

## 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)

Correct  
☒Incorrect  
☐

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	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
23. Did the program staff show you the patient orientation video?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
24. 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
25. 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

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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 homeless?**

- ☐ Yes ☐ No

**30. Are you receiving recovery incentive/contingency management services?**

- ☐ Yes ☐ No

**31. 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  
☐ Gender Queer/Gender Non-Conforming  
☐ Other (specify):   
☐ Prefer not to state

**32. What was your sex at birth?**

- ☐ Female ☐ Male  
☐ Other (specify):

**33. What is your sexual orientation?**

- ☐ Heterosexual/Straight ☐ Pansexual  
☐ Lesbian (Female) ☐ Asexual  
☐ Gay (Male) ☐ Other (specify):   
☐ Bisexual ☐ Queer  
☐ Unsure/Questioning/Don't know ☐ Prefer not to state

**34. Are you of Mexican/Hispanic/Latinx descent?**

- ☐ Yes ☐ No ☐ Unknown

**35. Race/Ethnicity (Please mark all that apply)**

- ☐ American Indian/Alaskan Native  
☐ Asian  
☐ Black/African American  
☐ Native Hawaiian/Pacific Islander  
☐ White/Caucasian

☐ Other (specify):

☐ Prefer not to state

**36. 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

**37. 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

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Thank you for taking the time to answer these questions!