

**Treatment Perceptions Survey (TPS)**  
**Instructions for Providers for October 2024**

***I. Survey Week***

- DHCS official survey administration will take place **October 21 - 25, 2024.**
- Agencies have the option to continue collecting surveys between **October 25 - November 21, 2024.**
- Although patient participation is optional, please encourage all patients to participate.

***II. Where to Obtain Surveys?***

- Your agency's survey packet will be available for pickup on Friday, October 11, 2024, at the TPS Training Meeting.
- If you do not pick up your packet at the meeting, contact [hoda\\_tps@ph.lacounty.gov](mailto:hoda_tps@ph.lacounty.gov) or (626) 997-4932 to arrange a pickup time at SAPC; pickup will be available through Friday, October 18, 2024.
- TPS survey links and PDF files will be emailed to your agency's TPS contact person(s), for those who requested.

***III. Your Agency's TPS Packet Includes***

- Surveys specific to each facility location and LOC within your agency
- English and Spanish paper forms
- Youth (age 12-17) and Adult (age 18+) forms
- Provider Instructions
- Patient Instructions
- White sealable envelopes
  - The number of surveys and sealable envelopes in your packet is based on the total number of people served during last survey period in October 2023.
- Emailed Packets include:
  - Survey links and PDF files specific to each facility location and LOC within your agency
    - English and Spanish PDF forms
    - Youth (age 12-17) and Adult (age 18+) forms
  - Provider instructions
  - Patient instructions

***IV. Preparation of Survey Forms Before Handing Them to Patients***

- At the top of each survey form, please make sure the following pre-filled information is accurate **BEFORE giving the forms to patients:**
  - Your facility's six-digit CalOMS Provider ID,
  - The first 10 digits of your facility's address, and

- The treatment setting.
- If any of the pre-filled information is incorrect, contact [hoda\\_tps@ph.lacounty.gov](mailto:hoda_tps@ph.lacounty.gov) to obtain new PDF survey forms that will be emailed to you. Print the 2-page forms using both sides of the page (double-sided). A **LASER BLACK-AND-WHITE PRINTER IS RECOMMENDED.** **DO NOT PHOTOCOPY** survey forms, as photocopies cannot be read into the TeleForm.
- Surveys in languages **other than English and Spanish**, are downloadable at <http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>  
**Make sure the Provider ID, Address (first 10 digits) and treatment setting are entered correctly on the survey before printing;** if you write this information in, use a black ballpoint pen to fill in information (**black ink**; No pencil).

#### ***V. Who Should Receive a Survey?***

- Survey **every patient (age 12 and older)** who has been admitted and receives a face-to-face or telehealth services between **October 21 - 25, 2024**<sup>1</sup>.
  - This includes patients receiving SUD treatment programs (outpatient, residential, opioid/narcotic treatment, and withdrawal management/detoxification); early intervention; and recovery support services and are seen at the facility, or at an approved field-based setting.
  - Note: field-based services are considered face-to-face treatment services.
- Each patient should complete **ONLY ONE** form for each facility where they receive services, regardless of how many times they visit that facility.
- Patients who receive services at more than one treatment facility during the survey period should be given a survey form at each facility.
  - As an example: If a patient receives OTP/NTP and residential services at two different treatment facilities during the survey period, the patient would be offered a survey at the OTP/NTP facility **AND** at the residential facility.

#### **Do NOT Survey:**

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

#### ***VI. Administering the Survey***

- Encourage all patients receiving face-to-face or telehealth treatment services, early intervention, or recovery support services to fill out the survey during the survey period (October 21 - 25, 2024).
  - **Paper Version**
    - **Provide each patient with a survey in their preferred language and a sealable envelope. Use the SAPC-provided English and Spanish forms. If**

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<sup>1</sup> OTP/NTP Providers see additional instructions on page 4.

you need a survey in a language other than English or Spanish, download the form at: <http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>

- **Online Version**
  - Provide each patient with your facility's specific survey link or QR code. Patients will have the option to select their preferred language when completing the survey.
- **Youth patients (12-17) should be given the youth TPS.**
- **Adult patients (18+) should be given adult TPS.**
- Please make copies of the **"Instructions for Patients"** form, provided in your TPS packet, for each patient and review it with them.
- **Key Talking Points:**
  - Introduce the purpose of the survey to patients upon administering it. For example:
    - "By completing this survey, you are helping us to improve the quality of services you receive. Your feedback is important to us."
  - Inform patients about confidentiality. For example:
    - "This survey is completely anonymous, so you should not write your name on the form. Once you complete the 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)."
  - Reassure the patient this does not impact services. For example:
    - "Any responses you provide will not affect you or the services you receive."
  - Patients have the option to decline participation.
    - Paper version: "This survey is optional. If you do not wish to complete the survey, write 'Declined' at the top of the survey and place it in this collection box or large envelope."
    - Online version: "This survey is optional. If you do not wish to complete the survey, write 'Declined' on the comments section".
- Make sure declined surveys are sent to SAPC to allow tracking of the response rate.
- The patient is not required to respond to all questions on the survey. While a complete survey provides more information and is preferred, if the patient answers one or more questions, it is considered completed.
- **Extra Talking Points for Paper Version**
  - Ask patients to use a **black ballpoint pen (no pencil)**.
  - Instruct patients to not mark on or destroy the geometric box located at the bottom of the form. The geometric box allows the form to be read into the database.
  - If the patient makes a mistake on the survey and requests another, give him/her another survey form but do not collect the original survey.

- Ask patients to **seal the completed form in an envelope** and deposit it into the survey collection box or large collection envelope.

#### ***VII. Confidentiality of Patient Responses***

- Surveys are anonymous and patients **MUST NOT** write their names on the forms.
- Direct service staff must not be present while the patient completes the survey.
- Surveys are to be filled out by the patients on their own unless the patient requests assistance.
- If requested by the patient, a non-clinical staff person, consumer advocate, or volunteer may help the patient complete the survey form.
- Staff must not influence how patients respond to survey questions or deny a patient the opportunity to complete the survey.
- Patients seen outside the office (e.g., field-based settings) **MUST seal the completed form in an envelope** (provided by agency staff). Staff should deposit the envelope into the survey collection box or large collection envelope with the other completed forms when they return to the office.

#### ***VIII. Package and Return Completed Survey Forms to SAPC***

- Provider staff need to compile the completed forms by each facility within an agency and deliver them to SAPC in-person or by mail.
  - **Submit paper surveys collected during October 21 - 25, 2024, by:**
    - **Friday, November 1, 2024**
  - **You can continue to collect surveys from October 25 – November 21, 2024, and submit by:**
    - **Tuesday, November 26, 2024**
- Please also **return** all surveys marked ‘declined’.
- Survey forms can be mailed to SAPC. Obtain a tracking number (e.g., certified mail) to verify delivery. Use correct postage as SAPC cannot cover postage at time of delivery.
  - Mailing address:
 

Tina Kim, Ph.D.  
Chief of Health Outcomes & Data Analytics  
1000 S. Fremont Ave. Bldg. A-9 East 3rd Floor (Box#34)  
Alhambra, CA, 91803
- If you need to make arrangements to deliver completed surveys, contact [hoda\\_tps@ph.lacounty.gov](mailto:hoda_tps@ph.lacounty.gov).

#### ***IX. OTP/NTP additional instructions***

- If OTP providers need additional time to survey the full range of their patients, the survey distribution window for OTP patients can be extended to the submission deadline: **November 26, 2024.**