



Treatment Perceptions Survey (TPS) Training & Planning Meeting

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October 6, 2023





Overview

- *New* Client Handout
- Why TPS?
- Important dates
- *New* Survey Items
- Online Survey administration
- Paper Survey administration
- TPS participants/respondents
- General instructions
- FAQs
- Raffle drawing



New Client Handout



What is Treatment Perceptions Survey (TPS)?

An anonymous survey conducted annually throughout California to gauge client perception/satisfaction with Substance Use Disorder treatment services.

TPS Collects Information in 6 Areas



- Satisfaction
- Treatment Outcome
- Access
- Quality of Care
- Care Coordination
- Telehealth



Data Into Action

Providers Use Client's Feedback to:

- ✓ "Identify strengths and areas for growth"
- ✓ "Let clients know they have a voice"
- ✓ "Action planning for improving services, grant applications, ongoing accreditation"
- ✓ "Staff get feedback from client comments"
- ✓ "Identify areas for improvement"
- ✓ "Outcome measurement directly from clients themselves"

TPS Surveys collected in LA County, 10/2022



- 6,007 valid adult surveys were collected from 186 facilities
- Average response rate: 62%

Key Findings

9 of 10 clients were satisfied overall with services received



Satisfaction

- ❖ I felt welcomed - 93%*
- ❖ I received needed services - 87%*
- ❖ I would recommend to others - 91%*



Treatment Outcome



- ❖ Better able to do things that I want to do - 88%*

Access

- ❖ Services available when I needed - 89%*
- ❖ Convenient Location for me - 87%*



Quality of Care

Staff



- ❖ Respectful - 91%*
- ❖ Gave enough time with sessions - 91%*
- ❖ Sensitive to my cultural background - 90%*
- ❖ I chose treatment goals with provider's help - 87%*

Care Coordination

- ❖ With my physical health care provider - 86%*
- ❖ With my mental health care provider - 86%*

Telehealth



- ❖ As helpful as in-person sessions - 66%*

Note: * Percent of clients who agreed with statement

Client Comments



Praise

"This treatment facility is a miracle and major blessing. The staff are above and beyond caring and sensitive to our needs. This facility is not just a center, it's a family! I would highly recommend this place to anyone that is current suffering from alcohol/drug addiction. This awesome place literally saved my life! Thank you!!!"



Concerns and Suggestions

"They are always short staff always changing counselor, no stability."

"I would like to see more diverse (black) counselors. I would like for the counselor and staff to be a little more friendly. Not to look bothered all time. Team smile and understanding.."

"Stagger staff's lunch schedules so dosing doesn't stop for an hour."



Why do Counties/Providers Administer the TPS?

- Address the data collection needs of the DMC-ODS waiver evaluation required by the Centers for Medicare and Medicaid Services (CMS);
- Fulfill the state and External Quality Review Organization (EQRO) requirement of conducting a client satisfaction survey using a validated tool;
- Support data-driven quality improvement efforts and tailor our services more effectively, addressing the specific needs and concerns of patients to ensure equitable and quality of care and satisfaction.



Administration and Submission Windows

IMPORTANT DATES





2023 TPS Administration

- DHCS official survey administration will take place:
 - **October 16 - 20, 2023**
- Agencies may continue to collect surveys from:
 - **October 21 – November 17, 2023**
- Online survey links:
 - **Will email on October 10**
 - **Activated on October 16**
 - **Deactivated midnight on November 17**



Submit Paper Surveys to SAPC

- Submit **paper surveys** collected during **October 16 - 20, 2023** by:
 - **Friday, October 27, 2023**
- You may continue to collect surveys from **October 21 – November 17, 2023** and **submit by:**
 - **Monday, November 22, 2023**
- **You can drop off or mail survey packets by facility or by whole agency to (obtain a tracking number) :**

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New Survey Items





Treatment Perceptions Survey (Adult)

CalOMS Provider ID [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Program Reporting Unit (Address) []

Setting: Early Intervention OP/IOP Residential OTP/NTP Detox/WM Recovery Support Services

Please answer these questions about your experience at this program to help improve services. Use "Not applicable" if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.

DO NOT WRITE YOUR NAME ON THIS FORM.

Your answers must be able to be read by a computer. Therefore, please use a black pen and place an "X" in the box. Choose only one answer for each question.

Correct Incorrect

Today's Date (MM/DD/YYYY)

[] [] / [] [] / [] [] [] [] [] []

Strongly Agree
Agree
I am Neutral
Disagree
Strongly Disagree
Not Applicable

| | | | | | | |
|---|---|--|---|---|--|------------------------------|
| 1. The location was convenient (public transportation, distance, parking, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Services were available when I needed them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I chose the early intervention/treatment/recovery goals with my provider's help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Staff gave me enough time in my early intervention/treatment/recovery sessions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Staff treated me with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Staff spoke to me in a way I understood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt welcomed here. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. As a direct result of the services I am receiving, I am better able to do things that I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Staff here work with my physical health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Staff here work with my mental health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Staff here helped me to connect with other services as needed (social services, housing, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Overall, I am satisfied with the services I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I was able to get all the help/services that I needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I would recommend this agency to a friend or family member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? | <input type="checkbox"/> None | <input type="checkbox"/> Very little | <input type="checkbox"/> About half | <input type="checkbox"/> Almost all | <input type="checkbox"/> All | |
| 18. How helpful were your telehealth visits compared to traditional in-person visits? | <input type="checkbox"/> Much better | <input type="checkbox"/> Somewhat better | <input type="checkbox"/> About the same | <input type="checkbox"/> Somewhat worse | <input type="checkbox"/> N/A | |
| 19. When you entered the treatment program, did the program staff offer you a copy of the patient handbook or show you where you can find it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 20. Did the program staff show you the patient orientation video? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 21. Watching the patient orientation video helped me better understand the substance use disorder system in LA County. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> I am Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> N/A |
| 22. Watching the patient orientation video helped me with information I can use to access all available substance use disorder services. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> I am Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> N/A |

New Items Adult Survey



23. Comment: Please let us know your comments. What was most helpful about this program? What would you change about this program? Please do not write any information that may identify you. For example, DO NOT write your name or phone number.



New Items Adult Survey (Cont.)

NOW TELL US A LITTLE ABOUT YOURSELF

24. How long have you received services here?

- First visit/day
- 2 weeks or less
- More than 2 weeks but less than 4 weeks
- 4 weeks or more

25. Age:

- 18-25 36-45 56-64
- 26-35 46-55 65+

26. Are you enrolled in Medi-Cal?

- Yes No

27. What is your current gender identity (Note: This is how you identify yourself, which may not be the same as the sex you were assigned at birth)?

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other (specify):
- Prefer not to state

28. What was your sex at birth?

- Female Male
- Other (specify):
- Prefer not to state

29. What is your sexual orientation?

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else (specify):
- Don't know
- Prefer not to state

30. Are you of Mexican/Hispanic/Latinx descent?

- Yes No Unknown

31. Race/Ethnicity (Please mark all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Another race (specify):
- Unknown

32. Disability Status (Please mark all that apply)

- Physically Disabled
- Visually Impaired/Blind
- Hearing Impaired/Deaf
- Co-occurring Mental Health Condition
- Developmentally or Intellectually Disabled
- Other (specify):
- None

33. What is your criminal justice involvement status?

- Post-release Community Supervision (AB109) or on Probation from any federal, state, or local jurisdiction
- Awaiting trial, charges or sentencing
- On parole from any other jurisdiction
- Any other criminal justice involvement
- No criminal justice involvement



Treatment Perceptions Survey (Youth)



CalOMS Provider ID
 Program Reporting Unit (address)

Setting: Early Intervention OP/IOP Residential OTP/NTP Detox/WM Recovery Services

Please answer these questions about your experience at this program to help improve services. Use "Not applicable" if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.

DO NOT WRITE YOUR NAME ON THIS FORM.

Your answers must be able to be read by a computer. Therefore, please use a black pen and place an "X" in the box. Choose only one answer for each question.



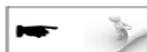
Today's Date (MM/DD/YYYY)

/ /

Strongly Agree
Agree
I am Neutral
Disagree
Strongly Disagree
Not Applicable

| | | | | | | |
|---|--------------------------------------|--|---|---|------------------------------|--------------------------|
| 1. The location of services was convenient for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Services were available at times that were convenient for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I had a good experience enrolling in early intervention/treatment/recovery support services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My counselor and I worked on early intervention/treatment/recovery goals together. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I received services that were right for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Staff treated me with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I feel my counselor took the time to listen to what I had to say. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I developed a positive, trusting relationship with my counselor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I feel my counselor was sincerely interested in me and understood me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I liked my counselor here. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My counselor is capable of helping me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. My counselor provided necessary services for my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. As a direct result of the services I am receiving, I am better able to do things I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Overall, I am satisfied with the services I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I would recommend the services to a friend who is in need of similar help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? | <input type="checkbox"/> None | <input type="checkbox"/> Very little | <input type="checkbox"/> About half | <input type="checkbox"/> Almost all | <input type="checkbox"/> All | |
| 21. How helpful were your telehealth visits compared to traditional in-person visits? | <input type="checkbox"/> Much better | <input type="checkbox"/> Somewhat better | <input type="checkbox"/> About the same | <input type="checkbox"/> Somewhat worse | <input type="checkbox"/> N/A | |

New Items Youth Survey





New Items Youth Survey (Cont.)

22. When you entered the treatment program, did the program staff offer you a copy of the patient handbook or show you where you can find it?
 Yes No

23. Did the program staff show you the patient orientation video?
 Yes No

24. Watching the patient orientation video helped me better understand the substance use disorder system in LA County.
 Strongly Agree Agree I am Neutral Disagree Strongly Disagree N/A

25. Watching the patient orientation video helped me with information I can use to access all available substance use disorder services.
 Strongly Agree Agree I am Neutral Disagree Strongly Disagree N/A

26. Comment: Please let us know your comments. What was most helpful about this program? What would you change about this program? Please do not write any information that may identify you. For example, DO NOT write your name or phone number.

NOW TELL US A LITTLE ABOUT YOURSELF

27. How long have you received services here?

- Less than 1 month
- 1-5 months
- 6 months or more

28. Age

29. Are you enrolled in Medi-Cal?
 Yes No

30. What is your current gender identity (Note: This is how you identify yourself, which may not be the same as the sex you were assigned at birth)?

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other (specify): _____
- Prefer not to state

31. What was your sex at birth?

- Female Male Other (Specify): _____
- Prefer not to state

32. What is your sexual orientation?

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else (specify): _____
- Don't know
- Prefer not to state

33. Are you of Mexican/Hispanic/Latinx descent?

- Yes
- No
- Unknown

34. Race/Ethnicity (Please mark all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other (specify): _____
- Unknown

35. Disability Status (Please mark all that apply)

- Physically Disabled
- Visually Impaired/Blind
- Hearing Impaired/Deaf
- Co-occurring Mental Health Condition
- Developmentally or Intellectually Disabled
- Other (specify): _____
- Unknown

36. Where you referred by the legal system?

- Post-release Community Supervision (AB109) or on Probation from any federal, state, or local jurisdiction
- Awaiting trial, charges or sentencing
- On parole from any other jurisdiction
- Any other criminal justice involvement
- No criminal justice involvement

Thank you for taking the time to answer these questions!



2023 Administration Methods: Online and Paper Survey

➔ **Online Survey Option**





How Are the Online Surveys Accessed?

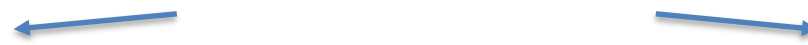
- Use the customized provider links that will be emailed to your agency's TPS Committee Member.
- SAPC created links per the unique combination below:
 - Youth or adult version
 - 6-digit CalOMS Treatment Provider ID
 - 10-digit Site address
 - Setting (Early Intervention, OP/IOP, RS, WM, OTP and RSS).
- Use the correct link so that we can track data accordingly.

Unique Weblinks

Unique Weblink

https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_2o9qExUu9MgHTeK?AG=TESTING_ONLY&PI=190000&RU=1000_S_FRE&TS=OP_IOP&SU=Adult

Weblink breakdown



Main Weblink

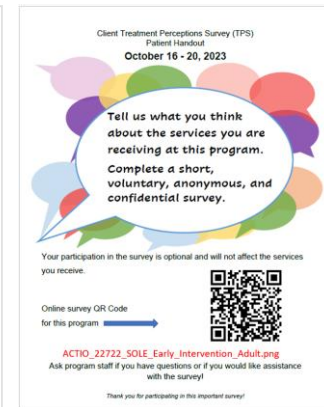
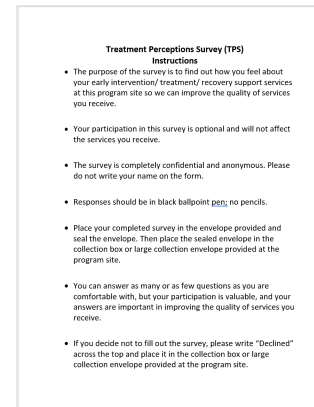
https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_2o9qExUu9MgHTeK

Unique Identifiers

| | |
|---------------------------------|------------------|
| Agency Name (AG) | ?AG=TESTING_ONLY |
| Provider number (PI) | &PI=190000 |
| Reporting unit/ address (RU) | &RU=1000_S_FRE |
| Treatment Setting (TS) | &TS=OP_IOP |
| Adult/Youth Survey (SU) | &SU=Adult |

How Are the Online Surveys Accessed?

- Surveys can be accessed using a desktop computer, tablet, laptop, or smart phone.
- Clients click on the link using any browser (Google Chrome, Microsoft Edge, Microsoft Internet Explorer, Mozilla Firefox, and Apple Safari).
- In-person
 - Provide each client with a copy of “Instructions for clients”;
 - Ask client to scan QR Code on flyer with cell phone; or
 - Email weblink to client
- Telehealth
 - Verbally explain the “Instructions for clients”;
 - Cut and paste the weblink or QR Code into the chat box if using a video-conferencing platform (e.g., Zoom); or
 - Email weblink to client







How Are the Online Surveys Accessed? (Cont.)

- With the extended deadline, providers may administer the survey between October 21 – November 17, 2023.
- Ensure Confidentiality
 - If the client is accessing the online survey at the facility, assure client can complete it in privacy.



Unique Weblinks & QR Codes Table (Example)

| Provider Number | Facility Address | 10-digit Address | Level of Care | Do you need the Youth version of the survey? | Do you need the Spanish version of the survey? | Type: paper, weblinks, both | Facility Specific Survey Weblink. To open the online survey, hover over the link and click CTRL + Enter | Facility Specific Survey QR Label for Flyer | QR Code |
|-----------------|------------------------|------------------|---------------|--|--|-----------------------------|---|---|---|
| 190002 | 1147 S Alvarado Street | 1147_S_ALV | OP_IOP | no | yes | weblink | https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_2o9qExUu9MgHTeK?AG=TESTING_ONLY&PI=190000&RU=1000_S_FRE&TS=OP_IOP&SU=Adult | Agenc_1147_S_ALV_OP_IOP_Adult |  |
| 190002 | 1147 S Alvarado Street | 1147_S_ALV | RSS | no | yes | weblink | https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_2o9qExUu9MgHTeK?AG=TESTING_ONLY&PI=190000&RU=1000_S_FRE&TS=RSS&SU=Adult | Agenc_1147_S_ALV_RSS_Adult |  |



Customize Flyer by facility and LOC

- Customize your facility flyer with specific QR Code and label to assure use of correct survey is used.
- Flyer is available at <http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>

Specific Survey QR Code

Specific Survey Label

Client Treatment Perceptions Survey (TPS)
Patient Handout
October 16 - 20, 2023

Tell us what you think about the services you are receiving at this program.
Complete a short, voluntary, anonymous, and confidential survey.

Your participation in the survey is optional and will not affect the services you receive.

Online survey QR Code for this program →

Early Intervention_Adult

Ask program staff if you have questions or if you would like assistance with the survey!

Thank you for participating in this important survey!

Survey Completion
0% ————— 100%

Treatment Perceptions Survey (Adult)

Please select your preferred language by clicking the circle next to each language.

- English
- Español
- Tiếng Việt
- 中文
- Tagalog
- Lus Hmoob
- Русский
- اللغة العربية
- زبان فارسی
- 한국어
- Արևելահայերեն լեզու
- Արևմտահայերեն լեզու
- ភាសាខ្មែរ

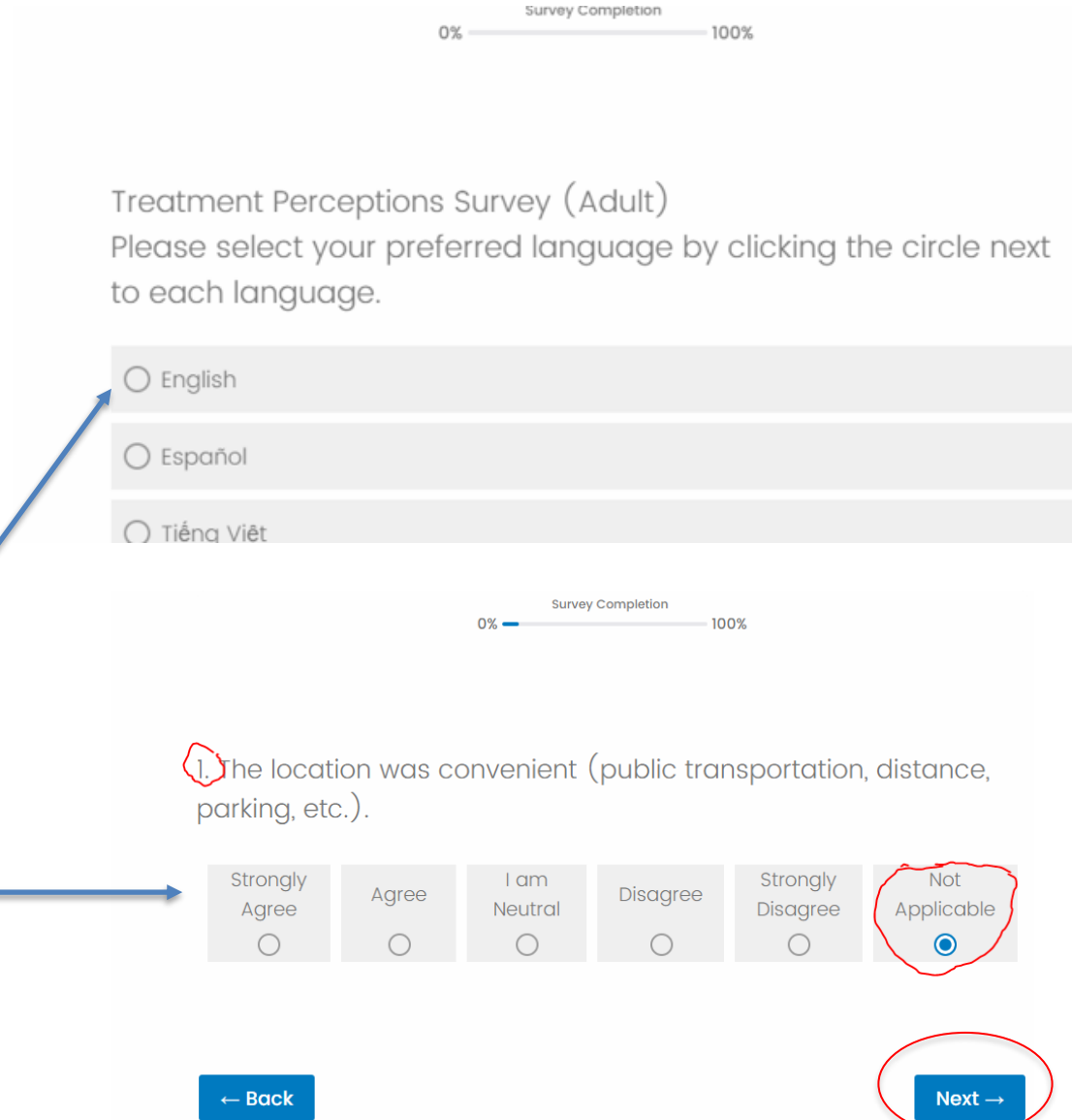
Online Survey Select Language

Clients can select one of the 13 LAC threshold languages

Online Survey: Declined

Clients have the option to decline participation.

1. Open the survey
2. Select language
3. Answer question #1 as 'Not applicable'
4. Click next →



0% Survey Completion 100%

Treatment Perceptions Survey (Adult)
Please select your preferred language by clicking the circle next to each language.

English

Español

Tiếng Việt

0% Survey Completion 100%

1. The location was convenient (public transportation, distance, parking, etc.).

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

← Back Next →



2023 Administration Methods: Online and Paper Survey

➔ **Paper Survey Option**



Survey Forms

- Which form to use?
 - **English and Spanish:**
 - Use **SAPC** pre-filled Adult/Youth TPS forms.
 - **Other Languages:**
 - Use downloadable versions available at <http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>
- **Do not** use surveys from State/UCLA, due to SAPC's modified items.
- **Print** pre-filled PDF survey forms that are emailed to you:
 - Verify correct information for CalOMS Provider ID, Address and Treatment Setting before printing.
 - Print survey double-sided from a Laser (preferred) or Inkjet Printer. **Do not photocopy.**



TPS Webpage

- Includes:
 - Paper survey versions with 13 threshold languages
 - Other materials
 - Frequently Asked Questions
 - Presentation Slides (Available by Oct 10)
 - TPS Provider Instructions
 - TPS Patient Instructions – English and Spanish
 - TPS Flyer Template – English and Spanish
 - Link

<http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>

LA County Department of Public Health | publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm

Substance Abuse Prevention and Control

Treatment Perceptions Survey Resources

SAPC Home / Providers / Treatment Perceptions Survey Resources

As part of the DMC-ODS waiver evaluation, providers contracted with SAPC are required to administer the client TPS. The information collected will be used to measure adult and youth clients' perceptions of access to services and quality of care. The TPS is required to fulfill the county External Quality Review Organization (EQRO) requirement related to having a valid client survey. The data may also be used by service providers to evaluate and improve the quality of care and client experience. If you have questions, please contact hoda_tps@ph.lacounty.gov.

TPS Information Notice and Instructions

The 2023 TPS data collection period is October 16-20, 2023. SAPC will continue to collect the TPS survey via a secure online survey and paper survey. If both paper and online data collection methods are used, SAPC will merge the data collected into one dataset for each agency.

- Frequently Asked Questions
- Presentation Slides
- TPS Provider Instructions
- TPS Patient Instructions – English and Spanish
- TPS Flyer Template – English and Spanish

Online Survey

Clients receiving services from treatment providers whether by telephone or telehealth (e.g., video-conferencing) during the survey period should be given access to the online survey via a weblink. Each link is customized for a specific provider, meaning that the CalOMS Provider ID, Reporting Unit and treatment setting have already been pre-filled in hidden fields. The list of unique provider links will be distributed to providers. Both adults and youth can select among 13 languages (English, Spanish, Tagalog, Vietnamese, Russian, Chinese, Arabic, Korean, Armenian East, Armenian West, Cambodian, Hmong, and Farsi) after clicking on the link. Responses entered to the online survey are sent directly to SAPC. The customized links will be active as of October 16, 2023.

Paper Survey Forms

Clients receiving services from treatment providers in person during the survey period should be given access to the paper survey or online survey via a weblink. Survey forms for both adults and youth are available in 12 languages, including English, Spanish, Tagalog, Vietnamese, Russian, Chinese, Arabic, Korean, Armenian, Cambodian, Hmong, and Farsi. In the section at the top of each form, please pre-fill the following information by using either (1) the online "fillable" feature before printing the forms, or a pen (black or blue ink):

- 6-digit CalOMS Tx Provider ID
- 10-digit (maximum) Program Reporting Unit ID
- Treatment setting/modality (If the same Provider ID is used for multiple treatment settings/modalities, prepare separate sets of forms. For example, if two different treatment settings/modalities use the same Provider ID, prepare one set of forms for the Residential clients and another set for the OP/OP clients.)

Print the survey forms directly from the pdf files. Use both sides of the page (double-sided) when printing the two-page forms.

All TPS Paper Survey Forms

| Language | Survey Forms | |
|-------------------|--------------|-------|
| English | Adult | Youth |
| Arabic | Adult | Youth |
| Armenian East | Adult | Youth |
| Armenian West | Adult | Youth |
| Chinese | Adult | Youth |
| Farsi | Adult | Youth |
| Hmong | Adult | Youth |
| Khmer (Cambodian) | Adult | Youth |
| Korean | Adult | Youth |
| Russian | Adult | Youth |
| Spanish | Adult | Youth |
| Tagalog | Adult | Youth |
| Vietnamese | Adult | Youth |



➔ If needed, download documents and/or survey forms.

Survey “Headers”

Print survey double-sided from Laser (preferred) or Inkjet Printer. *Do not photocopy!*

Treatment Perceptions Survey (Adult)

CalOMS Provider ID Program Reporting Unit (Address)

Setting: Early Intervention OP/IOP Residential OTP/NTP Detox/WM Recovery Support Services

Print survey double-sided from Laser (preferred) or Inkjet Printer. *Do not photocopy!*

Treatment Perceptions Survey (Youth)

CalOMS Provider ID Program Reporting Unit (address)

Setting: Early Intervention OP/IOP Residential OTP/NTP Detox/WM Recovery Support Services

- Review the provided information:
 - 6-digit CalOMS Treatment Provider ID
 - 10-digit Program Reporting Unit (Address)
 - Setting (Treatment or RSS)

Instructions for Clients

- Provide each client with a copy of **“Instructions for clients”**
- Download format

<http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>

- Review form with clients.



Treatment Perceptions Survey (TPS) Instructions

- The purpose of the survey is to find out how you feel about your early intervention/ treatment/ recovery support services at this program site so we can improve the quality of services you receive.
- Your participation in this survey is optional and will not affect the services you receive.
- The survey is completely confidential and anonymous. Please do not write your name on the form.
- Responses should be in black ballpoint pen; no pencils.
- Place your completed survey in the envelope provided and seal the envelope. Then place the sealed envelope in the collection box or large collection envelope provided at the program site.
- You can answer as many or as few questions as you are comfortable with, but your participation is valuable, and your answers are important in improving the quality of services you receive.
- If you decide not to fill out the survey, please write “Declined” across the top and place it in the collection box or large collection envelope provided at the program site.

Filling out the TPS

- Helpful Tips:
 - Place a calendar or a digital clock nearby to help clients complete the date
 - Or, tell clients the date when handing out the form
 - Or, fill out the date before you give the survey to clients

Print survey double-sided from Laser (preferred) or Inkjet Printer. Do not photocopy!

Treatment Perceptions Survey (Adult)

CalOMS Provider ID Program Reporting Unit (Address)

Setting: Early Intervention OP/IOP Residential OTP/INTP Detox/WM Recovery Support Services

Please answer these questions about your experience at this program to help improve services. Use "Not applicable" if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.

DO NOT WRITE YOUR NAME ON THIS FORM

Your answers must be able to be read by a scanner. Therefore, please use a black pen and place an "X" in the box. Choose only one answer for each question.

Today's Date (MM/DD/YYYY)
 / /

Correct Incorrect

| | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The location was convenient (public transportation, distance, parking, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Services were available when I needed them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I chose the early intervention/treatment/recovery goals with my provider's help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Staff gave me enough time in my early intervention/treatment/recovery sessions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Staff treated me with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Staff spoke to me in a way I understood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt welcomed here. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. As a direct result of the services I am receiving, I am better able to do things that I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Staff here work with my physical health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Staff here work with my mental health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Staff here helped me to connect with other services as needed (social services, housing, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Overall, I am satisfied with the services I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I was able to get all the help/services that I needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I would recommend this agency to a friend or family member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? <input type="checkbox"/> None <input type="checkbox"/> Very little <input type="checkbox"/> About half <input type="checkbox"/> Almost all <input type="checkbox"/> All | | | | | | |
| 18. How helpful were your telehealth visits compared to traditional in-person visits? <input type="checkbox"/> Much better <input type="checkbox"/> Somewhat better <input type="checkbox"/> About the same <input type="checkbox"/> Somewhat worse <input type="checkbox"/> N/A | | | | | | |
| 19. When you entered the treatment program, did the program staff offer you a copy of the patient handbook or show you where you can find it? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 20. Did the program staff show you the patient orientation video? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 21. Watching the patient orientation video helped me better understand the substance use disorder system in LA County. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> I am Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> N/A | | | | | | |
| 22. Watching the patient orientation video helped me with information I can use to access all available substance use disorder services. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> I am Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> N/A | | | | | | |

153332 Revised 9/1/23, TPS (Adult) - English



Filling out the TPS

- Ask that clients place an “X” in the box, and choose only one answer for each question.



Print survey double-sided from Laser (preferred) or Inkjet Printer. Do not photocopy!

Treatment Perceptions Survey (Adult)

CalOMS Provider ID Program Reporting Unit (Address)

Setting: Early Intervention OP/IOP Residential OTP/NTP Detox/WM Recovery Support Services

Please answer these questions about your experience at this program to help improve services. Use "Not applicable" if the question is about something you have not experienced. Your answers are confidential and will not influence your future services you receive.

DO NOT WRITE YOUR NAME

Your answers must be able to be read by a scanner. Therefore, please use a black pen and place an "X" in the box. Choose only one answer for each question.

Today's Date (MM/DD/YYYY)
 / /

| | Correct <input checked="" type="checkbox"/> | Incorrect <input type="checkbox"/> | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|--|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The location was convenient (public transportation, distance, parking, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Services were available when I needed them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I chose the early intervention/treatment/recovery goals with my provider's help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Staff gave me enough time in my early intervention/treatment/recovery sessions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Staff treated me with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Staff spoke to me in a way I understood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt welcomed here. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. As a direct result of the services I am receiving, I am better able to do things that I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Staff here work with my physical health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Staff here work with my mental health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Staff here helped me to connect with other services as needed (social services, housing, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Overall, I am satisfied with the services I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I was able to get all the help/services that I needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I would recommend this agency to a friend or family member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. How helpful were your telehealth visits compared to traditional in-person visits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. When you entered the treatment program, did the program staff offer you a copy of the patient handbook or show you where you can find it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Did the program staff show you the patient orientation video? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Watching the patient orientation video helped me better understand the substance use disorder system in LA County. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Watching the patient orientation video helped me with information I can use to access all available substance use disorder services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

153332

Revised 9/1/23, TPS (Adult) - English



Ensure Confidentiality

- Provide client with a self-seal white envelopes.
- Prepare collection box or large collection envelope.
- After the client completes the TPS;
 - Ask client to seal the completed form in an envelope
 - Deposit the sealed envelope into either:
 - Survey collection box, OR
 - Large collection envelope



Declined Survey

- Clients have the option to decline participation.
 - If clients do not wish to complete the survey, ask them to write ‘Declined’ on the survey and place it in this collection box or large envelope.

Print survey double-sided from Laser (preferred) or Inkjet Printer. Do not photocopy!

Treatment Perceptions Survey (Adult)

CalOMS Provider ID Program Reporting Unit (Address)

Setting: Early Intervention OP/IOP Residential OTP/INTP Detox/WM Recovery Support Services

Please answer these questions about your experience at this program to help improve services. Use "Not applicable" if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.
DO NOT WRITE YOUR NAME ON THIS FORM.

Your answers must be able to be read by a computer. Therefore, please use a black pen and place an "X" in the box. Choose only one answer for each question.

Today's Date (MM/DD/YYYY) / /

Correct Incorrect

| | Strongly Agree | Agree | I am Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|---|--|---|---|--|------------------------------|
| 1. The location was convenient (public transportation, distance, parking, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Services were available when I needed them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I chose the early intervention/treatment/recovery goals with my provider's help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Staff gave me enough time in my early intervention/treatment/recovery sessions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Staff treated me with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Staff spoke to me in a way I understood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Staff were sensitive to my cultural background (race, ethnicity, religion, language, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt welcomed here. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. As a direct result of the services I am receiving, I am better able to do things that I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Staff here work with my physical health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Staff here work with my mental health care providers to support my wellness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Staff here helped me to connect with other services as needed (social services, housing, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Overall, I am satisfied with the services I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I was able to get all the help/services that I needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I would recommend this agency to a friend or family member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? | <input type="checkbox"/> None | <input type="checkbox"/> Very little | <input type="checkbox"/> About half | <input type="checkbox"/> Almost all | <input type="checkbox"/> All | |
| 18. How helpful were your telehealth visits compared to traditional in-person visits? | <input type="checkbox"/> Much better | <input type="checkbox"/> Somewhat better | <input type="checkbox"/> About the same | <input type="checkbox"/> Somewhat worse | <input type="checkbox"/> N/A | |
| 19. When you entered the treatment program, did the program staff offer you a copy of the patient handbook or show you where you can find it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 20. Did the program staff show you the patient orientation video? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 21. Watching the patient orientation video helped me better understand the substance use disorder system in LA County. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> I am Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> N/A |
| 22. Watching the patient orientation video helped me with information I can use to access all available substance use disorder services. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> I am Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> N/A |

DECLINED

153332

Revised 9/1/23, TPS (Adult) - English



Survey Respondents

WHO SHOULD PARTICIPATE?



Client Participation

- Every client (12+ years of age) who receives services face-to-face or by telehealth during the survey period must have the opportunity to complete survey
 - Adult TPS (age 18+)
 - Youth TPS (age 12-17)
- Client participation is optional
- Note: Field-based services are considered face-to-face treatment services





Do not survey

- Clients who do not receive face-to-face or telehealth treatment services during the survey period.
- Clients who are experiencing an emergency that requires immediate attention.



GENERAL SURVEY INSTRUCTIONS





Talking Points

1. Introduce the purpose of the survey to clients upon administering it.

“We want to find out how you feel about the treatment at this program. By completing this survey you are helping us to improve the quality of services you receive. Your feedback is important to us.”



Talking Points (cont.)

2. Inform the clients about confidentiality.

“This survey is completely anonymous so you should not write your name on the form or online survey. Once you complete the paper survey, do not give it back to me.

Place it in an envelope, seal it, then place it in this collection box (or large collection envelope, whichever applies).”



Talking Points (cont.)

3. Reassure the client this does not impact services.

“Any responses you provide will not in any way negatively impact you or the services you receive.”



Ensure Confidentiality

- Surveys are anonymous and clients **MUST NOT** provide their names on the survey.
- Direct service staff **must not be present** while the client completes the survey on site.
- **Surveys are to be filled out by the clients on their own** unless the client requests assistance.
- If requested by the client, **a family member, non-clinical staff person, consumer advocate, or volunteer** may help the client complete the survey if the client feels comfortable answering the questions.
- Staff must not influence how clients respond to survey questions, or deny a client the opportunity to complete the survey.



FAQs





Q1. How many surveys should a client complete?

- Each client should complete **ONLY ONE** survey for each provider/facility where they receive services.



Q2. What if a client receives services at more than one facility?

- Clients who receive services at more than one treatment facility during the survey period should be given a survey form at each facility.



Q3. Is it possible to save the online survey and return to complete it later?

- No, the respondent would need to restart the survey. However, the survey is relatively short and shouldn't take too long to complete.



Q4. What should we do if a client does not have access to the internet?

- **Non-clinical provider staff, volunteers or consumer advocates** can complete the online survey on behalf of the client over the phone if the client feels comfortable answering the questions.



Q5. What if a client has trouble navigating the online survey (e.g., lacks computer skills)?

- **A family member or non-clinical provider staff, volunteer, and consumer advocate**, for example, may help clients navigate the online survey. Be sure to provide help in a manner that ensures the client feels comfortable answering the survey questions openly and honestly.



Q6. Can the survey be administered using the Zoom platform polling?

- No. However, if you are using a video-conferencing platform, you may type in or **paste the online survey link in the chat box**. Clients can click on the link and fill out the survey.



Q7. How would we be sure that each client responds just once?

- There is always a chance that a client could complete the survey more than once. **Providers can help by asking clients to complete the survey only once/whether clients already completed the survey.**



Q8. Are clients from non-county or non-DMC funded contracts (e.g., Kaiser, AB109) required to complete the survey?

- Yes, all clients receiving face-to-face or telehealth SUD treatment services, regardless of funding source, should be surveyed.



Q9. Should clients in Early Intervention or Recovery Support Services (RSS) be surveyed?

- **Yes.**
- No need to collect surveys in Recovery Bridge Housing (RBH).



Q10. Can we have the process slides so we can review what they need to fill out. Because in OP they will not be in the office for us to explain.

- **Yes;** You can have the process slides to go over what they need to fill out OR paste the correct survey link in the chat box and go through the online surveys together.



Please note:

- Providers noted that “TPS” is commonly known as Temporary Protected Status. This may cause confusion and anxiety.
- The TPS acronym was dropped from the Spanish version of the client Instructions and other documents. Discretion concerning the use of the TPS acronym is appreciated.

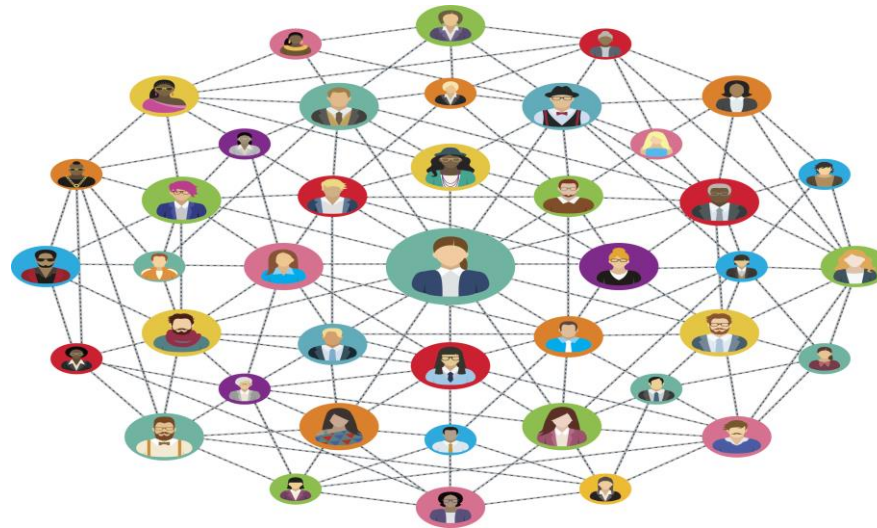
Appreciation



Thank you!

- To all providers for attending the 2023 Training & Planning Meeting and for administering the TPS to clients;
- Raffle Drawing

Q&A / Discussion



“The opposite of addiction is not sobriety; the opposite of addiction is **social connection.”**

- Johann Hari