
Methadone Aggregate Report, 2006

Consumer Quality Initiatives, Inc.

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CQI's mission is to “give consumers a greater voice and an integral role in evaluating the effectiveness of their [our] treatment” through “fair, honest and balanced” reports on consumer perception of quality and satisfaction. CQI provides a forum for that voice through confidential interviews with Mass Health clients. In addition to providing valuable information to the Partnership and providers, CQI hopes to initiate changes that will improve the system for all; consumers and providers alike. Through these interviews and small group discussions among consumers, providers and health care authorities, CQI is beginning to bridge information gaps to establish a common understanding of quality and mental health.

CQI interviewers are consumers or family members of consumers of mental health services who have received extensive training in interviewing with this population. Because of their personal experiences with mental illnesses, these interviewers are able to build a rapport with respondents that appears to help the individuals who are interviewed speak openly and honestly about their treatment experiences.

Please contact us with questions and comments!

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Sample Demographics

One hundred and fifty-four (N=154) respondents at 6 outpatient methadone clinics in Massachusetts.

Mean/Median length of time attending clinic (at time of interview)	33/18 months
Mean/Median age of respondents	39/38 years
Percent male/female	57%/43%
Percent living with children at least p/t	36%

Summary of Findings

Key Areas of Highest Satisfaction

- **Client/staff relationships:** The vast majority of respondents felt that staff treated them with respect and courtesy either “usually” or “always”, with 97% satisfied with their counselor, 96% satisfied with the group leaders, 93% satisfied with the nurses and 90% satisfied with the receptionists.
- **Functioning of the clinic:** Almost all respondents felt staff had addressed their drug/alcohol problems (98%). 95% of respondents felt staff had kept their private information confidential “always” and 91% were satisfied with waiting times for treatment/services. 86% of respondents reported that they had received information about their rights in the last six months.
- **Treatment planning:** Most respondents were satisfied with their counselor’s efforts to involve them in treatment planning (86%), with his/her ability to bring out their strengths and skills (87%), and with his/her understanding of their treatment goals (85%).
- **Groups:** 85% of respondents were satisfied with their groups.

Key Areas of Lowest Satisfaction

- **Vocational support:** 38% of respondents were satisfied with staff’s efforts to prepare them for vocational opportunities and 56% were satisfied with staff’s efforts to refer them to vocational programs.
- **Information:** 49% of respondents reported that the clinic had provided them with information about treatments other than medications, 75% had been told about self-help/support groups and 62% were aware of the process to review their records.
- **Waiting Area:** 64% of respondents were satisfied with the comfort of the waiting areas.
- **Individual treatment issues:** 74% of respondents felt that their issues/concerns about treatment were taken seriously by staff “usually” or “always”. 71% of respondents felt staff had addressed their trauma history and 77% felt that the clinic had addressed their domestic violence issues.
- **Hours/Appointments:** 75% of respondents were satisfied with their ability to get an appointment right away when needed and 76% with the hours that the clinic offered services.

Interviewing Protocol

CQI interviewed a total of 154 respondents at 6 outpatient clinics in Massachusetts. Interviews were conducted at the clinic and in person. Specific dates for the interviews were arranged in advance. The approximate length of each interview was 20-30 minutes. Flyers were posted announcing the interview dates and interested clients either signed up in advance or came in the day of the interview and participated. Respondents were given a \$5 honorarium for their participation.

Survey Instrument

The outpatient survey instrument consists of 49 quantitative and 4 qualitative questions, as well as 20 demographic questions (Appendix A). Most quantitative questions allow individuals to respond using a four point scale; three variations of the scale are shown below. (Some scales also contained an additional point with a “not applicable” (“n/a”) or “not sure” option.) Seventeen questions had a two-point, yes or no, response option. Interviewers also recorded respondent’s comments to some of the quantitative questions to allow for better interpretation of these variables.

1	2	3	4
Poor	Fair	Good	Excellent
Never	Sometimes	Usually	Always
Worse	Same	Better	Much Better

In addition to the quantitative questions, four open-ended questions were asked throughout the interview. Interviewers recorded responses to open-ended questions using respondents’ own words as much as possible, though longer responses were sometimes paraphrased.

Reporting Data

Below is an example of how responses are reported for the quantitative section of the survey instrument. We have included a discussion section following, which describes the comments respondents gave in this section of the survey.

The percentages for each response category are listed under the variable label. The total number of respondents for this question is 14 (N).

↙
SAMPLE TABLE

	1 Poor	2 Fair	3 Good	4 Excellent	N
Svcs received at clinic in last 12 mos	7%	7%	57%	29%	14

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DEMOGRAPHICS

CQI interviewed a total of 154 respondents at 6 outpatient clinics in Massachusetts.

Age (N=151)		Primary Language (N=152)	
Mean	39 yrs	English	80%
Median	38 yrs	Spanish	18%
Range	19-63 yrs	Other	1%
Gender (N=153)		Housing Situation (N=152)	
Male	57%	Live alone	27%
Female	43%	Live with spouse/significant other	22%
Race (N=152)		Live with family	28%
African American/Black	9%	Live in group home/nursing home	1%
Asian or Pacific Islander	1%	Live in supported housing	1%
Caucasian/White	55%	Live with roommates	8%
Multiracial	4%	No stable address	7%
Native American	2%	Other	6%
Other	30%	Education Completed (N=152)	
Ethnicity (N=153)		8 th Grade or less	9%
Hispanic/ Latino	35%	Some high school	27%
Health Insurance (N=150)		High school graduate / GED	36%
MassHealth: Partnership	67%	1-3 years of college	22%
MassHealth : HMO	10%	College graduate (4 years)	4%
MassHealth: Fee for Service	23%	Advanced degree	2%
Physical Health (N=152)		Relationship Status (N=152)	
Poor	14%	Single/ Never Married	53%
Fair	30%	Married	24%
Good	50%	Divorced or Separated	21%
Excellent	7%	Widowed	1%
Physical Disabilities (N=151)		Other (Significant Other)	1%
<i>Could chose more than one</i>		Respondents with Children (N=152)	
None	56%	Living with them at least part time	36%
Loss of mobility	7%	DMH Client (N=151)	
Loss of sight	3%	Yes	13%
Loss of hearing	2%	No	84%
Any other disability	36%	Unsure/ Don't Know	3%
Work Status (N=152)			
Working for pay: full-time	5%		
Working for pay: part-time	9%		
Volunteer work	3%		
Not working for pay	84%		

Respondents also informed interviewers about the length, frequency and type of services they received at the clinic, as well as information about the type of insurance coverage they had.

CLINIC RELATED INFORMATION

Time Attending Clinic (N=147)	
Mean	33 Mos.
Median	18 Mos.
Range	1-240 Mos.
Freq. of Clinic Attendance (N=149)	
Once a week	1%
More than once/week	99%
Clinic Services Used (N=153) <i>Could chose more than one</i>	
Individual Therapy	78%
Group Therapy	80%
Clinic Staff Seen (N=153)	
Therapist/social worker	92%
Psychiatrist	5%
Doctor other than psychiatrist	12%
Nurse or nurse practitioner	63%
Other	3%

Comments on Demographics

The majority of patients were Caucasian, unmarried, not currently working for pay, spoke English as their first language and were male.

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QUANTITATIVE RESULTS**Overall Satisfaction**

Interviewers asked respondents to rate the overall care they received at the clinic as well as whether or not they would recommend the clinic:

	Poor	Fair	Good	Excellent	N
Overall services provided	2%	8%	47%	42%	153
	Not at all	A little	Somewhat	A lot	
How much been helped by counseling at clinic	3%	10%	20%	67%	153
	No	Yes			
Recommend this clinic	10%	90%			153

Access to and Appropriateness of Services

Interviewers also asked respondents to rate their experience with the following aspects of care and services offered by the clinic:

Location	Poor	Fair	Good	Excellent	N
Convenience of clinic's location	8%	15%	54%	23%	154
Transportation provided by clinic	0%	11%	46%	43%	28
Appointments					
Comfort of waiting area	15%	21%	54%	10%	154
Hours appointments are available	4%	20%	56%	20%	154
Groups					
Groups	5%	11%	51%	34%	133
Treatment Planning					
Staff efforts to involve respondent in treatment decisions	6%	9%	38%	48%	141
Staff efforts to involve family in respondent's treatment	15%	3%	58%	23%	60
Counselor's ability to bring out strengths and skills	5%	8%	42%	45%	142
Assistance/Referrals					
Efforts to prepare for employment, education or other vocational goals	39%	22%	34%	4%	89

Efforts to help set up vocational/employment programs	27%	17%	37%	19%	113
Informed Consent					
Info received about benefits, risks, side effects of methadone	9%	13%	46%	32%	133
		No	Yes		N
Given information about treatments other than medications		51%	49%		154
Told about self-help or support groups (12 step programs)		25%	75%		153
Given information about rights as a client		14%	86%		152
Aware of process to see records		38%	62%		150
Access to Services					
	Never	Sometimes	Usually	Always	N
How often got appointment for counseling as soon as wanted	5%	16%	16%	63%	94
How often saw counselor when needed counseling right away	14%	11%	25%	50%	44
How often wait more than 15 minutes past appt. time	56%	35%	6%	3%	142
How often did you get help with crisis svcs when wanted	14%	5%	24%	57%	21
Staff Relationships					
	Never	Sometimes	Usually	Always	N
Treated with respect and courtesy by:					
Nurses/Nurse Practitioners	0%	7%	15%	78%	96
Therapist/clinician/counselor	0%	3%	10%	87%	140
Receptionist	3%	8%	19%	71%	150
Group Leaders	0%	5%	14%	82%	133
Counselor understood what your treatment goals are	4%	12%	12%	73%	135
Confidentiality					
Staff reveal any info to others that should have been private	95%	5%	1%	0%	152
Concerns/Complaints					
How often felt comfortable raising issues/concerns to staff	6%	17%	14%	62%	132
How often concern taken seriously by staff	13%	13%	17%	57%	120
Assistance with specific issues					
		No	Yes		N
Trauma history addressed		29%	71%		84
Substance Abuse issues addressed		2%	98%		149
Domestic violence situation addressed		23%	77%		44

Outcomes of Services

Respondents rated the degree of improvement in certain areas of their lives since beginning to receive services at the clinic.

Outcome	Worse	Same	Better	Much Better	N
Mental Health	5%	14%	45%	36%	152
Ability to cope when things go wrong	5%	16%	47%	32%	152
Involvement in daily life outside of the clinic	5%	15%	46%	34%	153
Ability to hold a job or volunteer position	12%	25%	34%	28%	138
Relationships with friends/family	3%	31%	35%	31%	144

5 QUALITATIVE FEEDBACK

A. Comments in Response to Quantitative Questions

Respondents were asked for an explanation when they provided a response indicating **dissatisfaction**. In order to determine satisfaction or dissatisfaction, we collapse the four point scales used in the interviews into two categories of “dissatisfied” and “satisfied.” The highest two points on the answer scales were merged and labeled “satisfied,” and the lowest two points on the answer scales were merged and labeled “dissatisfied.” Some respondents also offered comments spontaneously, without prompting from the interviewer, and these comments were noted.

Below is a chart outlining the themes to the quantitative questions:

QUESTION	THEMES
Hours Services Are Available	Clinic Hours Should be Longer and Later Clinic Should Offer Afternoon Dosing Hours
Comfort of Waiting Room	Waiting Room Atmosphere Uncomfortable: Loud and Crowded
Convenience of Clinic Location	Clinic Location Hard to Get to and Too Far Away
Vocational Preparation	Little or No Support around Vocational Goals/Preparation
Vocational Referrals	Little or No Assistance with Vocational Referrals
Concerns about Treatment Taken Seriously by Staff	Concerns Not Consistently Taken Seriously by Staff – Lack of Follow-up or Responsiveness

B. Responses to Open-ended Questions

We included in the survey four open-ended questions to allow respondents to offer, in their own words, feedback on the services provided and suggestions for improvements.

Qualitative Comparison of Methadone Clinics

Many clinics had similar themes when discussing how the counseling/services have been helpful. People from every clinic reported that information and advice from staff had been particularly helpful, and respondents from all but one clinic discussed how they have stopped using drugs and have decreased cravings for drugs. Many people mentioned specific education or information they received to be supportive. Referrals to resources and services were also commented as a benefit of therapy. Several also said that groups had helped them reach their goals.

When asked what else the counselor could be doing to help, a couple of themes emerged. Respondents from most clinics reported that they wanted help with individual needs; an equal number said they could use more referrals to outside services. People from half the clinics suggested that the accessibility of staff was an issue. Finally, participants from a few clinics wanted help with specific issues in their life, such as homelessness, employment, and transportation to and from the clinic.

Finally, when asked what they would change if they were in charge, several suggestions for improvements were reported. People from all but one clinic said that the hours and staffing of their clinics needed to be improved. Respondents from four (out of six) complained about some of the staff's attitudes toward them. Participants from three clinics wanted increased flexibility about the rules, complaining that too often the dose is denied for a minor infraction. Finally, as mentioned before, people from a couple of clinics wanted to increase the access to services.