○	○
Recovery support specialists are available to clients	○	○	○	○	○	○	○
Individual counseling frequency is driven by a client's needs	○	○	○	○	○	○	○
Emotional support animals are available or permitted within the facility	○	○	○	○	○	○	○
Clients are taught relaxation techniques	○	○	○	○	○	○	○

Family integration

To what extent are the following true in the facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Minor children can room with their parents in the residential facility	○	○	○	○	○	○	○
Daycare is available onsite for clients' children	○	○	○	○	○	○	○
Parenting skills classes are available	○	○	○	○	○	○	○
Staff provide education about SUD or MHD to clients' family members	○	○	○	○	○	○	○
Clients' family members can participate in the treatment planning process	○	○	○	○	○	○	○
Counseling is available to clients' family members	○	○	○	○	○	○	○

Housing services

To what extent are the following true in the facility where you work, if applicable to an individual client's case?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
The facility provides clients with funds for housing-related costs (e.g. first month's rent, application fee, furniture)	○	○	○	○	○	○	○
Staff help clients complete housing applications	○	○	○	○	○	○	○
Staff identify affordable housing options for clients	○	○	○	○	○	○	○
Staff contact housing options on clients' behalf	○	○	○	○	○	○	○

Vocational Training & Employment Services

To what extent are the following true in the facility where you work

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Experiential job training opportunities are available onsite (e.g. food preparation, gardening)	○	○	○	○	○	○	○
Resume preparation or interviewing practice is offered	○	○	○	○	○	○	○
Computer skills education is offered	○	○	○	○	○	○	○
Staff help clients complete job applications	○	○	○	○	○	○	○
The facility hosts job fairs	○	○	○	○	○	○	○
Staff help clients obtain work-appropriate attire	○	○	○	○	○	○	○
Clients can use facility computers to search for jobs	○	○	○	○	○	○	○

Educational Services

To what extent are the following true in the facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Staff help clients complete applications for college, vocational training, and/or other education	○	○	○	○	○	○	○
GED classes are held onsite	○	○	○	○	○	○	○
English as a second language (ESOL) classes are held onsite	○	○	○	○	○	○	○

Transitioning out of care

To what extent are the following true in the facility where you work?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Staff contact discharged clients for wellness checks	○	○	○	○	○	○	○
Staff connect residential clients to outpatient treatment prior to discharge from residential treatment	○	○	○	○	○	○	○
After leaving residential treatment, clients may continue individual counseling with the same counselor they had in residential treatment	○	○	○	○	○	○	○
Prior to discharge, clients and staff jointly create a recovery/wellness plan for post discharge	○	○	○	○	○	○	○

Public Assistance Services

To what extent do staff help clients complete the following applications?

	Never	Rarely	Sometimes	Very often	Always	I don't know	N/A
Health insurance (e.g. Medicaid, private health insurance) applications	O	O	O	O	O	O	O
Disability benefit applications	O	O	O	O	O	O	O
Supplemental Nutritional Assistance Program (i.e. food stamps) applications	O	O	O	O	O	O	O
Legal identification document (e.g. birth certificates, social security documentation) applications	O	O	O	O	O	O	O

To which of the following are clients offered transportation by the facility? Mark all that apply.

- O Peer support groups
- O Outside healthcare providers
- O Religious services
- O Other _____

What is your gender

- O Male
- O Female
- O Other _____

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

- O African American
- O Asian
- O Pacific Islander/Native American
- O White
- O Hispanic

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