



# Treatment Perceptions Survey (TPS) Training & Planning Meeting

Tina Kim, Ph.D., Division Chief  
Silvia Tejeda, Ph.D., Project Manager  
Health Outcomes and Data Analytics (HODA) Division  
Substance Abuse Prevention and Control Bureau  
Los Angeles County Department of Public Health

October 11, 2024



# Appreciation

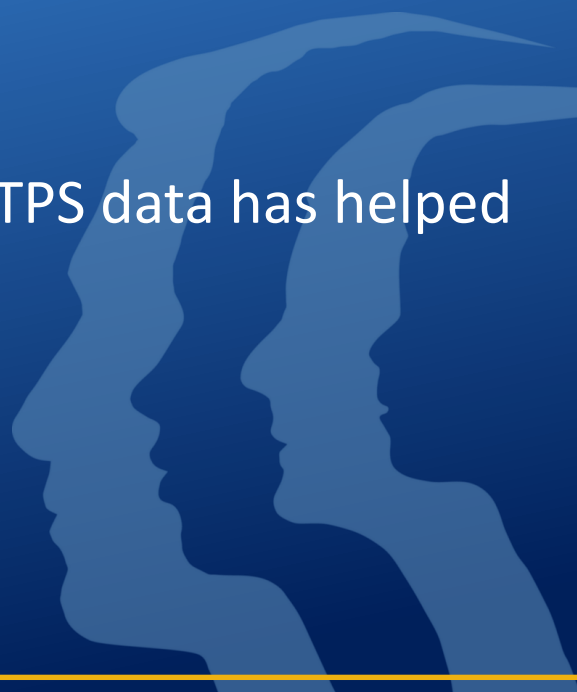


Thank you!

- **To all providers** for your dedicated efforts in 2023! Your commitment to administering and collecting TPS data has been invaluable.
- **To HODA TPS team** for managing the TPS project, from planning, monitoring to data entry, analysis, and reporting.
- Due to your unwavering commitment and support, we were able to:
  - **Meet the requirements** of CMS, the state, and the External Quality Review Organization (EQRO).
  - **Strengthen our data-driven quality improvement efforts**, allowing us to tailor our services more effectively to address the specific needs and concerns of our patients, ensuring equitable, high quality care and improved patient satisfaction.<sub>1</sub>

# TPS Data In Action

Could you share any examples or insights on how TPS data has helped inform your practices or led to improvements in patient satisfaction and/or outcomes?



# Overview

- 2023 TPS: Summary Findings
- Important dates
- *New* Survey Items
- Online Survey administration
- Paper Survey administration
- TPS participants/respondents
- FAQs

# Adult Treatment Perceptions Survey, Los Angeles County, 2023

## What is the 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 5 Areas



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

### 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, 10/2023



- ◆ 6,669 valid surveys were collected from 201 facilities
- ◆ Average response rate: 58%

## Key Findings

9 of 10 clients were satisfied overall with services received



### Satisfaction



- ◆ I felt welcomed - 93%\*
- ◆ I received needed services - 86%\*
- ◆ I would recommend to others - 90%\*

### Treatment Outcome

- ◆ Better able to do things that I want to do - 88%\*
- ◆ I feel less craving for drugs and alcohol - 88%\*



### Access



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

### Care Coordination

- ◆ With my physical health care provider - 84%\*
- ◆ With my mental health care provider - 84%\*
- ◆ With social services - 83%\*

## Quality of Care



- ◆ Respectful - 91%\*
- ◆ Gave enough time with sessions - 91%\*
- ◆ Sensitive to my cultural background - 90%\*
- ◆ I chose treatment goals with provider's help - 86%\*

Note: \* Percent of clients who agreed with statement

## Client Comments

### Praise

"This program has helped me gain a life back. They have supported me and my baby beyond what I could have imagined. This program is awesome."

"Case management/counseling services were more than adequate in pointing me toward where I needed to go for resources."

### Concerns and Suggestions

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

"I would change the length of time of counseling sessions to longer as I would want more accessibility to doctors."

"They need to help more with housing."

Developed by the Health Outcomes and Data Analytics Division at Substance Abuse Prevention and Control Bureau, Los Angeles County Department of Public Health.



Administration and Submission Windows

# IMPORTANT DATES



# 2024 TPS Administration

- DHCS official survey administration will take place:
  - October 21 - 25, 2024
- Agencies may continue to collect surveys from:
  - October 26 – November 21, 2024
- Online survey links:
  - Will email on October 14
  - Activated on October 21
  - Deactivated midnight on November 21

# Submit Paper Surveys to SAPC

- Submit **paper surveys** collected during **October 21 - 25, 2024** by:
  - **Friday, November 1, 2024**
- You may continue to collect surveys from **October 25 - November 21, 2024** and **submit by:**
  - **Tuesday, November 26, 2024**
- **You can drop off or mail survey packets by facility or by whole agency to (obtain a tracking number) :**
  - ✓ **Mail:** Tina Kim  
Chief of Health Outcomes & Data Analytics Division  
1000 S. Fremont Ave. Bldg. A-9 East 3rd Floor **(Box#34)**  
Alhambra, CA, 91803
  - ✓ **Drop Off:** Silvia Tejeda  
email: [hoda\\_tps@ph.lacounty.gov](mailto:hoda_tps@ph.lacounty.gov) or [sitejeda@ph.lacounty.gov](mailto:sitejeda@ph.lacounty.gov)  
Phone: 626-997-4932





# New Survey Items



## Adult/Youth Survey

- **Q26/Q29: Are you homeless?** Yes    No
- **Q27/Q30: Are you receiving recovery incentive/contingency management services?** Yes    No
  - Select 'No' as default for patients in residential or Withdrawal Management services
- **Q30/Q33: What is your sexual orientation?**
  - Heterosexual/straight
  - Lesbian (Female)
  - Gay (Male)
  - Bisexual
  - Pansexual, other (specify:    )
  - Asexual, unsure/questioning/don't know
  - Queer, prefer not to state

# 2024 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.
- If you need additional surveys, please contact [hoda\\_tps@ph.lacounty.gov](mailto:hoda_tps@ph.lacounty.gov)

# 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>

# 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 Services

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*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 Services

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

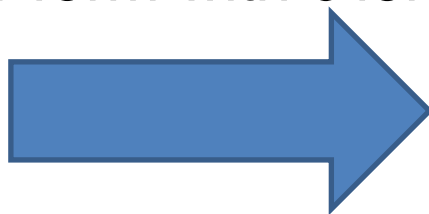
# Instructions for Clients

- 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/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 scanner. Therefore, please use a black pen and place an "X" in the box. Check 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

14926980

Revised 9/13/24, (Adult) - English



# Filling out the TPS

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

Correct  


Incorrect  


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 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 SURVEY**

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"/>
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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"/>
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14926980

Revised 9/13/24, (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

# 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.

- 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.

14926980 Revised 9/13/24, (Adult) - English 

# 2024 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, Residential, WM, OTP and Recovery Services).
- Use the correct link so that we can track data accordingly.

## Unique Weblink

[https://sapchoda.sjc1.qualtrics.com/jfe/form/SV\\_3JoNNSkBge8V0AS?AG=BEST&PI=190000&RU=1000\\_S\\_FRE&TS=OP\\_IOP&SU=Adult](https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_3JoNNSkBge8V0AS?AG=BEST&PI=190000&RU=1000_S_FRE&TS=OP_IOP&SU=Adult)

## Weblink breakdown

### Main Weblink

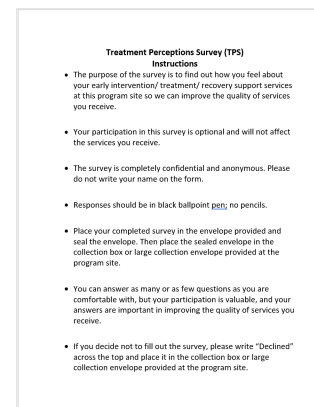
[https://sapchoda.sjc1.qualtrics.com/jfe/form/SV\\_3JoNNSkBge8V0AS](https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_3JoNNSkBge8V0AS)

### Unique Identifiers

Agency Name (AG)	?AG=BEST
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 26 – November 17, 2024.
- 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	<a href="https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_3JoNNSkBge8V0AS?AG=BEST&amp;PI=190002&amp;RU=1147_S_ALV&amp;TS=OP_IOP&amp;SU=Adult">https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_3JoNNSkBge8V0AS?AG=BEST&amp;PI=190002&amp;RU=1147_S_ALV&amp;TS=OP_IOP&amp;SU=Adult</a>	Agenc_1147_S_ALV_OP_IOP_Adult	
190002	1147 S Alvarado Street	1147_S_ALV	Recovery Services	no	yes	weblink	<a href="https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_3JoNNSkBge8V0AS?AG=BEST&amp;PI=190002&amp;RU=1147_S_ALV&amp;TS=recovery&amp;SU=Adult">https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_3JoNNSkBge8V0AS?AG=BEST&amp;PI=190002&amp;RU=1147_S_ALV&amp;TS=recovery&amp;SU=Adult</a>	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 21 - 25, 2024**

**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!

Online Survey Software | Qualtrics

sapchoda.sjc1.qualtrics.com/jfe/form/SV\_2o9qExUu9MgHTeK?AG=TESTING\_ONLY

OneDrive SAPC SAPC Intranet2 DPH Intranet PHLibrary Sage My NCBI - Home SAS code matched...

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→'

## Treatment Perceptions Survey (Adult)

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

☐ English

☐ Español

☐ Tiếng Việt

Survey Completion  
0% ————— 100%

Survey Completion  
0% ————— 100%

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

Strongly Agree  
☐

Agree  
☐

I am Neutral  
☐

Disagree  
☐

Strongly Disagree  
☐

Not Applicable  
☒

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## Your feedback matters!



Would you be willing to be contacted to provide further comments on your treatment experience?

If you agree to be contacted in the future:

- You may be invited by the UCLA Evaluation Team to participate in a future follow-up survey or interview.
- If you participate in a future follow-up survey or interview, you will be compensated with a gift card.
- Your contact information will be kept confidential by the UCLA Evaluation Team and will not be connected with your survey responses.
- Your participation will not be shared with your treatment provider(s) and will not affect your care.

☒ Yes, I am willing to be contacted

☐ No, I am not willing to be contacted

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## New Item for Adult Online Survey

## New Item for Adult Online Survey

Thank you for agreeing to be contacted by UCLA for follow-up in the future!



Please click on \*\*\*[this link](#)\*\*\* to continue.

Do not click the "next" button below.

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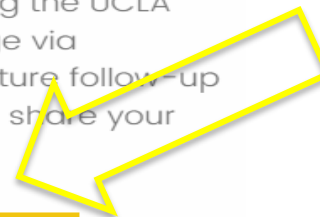
Please provide your name and preferred contact information (email and/or phone) for UCLA to reach you. Remember that this information is confidential and not connected with your survey responses.

Please type your **name** in the space below:

Please type your **email address** in the space below:

Please type your **phone number** in the space below:

If you agree to be contacted, we will reach out as you have indicated via email/phone, and we will reference a satisfaction survey from a health visit. Nevertheless, please note that by providing your contact information, you are granting the UCLA Evaluation Team permission to send you a message via email/phone for your consent to participate in a future follow-up survey/interview, with the understanding that if you share your device(s), this message might be seen by others.



**IMPORTANT: Click the "next" arrow below to submit.**

## New Item for Adult Online Survey



## Your feedback matters!

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☐ Yes, I am willing to be contacted

☒ No, I am not willing to be contacted

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## New Item for Adult Online Survey



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.”





# 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.

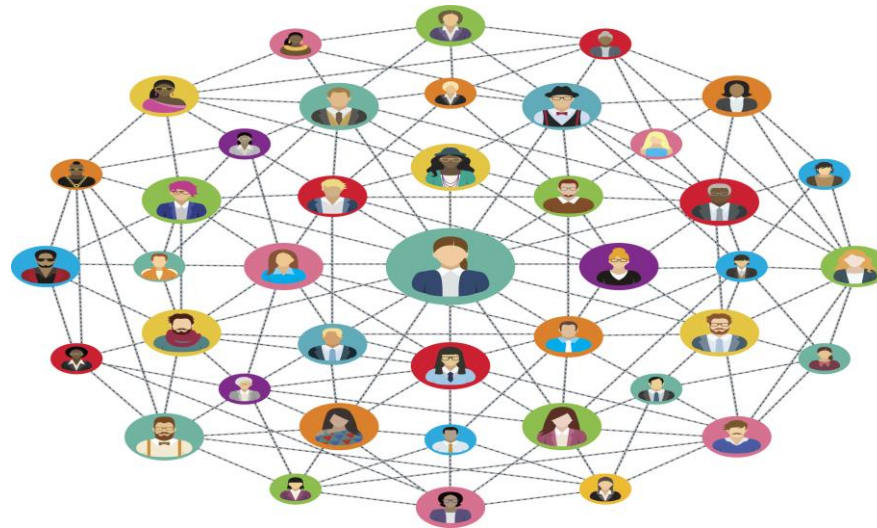
## Q9. Should clients in Early Intervention or Recovery Services be surveyed?

- **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.

# Q&A / Discussion



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

*- Johann Hari*