

# Treatment Perceptions Survey (TPS), October 2025

## Instructions for Providers

### When is the TPS Survey Week?

- The official **DHCS** survey administration period is scheduled for **October 20–24, 2025**. Providers are **required** to administer the survey during this week.
- Agencies may choose to continue collecting surveys from **October 25 through November 19, 2025**.<sup>1</sup>
- While client participation is voluntary, **please encourage all clients to take part**.

### Where to Obtain Your Agency's TPS Surveys?

- Paper Survey
  - Your agency's survey packet will be available for pickup on Thursday, October 2, 2025, 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 17, 2025.
  - Survey PDF files will be emailed to your agency's designated TPS contact person(s) to allow additional copies to be printed, if needed.
- Online Survey
  - For agencies who requested survey weblinks, they will be emailed to your designated TPS contact person(s).

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<sup>1</sup> OTP Providers see additional instructions on page 6.

## What Materials are Provided to your Agency?

- **Paper Survey**

- Surveys specific to each facility location and LOC within your agency,
- English paper forms and Spanish paper forms (if requested),
- Youth (age 12-17) and Adult (age 18+) forms,
- Provider Instructions and Client Instructions,
- White sealable envelopes
  - The number of surveys and sealable envelopes in your packet is based on the number of people served during the survey period in October 2024.

- **Emailed Material**

- Survey weblinks and PDF survey 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 and Client instructions

## How Should Survey Forms Be Prepared Before Distributing Them to Clients?

- At the top of each survey form, please make sure the following pre-filled information is accurate BEFORE giving the forms to clients, including:
  - 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>  
Before providing to the client, please complete the top portion, including the Provider ID, the first 10 digits of the address, and the Treatment Setting.

### Who Should Receive a Survey?

- Survey **every client (age 12 and older)** who has been admitted and receives a face-to-face or telehealth services between **October 20 - 24, 2025**.
  - This includes clients receiving SUD treatment services—such as outpatient, residential, opioid/narcotic treatment, and withdrawal management—as well as early intervention and recovery services, whether seen at the facility or in an approved field-based setting.
  - Note: field-based services are considered face-to-face treatment services.
- Each client should complete **ONLY ONE** form for each facility where they receive services, regardless of how many times they visit that facility.
- Clients 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 client receives OTP/NTP and residential services at two different treatment facilities during the survey period, the client would be offered a survey at the OTP/NTP facility **AND** at the residential facility.

### Do NOT Survey:

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

### How to Administer the Survey?

- Encourage all clients receiving face-to-face or telehealth treatment services, early intervention, or recovery support services to fill out the survey during the survey period.
- Make copies of the “Instructions for Clients” form, provided in your TPS packet, for each client and review it with them.
- Youth clients (12-17) should be given the youth survey.
- Adult clients (18+) should be given the adult survey.

- **Paper Version**
  - Provide each client with a survey in their preferred language and a sealable envelope.
- **Online Version**
  - Provide each client with your facility's specific survey link or QR code. Clients will have the option to select their preferred language when completing the survey.
- **Key Talking Points:**
  - Introduce the purpose of the survey to clients 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 clients 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 client this does not impact services. For example:
    - “Any responses you provide will not affect you or the services you receive.”
- The client is not required to respond to all questions on the survey. While a completed survey provides more information and is preferred, if the client answers one or more questions, it is considered completed.
- **Extra Talking Points for Paper Version**
  - Ask clients to use a **black ballpoint pen** (no pencil).
  - Instruct clients 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 client makes a mistake on the survey and requests another, give him/her another survey form but do not collect the original survey.
- **Ask clients to seal the completed form in an envelope and deposit it into the survey collection box or large collection envelope.**

## Declining the Survey

- Clients have the option to decline participation.
  - Paper version:
    - Ask client to write 'Declined' at the top of the survey and place it in this collection box or large envelope.
    - Make sure declined surveys are sent to SAPC to allow tracking of the response rate.
  - Online version:
    - Ask client to
      - Open the survey
      - Select language
      - Answer question #1 as 'Not applicable'
      - Click 'next->'.

## How Can You Ensure the Confidentiality of Client Responses?

- Surveys are anonymous and clients **MUST NOT** write their names on the forms.
- Direct service staff must not be present while the client completes the survey.
- Clients should complete the surveys independently, unless they request assistance.
- If requested by the client, a non-clinical staff person, consumer advocate, or volunteer may help the client complete the survey form.
- Staff must not influence how clients respond to survey questions or deny a client the opportunity to complete the survey.
- Clients 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.

## Where to Return Completed Paper Surveys 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 20 - 24, 2025, by:
    - **Friday, October 31, 2025**
  - Agencies have the **option to continue to collecting surveys** from October 25 – November 19, 2025, and submit those surveys by:
    - **Wednesday, November 26, 2025**
- 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 arrange the delivery of completed surveys, please contact [hoda\\_tps@ph.lacounty.gov](mailto:hoda_tps@ph.lacounty.gov).

## OTP Additional Instructions:

- If OTP providers need additional time to survey the full range of their clients, the survey distribution window for OTP clients can be extended to the submission deadline: **November 19, 2025. Submit to SAPC by November 26, 2025.**