Introduction

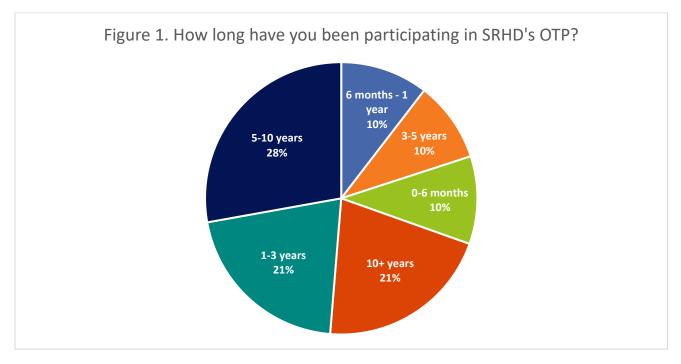
The Spokane Regional Health District (SRHD) Opioid Treatment Program (OTP) was started in 1990, at a time when such services were not otherwise available in Spokane County. Today, SRHD's OTP is the largest program of its kind in Washington state. To ensure quality services are provided to everyone who needs them, SRHD is exploring what it would mean to separate the Treatment Services division, which includes the OTP, from the health district. A vital part of this process is gathering feedback from current clients. SRHD's Health Equity program led this work in collaboration with OTP staff.

Methods

A survey and informational interviews were used to collect information from current OTP clients. Printed copies of the surveys were available in the OTP clinic and online. Links to the online survey and informational interview sign-up were shared with clients on posters with a QR code, and clients were also given handouts with a QR code link to the informational interview sign-up. Data was collected from July 15 through 29 to allow all clients to have a chance to provide their input.

Results

A total of 114 survey responses were received and two informational interviews were performed. SRHD's OTP currently serves 1,008 clients, resulting in a response rate of 11.31% for the surveys and 0.20% for the informational interviews. Around 48% of all respondents have participated in SRHD's OTP for over five years (Figure 1).



¹ Please see Appendix A for survey questions and Appendix B for informational interview questions.



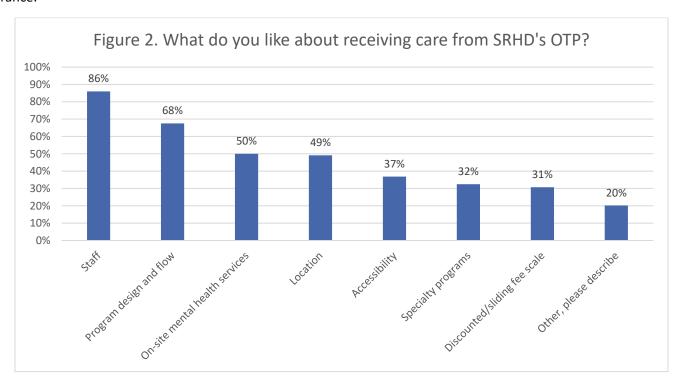
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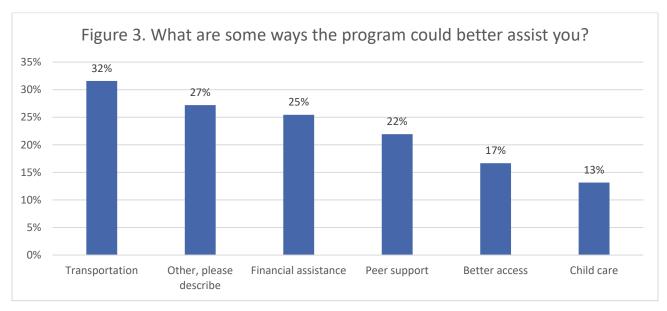
The top three things clients reported enjoying about the program were the staff, program design and flow, and on-site mental health services (Figure 2). Eleven respondents used the "other" option to reiterate how much they enjoy working with the staff and how staff have helped them stay on their road to recovery.

One respondent wrote, "I know everyone by name and them me. I enjoy feeling like a human and not just a number."

Four other respondents used the "other" option to mention that SRHD's program was one of the few that accepted their insurance.



When asked about ways the program could better assist clients, the top three responses were transportation, other, and financial assistance (Figure 3). Information provided within the "other" option included more staff (six responses), more resources (four responses), better parking (two responses), and more mental health treatment options such as medication (two responses).



A little over half of respondents reported receiving services from another treatment program (52.6%). When asked what makes SRHD's program different from others, 79 participants provided an open response. The most prominent theme, with 37 responses, was how the staff care for clients.

One survey participant wrote, "I feel like SRHD treats me like a person, they don't look down their nose at you. I've been on MAP for 17 years. This is the first clinic I'm happy to visit rather than anxious."

Six respondents wrote about how accessible the program is. Five respondents described how the program helped them get their life back or saved their life. One respondent shared:

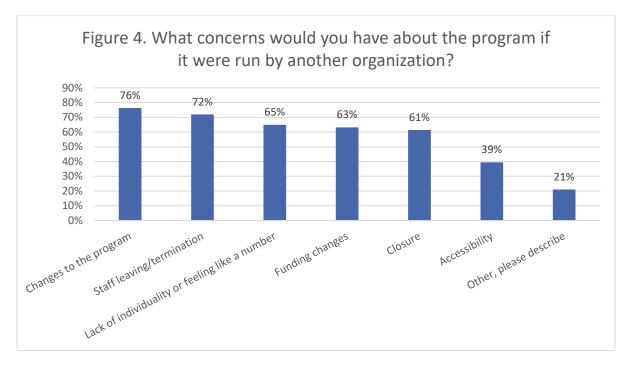
"I was at a clinic...for 9 years. In just a little over a year, SRHD has helped me more than my previous clinic ever did! They are different because they give their clients the tools and flexibility they need to successfully lead a sober life. In addition to medication management, they have a team of professionals that actually care for their patients. I see wonderous changes in all those who attend SHRD's clinic. Without them I wouldn't have the life I have today."

An additional five respondents appreciated the range of insurance that SRHD accepts. Four respondents provided positive feedback about how organized the program is, and three other respondents appreciated the flexibility offered to clients.

When asked about their concerns about the program if it were run by another organization, survey respondents were most concerned about changes to the program, staff leaving or being terminated, and another program treating them as a number, rather than as an individual (Figure 4).

One respondent shared, "I have been a patient at privately owned clinics. None of them come close to the program here...don't change."

Another participant said they were concerned about a new organization prioritizing cost-effectiveness over quality care, resulting in staffing cuts or program closure. They were also concerned that the cost of care could increase under a new organization and that policies, such as the take-home policy, could be changed, both of which would make the program less accessible to those who need it the most.



The final question on the survey asked if survey respondents had anything else they would like to share, which 75 people answered. Sixteen respondents shared that the staff care they receive is of high quality and they don't want to lose that.

One respondent wrote, "When I had a problem with my counselor, it was dealt with in a professional way that did not put either me or my counselor down. It was not working for me, even though I tried. Thanks for your support. It helps me find one who worked with me."

Fourteen respondents shared that the program has a longstanding history in the community, which has allowed it to build trust over time and that the program works as is. Ten respondents said the program has given them their life back or saved their life. Seven respondents shared that they are fearful of losing the program and their access to high quality treatment. One participant disclosed that they were worried about a lapse in care during the transition from SRHD to another organization, resulting in increased overdoses. They were also concerned that program policy changes could have consequences such as overdoses, relapses, and clients losing everything.

Discussion

Overall, both survey respondents and informational interview participants praised SRHD's OTP and the quality care they receive. They appreciate the staff they work with, whether counselors, clinic or administrative staff, or the security team. They also like how the program is structured, and several stated that it has helped them succeed when other programs have not. SRHD's program is distinct from others because it accepts state insurance, offers mental health services, and provides a level of care not provided by other programs.

Survey and informational interview participants were not as concerned with ways the program could better assist clients. There were requests for transportation, more resources, and more financial assistance, but these requests came from less than 35% of respondents.

Clients who provided feedback were mainly concerned about potential changes to the program if it were to be taken over by another organization. Respondents like how the program is currently run and are fearful about how large-scale changes would impact their recovery.

Limitations of the data collected include a low response rate (11.31% for the surveys and 0.20% for the informational interviews), an inability to test survey and informational interview questions before launch, and communication delays with the online sign-up for informational interviews. However, given the common responses across all clients who participated, the authors feel these results are valid despite the limitations.

Conclusion

Survey and informational interview participants shared that SRHD's OTP is a high-quality program that they credit with helping them achieve their recovery goals. Moving the program to a different organization would be of great risk to them and significantly impact their treatment. Clients advocate for the program to stay with SRHD.

Appendix A: Survey Questions

- 1. How long have you been participating in the Treatment Services program? (single choice)
 - a. 0-6 months
 - b. 6 months 1 year
 - c. 1-3 years
 - d. 3-5 years
 - e. 5-10 years
 - f. 10+ years
- 2. What do you like about receiving care from SRHD's Treatment Services program? (multiple choice)
 - a. Staff (ex. Clinic staff, counselors, etc.)
 - b. Location
 - c. Program design and flow (ex. Dosing, counselors, etc.)
 - d. Specialty programs for pregnant people, those who are incarcerated, etc.
 - e. On site mental health services
 - f. Accessibility (ex. Language access, physical access, hours, etc.)
 - g. Discounted/sliding fee scale
 - h. Other, please describe
- 3. What are some ways the program could better assist you? (multiple choice)
 - a. Childcare
 - b. Transportation
 - c. Peer support
 - d. Financial assistance
 - e. Better access (ex. Language access, physical access, hours, etc.)
 - f. Other, please describe
- 4. Have you ever received services from another treatment program? (Y/N)
 - a. Yes
 - b. No
- 5. What makes SRHD's program different from other programs? (open response)
- 6. What concerns would you have about the program if it were run by another organization? (multiple choice)
 - a. Accessibility (ex. Language access, physical access, hours, etc.)
 - b. Changes to the program
 - c. Closure
 - d. Staff leaving/termination
 - e. Funding changes (no longer accepting my insurance)
 - f. Lack of individuality or feeling like a number
 - g. Other, please describe
- 7. Is there anything else you would like to share? (open response)
- 8. Results from the survey and informational interviews will be compiled into a report and shared with SRHD leadership and the Board of Health. If you would also like to receive a copy of the report, please list your email address below. (open response)



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Appendix B: Informational Interview Questions

- 1. How long have you been participating in the Treatment Services program?
- 2. Why did you choose to receive your care from Spokane Regional Health District's Treatment Services program?
- 3. What makes SRHD's program different from other programs?
- 4. What concerns would you have about the program if it were run by another organization?
- 5. Have you attended services at a private based OTP program before?
 - a. If yes, what were the benefits and the drawbacks of receiving services there?
 - b. If no, skip.
- 6. Is there anything else you would like to share?
- 7. How can we improve this process moving forward?

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