

Treatment Perceptions Survey (TPS)

DMC-ODS

Survey Period: September 20-24, 2021

Why are Counties/Providers Administering the TPS?

- ▶ Address the data collection needs of the DMC-ODS waiver evaluation required by the Centers for Medicare and Medicaid Services (CMS)
- ▶ Fulfill the county's External Quality Review Organization (EQRO) requirement related to conducting a client satisfaction survey using a validated tool
- ▶ Support DMC-ODS Quality Improvement efforts

How was the TPS Developed?

- ▶ Adult version based on San Francisco County's Treatment Satisfaction Survey
- ▶ Youth version based on Los Angeles County's Treatment Perception Survey for Youth
- ▶ Input from stakeholders (e.g. county BH administrators, DMC-ODS evaluation Advisory Group, EQRO, DHCS, Youth System of Care Evaluation Team at Azusa Pacific University)

When Do Counties Administer the Surveys and Submit Data to UCLA?

Waiver Year	Survey Period Dates	Deadline Dates for Sending Paper Forms To EDC SUDS
2021	September 20–24, 2021	If paper forms are used must be provided to SUDS at 929 Spring Street no later than 12 pm on September 29, 2021.



Who Should be Surveyed?

- ▶ Youth (12 –17 years old) and adult (18 years old and older) clients who present in-person and receive face-to-face services at providers within the county during the survey period
 - Includes clients receiving face-to-face services outside the office (e.g. field-based settings) during the 5-day survey period
 - Treatment settings: OP/IOP, Residential, OTP/NTP, Detox/WM (standalone), partial hospitalization



How Should the Survey Be Used

- ▶ Offer youth survey forms to all youth (12–17 years old) and adult survey forms to all adult clients (18 years or older) receiving face-to-face services during the 5-day survey period.
- ▶ Includes all clients receiving services in person, or by telephone or telehealth.
 - Regardless of county if they are receiving a service from you they are to be surveyed
 - Clients need to complete only one survey during the survey period.
 - Whether the client completes the survey or not, it will in no way adversely affect the services they receive.

How Should the Survey Be Used?

- ▶ Inform clients that the survey is anonymous. They should not write their names on the forms (paper version).
- ▶ Be sure clients use a black or dark blue pen.
- ▶ If clients make a mistake on the form, they should draw an “x” over the incorrect entry. Do not use white out.

Who Should Not be Surveyed with the TPS?

- ▶ Clients who do not receive services during the survey period
- ▶ Clients in immediate crisis (e.g. emergency situation)

TPS Forms

- ▶ 15 questions (including telehealth question) plus demographic items on the TPS Adult form
- ▶ 19 questions (including telehealth question) plus demographic items on the TPS Youth form
- ▶ 13 languages – English, Chinese, Spanish, Tagalog, Vietnamese, Russian, Arabic, Korean, Armenian (Eastern and Western), Cambodian, Farsi, and Hmong
- ▶ 1-page and 2-page (large font) versions



Same as Last Year's Capabilities

- ▶ There will be an online survey (they are telling us they may have a call-in voice option, but I do not think it will be ready this year).
- ▶ Providers will be given access to a secure online survey link that can be provided to beneficiaries.
 - Each link will be specific to that program site's CalOMS number meaning each site will have a unique link and code that cannot be used by other sites.

Online Survey

- ▶ Clients receiving services from treatment providers whether in-person, by telephone, or telehealth (e.g., video-conferencing) during the survey period should be given access to the online survey via a link.
- ▶ Each link is customized for a specific provider, meaning that the CalOMS Provider ID, Reporting Unit (if required by the county) and treatment setting have already been pre-filled in hidden fields. The list of unique provider links will be provided to county TPS coordinators prior to the survey period.

Online Survey

- ▶ Both adults and youth can select among 13 languages (English, Spanish, Tagalog, Vietnamese, Russian, Chinese, Arabic, Korean, Eastern and Western Armenian, Cambodian, Hmong, and Farsi) after clicking on the link. Responses entered into the online survey are sent directly to UCLA.
- ▶ Links will be distributed prior to the survey period, but will be active only as of midnight on September 20 through midnight on September 24, 2021

Become familiar with the online survey.

- ▶ Providers should test the links to make sure they can access the online survey.
- ▶ https://uclahs.az1.qualtrics.com/jfe/preview/SV_8uFqg0fPdcQetyB?Q_SurveyVersionID=current&Q_CHL=preview

Paper Survey Forms

- ▶ Survey forms for both adults and youth are available in 13 languages, including English, Spanish, Tagalog, Vietnamese, Russian, Chinese, Arabic, Korean, Eastern and Western Armenian, Cambodian, Hmong, and Farsi. Forms are available in one-page and two-page large print versions.
- ▶ In the section at the top of each form, **THE COUNTY WILL PREFILL** the following information by using either (1) the online "fillable" feature before printing the forms, or a pen (black or blue ink):
 - ▶ Six digit CalOMS Tx Provider ID
 - ▶ 10-digit (maximum) Program Reporting Unit ID (This field may be used for county-specific purposes and data analysis at the unit level. It is optional and may be left blank.)
 - ▶ Treatment setting/modality (If the same Provider ID is used for multiple treatment settings/modalities, prepare separate sets of forms. For example, if two different treatment settings/modalities use the same Provider ID, prepare one set of forms for the Residential clients and another set for the OP/IOP clients.)

Treatment Perceptions Survey (Adult)

Print PDF as needed.
Do not photocopy!



County / Provider
Use Only

CalOMS Provider ID (required)

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Program Reporting Unit (if required by your county):

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Treatment Setting (required): OP/IOP Residential OTP/NTP Detox/WM (standalone) Partial hospitalization

- Please answer these questions about your experience at this program.
- If the question is about something you have not experienced, fill in the circle for "Not Applicable".
- DO NOT WRITE YOUR NAME ON THIS FORM.
- Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and choose only one answer for each question.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location was convenient (public transportation, distance, parking, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Services were available when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I chose the treatment goals with my provider's help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Staff gave me enough time in my treatment sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff spoke to me in a way I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff here work with my physical health care providers to support my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff here work with my mental health care providers to support my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. As a direct result of the services I am receiving, I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt welcomed here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was able to get all the help/services that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Please do not write any information that may identify you, including but not limited to your name and/or phone number.

Please answer the following questions.

- How long have you received services here?
 - First visit/day
 - 2 weeks or less
 - More than 2 weeks
- Gender Identity (Please mark all that apply):
 - Female
 - Male
 - Transgender
 - Other gender identity
 - Decline to answer
- Race/Ethnicity (Please mark all that apply):
 - American Indian/Alaskan Native
 - Asian
 - Black/African American
 - Latino
 - Native Hawaiian/Pacific Islander
 - White/Caucasian
 - Other
 - Unknown
- Age Range: 18-25 26-35 36-45 46-55 56+



Thank you for taking the time to answer these questions!



Treatment Perceptions Survey (Youth)

Print PDF as needed.
Do not photocopy!

County / Provider
Use Only

CalOMS Provider ID (required)

Program Reporting Unit (if required by your county):

Treatment Setting (required): OP/IOP Residential OTP/NTP Detox/WM (standalone) Partial hospitalization

Please answer these questions about your experience at this program.

If the question is about something you have not experienced, fill in the circle for "Not Applicable."

DO NOT WRITE YOUR NAME ON THIS FORM.

Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and choose only one answer for each question.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location of services was convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Services were available at times that were convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I had a good experience enrolling in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My counselor and I worked on treatment goals together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel my counselor took the time to listen to what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I developed a positive, trusting relationship with my counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel my counselor was sincerely interested in me and understood me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I liked my counselor here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My counselor is capable of helping me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My counselor provided necessary services for my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. As a result of the services I received, I am better able to do things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I would recommend the services to a friend who is in need of similar help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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, including but not limited to your name and/or phone number.

Please answer the following questions.

1. How long have you received services here?

Less than 1 month 1 - 5 months 6 months or more

2. Gender Identity (Please mark all that apply):

Female Male Transgender Other gender identity Decline to answer

3. Race/Ethnicity (Please mark all that apply):

American Indian/Alaskan Native Latino Other
 Asian Native Hawaiian/Pacific Islander
 Black/African American White/Caucasian Unknown

4. Age:

Thank you for taking the time to answer these questions!

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Phone/voice Survey

- ▶ Toll free number
- ▶ 1 for Adults, 1 For Youth
- ▶ Site specific 4 digit code provided

What About Client Confidentiality?

- ▶ Direct service staff must not be present while the client completes the survey.
- ▶ A non-clinical staff person, consumer advocate, or volunteer can help the client complete the survey form upon request by the client.
- ▶ Staff are not to influence how a client responds or deny a client the opportunity to complete the survey.
- ▶ Clients are to place completed survey forms directly into a ballot-type survey form collection box or large envelope.

Client Confidentiality, continued

- ▶ Clients receiving services outside the office during the survey period should fill out a survey form and seal it in an envelope (provided by staff).
- ▶ Staff should deposit the envelope into the survey collection box or large envelope with the other completed forms upon returning to the office.
- ▶ Agency staff should package the completed forms for delivery/shipping to the designated county administrator who is coordinating the survey.

FAQs

- ▶ Survey Administration
- ▶ Survey Forms
- ▶ Survey Data Submission/Analysis/Access, and Reporting

Link: <https://www.uclaisap.org/dmc-ods-eval/html/client-treatment-perceptions-survey.html>