



Treatment Perception Survey (TPS) Training & Planning Meeting

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Substance Abuse Prevention and Control Bureau
Los Angeles County Department of Public Health

October 2, 2025

Welcome!
**Take a few minutes to
review your survey
packet (PID, address,
LOC, # of surveys).**

Appreciation



Thank you!

- **To all providers** for your dedicated efforts in 2024! Your commitment to administering and collecting TPS data has been invaluable.
- **To HODA TPS team** for managing the TPS project, including planning, monitoring, data entry, analysis, and reporting.

- 2024 TPS: Summary Findings
- Important dates
- Survey Changes
- Online Survey administration
- Paper Survey administration
- TPS participants/respondents
- Frequently Asked Questions

2024 TPS Data in Action

How have you used TPS data to support or improve your programs or client outcomes?





2024 Treatment Perception Survey (TPS): Key Findings



Adult TPS in 2024: Key Facts

6,972 completed surveys - 3,657 (52%) Comments

79 agencies (197 facilities) participated

63% response rate (58% in 2023)

92% overall satisfaction with services received (89% in 2023)

Youth TPS in 2024: Key Facts

195 completed surveys - 86 (44%) Comments

22 agencies (34 facilities) participated

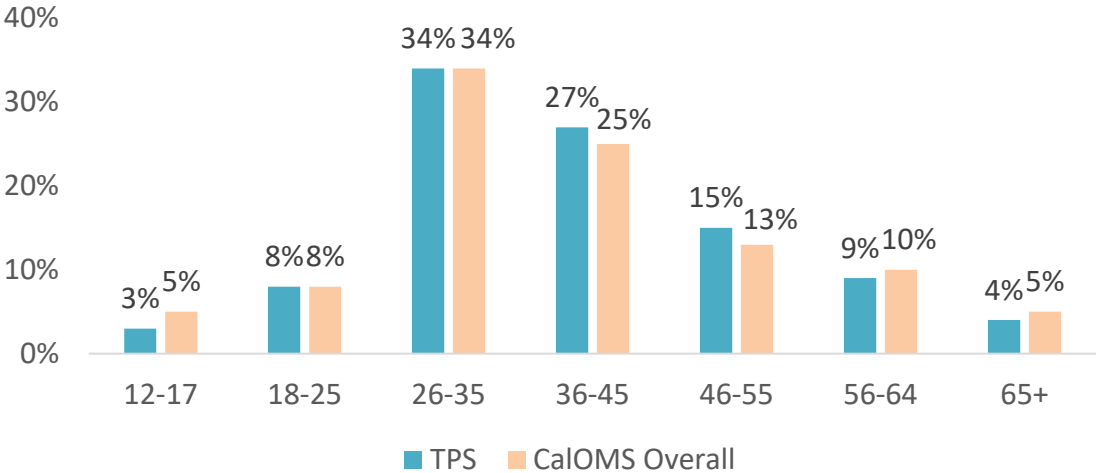
60% response rate (50% in 2023)

88% overall satisfaction with services received (89% in 2023)

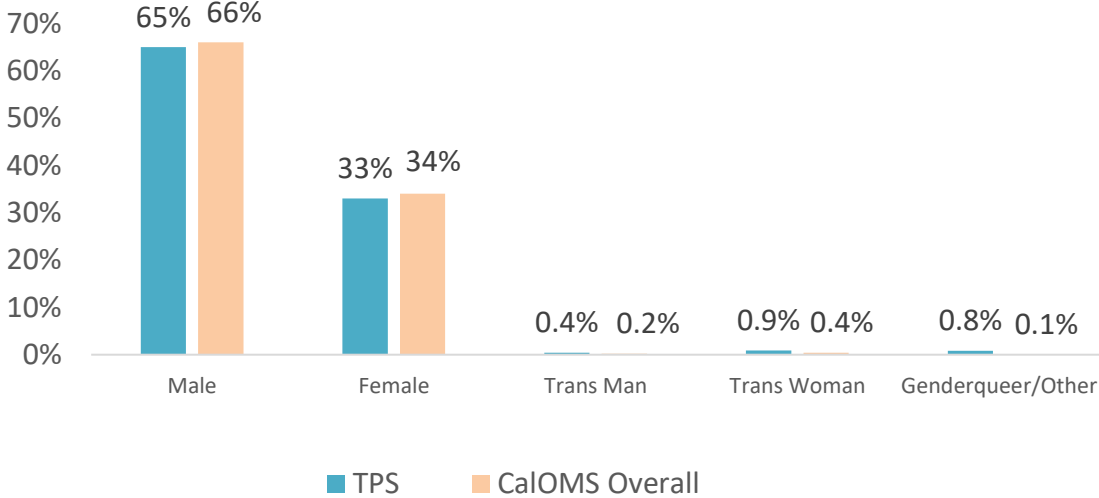
Client Characteristics: TPS Participants vs. CalOMS Overall



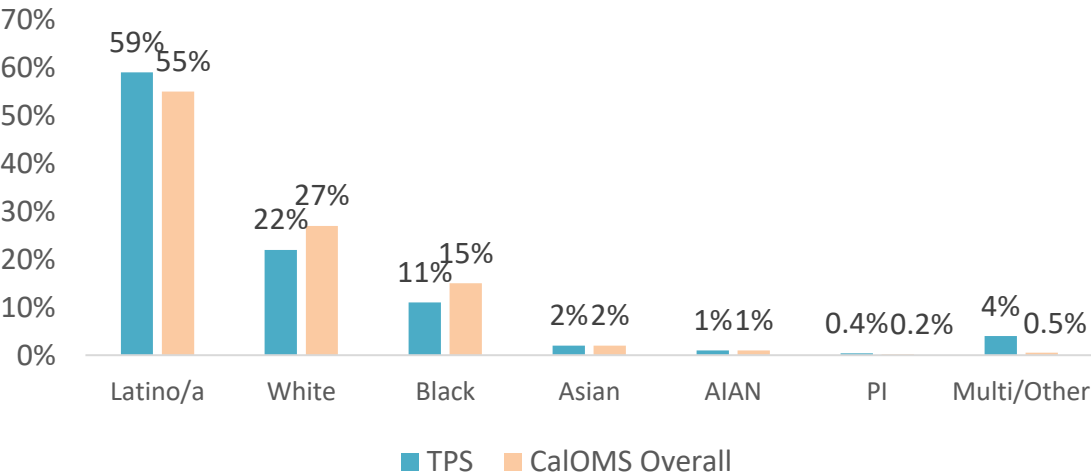
Age Range



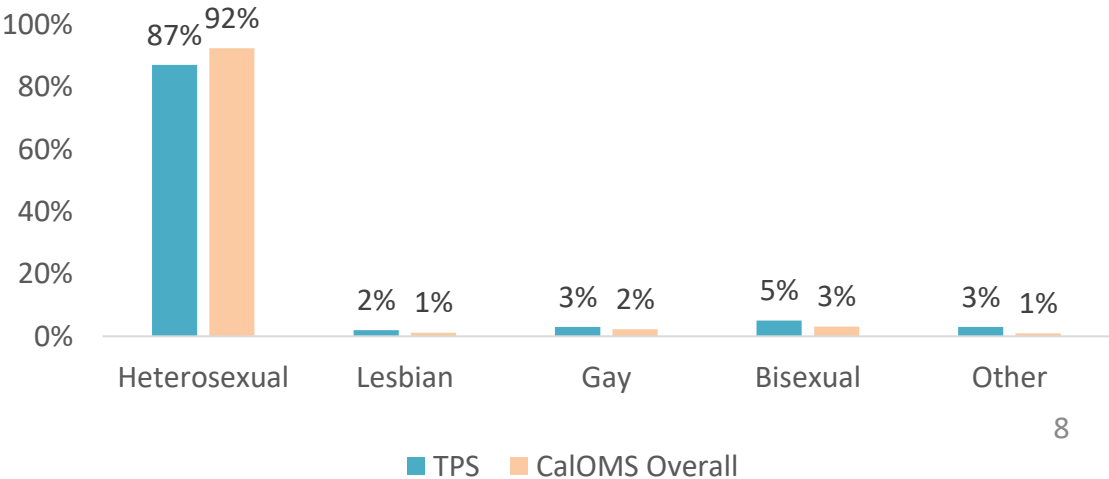
Gender Identity



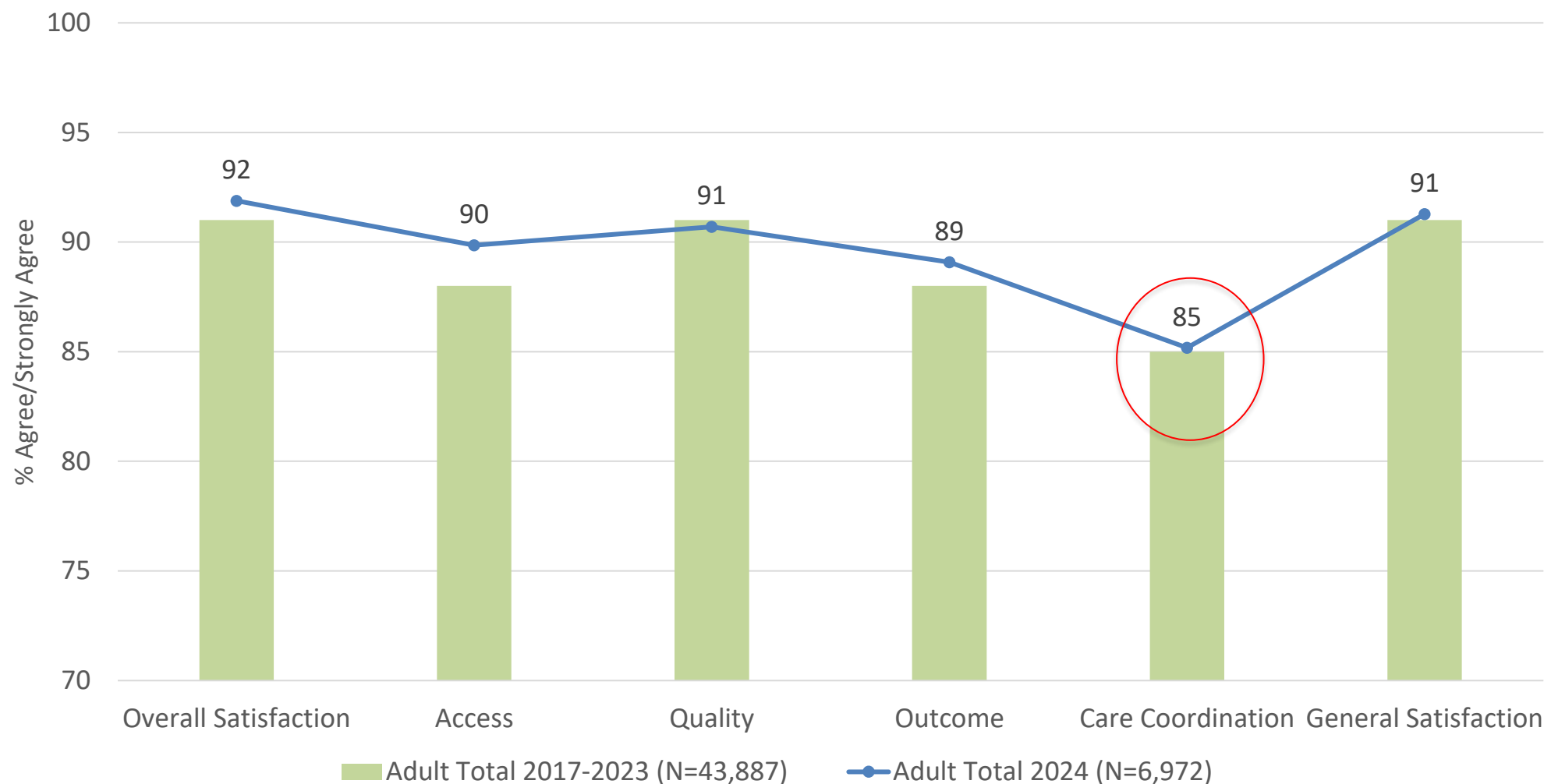
Race Ethnicity



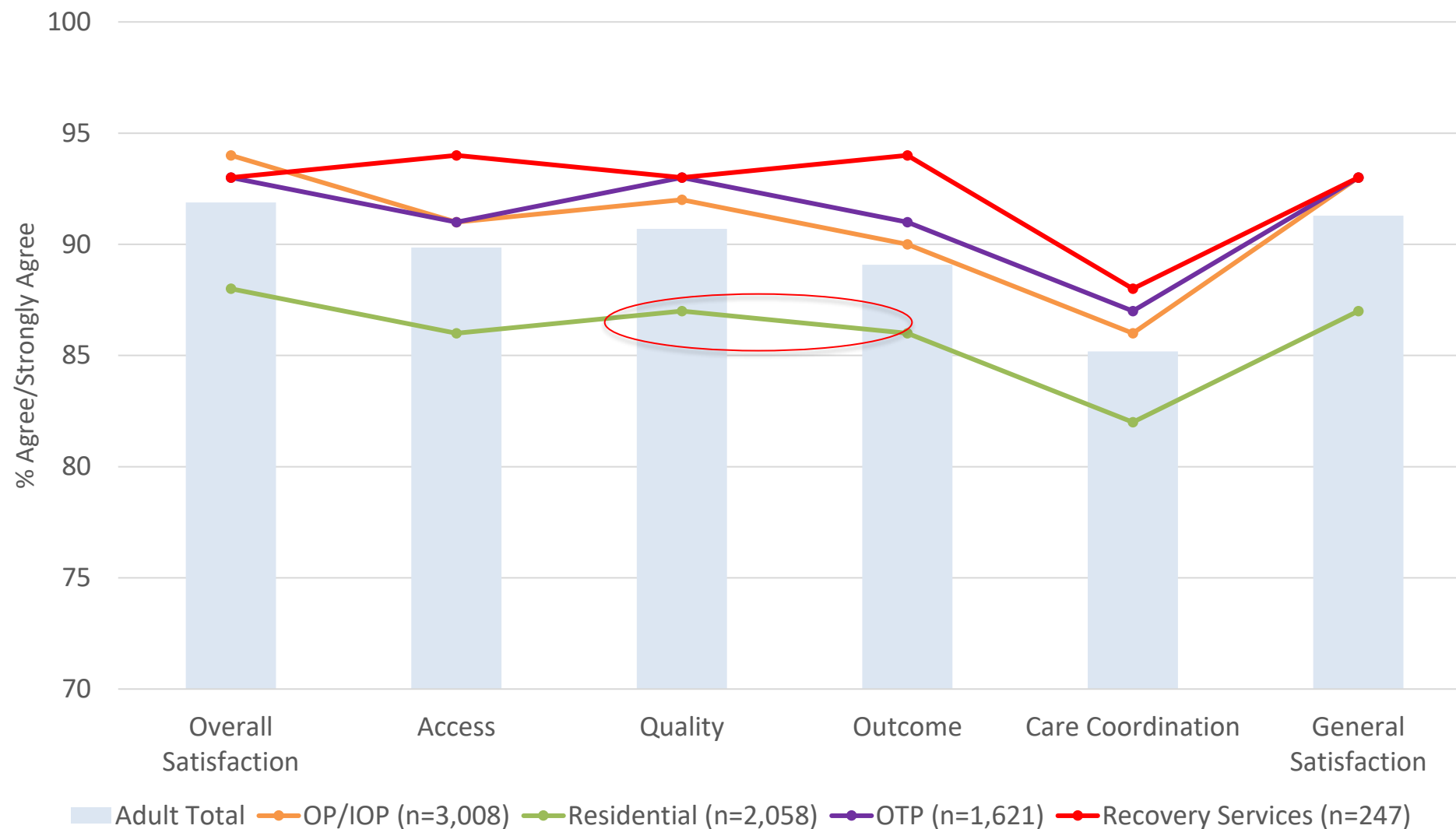
Sexual Orientation



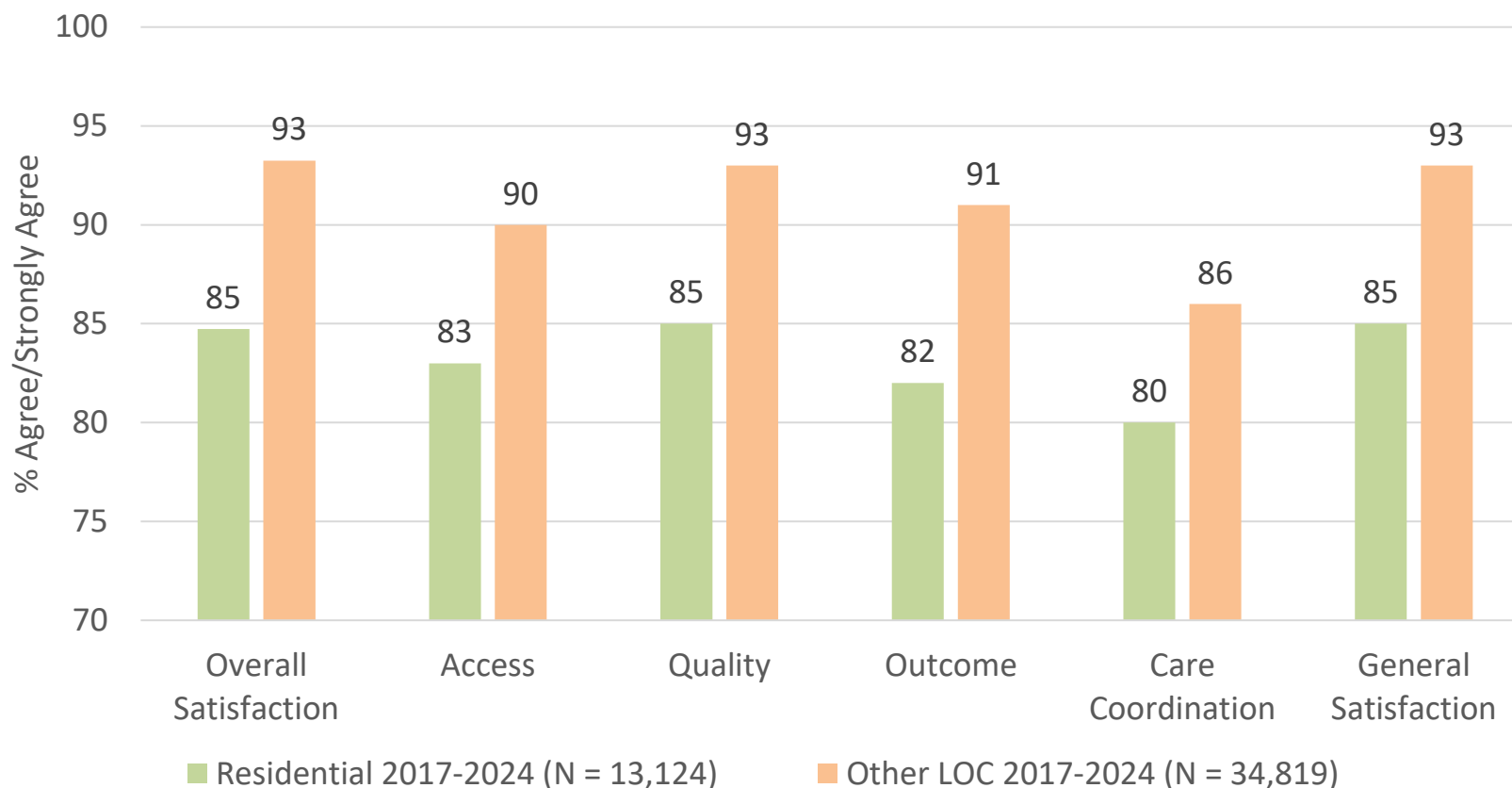
Adult Satisfaction by Domain (N=6,972)



Adult Satisfaction by Domain and Level of Care (N=6,972)



Adult Residential Satisfaction by Domain (2017-2024): Comparison with Other LOC



Clients in residential settings have consistently reported lower satisfaction than those in other levels of care (LOC) across multiple domains, including access, quality of care, care coordination, outcomes, and overall satisfaction from 2017 to 2024.

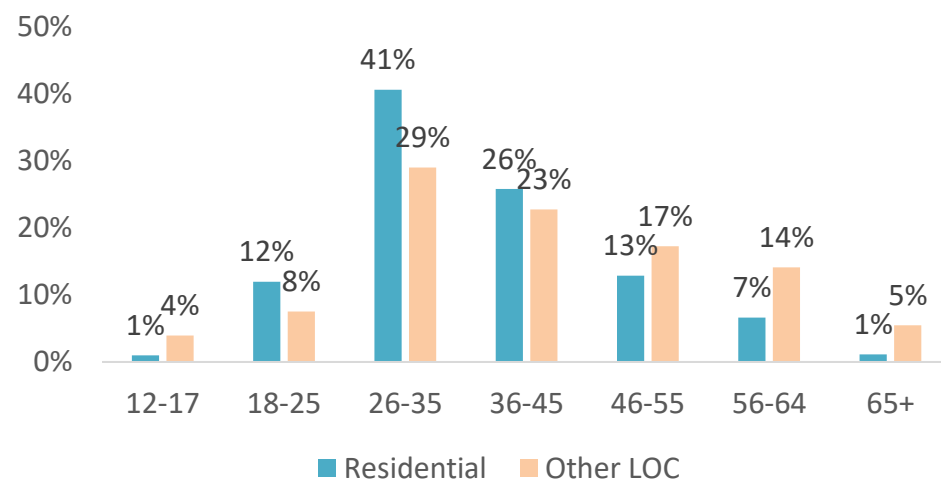


Why Are Satisfaction Scores Consistently Lower in Residential Programs?

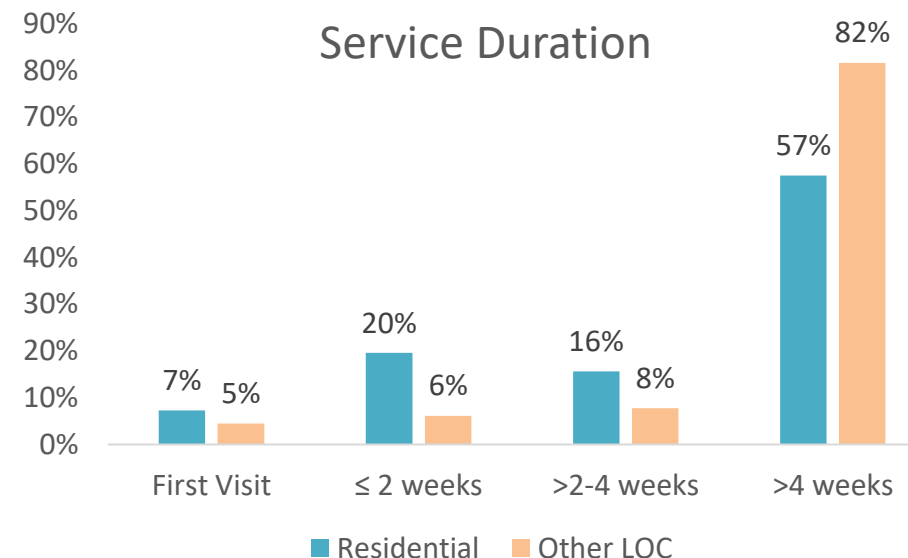


Adult Residential Satisfaction: Exploring Client Profiles Compared to Other LOC (TPS)

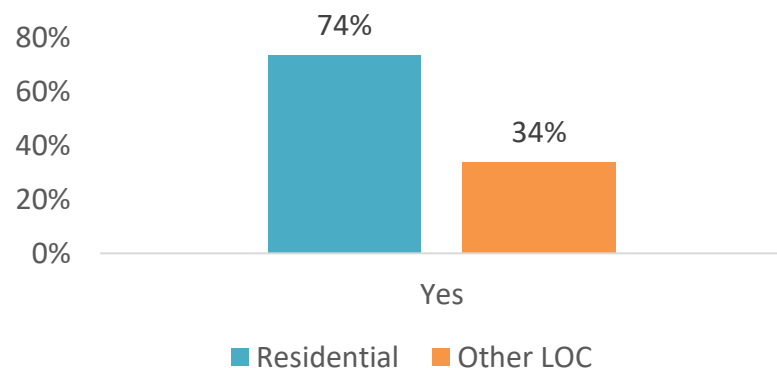
Age



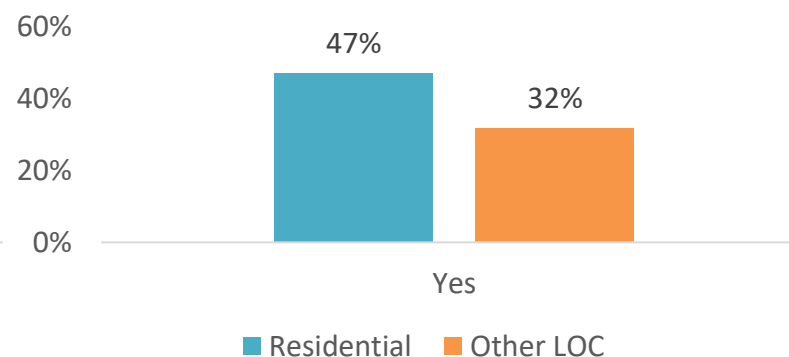
Service Duration



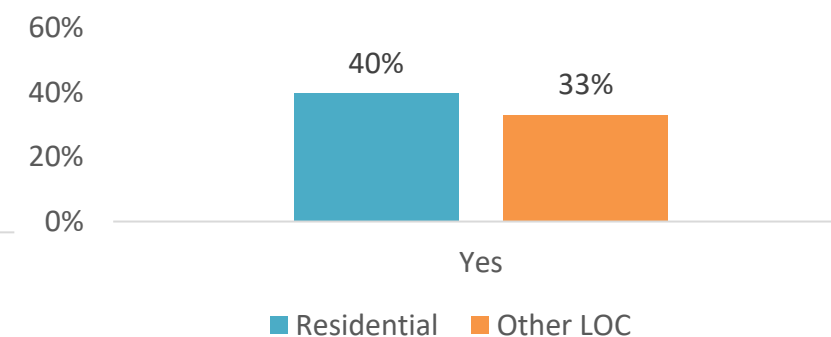
Homelessness



Criminal Justice Involvement



Disability



The following client feedback from the TPS comments section in residential settings may help shed light on potential factors contributing to this trend. Most suggestions centered around the following themes: food quality, availability of recreational activities, phone access, coordination of physical and mental health care, and family-related policies and practices.

- *Food could take a more health conscious approach.*
- *Food is horrible and extremely lacking in nutrition, the portions are very small.*
- *I would like more outings, even just seven-eleven visits and more extra curricular activities to keep people motivated and busy. That's a big deal for me, I feel like I'm trapped.*
- *I think implementing more exercise/ walking/ yoga would be beneficial to the program.*
- *We should be allowed our own personal phones after a set black out period to be able to take care of own legal and personal issues.*
- *I feel like my needs, physical health issues are being neglected. Too long to see a doctor, see a psych, to get a therapist.*
- *We should be allowed to go to the dentist when needed rather than being told we can only go if it's an emergency.*
- *Child visits should not be subject to sitting in family group in the weekend.*
- *I would change the 30 day "blackout" period to being able to communicate with my family with a supervised counselor.*



Administration and Submission Windows

IMPORTANT DATES





2025 TPS Administration

What	Period
DHCS official survey administration	October 20 - 24, 2025
Additional survey collection	October 25 - November 19, 2025
Survey Weblinks	<ul style="list-style-type: none">• Will be emailed to agency contact on October 14• Will be activated on October 20• Will be deactivated midnight on November 26

Guidelines for Submitting Paper Surveys to SAPC

What	Period	Submission Deadline
DHCS official survey administration	October 20 - 24, 2025	October 31, 2025
Additional survey collection	October 25 – Nov.19, 2025	November 26, 2025

- Survey packets may be submitted by facility or by the whole agency via drop-off or mailed to SAPC:

Mail (obtain a tracking number):

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 Box at Bldg. A-9 East 3rd Floor:

email: hoda_tps@ph.lacounty.gov Phone: 626-997-4932




New and Updated Survey Items




Added Field Based Services to the Header - Adult/Youth Survey

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



Home Unit
CalOMS
Provider ID

Treatment Perceptions Survey (Adult)



Program Reporting Unit (Address)

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

Field Based Services: Agency

Address

- For clients receiving Field-Based Services (FBS) during the survey administration period, provide the pre-filled paper survey and manually enter the Home Unit information (i.e., Provider ID and 10-digit address).
- If FBS is provided at a client's home, you can write "In-home service" in the FBS address section.

New/Updated Items

– New Items

- I feel comfortable discussing any lapses or return to substance use with my provider. (Adult Q17/Youth Q20)
- I began substance use treatment services with the goal of achieving either complete abstinence or reduction in use. (Adult Q18/Youth Q21.)

– Updated Items

- Age: From categories to open-ended 26. Age:

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- Contingency Management: Have you ever received Contingency Management services?
 - Yes, I am currently receiving Contingency Management services
 - Yes, I received Contingency Management services in the past
 - No, I have never received Contingency Management services

2025 Administration Methods: Online and Paper Survey

➔ **Paper Survey Option**



Which Form to Use?

- English and Spanish Version:
 - 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

TPS Webpage

- TPS Webpage includes:
 - Paper survey versions with 13 threshold languages
 - Other materials
 - Frequently Asked Questions
 - Presentation Slides
 - 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)

Home Unit CalOMS Provider ID: [6-digit box] Program Reporting Unit (Address): [10-digit box]

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

Field Based Services: Agency [text box] Address [text box]

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

Treatment Perceptions Survey (Youth)

Home Unit CalOMS Provider ID: [6-digit box] Program Reporting Unit (address): [10-digit box]

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

Field Based Services: Agency [text box] Address [text box]

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

Instructions for Clients

- Provide each client with a copy of **“Instructions for clients”**
- You can download the form at <http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>
- Review the instructions 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)

Home Unit
CalOMS
Provider ID

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Program Reporting Unit (Address)

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

Field Based Services: Agency

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Address

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Please answer these questions about your experience at the program to help improve services. Use "Not applicable" if the question is about something that 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.

Please use a black pen and place an "X" in the box that best describes your answer. Use only one answer for each question.

Today's Date (MM/DD/YYYY)

1	0	/	2	0	/	2	0	2	5
---	---	---	---	---	---	---	---	---	---

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. I feel comfortable discussing any lapses or return to substance use with my provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I began substance use treatment services with the goal of achieving either complete abstinence or reduction in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. 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	
20. How helpful were your telehealth visits compared to traditional in-person visits?	<input type="checkbox"/> Much better	<				

Filling out the TPS: Helpful Tips

- 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)

Home Unit: CalOMS: Provider ID: Program Reporting Unit (Address):

Setting: ☐ Early Intervention ☐ OPI/OP ☐ Residential ☐ OTP/INTP ☐ Detox/WM ☐ Recovery Services

Field Based Services: Agency: Address:

Please answer these questions about your experience at this program to help improve services. Use "Not applicable" if the question does not apply to something you have not experienced. Your answers are confidential and will not influence the services you receive. Do not write your name on this form.

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): / /

Legend: 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. I feel comfortable discussing any lapses or return to substance use with my provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I began substance use treatment services with the goal of achieving either complete abstinence or reduction in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. 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	
20. 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	
21. 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				
22. Did the program staff show you the patient orientation video?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
23. 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

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 survey 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 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.

2025 Administration Methods: Online and Paper Survey

➔ **Online Survey Option**



How to Access the Online Surveys

- 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.

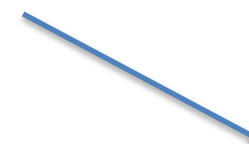
Unique Survey Weblink

[https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_6tkCorSQMPdUgrc?AG=BEST
&PI=190000&RU=1000_S_FRE&TS=OP_IOP&SU=Adult](https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_6tkCorSQMPdUgrc?AG=BEST&PI=190000&RU=1000_S_FRE&TS=OP_IOP&SU=Adult)



Main Weblink



https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_6tkCorSQMPdUgrc



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

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	both	https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_6tkCorSQMPdUgrc?AG=BEST&PI=190002&RU=1147_S_ALV&TS=OP_IOP&SU=Adult	Agenc_1147_S_ALV_OP_IOP_Adult	
190002	1147 S Alvarado Street	1147_S_ALV	Recovery Services	no	yes	both	https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_6tkCorSQMPdUgrc?AG=BEST&PI=190002&RU=1147_S_ALV&TS=recovery&SU=Adult	Agenc_1147_S_ALV_RSS_Adult	



How to Access the Online Surveys

- 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 make the survey available via agency computer or tablets.
- If the client is accessing the online survey at the facility, assure client can complete it in privacy.

- 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
- If you are collecting surveys over the phone, **non**-direct provider staff, volunteers or consumer advocates can complete the online survey or paper survey on behalf of the client over the phone if the client feels comfortable answering the questions and if staff are available.
- Email weblink to client

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.

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 →

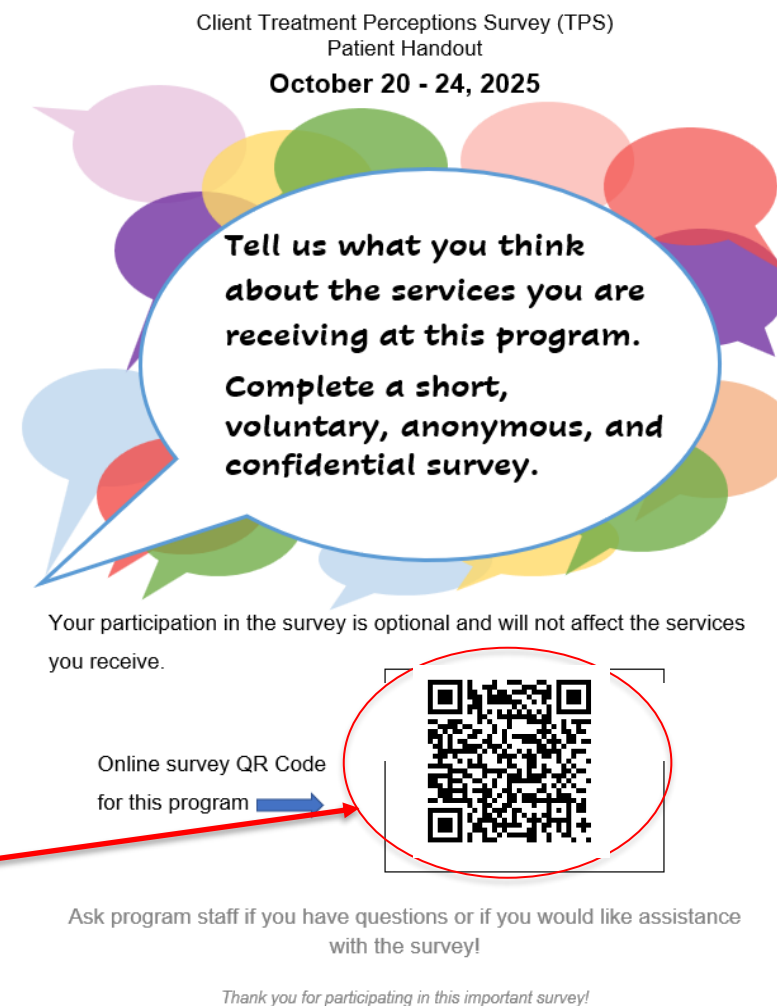
ACTIO_22722_SOLE_Early_Intervention_Adult.png
Ask program staff if you have questions or if you would like assistance with the survey!

Thank you for participating in this important survey!

Customize Flyer by facility and LOC

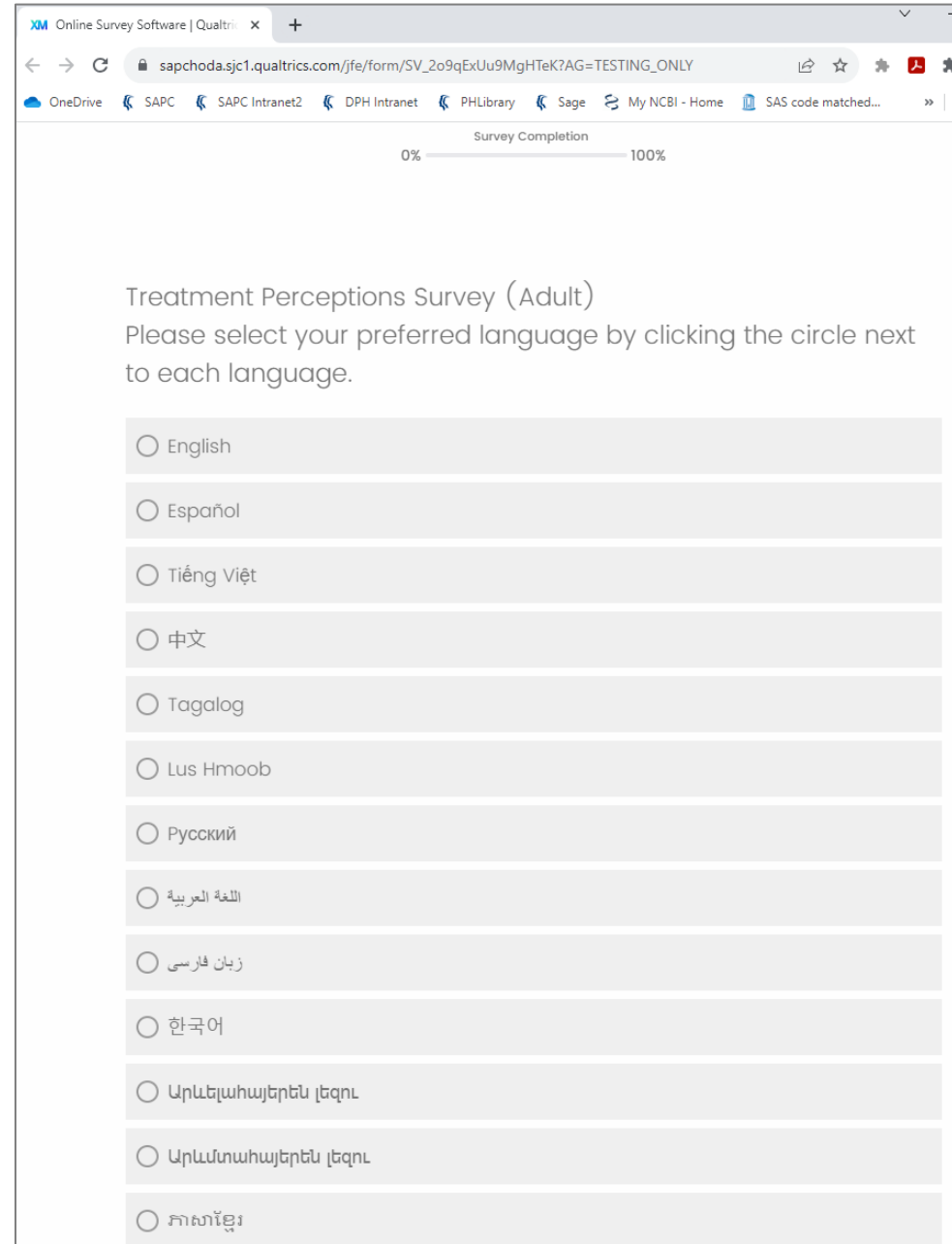
- Customize your facility flyer with specific QR Code and label to assure use of correct survey is used.
- Flyer template is available at <http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>

Cut and paste customized QR
Code here



Online Survey Select Language

Clients can select one
of the 13 LAC
threshold languages



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%

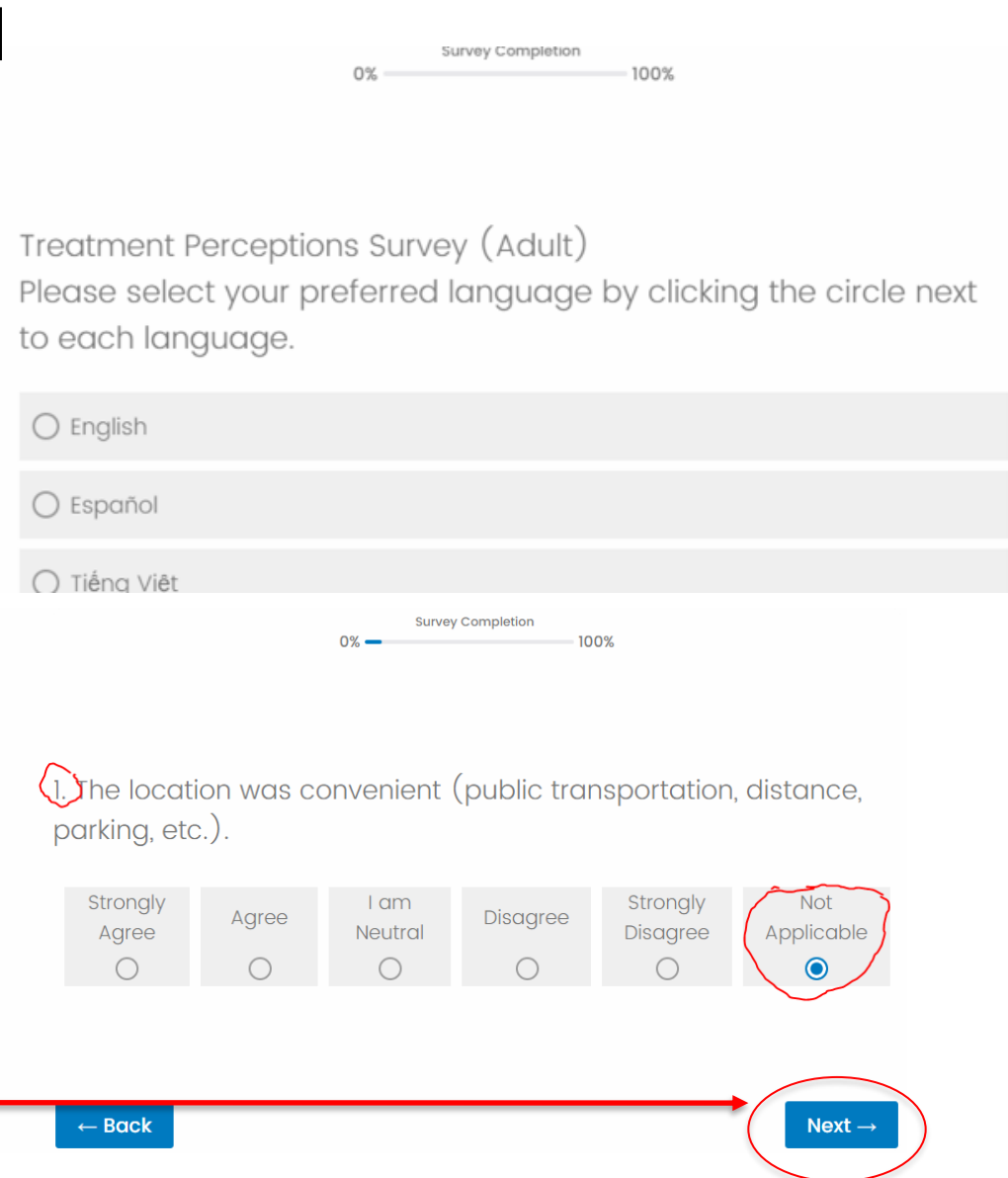
Treatment Perceptions Survey (Adult)
Please select your preferred language by clicking the circle next to each language.

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

Online Survey: Declined

Clients have the option to decline participation.

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



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

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 ☒

← Back Next →

4. Click 'next→'

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

← Back

Next →

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.

← Back

Next →

English ▼

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.

Next →

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☐ Yes, I am willing to be contacted

☒ No, I am not willing to be contacted

← Back

Next →



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.”

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).”

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.”



Frequently Asked Questions



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. If FBS services is provided at a client's home, can we provide the client's home address?

- **No.** If FBS service is provided at a client's home, please write '**In-Home service**' for FBS address (see below)

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

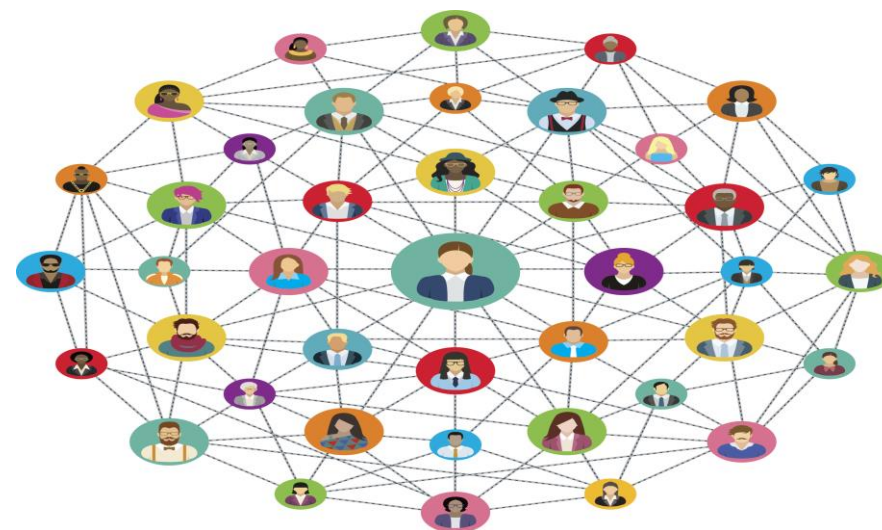
Treatment Perceptions Survey (Adult)

Home Unit CalOMS Provider ID Program Reporting Unit (Address)

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

Field Based Services: Agency Address

Q&A / Discussion



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

- Johann Hari