2020 Treatment Perceptions Survey (TPS) Report

UCLA Integrated Substance Abuse Programs

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Contents

2020 Treatment Perceptions Survey (TPS) Report

The Treatment Perceptions Survey (TPS) was administered during November 9-13, 2020 in 30 counties and a regional model (including seven counties) participating in the DMC-ODS Waiver. This was the fourth administration of the annual survey under the waiver. Due to the COVID-19 and the increase in services provided to patients via telehealth (telephone and video-conferencing), online and automated phone surveys were developed and made available to the counties/providers in addition to the paper-based survey. Also, a new question was added to the surveys to gauge patient receipt of services using telehealth.

TPS results showed an overall decrease in the number of both adult and youth survey respondents compared to the prior year most likely due to the pandemic. However, patient perceptions of/satisfaction with services generally continued to be very favorable in all of the domains measured - Access to Care, Quality of Care, Therapeutic Alliance (youth only), Care Coordination, Perceived Outcome, and General Satisfaction - among both adults and youth, as in previous survey periods.

No meaningful differences were observed in the average scores of the survey's domains between the online and paper surveys, which indicate that introducing the online survey did not skew the results. Similarly, no meaningful differences were found in patients' perceptions of care/satisfaction between telehealth and in-person services, which supports continued use of telehealth.

Background

The Treatment Perceptions Survey (TPS) for adults was developed by UCLA based on San Francisco County's Treatment Satisfaction Survey, and the TPS for youth, introduced a year later, was based on Los Angeles County's Treatment Perceptions Survey (Youth). (Both survey questionnaires include items from the Mental Health Statistics Improvement Program, MHSIP.) Input on the development of the surveys was solicited from and provided by: the California Department of Health Care Services (DHCS); the Substance Abuse Prevention Treatment+ Committee (SAPT+) of the County Behavioral Health Director's Association (CBHDA) of California; the Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review Organization (EQRO) Clinical Committee, Behavioral Health Concepts (BHC); the Youth System of Care Evaluation Team at Azusa Pacific University; and other stakeholders. The TPS was designed to serve multiple purposes: 1) fulfill counties' EQRO requirement related to conducting a patient satisfaction survey at least annually using a validated tool; 2) address the data collection needs for the CMS required evaluation of the DMC-ODS waiver; and 3) support DMC-ODS quality improvement efforts and provides key information on the impacts of the waiver.

Data Collection Methods

The TPS is administered annually during a specified five-day survey period determined by DHCS. The TPS had been strictly paper-based (one-page and large print versions) during the first three survey periods in calendar years (CYs) 2017, 2018, and 2019. However, due to the COVID-19 pandemic, online and automated phone surveys were added as data collection options in CY 2020.

The paper-based and online surveys are available in the 13 languages (English, Spanish, Chinese, Tagalog, Farsi, Arabic, Russian, Hmong, Korean, Eastern Armenian, Western Armenian, Vietnamese, and Cambodian) for both adults and youth. The automated phone surveys are available in only English and Spanish for both adults and youth at this time.

Survey items and domains

The survey for adults includes 14 statements addressing patient perceptions in five domains that are comprised of Access, Quality, Care Coordination, Outcome, and General Satisfaction. The survey for youth includes 18 statements and the same five domains as the adult survey plus an additional domain, Therapeutic Alliance. There is also a section on the paper and online surveys where patients may write comments. As the use of telehealth to deliver services to patients had increased due to the pandemic, a new telehealth item was added to the surveys (paper, online and phone formats) in 2020. The surveys also collect demographic information (i.e., gender, age, race/ethnicity, and length of time receiving services at the treatment program).

TPS Adult Survey Items by Domain

Survey respondents indicate the extent to which they disagree or agree with statements using a 5-point Likert scale (1= Strongly disagree and 5= Strongly agree).

Access

1. The location was convenient (public transportation, distance, parking, etc.).
2. Services were available when I needed them.

Quality

3. I chose the treatment goals with my provider's help.
4. Staff gave me enough time in my treatment sessions.
5. Staff treated me with respect.
6. Staff spoke to me in a way I understood.
7. Staff were sensitive to my cultural background (race, religion, language, etc.).

Care Coordination

8. Staff here work with my PH care providers to support my wellness.
9. Staff here work with my MH care providers to support my wellness.

Outcome

10. As a direct result of the services I am receiving, I am better able to do things that I want to do.

General Satisfaction

11. I felt welcomed here.
12. Overall, I am satisfied with the services I received.
13. I was able to get all the help/services that I needed.
14. I would recommend this agency to a friend or family member

Telehealth
15. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? (Response options: None, Very little, About half, Almost all, All)

TPS Youth Survey Items by Domain

Access

1. The location of services was convenient for me.
2. Services were available at times that were convenient for me.
3. I had a good experience enrolling in treatment.

Therapeutic Alliance

4. My counselor and I work on treatment goals together.
5. I feel my counselor took the time to listen to what I had to say.
6. I developed a positive, trusting relationship with my counselor.
7. I feel my counselor was sincerely interested in me and understood me.
8. I like my counselor here.
9. My counselor is capable of helping me.

Quality

10. I received the right services.
11. Staff treated me with respect.
12. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).
13. My counselor provided necessary services for my family.

Care Coordination

14. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.).
15. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems.

Outcome

16. As a result of the services I received, I am better able to do things I want to do.

General Satisfaction

17. Overall, I am satisfied with the services I received.
18. I would recommend the services to a friend who is need of similar help.

Telehealth

> 19. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? (Response options: None, Very little, About half, Almost all, All)

Survey administration

The relevant MHSUD Information Notices, survey instructions, forms in multiple threshold languages, and other materials (i.e., frequently asked questions, TPS codebook, and sample county and program summary reports) are available online at http://www.uclaisap.org/dmc-ods-eval/html/client-treatment-perceptions-survey.html.

County and regional model administrators coordinated the survey administration and data collection with providers in their respective provider networks and entered the data from paper forms locally. Data from the online surveys were submitted directly to UCLA, and anonymous responses from the phone surveys were sent to UCLA from a third party vendor. The data were analyzed and regional- county- and provider-level summary reports were prepared and made available to participating counties/regional model. Counties were also given access to their raw data files and respondents' written comments.

Thirty (30) counties and the Partnership HealthPlan of California Wellness and Recovery Program (PHC W&R Program, regional model comprised of seven counties, including Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties) participated in the fourth TPS during November 9-13, 2020 survey period. Programs included outpatient/intensive outpatient (OP/IOP), Residential, Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP), and Withdrawal Management (WM, standalone) treatment settings.

Approximately two weeks after the survey period, a link to a short TPS County Feedback Survey was sent to the county TPS coordinators to inquire about the new data collection methods offered (e.g., preferences, satisfaction, how links were disseminated to patients), what worked well, and suggestions for improving county administrators' experience with conducting the TPS. A total of 29 responses were received, representing 24 unique counties and PHC. (See the TPS County Feedback Survey Report in Appendix A.)

Results

TPS records submitted

In the CY 2020 survey period a total of 13,530 TPS forms from both adults and youth were received from 30 participating counties and one regional model. Adults accounted for the majority of the survey forms at 97.3% (n = 13,163), and youth accounted for 2.7% (n= 367). The number of respondents was only slightly more than half of those who responded to the CY 2019 survey (N= 23,765) with most of the respondents to the TPS County Feedback Survey indicating the COVID-19 as the primary reason for the lower response. In addition, some programs may have been closed due to a federal holiday (Veterans Day) that was observed

during the survey period. All 30 counties and the regional model returned adult forms whereas only 22 counties and the regional model also returned youth forms. (Please see Appendix B for additional TPS data.)

The highest percentage of adult survey forms was received from respondents in OP/IOP programs (43.0%), NTPs/OTPs at 28.8%, followed by residential programs (25.2%), as compared to standalone WM programs (1.2%). In contrast, the vast majority of surveys from youth respondents (86.1%) were returned from OP/IOP programs, while only 7.9% of surveys were returned from residential programs. (Due to missing data, 1.8% of adult and 6.0% of youth respondents could not be linked to a specific program.)

The majority of adult respondents completed the survey on paper (64.2%), followed by online (31.9%) and phone (3.9%). In contrast, slightly more than half of the youth respondents completed the survey online (52.9%), followed by paper (46.3%), and phone (0.8%). No meaningful difference were observed between the online and paper surveys in the average scores by domain among both adults and youth. This finding suggests that the transition to the online survey did not skew the survey results.

Demographics

Consistent with previous years of the TPS, the majority of adult survey respondents identified as male (56.2%); 38.2% identified as female; and 0.5% identified as transgender or having other gender identity. Likewise, most youth survey respondents identified as male (63.8%); 28.9% identified as female; and 1.9% identified having other gender identity.

By race/ethnicity, the highest percentage of adult survey respondents identified as White (34.3%), followed by Latinx (15.9%), Other (8.7%), Black/African American (7.1%), and American Indian/Alaska Native (2.7%). The lowest percentage of adult respondents identified as Asian (1.8) or Native Hawaiian/Pacific Islander (1.1%). Among youth survey respondents, the highest percentage identified as Latinx (39.0%), followed by White (16.6%), Other (10.9%), and Black/African American (5.7%). The lowest percentage of youth respondents identified as American Indian/Alaska Native (3.0%), Asian (2.5%), and Native Hawaiian/Pacific Islander (1.4%).

The adult survey forms were returned overwhelmingly in English (97.0%) with only 2.9% returned in Spanish. Correspondingly, almost all (98.9%) of the youth survey forms were returned in English (n = 363) and 1.1% were returned in Spanish. Patients were twice as likely to return paper compared to online survey forms in Spanish and languages other than English.

Average perceptions of care/satisfaction score by treatment setting

Survey respondents used a 5-point Likert scale (strongly disagree to strongly agree) scale where higher numbers indicated more positive perceptions of care/satisfaction.

Adults

The overall average score for adult survey respondents across the different treatment settings was 4.4, similar to the prior year. The overall average scores by treatment setting were: 4.5 for OP/IOP; 4.4 for both NTP/OTP and WM (standalone); and 4.3 for residential. The findings continue to suggest that adult survey respondents in residential settings compared to other treatment settings, perceived that there is room for improvement.

Youth

Among youth survey respondents, the overall average score across OP/IOP and residential treatment settings was 4.4, with the average score for OP/IOP at 4.4 and for residential settings at 4.1. The findings suggest youth respondents perceived there are opportunities for improving treatment services, particularly in residential settings.

Adults

As shown in Figure 1 below, the percent of responses in agreement for each of the 14 survey items was at least 85.4%, indicating overall favorable perceptions of care among adult survey respondents. Among the two questions with the highest percentages in agreement (both 93.6%), one was in the Quality domain ("understood communication"), and the other was in the General Satisfaction domain ("felt welcomed"). The two items with the lowest percentages in agreement ("staff here work with my mental health care providers to support my wellness," at 85.4% and "staff here work with my physical health care providers to support my wellness" at 86.0%) were in the Care Coordination domain, similar to previous years.

Figure 1. Percent in agreement for each survey item by domain – Adults

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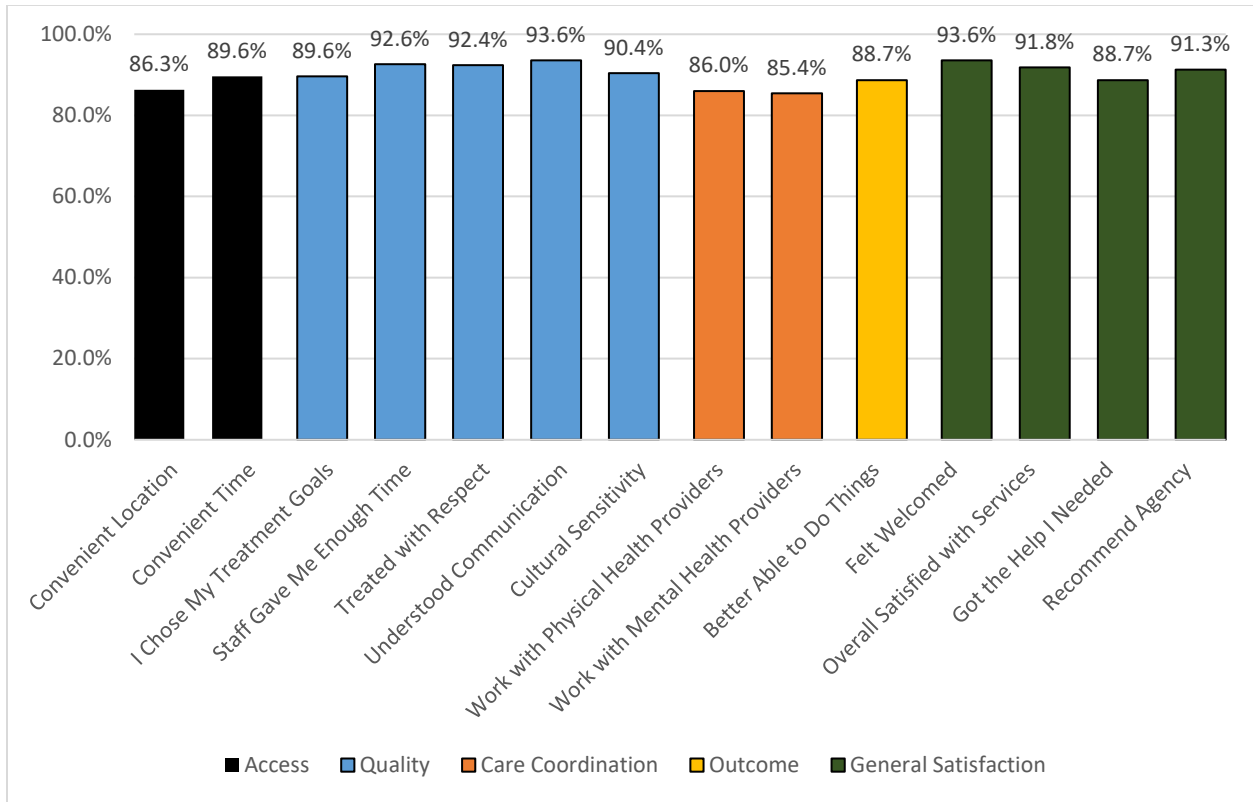
Youth

Among youth respondents, the percent of responses in agreement for each of the 18 survey items were at least 76.9%. (See Figure 2 below.) The survey items showing the highest percentages in agreement were "counselor listened" (93.2%, Therapeutic Alliance domain) and "treated with respect" (93.0%, Quality domain). The items with the lowest percentages in agreement, both in the Quality domain as observed in prior survey periods, were "provided family services" (76.9%) and "cultural sensitivity" (78.7%).

Figure 2. Percent in agreement for each survey item by domain – Youth

Figure 2. Percent in agreement for each survey item by domain – Youth

Bar chart showing percent in agreement values: Convenient Location 83.3%, Convenient Time 86.1%, Good Enrollment Experience 82.2%, I Received the Right Services 86.4%, Treated with Respect 93.0%, Cultural Sensitivity 78.7%, Provided Family Services 76.9%, Worked with Counselor on Goals 92.0%, Counselor Listened 93.2%, Positive/Trusting Relationship with... 88.5%, Counselor Interested in Me 89.2%, Liked Counselor 91.5%, Counselor Capable of Helping 90.6%, Health/Emotional Health Needs... 88.3%, Helped with Other Issues/Concerns 83.2%, Better Able to Do Things 80.6%, Overall Satisfied with Services, Recommend Services.

Legend: ■ Access ■ Quality ■ Therapeutic Alliance ■ Care Coordination ■ Outcome ■ General Satisfaction

Average perceptions of care/satisfaction score by domain

Among adult respondents, the overall average scores for each of the five domains were high, with both the Quality and General Satisfaction domains yielding the highest scores (4.5), followed by the Outcome (4.4), and the Access and Care Coordination domains (both 4.3). Among the youth respondents, the average scores for all the domains were also high with Therapeutic Alliance showing the highest average score (4.4) followed by the Quality, Care Coordination, and General Satisfaction domains (all 4.3), and Access and Outcome domains (both 4.2).

While at the statewide level wide variation was not evident in the average perceptions of care/satisfaction scores, slightly more variation was observed at the county level, with more diversity at the provider level and by survey item. As part of the evaluation, the regional model and counties received their own region-, county- and provider-level summary reports as well as their raw data and patient comments to help inform their quality improvement efforts. (Sample TPS reports are available on the TPS website at http://uclaisap.org/dmc-ods-eval/html/client-treatment-perceptions-survey.html.)

Average perceptions of care/satisfaction score by treatment setting and domain

The highest average score statewide for adult respondents in OP/IOP settings was observed for the Quality and General Satisfaction domains (both 4.6) and the lowest average score was for the Access and Care Coordination domains (both 4.4). (See Appendix B.) Similarly, in the residential settings, the highest average score was for the Quality and General Satisfaction

domains (both 4.4), however the lowest average scores were for the Access, Care Coordination and Outcome domains (all 4.3). In NTP/OTP settings, the Quality, Outcome, and General Satisfaction domains yielded the highest average scores (all 4.5), while the Access and Care Coordination domains had the lowest average scores (both 4.3). For WM settings the highest average score was shown for the Quality and General Satisfaction domains (both 4.5), and the lowest average score was for the Outcome domain (4.3). Shorter lengths of stay in residential and WM settings that are meant to provide a level of care to "stabilize" the patient before stepping them down to other levels of care (e.g., OP/IOP) may contribute to patients' perceptions of their outcomes. The lower scores for Access in NTP/OTP and residential settings suggest that these are areas for improvement, whereas the Quality and General Satisfaction domains received the highest scores across all the treatment settings.

Among youth survey respondents, Therapeutic Alliance had the highest average scores in both OP/IOP and residential settings (4.5 and 4.2, respectively) and the Outcome single-item domain showed the lowest scores in both settings (4.2 and 3.7, respectively).

Receipt of services using telehealth

Due to the COVID-19 and the increased need to provide services via telehealth (telephone or video-conferencing platforms), a question was added to the 2020 TPS asking, "How much of the services you received was by telehealth?" Among adult respondents, 71.9% reported receiving at least some (very little to all) services by telehealth. Respondents in OPIOP settings showed the highest percentage of patients that had at least some telehealth (76.9%), followed by NTP/OTP at 71.5%, residential at 66.2%, and WM at 56.1%. Among youth, 72.8% reported receiving at least some services by telehealth, with the highest percentage observed among respondents in OP/IOP at 74.4% followed by those in residential at 48.3%.

Effect of telehealth on perceptions of care/satisfaction by domain

In addition, among all domains, average adult scores were highest when services were exclusively provided by telehealth (see Figure 3 below), though the differences by degree of telehealth use were very small. For youth, the Access showed the highest average score when "All" of the services received were via telehealth, and Quality received the highest average score when "Almost All" services were received via telehealth, whereas Therapeutic Alliance yielded the highest average score when either all of the services were received in-person ("None") or "Almost All" of the services were received via telehealth. (See Figure 4 below.) Care Coordination had the highest average score when "Almost All" of the services were received via telehealth, average scores for perceived Outcome were the same across all degrees of telehealth use, and highest average scores for General Satisfaction were observed when "None," "Almost Half" or "Almost All" of the services received were via telehealth.

Figure 3. Average scores by degree of telehealth use and by domain - Adults
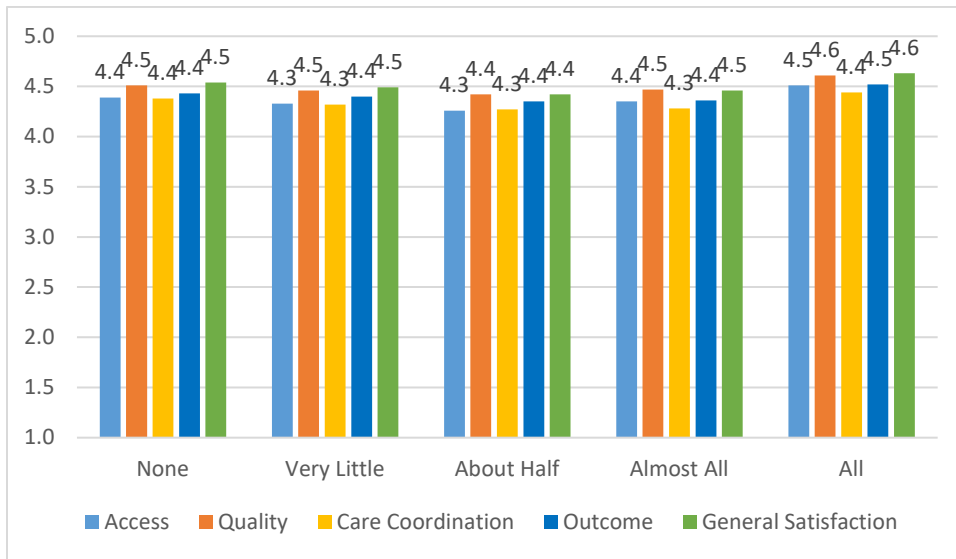
Figure 4. Average scores by degree of telehealth use and by domain - Youth
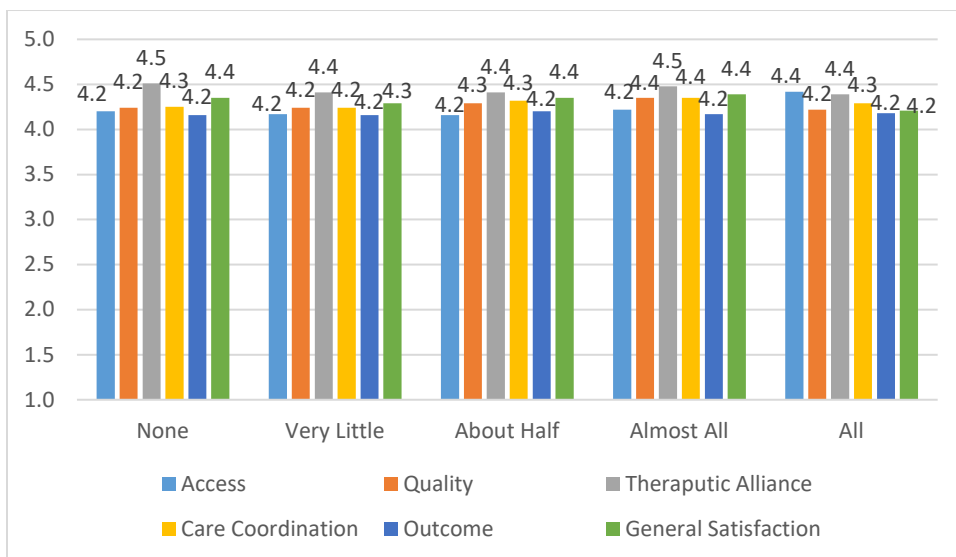
Similar to adults, the differences by degree of telehealth use among youth were very small, and there were no meaningful differences in patient perceptions of care/satisfaction between telehealth and in-person services, which supports continued use of telehealth. These results suggest that the transition of services to telehealth due to COVID-19 did not have a negative effect on treatment perceptions/satisfaction with services.

Survey respondent comments regarding telehealth services

Some patients used the Comments box on the survey forms to describe their experiences with receiving services via telehealth. For example, some respondents expressed that services (e.g., individual or counseling) provided by phone or video compared to in-person were more

"convenient," "easier," "accessible," and/or "helpful." In addition, respondents commented that they would like telehealth services to continue as an option beyond the pandemic. However, other respondents mentioned that telehealth services "remove the human side of treatment," or that there is a "loss of intimacy," or that "there is no personal touch [sic]." Examples of issues cited in respondents' comments were technical in nature (e.g., internet problems, not having their own phone) or were related to how the video meetings were run (e.g., one-hour breaks, three-hour groups, not keeping patients updated on changes to meeting times). Many of these patients were looking forward to returning to in-person individual counseling and group sessions.

APPENDIX A:
TPS County/Regional Model
Feedback Report

Treatment Perceptions Survey 2020:
County/Regional Model Feedback

Background

As part of the DMC-ODS waiver evaluation, participating counties and regional models are required to have their network of providers administer the client Treatment Perceptions Survey (TPS). The information collected is used to measure adult and youth clients' perceptions of access to services and quality of care. The TPS is required to fulfill the county External Quality Review Organization (EQRO) requirement related to having a valid client survey. The data may also be used by counties and regional models (and service providers) to evaluate and improve the quality of care and client experience. The TPS dissemination period for 2020 took place the week of Monday, November 9 through Friday, November 13.

Due to the public health emergency caused by the COVID-19 pandemic, many services shifted to being provided using telehealth rather than in person, and as a result, the TPS was offered in online and automated phone survey formats in addition to the traditional paper forms. Counties and regional models were asked to enter client responses using the online data entry links provided to them rather than send the forms to UCLA-ISAP for scanning as in prior years.

In order to collect feedback on the use of the multiple data collection methods to inform UCLA-ISAP's ongoing efforts to support counties/regional models in administering the TPS, the online TPS County/Regional Model Feedback Survey was disseminated to county TPS contacts on December 8, 2020. Data collection took place from December 2020 through mid-January 2021. A total of 29 responses were received, including from 24 unique counties and Partnership HealthPlan of California (PHC; a regional model that includes seven counties).

Results

Overall satisfaction

Respondents to the feedback survey were generally very satisfied with their experience conducting the TPS in 2020: 95.5% were either "somewhat" or "extremely" satisfied when reporting on overall satisfaction. Satisfaction with the paper survey (95.5%) and online survey (95.2%) were higher overall than with the online data entry form for paper surveys (75%) and the automated phone system (72.2%).

How would you rate your satisfaction with your county's experience conducting the TPS this year? - somewhat or extremely satisfied

Overall satisfaction	95.5%
Paper survey	95.2%
Online survey	91.3%
Online data entry form for paper surveys	75.0%
Automated phone system	72.2%
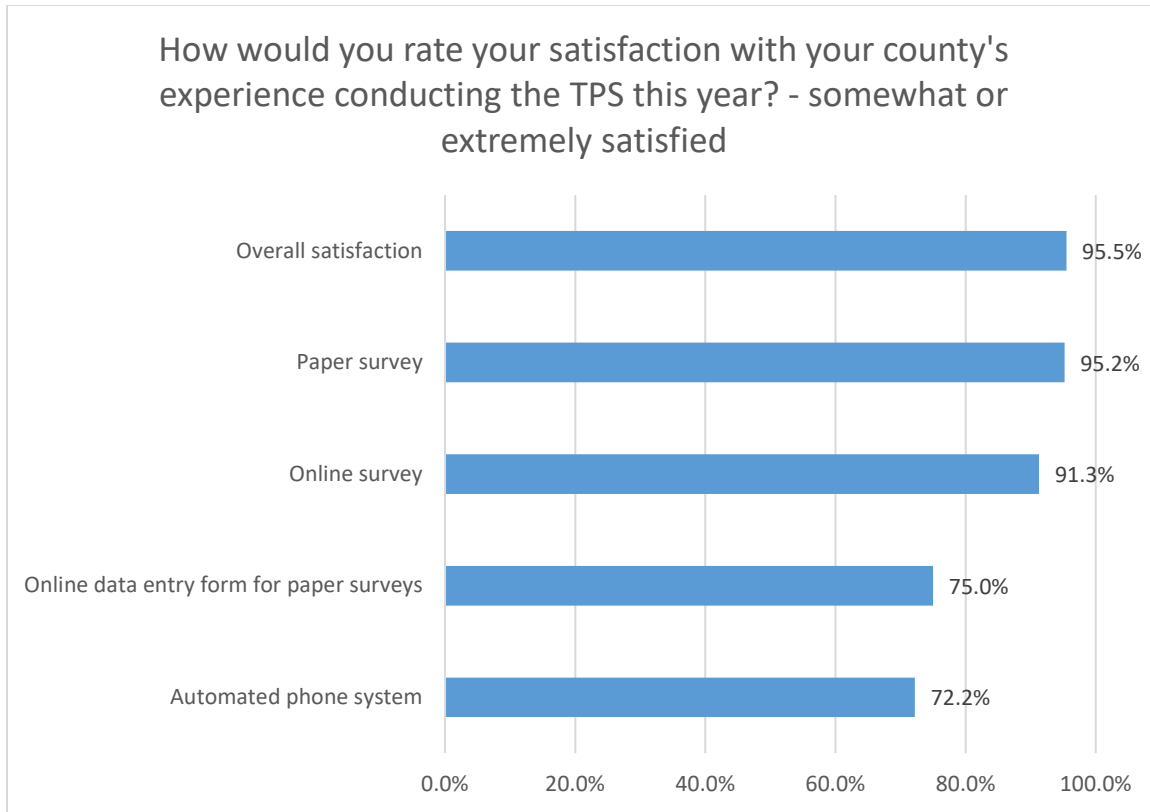
What factors contributed to your county's choice of data collection methods?

In written comments, many respondents indicated that they allowed providers to select which data collection methods they wanted to use. Respondents also indicated they appreciated having a variety of options available to use.

Respondents noted different factors played a role in the choice of data collection methods among providers:

- Paper surveys:
  - Some respondents noted that residential providers that do not allow clients to use cell phones relied heavily on paper surveys.
  - Limited client access to technology in general played a role in encouraging use of paper surveys.
  - The ability to ensure that clients were completing the paper surveys, compared to other methods, swayed many programs towards preferring paper surveys.
- Online surveys:
  - Where the majority of staff were working remotely, counties/regional model opted to use the online and phone surveys.
- Online data entry form for paper surveys:
  - Respondents noted that early on, they did not understand the difference between the online data entry form and the online surveys.

16

- Automated phone survey:
  - Counties/regional model that wanted the ability to administer supplemental questions opted not to use the phone version.
  - Counties/regional model also noted that having the phone survey as an option was good, but that they would like to have more real-time data on the number of phone survey participants.

What was your providers' preferred method for conducting the TPS this year?

Respondents indicated that their providers' preferred method for conducting the TPS in 2020 was the paper survey (50%), closely followed by the online survey (45.5%). The automated phone system survey was the least preferred, with only 4.5% of respondents indicating their providers preferred this method.

What was your providers' preferred method for conducting the TPS this year?

Method	Percentage
Paper survey	50.0%
Online survey	45.5%
Automated phone system survey	4.5%
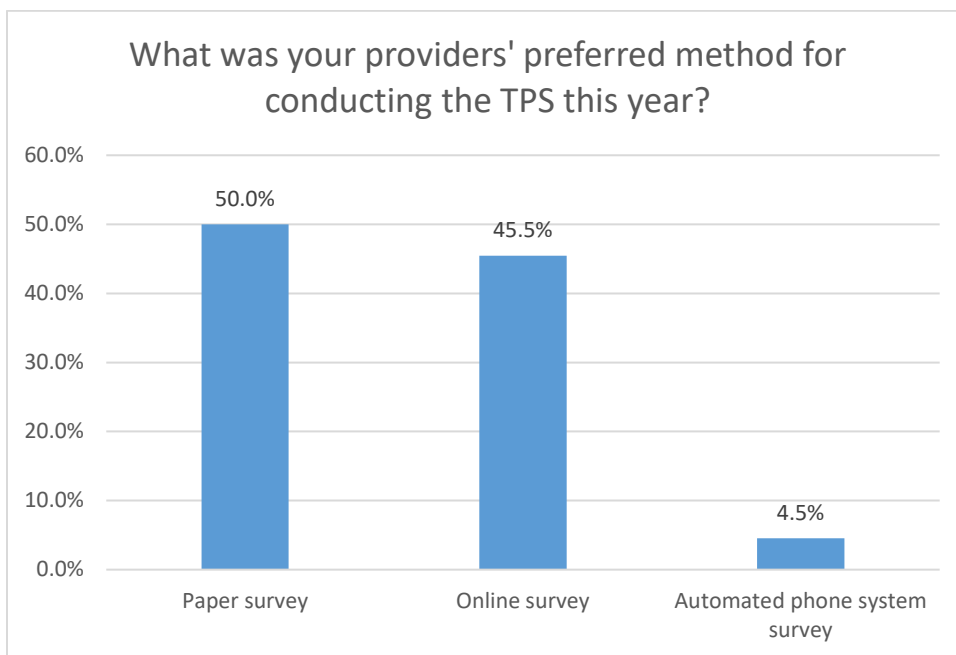
Why do you think this method for conducting the TPS was your providers' preferred method?

Respondents described different reasons for providers' preferences, which seemed to take into account client needs and access to technology.

- Paper survey: The benefits of the paper survey were a much higher response rate and assurance that clients would complete the surveys. Residential treatment programs and opioid/narcotic treatment programs may have also preferred the paper survey due to lack of client access to technology or lack of time with patients when dosing to provide information about online surveys.

- Online survey: Benefits of the online survey for providers included ease of use and convenience, especially for providers delivering remote services, including many outpatient providers. Data entry not being needed with online surveys was a benefit. One downside noted was that it was difficult to ensure that clients would actually fill in the surveys.
- Automated phone system: One respondent indicated that it was easier to provide a phone number for clients to call, as some clients do not have access to a computer or the internet.

If online survey links were used, how were they disseminated to clients? (Select all that apply.)

The most common methods to disseminate online survey links to clients was by e-mail (n=13), printed on paper such as fliers (n=12), and cut and pasted into chat boxes such as on Zoom (n=10).

"Other" methods reported included the following:

- On paper then transferred online
- Staff contacted clients via telephone to remind them, and to ask if they had questions about the survey process and if they would like help completing the survey online
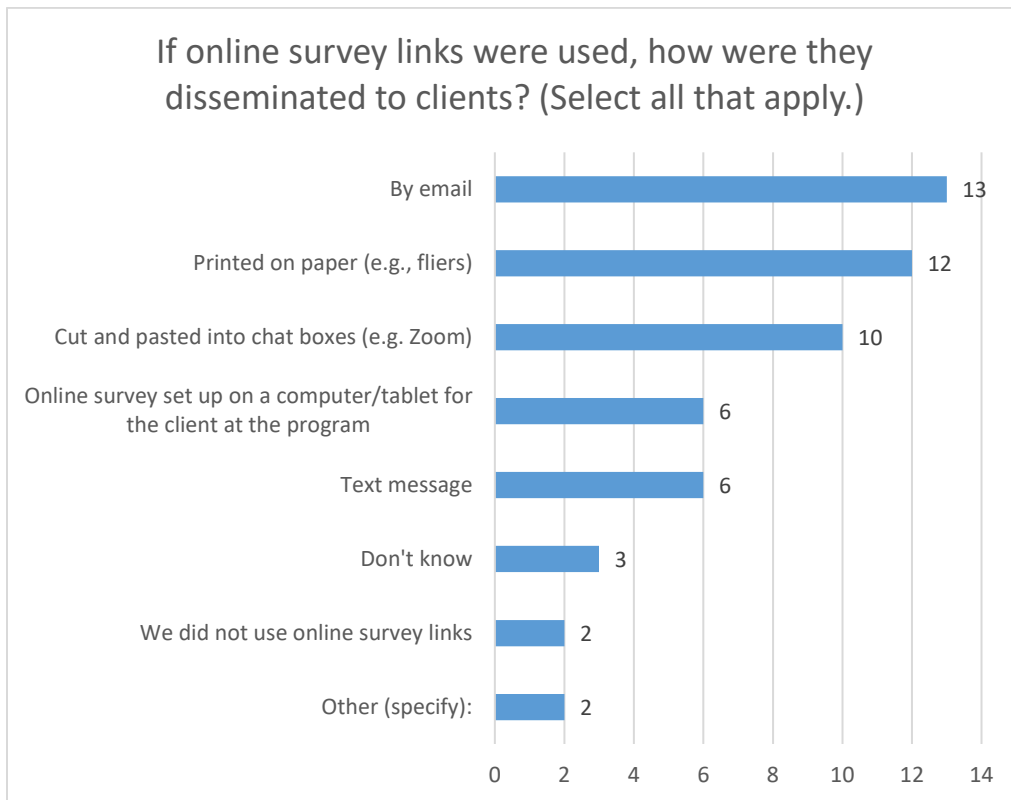
If online survey links were used, how were they disseminated to clients? (Select all that apply.)

Method	Count
By email	13
Printed on paper (e.g., fliers)	12
Cut and pasted into chat boxes (e.g. Zoom)	10
Online survey set up on a computer/tablet for the client at the program	6
Text message	6
Don't know	3
We did not use online survey links	2
Other (specify):	2

If QR codes were used, how were they disseminated to clients? (Select all that apply.)

The most common methods to disseminate QR codes to clients was printed on paper such as fliers (n=13), cut and pasted into chat boxes such as Zoom (n=4), and by email (n=4). However, a large number of respondents (n=8) indicated they did not know whether QR codes were used or not.

If QR codes were used, how were they disseminated to clients? (Select all that apply.)

Category	Value
Printed on paper (e.g., fliers)	13
Don't know	8
Cut and pasted into chat boxes (e.g. Zoom)	4
By email	4
We did not use QR codes	2
Text message	2
Online survey set up on a computer/tablet for the client at the program	1
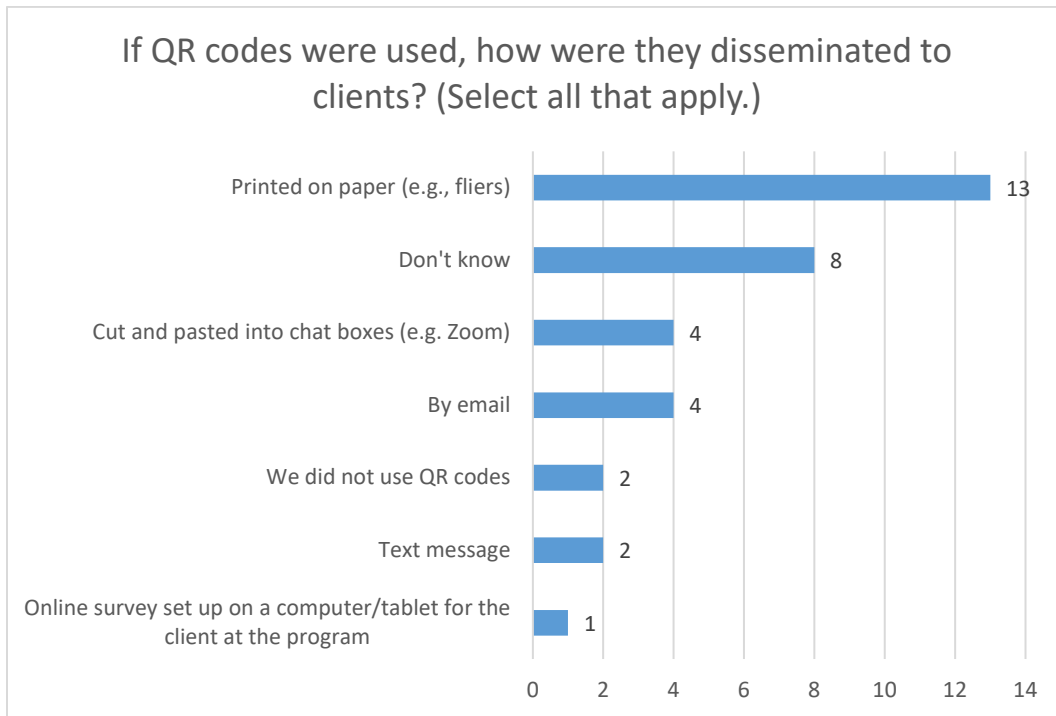
If paper surveys were used, who entered the data? (Select all that apply.)

Where paper surveys were used, 12 respondents indicated that county administrative staff entered the data, 9 indicated that non-clinical provider staff entered the data, and 1 respondent (indicating "Other") responded that PHC (regional model) staff entered the data.

If paper surveys were used, who entered the data? (Select all that apply.)

Category	Count
County administrative staff	12
Provider staff (non-clinical)	9
We did not use paper surveys	1
Don't know	1
Other (specify) :	1
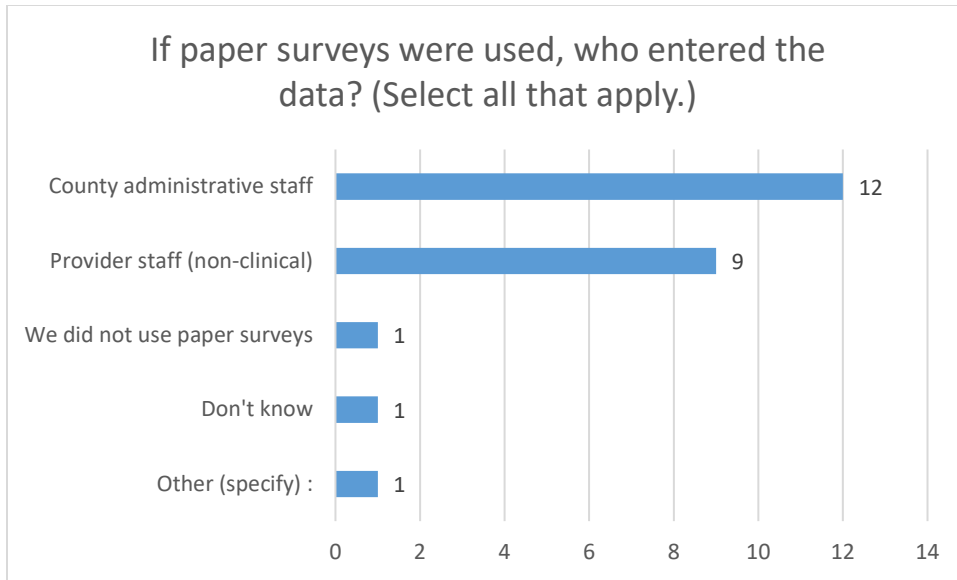
How helpful were the following in administering the TPS:

Respondents found multiple forms of TPS assistance helpful in administering the TPS. The most highly rated forms of assistance include presentation slides for county use in training providers (mean rating of 4.65 on a scale of 1=not at all helpful to 5=extremely helpful), FAQs (mean rating of 4.57), and test/demo links (mean rating of 4.52).

Respondents indicating "Other" noted that the following were also helpful:

- "UCLA check-ins and response turnaround"
- "Program specific codes"
- "Our county contact [name] was always very helpful and responsive"
- "Communication"

How helpful were the following in administering the TPS: - Mean

Item	Mean
Other (Specify):	5.00
Presentation slides for county use in training providers	4.65
FAQs	4.57
Test/demo links	4.52
Data entry links	4.50
Flier template	4.50
TPS Website	4.50
County/provider checklist	4.35
Daily counts from UCLA	4.32
QR codes	4.05

Scale: 1.00 = Not at all helpful to 5.00 = Extremely helpful
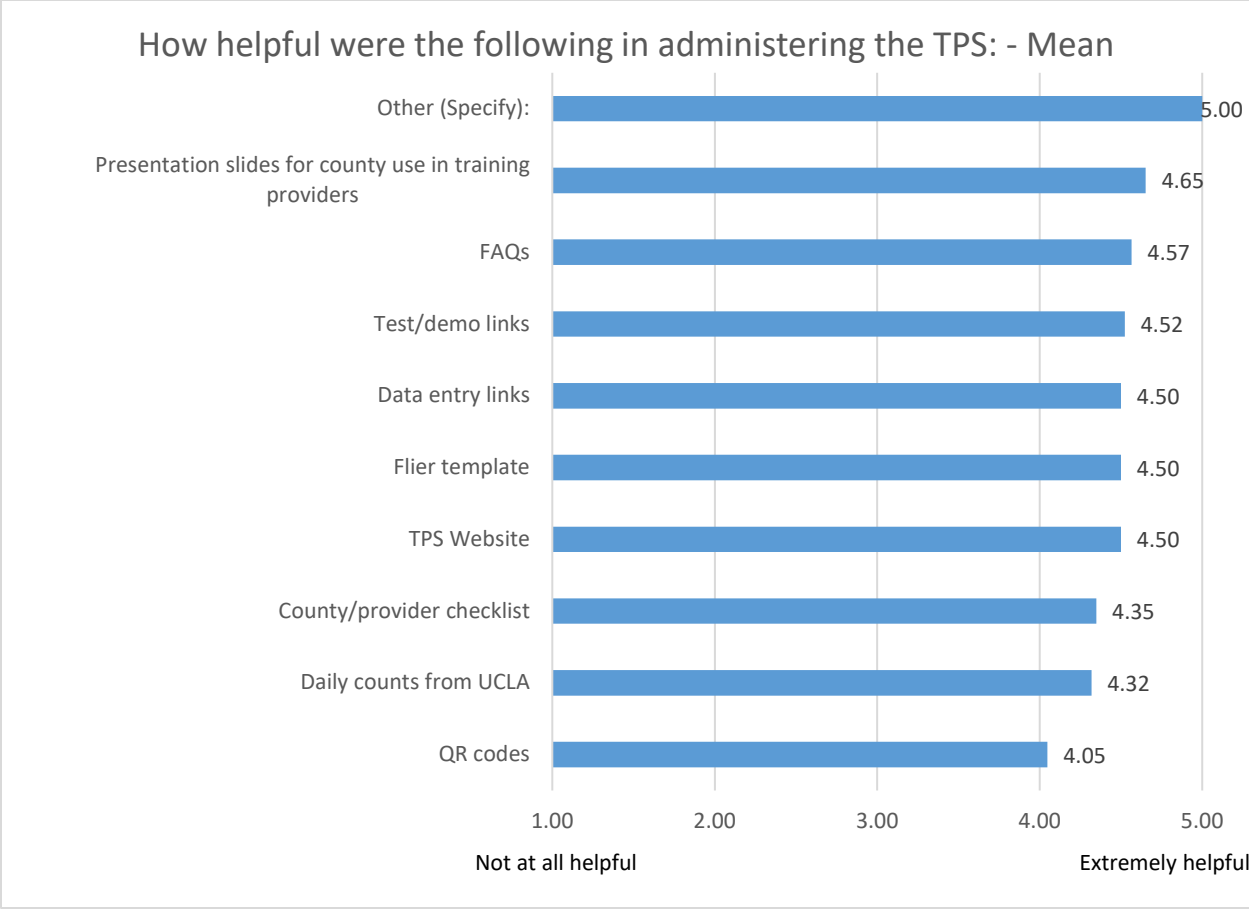
Which do you feel best describes the number of clients participating in the TPS this year in your county?

The majority of respondents (61.5%) indicated that fewer clients participated in 2020 than in prior years.

Which do you feel best describes the number of clients participating in TPS this year in your county?

Category	Percentage
Fewer clients participated this year	61.5%
About the same number of clients participated this year	7.7%
More clients participated this year	3.9%
We did not participate in TPS last year	3.9%
I don't know	23.1%

(Chart x-axis: 0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0%)
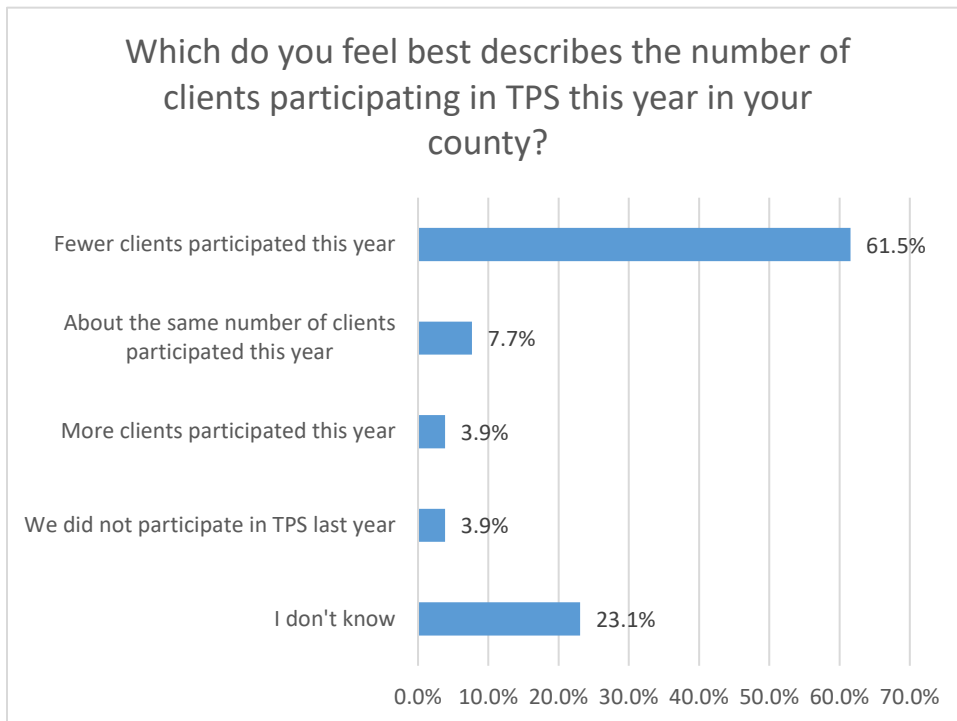
If the number of clients was higher or lower this year, why do you think that is?

For respondents who thought that the number of clients participating in the TPS was lower this year in their county, most cited the COVID-19 pandemic as a primary reason, resulting in:

- Fewer clients/referrals overall
- Fewer clients being seen face-to-face
- Less ability to engage with clients overall
- Reduced ability to use paper form (due to remote services) resulting in decreased response rate
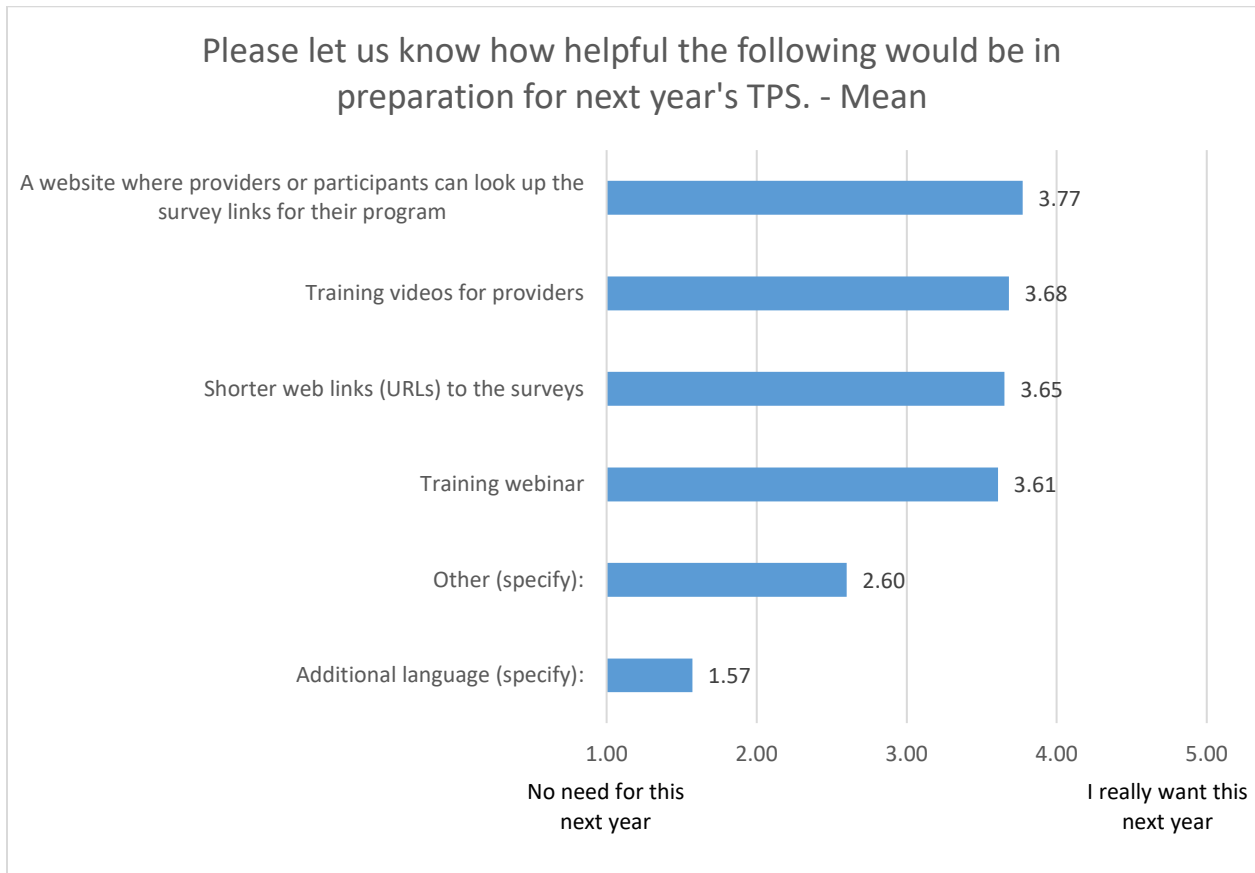
Respondents noted that clients might have experienced challenges utilizing the new survey methods and that providers had a short amount of preparation time in order to conduct the TPS.

Please let us know how helpful the following would be in preparation for next year's TPS.

Respondents indicated that the most helpful types of assistance for the 2021 TPS implementation would be: a website where providers or participants can look up the survey links for their program (mean of 3.77, on a scale from 1=no need for this next year to 5=I really want this next year); training videos for providers (mean of 3.68), and shorter web links to the surveys (mean of 3.65). Additional suggestions included:

- Phone codes available sooner
- Daily counts on phone surveys

- Advice on best methods to encourage clients to take the online surveys
- A website, although the respondent questioned what could be done to make sure the providers/participants get to the correct program link
- Training webinar to be used for staff/providers

Please let us know how helpful the following would be in preparation for next year's TPS. - Mean

Category	Mean
A website where providers or participants can look up the survey links for their program	3.77
Training videos for providers	3.68
Shorter web links (URLs) to the surveys	3.65
Training webinar	3.61
Other (specify):	2.60
Additional language (specify):	1.57

Scale: 1.00 (No need for this next year) to 5.00 (I really want this next year)

Did you receive complaints or suggestions for improvement from your providers?

The majority of respondents indicated they did not receive complaints or suggestions from improvement from their providers.

Among the suggestions for improvement were the following:

- Providers requested shorter URL links so that clients could enter the URLs more easily than using the long generated Qualtrics survey URLs.
- One respondent noted that clients may have concerns about privacy or data security when using an online survey, and suggested UCLA come up with a solution to help clients feel more comfortable taking the online survey.
- One provider experienced issues with the online data entry form for entering paper surveys – the website would time out on some surveys but not others.

Did you receive complaints or suggestions for improvement from your providers?

36.4%

63.6%

■ No ■ Yes
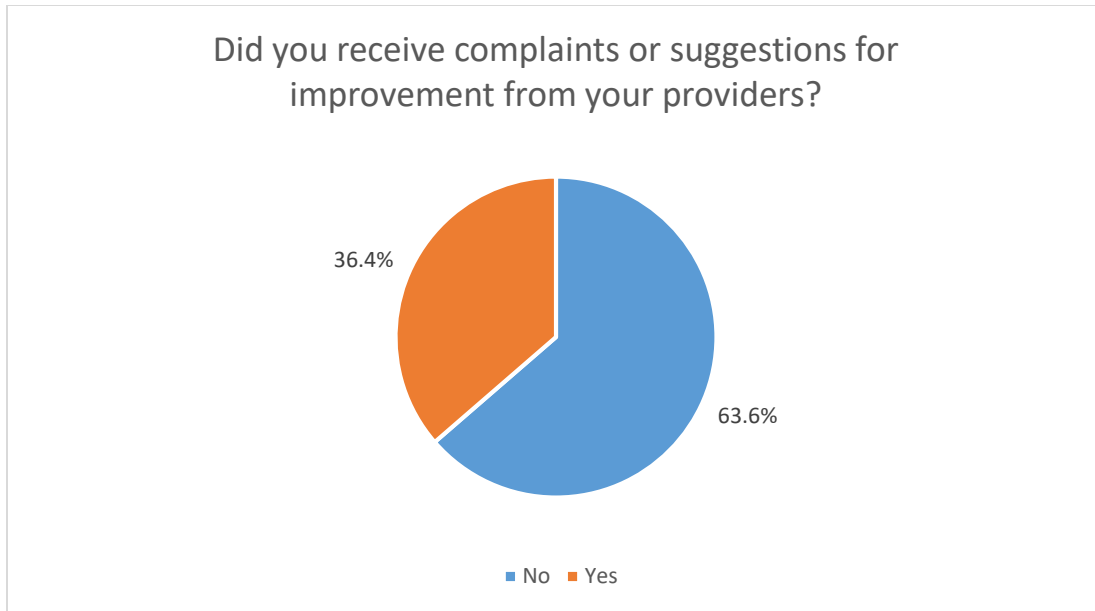
From the county, provider, and/or client perspective(s), what worked well (e.g., training providers, preparing the paper surveys, surveying Zoom groups, fliers, multiple options)?

UCLA-ISAP's role in the TPS administration was frequently praised by survey respondents. Aspects of the implementation that were helpful or worked well included:

- Having multiple survey options available (online, paper, phone)
- Customized program codes
- Training materials (webinar and PowerPoint slides)
- Communication/responsiveness of UCLA-ISAP in answering questions
- Ability to add supplemental questions to the survey
- Flier templates
- Short length of the TPS

What could UCLA do to help improve county administrators' experience of conducting the TPS?

Suggestions from respondents included:

- Allow more than one county staff person to have access to Box to receive open-ended comments.
- Provide greater advance notice with information to prepare providers (earlier dissemination of links and phone access numbers).
- Consider methods to increase client engagement in the online survey.
- Consider other communication forms such as webinars to discuss process.

- Continue to allow the flexibility to administer supplemental questions in future years.
- Update the slides as needed.
- Provide shorter online survey links.
- Provide fliers for each clinic.

Next steps

The feedback provided by county/regional model TPS teams will used to improve the survey data collection methods, administration procedures, and regional model/county/provider resource materials for the 2021 and subsequent survey periods.

APPENDIX B:
Additional Figures and Tables

Table 1. Respondents to the Treatment Perception Survey by County–Adults and Youth

County	Number of Respondents	Percent
Alameda	430	3.2%
Contra Costa	294	2.2%
El Dorado	70	0.5%
Fresno	263	1.9%
Imperial	187	1.4%
Kern	564	4.2%
Los Angeles	3,740	27.6%
Marin	112	0.8%
Merced	91	0.7%
Monterey	234	1.7%
Napa	81	0.6%
Nevada	50	0.4%
Orange	473	3.5%
Placer	3	0.0%
Riverside	1,035	7.6%
Sacramento	497	3.7%
San Benito	22	0.2%
San Bernardino	563	4.2%
San Diego	1,370	10.1%
San Francisco	802	5.9%
San Joaquin	184	1.4%
San Luis Obispo	213	1.6%
San Mateo	181	1.3%
Santa Barbara	375	2.8%
Santa Clara	59	0.4%
Santa Cruz	172	1.3%
Stanislaus	411	3.0%
Tulare	177	1.3%
Ventura	239	1.8%
Yolo	96	0.7%
PHC Regional Model	388	2.9%
Missing county name	154	1.1%
Total	13,530	100.0%

Table 2. Survey Responses by Treatment Program – Adults

	N	Percent
Treatment Program*		
Outpatient/intensive outpatient	352	47.2%
Residential	237	31.8%
Narcotic/opioid treatment program	124	16.6%
Withdrawal management (standalone)	29	3.9%
Missing**	3	0.4%
Total	745	100.0%
Number of respondents		
Outpatient/intensive outpatient	5,659	43.0%
Residential	3,318	25.2%
Narcotic/Opioid treatment program	3,796	28.8%
Withdrawal management (standalone)	157	1.2%
Missing**	233	1.8%
Total	13,163	100.0%

*In this report, the term "treatment program" is defined as a unit having a unique combination of CalOMS-Treatment Provider ID and treatment setting and/or Program Reporting Unit ID (if required by the county) as indicated on the survey forms or in the data file submitted to UCLA.

**Includes records where CalOMS-Treatment Provider ID or treatment setting were missing in the phone or the online survey.

Table 3. Survey Respondents by Treatment Program – Youth

	N	Percent
Treatment Program*		
Outpatient/intensive outpatient	69	87.3%
Residential	9	11.4%
Missing**	1	1.3%
Total	79	100.0%
Number of respondents		
Outpatient/intensive outpatient	316	86.1%
Residential	29	7.9%
Missing**	22	6.0%
Total	367	100.0%

*In this report, the term "treatment program" is defined as a unit having a unique combination of CalOMS-Treatment Provider ID and treatment setting and/or Program Reporting Unit ID (if required by the county) as indicated on the survey forms or in the data file submitted to UCLA.

**Includes records where CalOMS-Treatment Provider ID or treatment setting were missing in the phone or the online survey.

Table 3. Demographic Characteristics - Adults (N=13,163)

	N	Percent
Gender (Multiple responses allowed)		
Female	5,032	38.2%
Male	7,398	56.2%
Transgender	65	0.5%
Other gender identity	67	0.5%
Decline to answer/missing	638	4.8%
Age Group		
18-25	1,039	7.9%
26-35	4,249	32.3%
36-45	3,242	24.6%
46-55	2,032	15.4%
56+	1,831	13.9%
Decline to answer/ missing	770	5.8%
Race/ethnicity (Multiple responses allowed)		
American Indian/Alaska Native	359	2.7%
Asian	233	1.8%
Black/African American	928	7.1%
Latinx	2,093	15.9%
Native Hawaiian/Pacific Islander	142	1.1%
White	4,520	34.3%
Other	1,141	8.7%
Missing	4,483	34.1%
How long received services here		
First visit/day	531	4.0%
2 weeks or less	1,315	10.0%
More than 2 weeks	10,747	81.6%
Missing	570	4.3%
Surveys received by language		
Eastern Armenian	1	0.0%
English	12,773	97.0%
Hmong	1	0.0%
Spanish	387	2.9%
Vietnamese	1	0.0%

Table 5. Demographic Characteristics – Youth (N=367)

	N	Percent
Gender (Multiple responses allowed)		
Female	106	28.9%
Male	234	63.8%
Other gender identity	7	1.9%
Decline to answer/missing	21	5.7%
Age Group		
12-14	31	8.4%
15-16	165	45.0%
17+	139	37.9%
Missing*	32	8.7%
Race/ethnicity (Multiple responses allowed)		
American Indian/Alaska Native	11	3.0%
Asian	9	2.5%
Black/African American	21	5.7%
Latinx	143	39.0%
Native Hawaiian/Pacific Islander	5	1.4%
White	61	16.6%
Other	40	10.9%
Unknown/missing	110	30.0%
How long received services here		
Less than 1 month	73	21.5%
1-5 months	160	47.1%
6 months or more	89	26.2%
Missing	18	5.3%
Surveys received by language		
English	363	98.9%
Spanish	4	1.1%

*Includes EPSDT youth ages 18-20 who received services in youth programs

Table 6. Average Score and Percent of Positive Scores by Treatment Setting – Adults

	Average Score* (Standard Deviation)	Percent of Respondents with Positive Score**
Outpatient/intensive outpatient	4.5 (0.5)	95.9%
Residential	4.3 (0.7)	89.6%
Narcotic/opioid treatment program	4.4 (0.6)	94.7%
Withdrawal management (standalone)	4.4 (0.6)	94.3%
Total	4.4 (0.6)	94.0%

*All 14 questions were used to calculate the overall average scores and standard deviation. Scores ranged from 1.0 to 5.0 with higher scores indicating greater satisfaction. Only respondent who answered all 14 questions were included (N=11,644).

**Overall positive scores was calculated using all 14 questions. Survey with an overall average score of 3.5 or higher were counted as having a POSITVE score. Only respondents who answered all 14 questions were included (N=11,644).

Table 7. Average Score and Percent of Positive Scores by Treatment Setting –Youth

	Average score* (Standard deviation)	Percent of respondents with positive score**
Outpatient/intensive outpatient	4.4	93.9%
	(0.5)	
Residential	4.1	80.0%
	(0.7)	
Total	4.4	93.2%
	(0.6)	

*All 18 questions were used to calculate the average score (and standard deviation). Scores ranged from 1.5 to 5.0 with higher scores indicating greater satisfaction. Only clients who responded to all 18 questions were included (N=308).

**Overall positive rating was calculated using all 18 questions. Surveys with an average rating of 3.5 or higher were counted as having a POSITIVE rating. Only clients who responded to all 14 questions were included (N=308).

Figure 1. Average Scores of All Counties by Treatment Setting and Domain−Adults
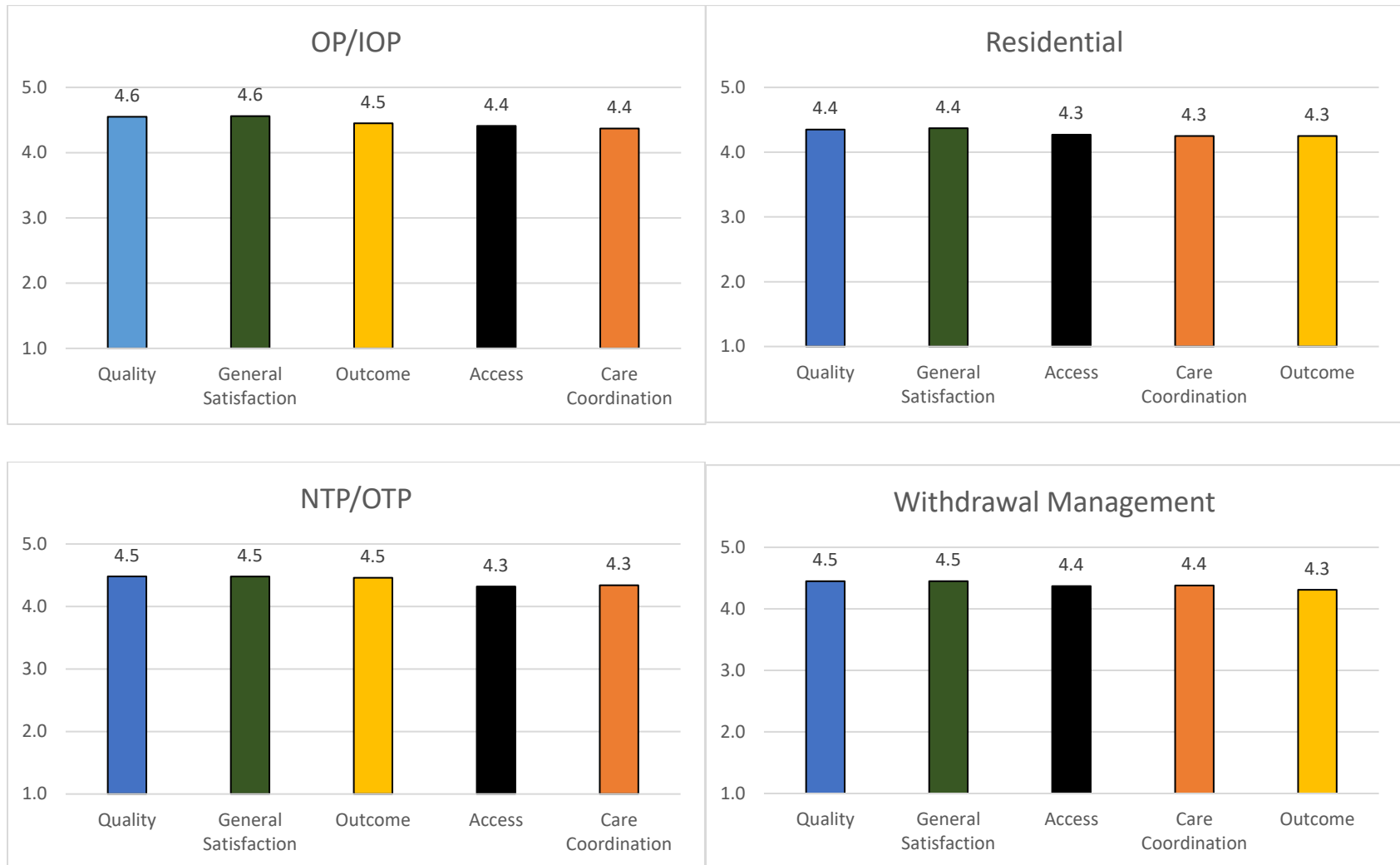(Highest to Lowest)

Figure 2. Average Scores of All Counties by Treatment Setting and Domain−Youth
(Highest to Lowest)