

# DSHS | DASA Providers and Stakeholders Respond



The First in a Series

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**D**ASA values its relationship with providers and stakeholders, and is committed to quality customer service. Following up on this commitment, DASA conducted a satisfaction survey in 2005 to find out how providers and stakeholders feel about DASA services and their interaction with DASA staff.

256 providers and stakeholders responded to the survey.<sup>1</sup> This is the first provider/stakeholder survey conducted by DASA, and it serves as both a baseline for future comparisons as well as a tool for DASA leaders in identifying and implementing quality improvements throughout the organization. DASA is committed on following through with similar provider/stakeholder surveys.

The survey consisted of six satisfaction questions and three open-ended questions inviting narrative responses. Respondents were also asked to describe the type of organization they represented, what kind of service they provided, how they interacted with DASA, and the area they serve.

## Overview | Most providers and stakeholders found DASA to be a valued partner and a leader in the chemical dependency field.

### They appreciated many facets of DASA

- Helpful, knowledgeable and accessible staff
- Timely, courteous response to requests for assistance
- Excellent training which meets continuing education requirements – they would like to see even more, preferably local
- Technical assistance – they appreciate constructive feedback in audits and inspections
- Useful publications

### They suggested changes in business processes

- Reduce paperwork/administrative requirements
- Improve information systems
- Get more input from providers before making changes – the primary example concerned the Alcohol and Drug Information School (ADIS)
- Ensure consistently prompt responses to email and phone requests
- Adapt business processes to meet the needs of certain groups

### They proposed future directions

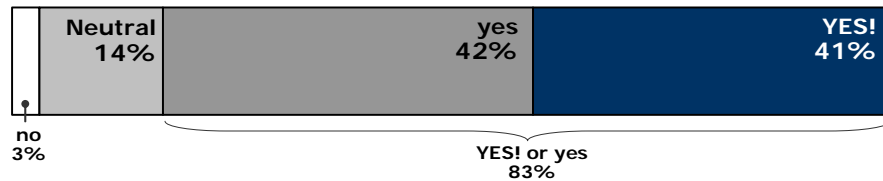
- Focus on co-occurring disorders/clients shared with mental health
- Work with the legal system around chemical dependency issues
- Address counselor shortages and rates
- Ensure providers and agencies are ethical and professional

<sup>1</sup> The survey was distributed to treatment agencies, counties, state partners, drug courts, AOD associations, councils, and federal agencies by e-mail or US mail. Respondents had a choice of completing the survey on-line (anonymously) or returning the completed survey by mail; 568 surveys were distributed and 256 responses were received. See page 12 for more information about respondents.

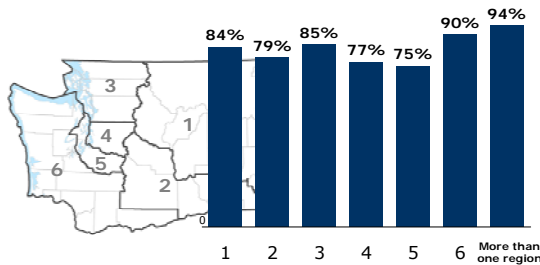
# Q1 Overall, are you satisfied with your relationship with DASA?

Each participant was asked to rate their overall satisfaction with their relationship with DASA. More than four out of five respondents reported satisfaction with this relationship. These positive responses were almost evenly divided between those who answered with a simple “yes” and those who chose the more emphatic “YES!” Only 3% reported dissatisfaction.

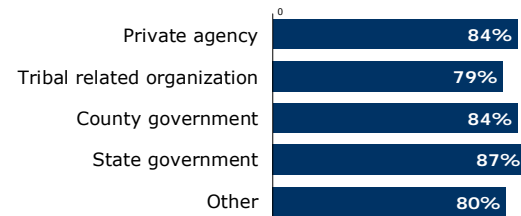
**OVERALL** | 83 percent said Yes (“YES!” or “yes”) – they were satisfied overall with their relationship with DASA.



**REGION** | At least 75 percent in each region said Yes – they were satisfied with their relationship with DASA.



**AGENCY** | At least 79 percent of each type of agency said Yes – they were satisfied with their overall relationship with DASA.



## STAKEHOLDERS SPEAK

### Most respondents feel like partners with DASA:

“DASA treats our agency as a partner and not as a subordinate. Despite areas of concern, DASA always relays corrective measures that stress the strengths rather than exploit the weaknesses of our agency.”

“I have always felt like part of a team with DASA.”

“DASA is always there to help and considers us as partners. DASA’s mission is to improve patient care by working with the providers, never telling us that because they are in charge it has to be their way.”

“If you are professional and have high standards for your work, you often get the same in return. I believe that is the relationship between our county and DASA.”

“Feel that DASA is “in my corner” and wants me to succeed . . . Overall A+.”

“All of us, without exception, enjoy our relationship with DASA. There isn’t anything we wouldn’t do for them.”

“We appreciate the partnership we have with DASA.”

“In the seventeen years I have been in the CD field, I have noticed that DASA has worked hard at gaining respect from treatment providers. That has paid off for everyone involved in the past few years.”

### A few feel that relationships could be improved:

“Visit the program and talk with the staff.”

“Act as a willing and accountable partner in the business rather than simply a bureaucratic ruler.”

“DASA fails to have a collaborative stance.”

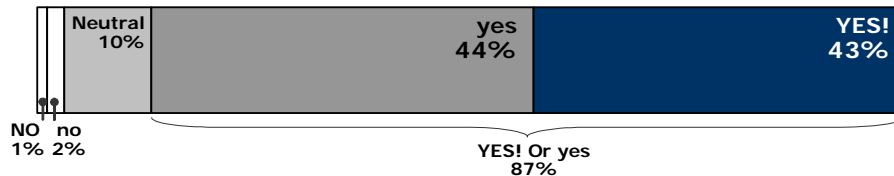
“Needs to listen to what is really happening in the community and be more timely and current. Responding to ideas from the field by acknowledging we at least sent and spent some thought.”

“DASA works best with the large traditional providers. There is no sense of interest, concern, or relationship with the smaller providers that do community-based, non-insurance work.”

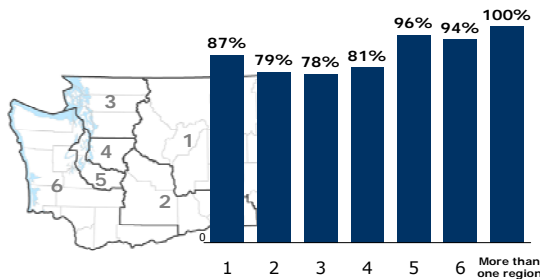
## Q2 Are DASA staff knowledgeable and helpful?

Almost nine out of ten agency representatives answered Yes – DASA staff are knowledgeable and helpful. These positive responses were almost evenly divided between those who answered “yes” and those who chose the more emphatic “YES!” Only 3% said “no” or “NO!”

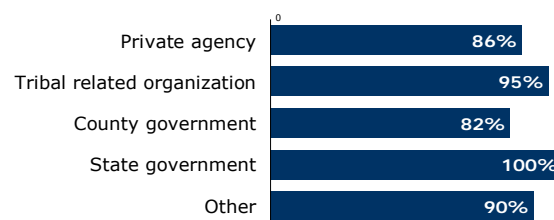
**OVERALL** | 87 percent said Yes (“YES!” or “yes”) – they were satisfied overall with the DASA staff’s knowledge and helpfulness.



**REGION** | At least 78 percent in each region said Yes – DASA staff are knowledgeable and helpful.



**AGENCY** | At least 82 percent of each type of agency said Yes – DASA staff are knowledgeable and helpful.



### STAKEHOLDERS SPEAK

#### Most respondents find DASA staff to be helpful and knowledgeable:

“Staff expertise and collaborative spirit are impressive.”

“Everyone has always been helpful whether I need help finding treatment, consultation or just have general questions.”

“Our specialists are excellent educators. They teach as they do their job, without making you feel like a complete idiot. I have been told, ‘Call me if you need help.’”

“DASA has a collaborative relationship with providers, trying to help them manage regulatory and clinical requirements. We also work with the mental health division, and in comparison, DASA is incredibly helpful in making this work easier to manage instead of harder.”

“The staff are friendly; they are very knowledgeable and helpful.”

“The IT staff and the research staff are the best. They are courteous and knowledgeable, and seem genuinely interested in making our work better.”

“DASA keeps us informed re: A/D nation wide, legislative information that's important and timely – Help lines are terrific, DASA staff is helpful and get back with info in a timely manner.”

“Always there with the right answer and support for any question related to substance abuse.”

“I have never contacted DASA for help I have not received.”

#### A few reported mixed messages:

“DASA employees are not all on the same page, and depending on who you talk to, they give different answers.”

“I know things are complicated, but at times some DASA staff say we should do one thing, and other DASA staff tell us to do it differently.”

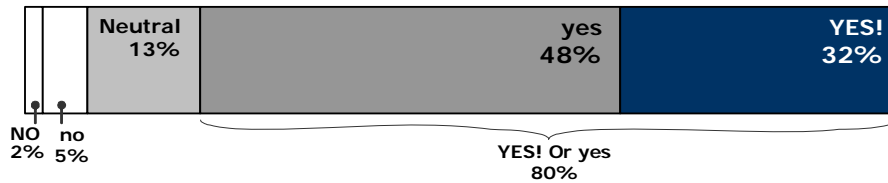
“The ADTSA area is very confusing and I have had grave difficulty in finding someone who knows the system – even the identified “expert” has not been able to answer a lot of the questions.”

“The biggest problem I see is mixed messages. Ask the same question to five staff, get five answers.”

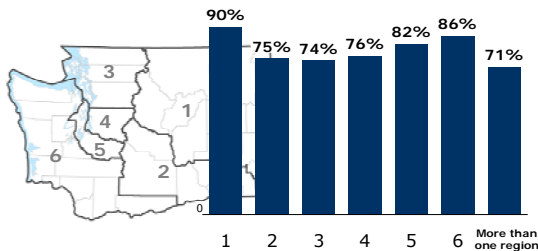
## Q3 Are DASA staff timely in responding to your requests for information or assistance?

Four out of five respondents reported that DASA staff respond to their requests for information and assistance in a timely fashion. More chose “yes” than the more enthusiastic “YES!” About 7% reported problems with timeliness.

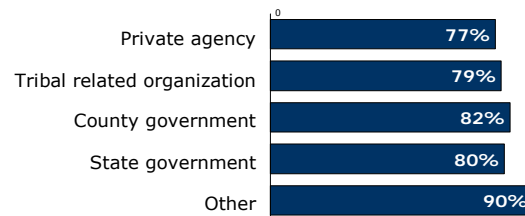
**OVERALL** | 80 percent answered Yes (“YES!” or “yes”) – staff respond in a timely manner to requests for information or staff assistance.



**REGION** | At least 74 percent in each region said Yes – DASA staff respond to requests in a timely manner.



**AGENCY** | At least 77 percent of each type of agency said Yes – DASA staff provides timely response to requests for information or assistance.



### STAKEHOLDERS SPEAK

#### Many respondents found responses to be both timely and helpful:

“DASA responds to requests for info in a timely and complete manner.”

“The DASA staff are always willing to answer questions and they get back to you in a timely manner. The staff are there to help and give great recommendations.”

“Technical assistance has always been a strong point. My former RA was especially helpful in helping me not only find answers to questions, but in brainstorming how I might work with contractors as well as other community members.”

“The DASA TARGET HELPDESK personnel are very timely and responsive.”

“We have always felt that if we had a problem the door was open to call any of your staff for assistance.”

“DASA staff will take the time to answer questions and follow up on questions they do not know how to resolve. They are usually timely in returning calls and providing clarification for problems areas.”

“Their prompt response to questions asked is most helpful.”

#### Others reported instances where it was difficult to get a quick response:

“DASA IS and TARGET staffs do not respond on a timely basis and their responses in general are defensive. I am not satisfied at all with the lack of leadership or customer service from their IS unit, particularly when questions are met with hostility and anger.”

“Respond in a more timely manner to phone and e-mail requests – hopefully within two business days.”

“I think DASA needs to answer inquiries of a legal nature in a timelier manner. I wanted advice on a legal issue and had to wait two days for a response to my voicemail inquiry.”

“Certain DASA staff do not respond to e-mails or phone messages. It is hard to catch them at their desks.”

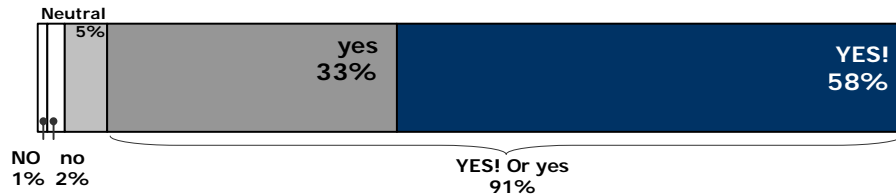
“If there was a clear listing of where to go within DASA for specific questions/approval/clarification – this would save time and frustration. It usually takes several transfers and phone calls.”

“Monitoring the e-mail/phone to get messages so responses can be made might be helpful.”

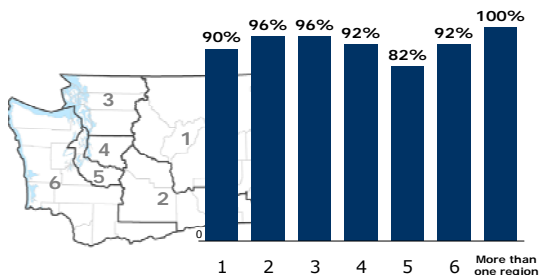
## Q4 Do DASA staff treat you with courtesy and respect?

Overall, more than nine out of ten providers and stakeholders reported that DASA staff treated them with respect. The majority chose the more emphatic "YES!" response. Only 3 percent did not feel that staff treat them with courtesy and respect.

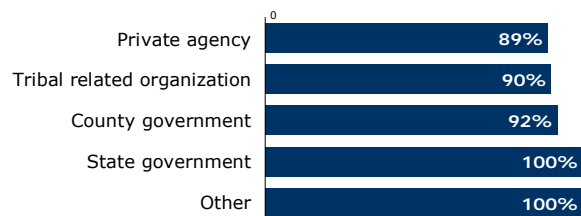
**OVERALL** | 91 percent said Yes ("YES!" or "yes") – staff treated them with courtesy and respect.



**REGION** | At least 82 percent in each region said Yes – that they are treated with courtesy and respect.



**AGENCY** | At least 89 percent of each type of agency said Yes – that they are treated with courtesy and respect.



### STAKEHOLDERS SPEAK

#### Most praised the respectful and supportive attitude of DASA staff:

"DASA staff are always polite and friendly. They are always responsive to questions."

"Quite honestly, DASA is the easiest group of people to work with out of all the entities that we work with. They are always friendly . . . always respectful and supportive. They make us feel like we matter and that we are important. We go out of our way to make our DASA programs exceptional because of their supportive way of treating us."

"Their help and courtesy allows me to understand that they clearly understand this is a team effort."

"The staff is friendly, they are knowledgeable and helpful. They seem to want to help improve services."

"They are patient, supportive and understanding."

"The staff at DASA have always been professional and helpful. We might have differences of opinion, but they acknowledge my point of view . . . I think DASA has acknowledged the unique work that gets accomplished in our small county and that is helpful."

#### Others described exceptions to the rule of courtesy:

"There are respectful, appreciative and understanding staff and those who are condescending, arrogant Know-it-alls. Obviously, it would be helpful if you let the latter go."

"The field service reps are great. The information specialists are marginal and, quite frankly, rude."

"There have been 2 incidents with the same DASA staff member in the past 3 months – their manner was abrasive or sarcastic. This kind of interaction has no place in a professional and collegial environment."

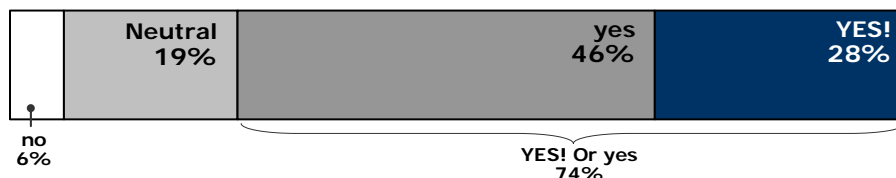
"Increasingly DASA staff, both locally and at a state level, appear to be acting in a non-collegial and overbearing manner. Regular measurement of the relationship (such as this survey) would seem prudent."

"Do not come off as supreme, superior or condescending to treatment providers and the public. This state agency needs to take a seat among the providers, not laud its ability to fund over the agencies."

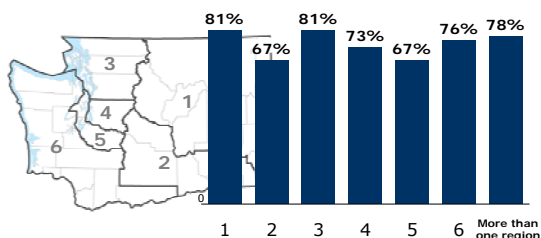
## Q5 Are DASA publications useful? (TRENDS Reports, Focus Newsletter, Fact Sheets, Clients Speak Out)

Nearly three out of four providers and stakeholders reported that DASA publications are useful. More of these positive respondents chose the simple “yes” response, rather than the stronger “YES!” Six percent of the respondents don’t find DASA publications useful.

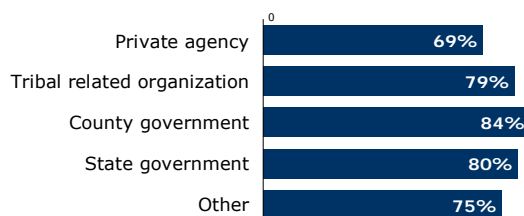
**OVERALL** | 74 percent said Yes (“YES!” or “yes”) – DASA publications are useful.



**REGION** | At least 67 percent in each region said Yes – DASA publications are useful.



**AGENCY** | At least 69 percent of respondents from each type of agency answered Yes – DASA publications are useful.



### STAKEHOLDERS SPEAK

#### Comments about publications were almost all positive:

“DASA publications, information about training activities, fact sheets and data about drug/alcohol/tobacco use in Washington State and the yearly ‘Clients Speak Out’ satisfaction survey are very helpful in our agency.”

“The publications are excellent.”

“The issue briefs are extremely useful and informative.”

“In general, communication is good – lots of memos and direct written communication.”

“They provide us with helpful materials.”

“The green book is a great resource.”

“The findings of the annual survey that you share are extremely helpful.”

“Keeps publishing a newsletter with upcoming events and news of programs.”

“I do so appreciate the manuals. If I can read it I can at least get headed in the right direction.”

“DASA provides WAC updates that are easy to read and understand. This allows our agency to stay current in our policies and procedures which fall under the jurisdiction of the WAC codes.”

#### Many more providers praised DASA training and information sharing:

“I use the information I receive through the TARGET system when doing educational talks and writing grants. Also I think they have sponsored some excellent professional trainings and would like to see more.”

“The trainings are very helpful and appreciated.”

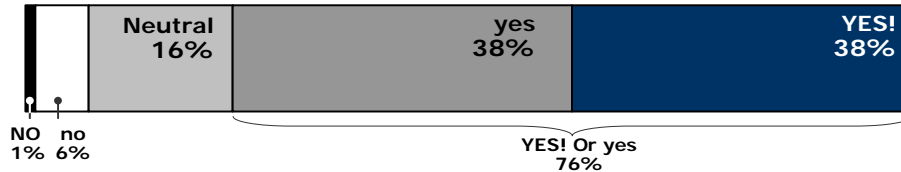
“Provides information on legislation, offers insights on the effects of proposed legislation on our service area, keep us informed of change in state policy – helps us work through issues at the state level.”

**Note:** More quotes on the highly popular topic of training can be found on page 9.

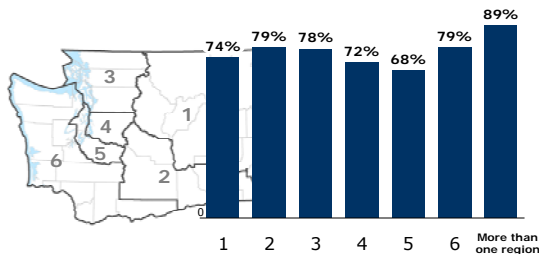
## Q6 Do you perceive DASA as a leader in the drug and alcohol field?

Three out of four providers and stakeholders perceive DASA as a leader in the drug and alcohol field. These positive responses were evenly divided between those who chose the "YES!" or "yes" response. Seven percent of respondents do not perceive DASA as a leader, and 16% were neutral.

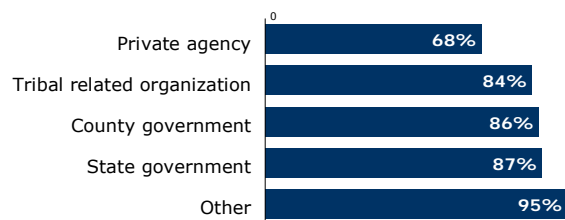
**OVERALL** | 76 percent said Yes ("YES!" or "yes") – they believe DASA is a leader in the drug and alcohol field.



**REGION** | At least 68 percent in each region said Yes – DASA is a leader in the drug and alcohol field.



**AGENCY** | At least 68 percent of each type of agency said Yes – DASA is a leader in the drug and alcohol field.



### STAKEHOLDERS SPEAK

#### Many respondents expressed appreciation for DASA leadership:

"I think that DASA does a great job in promoting research and making chemical dependency treatment a priority (or at least in the forefront) of the state government."

"Overall, DASA is great."

"I believe they are a model for other DSHS Divisions for Gov-to-Gov relationships."

"I have worked with 4 other major state agencies, not all WA, so I feel I have a good basis for comparison. I think DASA is well managed, has reasonable expectations, and that both regional and state managers are respectful, knowledgeable, and available. (I am trying to professionally say I think DASA is great!)"

"Forward thinking for the future of prevention."

"Strong advocate for substance abuse treatment in our state."

"Ken's leadership has been very successful and implementing his vision (data, research, outcome measures) has been instrumental in proving the effectiveness of treatment and in garnering financial support for the services we provide."

"I believe that at this time DASA is on top of everything."

#### Several identified future directions and leadership challenges:

"DASA needs to take a more active role in increasing treatment quality, accountability, being the leader in best practices, and stick to status quo in the treatment field. The field is rapidly changing and constantly growing."

"DASA is a leader in developing services for chemical dependency (CD). It should continue this role and protect CD services from the encroaching of co-occurring services that will try to take focus and dollars away from CD treatment."

"Support co-occurring disorders treatment more by advocating for funded services, more advocating for the value of dually certified staff, and get re-involved with the CDP certification process."

**Note:** See page 11 for more comments addressing future directions, especially greater interface with the legal and mental health systems.

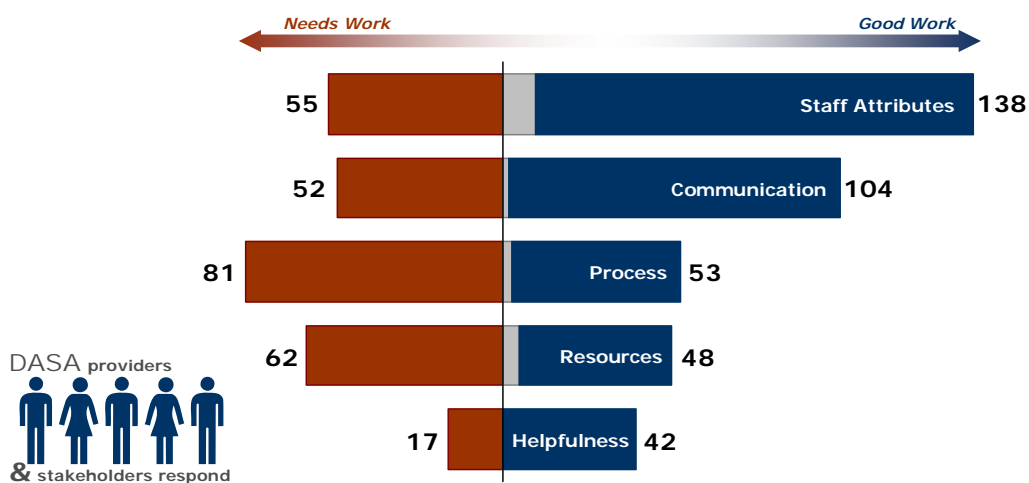
## NARRATIVE QUESTIONS | More Topics Emerged

The survey asked three narrative questions:

- ▶ What does DASA do well to work with you and help you?
- ▶ What could DASA do better to work with you and help you?
- ▶ Do you have other comments?

The major themes of each narrative response were identified and categorized as positive, negative or neutral. The themes were combined into discreet categories as shown in the chart below.

The majority of positive comments concerned the DASA staff and communication with DASA. Suggestions for improvement most often addressed business processes and availability of resources.



### Additional issues and comments

Many provider/stakeholder narrative responses addressed the issues identified in the six standardized survey questions. Examples of such comments were provided in the previous pages.

Not all of the narrative comment themes, however, related to the 6 standardized questions. The next three pages show samples of comments relating to the other major themes that emerged in the survey. Providers and stakeholders took the opportunity of the survey to express:

#### Appreciation – and requests for more services

- Training
- Technical assistance

#### Suggestions for changes in business processes

- Reduce paperwork/administrative requirements
- Improve information systems
- Get more input from providers before making changes
- Adapt business processes to meet the needs of special groups

#### Suggestions for future directions

- Focus on co-occurring disorders/clients shared with mental health
- Work with the legal system around chemical dependency issues
- Address low rates and the shortage of qualified counselors
- Ensure providers and agencies are ethical and professional



**APPRECIATION – AND REQUESTS FOR MORE SERVICES****Excellent training which meets continuing education requirements – they would like to see even more, preferably local**

"Trainings are always well organized and useful information. I love it when trainings are free, because I can send lots of our staff."

"DASA provides good training possibilities for free or small fees that enable counselors to stay up on new trends, best practices, and changes in the field."

"Provides timely training on new and emerging issues."

"More (low cost or no cost) CDP continuing education training workshops."

"More local training would help."

"I would like to see DASA provide training programs to implement promising practices, and that the training be delivered in sequential training episodes that build on the previous training episode."

"I would love to see more low cost training on Fridays . . . Most of the trainings are during times and days that I have to see patients so I lose revenue and the patients don't get help if I come."

"Put on more DASA-sponsored continuing education trainings and notify me by e-mail every time."

"I would appreciate DASA either providing or sponsoring more training/seminars for CDPs in King, Pierce and Snohomish counties."

"This program is so isolated, it is costly for us to travel so far for training that may be in Seattle."

**Technical assistance – they appreciate constructive feedback in audits and inspections**

"On site inspections have been a learning tool for me. All the people DASA has sent have helped me."

"They have been helpful with constructive information to improve agency policies and procedures during audits."

"Has helpful, non-critical suggestions at audit time."

"I think technical assistance offering trainings to agencies with common problems/deficiencies throughout the year would be helpful."

"If DASA came to agencies and did staff trainings on their expectations, it would be helpful."

**SUGGESTIONS FOR CHANGES IN BUSINESS PROCESSES****Reduce paperwork/administrative requirements**

"I am often frustrated with all of the work and paperwork that is required without the time to do so."

"DASA implements new ideas that require more staff efforts for data entry and case management and then grossly minimizes the impact on the providers. Recognize that for every minute spent on paperwork and case management is a minute that we can't spend with the patient."

"Paperwork is always an issue; the redundant paperwork is a waste of clinical time and serves no purpose."

"Limit the number of sudden statistical requests. Take more consideration of agencies both as to amount of data required and when that data is needed. . . . Try to make the burden to statewide providers an easier yoke. There is not a bad feeling but rather the perception that the state is always heavy on demands depleting energy that could be used for more creative, worthwhile services and work."

"The reporting requirements might be revisited for small and rural communities, especially when the dollar amount received is really small."

"They could be more active in reducing paperwork and redundancy among agency policy and procedures."

"No new paperwork without eliminating some of the old."

**Improve information systems**

"TARGET is too time consuming – takes times and resources away from direct service."

"The computer systems for SPAR and prevention are sometimes more cumbersome and time consuming than the information that is generated is worth."

"The detailed accounting for services according to funding streams is very time consuming. If simplification in data tracking and accounting could be implemented, this would be helpful."

"The Target data system is difficult to work with."

"1. DASA could save all of its providers time by fixing TARGET to make it able to bill for Title 19 services. Figure out the amount of time that providers spent double entering data – once for TARGET and again for billing. That's time that could be spent on direct client services or program augmentation. 2. DASA could make TARGET more flexible and accessible for multi service agencies. Data in TARGET is protected to the point of being useless for program improvement."

### **Get more input from providers before making changes**

#### ***Some providers feel that they have plenty of opportunity for input***

"DASA is usually very receptive to gaining feedback from providers."

"Leadership at DASA is open to listening to our concerns, and, in most cases, supportive of our needs."

#### ***Other providers felt that there is not sufficient consultation before making changes***

"Confer with providers and provider organizations before issuing memos which affect treatment/agency practices."

"Greater input from the field before moving with proposed changes in WAC."

"Those in positions of authority and decision making might do a better job of acting on suggestions from the field."

"Invite providers to be a part of the changes that are happening in Olympia."

"Ask for input when implementing new ideas. Not just input to say that you did ask, but be willing to listen to the providers as to how services are actually implemented. Too often DASA has a set agenda, and moves ahead in spite of feedback."

#### ***The most common example of policy change without sufficient provider input was the ADIS curriculum***

"The only weakness I have experienced with DASA is when certain policy or guidelines changes occur without notice and a means to provide input. Let me note this is rare but does from time to time occur. An example of this would be the implementation of the new ADIS format."

"I am aware that many providers are unhappy with the new ADIS curriculum and that change happening without input from the providers . . . It seems that DASA makes mandates first and then gets a hostile response from the field. There is minimal trust with DASA from past/current experiences."

"I was dismayed to see the ADIS change to a mandate (by memo, not WAC) that we use marketed workbooks . . . the participants hated the workbooks . . . we are now being mandated to teach 'choice-based' curriculum. DASA needs to revisit this issue and include treatment providers in the decision-making process."

"Using the Change Company and mandating the use of their curriculum for ADIS – the first my agency knew of it we were being told there were trainings being held and were being mandated to use their materials. This is part of the reason we are opting out of doing ADIS any more. We are a very small rural agency and this just made it cost prohibitive."

### **Adapt business processes to meet the needs of special groups**

"Re-evaluate their approach in providing services to "high-risk" populations to recognize and include the resource-poor rural counties and communities. Allow for more creative blending of funds to accommodate and reflect the interdependence of agencies involved with these areas. We often do not have the economic resources to provide matching funds without great collaborative efforts, but reporting restrictions often impede or halt this process for needed services."

"Make the training dollars more flexible. We are a small county and really need the funds to support current programs and/or even purchase curriculum/workbooks for new or current programs. It isn't very useful to have funding for training when we cannot afford to purchase or provide the programs."

"I would like to see DASA pay more attention to challenges and ways to address barriers for minority community members who might have language and cultural issues. In terms of policy and procedures, we would like to see DASA understanding the additional costs and challenges of underserved minority community members and reflecting the value of cultural competence in the policies, procedures and payment system."

"Form new curriculum in the Spanish language for addiction and abuse that's up to date with information. Obtain Spanish videos for low cost treatment agencies with Spanish speaking clients."

"Have people that help small ethnic providers with development and agency funding and federal grant application."

"Show me how to get funding like so many have. It always goes to the same people."

"Federal funding for for-profit vendors. Equal opportunity for for-profit vendors. We really do work harder!!"

"Support the entire prevention field in our state – not just DASA programs and staff."

## SUGGESTIONS FOR FUTURE DIRECTIONS

### Focus on co-occurring disorders/clients shared with mental health<sup>2</sup>

"It is time for DASA and MHD to get together and really address Behavioral Health (i.e. Dual Diagnosis, Co-occurring Disorders) . . . The two divisions need to really work together rather than just say they do."

"I noticed recently the overwhelming number of mental health clients being passed on to us . . . DASA needs some of the mental health dollars to assist placing these high risk difficult clients in treatment."

"Push for braided funding sources . . . get a mental health department funding commitment for co-occurring disorder programs."

"It would be helpful to have discussions on how we can better address the needs of co-occurring disorder clients who need a drug/alcohol ITA. We are also concerned about the lack of appropriate inpatient treatment for clients with co-occurring disorders, especially women."

### Work with the legal system around chemical dependency issues<sup>2</sup>

"It is long overdue that DASA became a partner with DOC and county jail systems toward involving treatment participation for offenders; 80% of offenders are chemically dependent or abusers and we can't build enough jails to "punish" these people."

"Educating the Probation officers and JUDGES would be and should be a primary focus of DASA – after all, that's where we get most of our clients."

"Help promote and/or provide information to employers/EAPs, court systems and attorneys of the treatment options in Washington State, let alone in each county and city. There are MANY employers/EAPs, court systems and attorneys who are not knowledgeable about chemical dependency treatment, even though they have tons of employees and clients with chemical dependency problems."

"Provide more money to correctional treatment programs. We have been operating at the same level of funding for the past 5 years. This component of treatment is so badly needed to help prevent the youth from going on to adult correctional facilities. The saving to the treatment field is unmeasurable, the savings to the community in life and money cannot be measured."

### Address the shortage of qualified counselors and low rates

"Understand and respond to the counselor shortage, allow counties to pay vendor rates that will keep our providers in business and allow them to pay counselors a living wage. Acknowledge increased cost of doing business in urban areas."

"Almost every provider at every provider meeting reports they are hiring and the CDP shortage in this state is at a critical stage. We cannot meet our client needs with our staff shortages and time spent on recruiting counselors. Everyone agrees, including DASA, but we are not aware of anything DASA has done to help. We have suggested the criteria for certification is too stringent, the pay too low, too much paperwork (more than mental health requires), no incentives, stigma associated with drug counseling, the annual CDP license fee is high, counselors burn out after only a couple of years, etc. We really need DASA to take the lead to determine what will attract and keep more counselors in the field. Lives are truly at stake."

"Continue to work on the problem of 'lack of available CDP personnel' in the field."

"Work with DOH to create an 'interim' certification/licensure status for staff who might be credentialed in other states but need to complete the process so a RC or CDP can begin work in a more timely manner."

"My single complaint rests with the reimbursement amounts being below expenses. That makes no sense in the business world. No margin, no mission."

"Increase vendor rates, provide additional inpatient beds and work toward a combined CD-Mental Health certification of agencies and counselors."

"Increase Medicaid vendor rate for methadone treatment. This would help me pay staff a better wage."

"The fee for service does not cover the cost of doing business – thus increasing reimbursement would be great! I fear providers will go out of business if there are not changes."

### Ensure providers and agencies are ethical and professional

"A more aggressive stance to shenanigans of licensed providers and those systems which support their behaviors."

"Aggressive in dealing with issues relative to treatment providers. Helpful in making sure we are doing what needs to be done and correctly."

"Have more frequent checks on problem agencies; close the loopholes that allow unethical agencies to continue to operate."

"DASA could be more of an advocate in ensuring ethical behavior among providers."

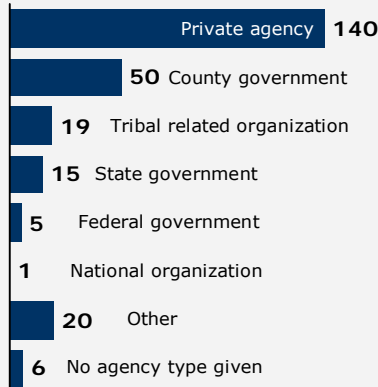
<sup>2</sup> More comments about future interface with the legal and mental health systems can be found on page 7.

**The Respondents**

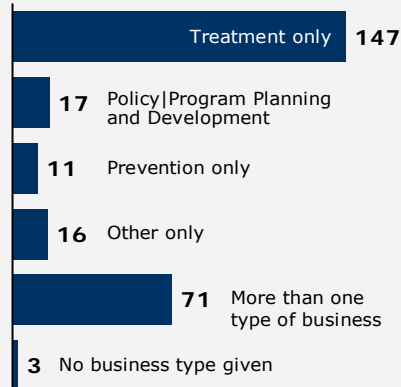
In early 2005, 568 surveys were sent by mail to treatment agencies, counties, state partners, drug courts, AOD associations, councils, and federal agencies. Respondents had a choice of completing the survey on an anonymous website sponsored by the Department of Social and Health Services, Division of Research and Data Analysis (RDA), or returning a completed survey by mail.

**Who responded to the survey?**

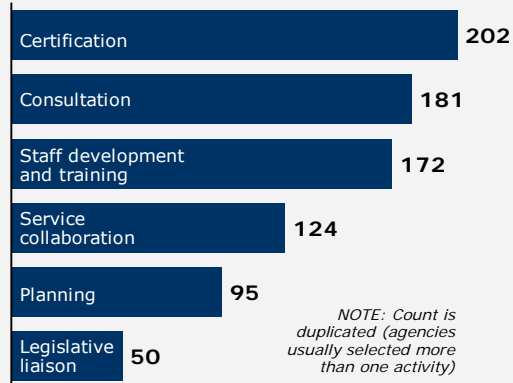
**Most Respondents Represent Private Agencies**



**Their Main Business is Treatment**

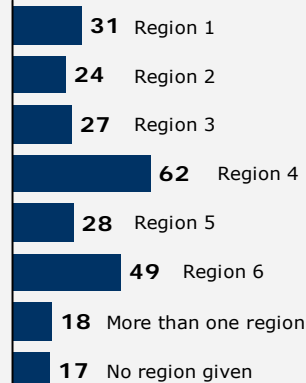


**Most Receive DASA Certification, Consultation, and Staff Development Services**



*NOTE: Count is duplicated (agencies usually selected more than one activity)*

**Providers and Stakeholders Are Spread Throughout DSHS' Six Regions**



**What was the response rate?**

The overall survey response rate was 45 percent. County governments had the highest response rate (79%), while the largest group, treatment agencies, had the lowest response rate (38%).

	SURVEY RESPONSE RATE		
	Number Surveyed	Number Responses	Response Rate
Treatment Agencies	382	147	38%
Tribal Organizations	29	19	66%
County Governments	63	50	79%
State Government	31	15	48%
National Organizations/Other	63	25	40%
<b>TOTAL</b>	<b>568</b>	<b>256</b>	<b>45%</b>

Additional copies of this paper may be obtained from: <http://www1.dshs.wa.gov/RDA/>.



Research and Data Analysis Division Report Number 4.56