



2021 Treatment Perceptions Survey (TPS) Report

Submitted for
The California Department of Health Care Service
February 28, 2022

UCLA

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Integrated Substance Abuse Programs

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2021 TREATMENT PERCEPTIONS SURVEY (TPS) REPORT

Summary

Administration of the 2021 Treatment Perceptions Survey (TPS) occurred statewide during September 21-25, 2021 in 30 counties and a regional model including the seven counties participating in the DMC-ODS Waiver. This was the fifth administration of the annual survey under the waiver. Over the course of these survey administrations, changes over time have been relatively small, and the ratings for all domains have remained high across time for both adults and youth (scores over 4.0 on a scale from 1.0 to 5.0).

In 2020, due to COVID-19 and the potential increase in services provided to patients via telehealth (telephone and video-conferencing), online and automated phone surveys were made available to the counties/providers in addition to the paper-based survey. The 2021 TPS maintained the telehealth question added to the 2020 administration intended to gauge patient receipt of services using telehealth.

Data collection occurred via paper (11,096 forms), online (5,216 surveys) and via an automated phone version (316 calls) for both adults and youth totaling 16,628 respondents statewide which was an increase of 3,098 from 2020 (N=13,530); this was most likely due to the loosening of stay-at-home orders and travel restrictions. As in previous survey periods, 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 adults and youth.

Moreover, no meaningful differences were observed in the average scores of the survey's domains among the online, paper version or phone surveys. However, 2021 saw a decline in phone surveys among adults and no youth phone surveys, indicating a preference for and comfort level with paper and online survey versions, and a reconsideration of the continued use of the automated phone survey option. 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

UCLA developed the Treatment Perceptions Survey (TPS) for adults based on San Francisco County's Treatment Satisfaction Survey, and based the TPS for youth, introduced a year later, 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 among 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 administration of the TPS occurs annually during a specified five-day survey period determined by UCLA and in agreement with 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. Due to the onset of and ongoing nature of the COVID-19 pandemic, CY 2020 added online and automated phone surveys that continued in 2021.

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 were available in only English and Spanish for both adults and youth.

Survey Items and Domains

The survey for adults includes 14 statements addressing patient perceptions in five domains 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 in 2020 due to the pandemic, the telehealth item continued in 2021 (paper, online and phone formats). 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 sent in paper surveys to UCLA via fed ex. 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 from the online and paper surveys.

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 fifth TPS during September 21-25, 2021 survey period. As in previous years, programs included outpatient/intensive outpatient (OP/IOP), Residential, Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP), and Withdrawal Management (WM, standalone) treatment settings.

Results

TPS Records Submitted

For the 2021 survey period, 16,628 total TPS forms from both adults and youth were received from 30 participating counties and the regional model. Adults accounted for the majority of the survey forms at 97.4% (n = 16,193), and youth accounted for 3.6% (n= 435). The number of respondents slightly increased from those who responded to the 2020 survey (n= 13,530) which experienced widespread program closures. All 30 counties and the regional model returned adult forms, and 19 counties and the regional model returned youth forms. (Please see Appendix A for additional TPS data.)

The highest percentage of adult survey forms was received from respondents in OP/IOP programs (40.5%), then residential programs (21.8%), followed by NTPs/OTPs (35.2%), as compared to standalone WM programs (1.2%). In alignment with the adult respondents, the vast majority of surveys from youth respondents (94.3%) were also returned from OP/IOP programs, while only 3.7% of surveys were returned from residential programs. (Due to missing data, 1.3% of adult and 2.7% of youth respondents could not be linked to a specific program.)

The majority of adult respondents completed the survey on paper (67.4%), followed by online (30.7%) and phone (1.9%). In contrast, slightly more than half of the youth respondents completed the survey online (57.5%), followed by paper (42.5%), and there were no phone surveys this year for youth (0%). No meaningful difference were observed between the online and paper surveys in the average scores by domain among adults and youth. Further, paper surveys for adults and online surveys for youth experienced an increase over 2020. This finding along with the substantial decrease in use of the phone option, fewer adults and no youth, suggests that the transition to the online survey had no discernible negative impact on survey outcomes, and serves as evidence of the declining interest in and/or need for the automated phone option.

Demographics

Consistent with previous years of the TPS, the majority of adult survey respondents identified as male (55.2%); 38.0% identified as female; and 1.2% identified as transgender or having other

gender identity. Likewise, most youth survey respondents identified as male (52.4%); 37.2% identified as female; and 3.0% identified as transgender or having other gender identity.

By race/ethnicity, the highest percentage of adult survey respondents identified as White (41.8%), followed by Latinx (27.7%), Other (11.7%), Black/African American (11.2%), and American Indian/Alaska Native (4.2%). The lowest percentage of adult respondents identified as Asian (2.5%) or Native Hawaiian/Pacific Islander (1.6%). Among youth survey respondents, the highest percentage identified as Latinx (51.3%), followed by White (20.7%), Other (11.7%), and Black/African American (5.5%). The lowest percentage of youth respondents identified as Asian (3.2%), American Indian/Alaska Native (3.0%), and Native Hawaiian/Pacific Islander (.02%).

The adult survey forms were returned overwhelmingly in English (96.6%) with a slight increase from 2020 (2.93%) at 3.3% returned in Spanish. Correspondingly, a large percentage (96.1%) of the youth survey forms were returned in English (n = 418) and 3.2% were returned in Spanish, again a slight increase from 2020 (1.1%). Survey participants overwhelmingly favored 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. Only clients who responded to all questions were included (n=13,998 for adults and n = 371 for youth).

Adults

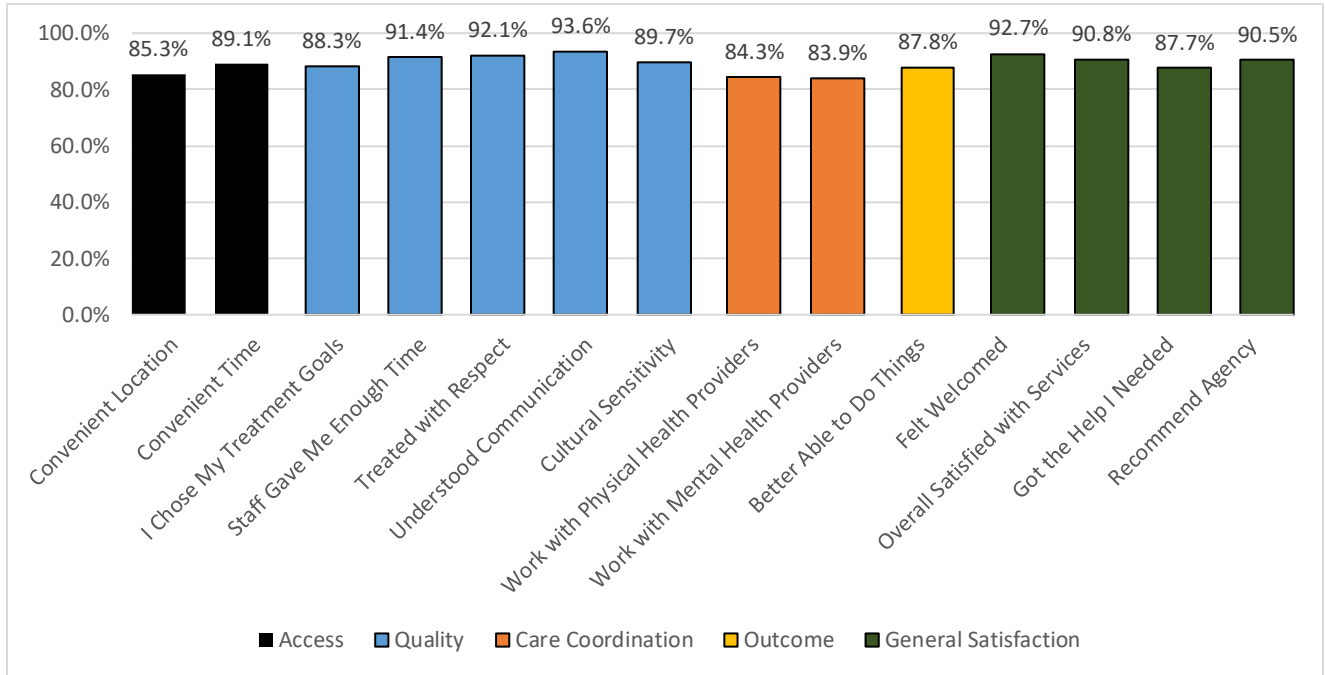
The overall average score for adult survey respondents across the different treatment settings was 4.4, similar to prior years. The overall average scores by treatment setting were: 4.5 for OP/IOP; 4.4 for both NTP/OTP and WM (standalone); and 4.3 for residential. The findings continue to suggest that adult survey respondents in residential settings compared to other treatment settings, perceived that there is room for improvement. As shown in Figure 1 below, the percent of responses in agreement for each of the 14 survey items was at least 83.9%, indicating overall favorable perceptions of care among adult survey respondents. Of the two questions with the highest percentages in agreement, one in the Quality domain (“understood communication”) scored at 93.6%, and the other in the General Satisfaction domain (“felt welcomed”) scored at 92.7%. The two items with the lowest percentages in agreement (“staff here work with my mental health care providers to support my wellness,” at 83.9% and “staff here work with my physical health care providers to support my wellness” at 84.3%) were in the Care Coordination domain, similar to previous years.

Youth

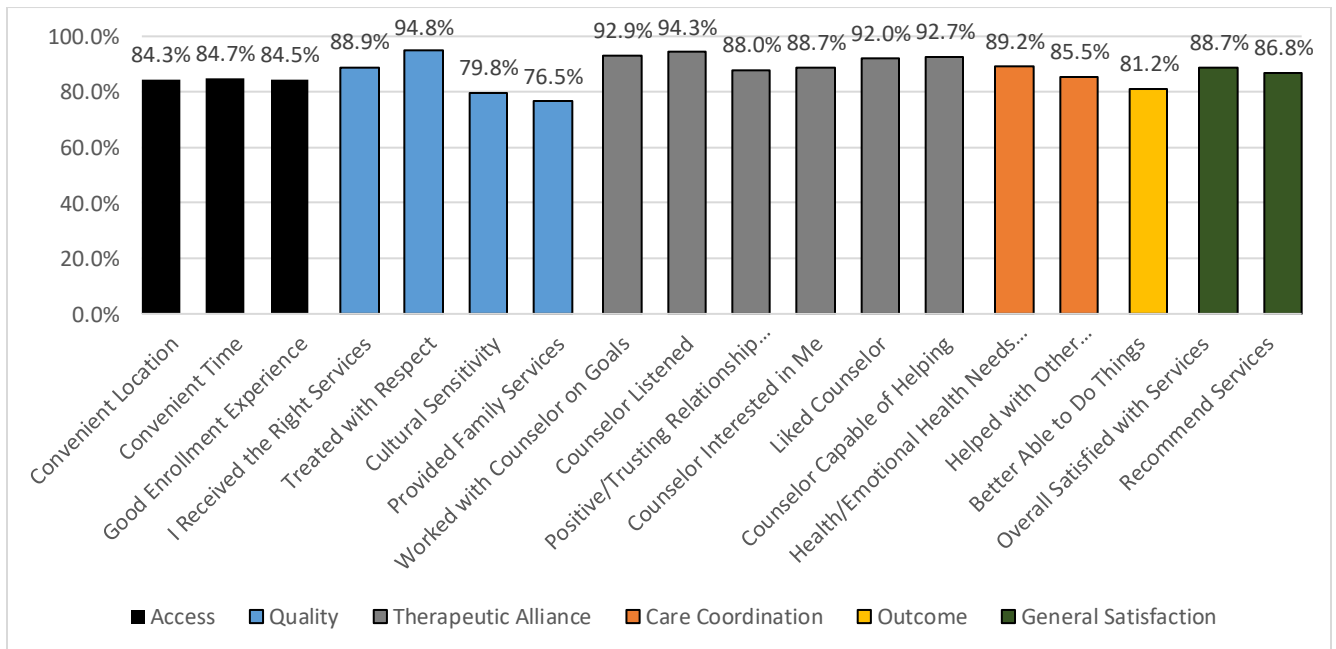
Among youth survey respondents, the overall average score across OP/IOP and residential treatment settings was 4.3, with the average score for OP/IOP at 4.4 and for residential settings at 4.2. The findings suggest youth respondents perceived there are opportunities for improving treatment services, particularly in residential settings. Among youth respondents, the percent of responses in agreement for each of the 18 survey items were at least 76.5%. (See Figure 2 below) The survey items showing the highest percentages in agreement were “counselor

listened” (94.3%, Therapeutic Alliance domain) and “treated with respect” (94.8%, 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” (76.5%) and “cultural sensitivity” (79.8%).

[2021] Figure 1. Percent in agreement for each survey item by domain – Adults



[2021] Figure 2. Percent in agreement for each survey item by domain – Youth



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 and General Satisfaction sharing the highest average score (4.4) followed by the Quality and Care Coordination, domains (both 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, there was slightly more variation 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.

Average Perceptions of Care/Satisfaction Score by Treatment Setting, Domains and Demographic Characteristics

The highest average score statewide for adult respondents in OP/IOP settings was observed for the General Satisfaction and Quality domains (4.57 and 4.56, respectively) and the lowest average score was for the Access and Care Coordination domains (4.4 and 4.37, respectively). (See Appendix A.) Similarly, in the residential settings, the highest average score was for the Quality and General Satisfaction domains (both 4.36), however the lowest average scores were for the Access, Care Coordination and Outcome domains (4.27, 4.26 and 4.24, respectively). In NTP/OTP settings, the Quality, General Satisfaction domains yielded the highest average scores (both 4.43), and Outcome close behind at 4.41, while the Access and Care Coordination domains had the lowest average scores (4.29 and 4.24, respectively). For WM settings, the General Satisfaction domain, had the highest average score (4.48) and the lowest average score was for the Care Coordination domain (4.26). 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 (4.45 and 4.43, respectively) and the Outcome single-item domain showed the lowest score in OP/IOP (4.23), while the Access domain had the lowest score for residential (3.88).

Finally, as in previous years, a review of General Satisfaction for adults and youth by certain demographic characteristics (age, gender, and race/ethnicity) did not indicate any discernable differences and ratings remained above 4.0; nevertheless, we will continue to monitor scores in future TPS administrations.

Receipt of Services Using Telehealth

Due to COVID-19 and the increased need to provide services via telehealth (telephone or video-conferencing platforms), the 2020 TPS added a question asking, “How much of the services you received was by telehealth?” The question was asked again in 2021. Among adult respondents, 64% reported receiving at least some (very little to all) services by telehealth. Respondents in NTP/OTP settings showed the highest percentage of patients that had at least some telehealth (67%), followed by OP/IOP at 65.5%, residential at 57.8%, and WM at 38.5%. Among youth, 58.4% reported receiving at least some services by telehealth, with the highest percentage observed among respondents in OP/IOP at 59.3% followed by those in residential at 43.8%.

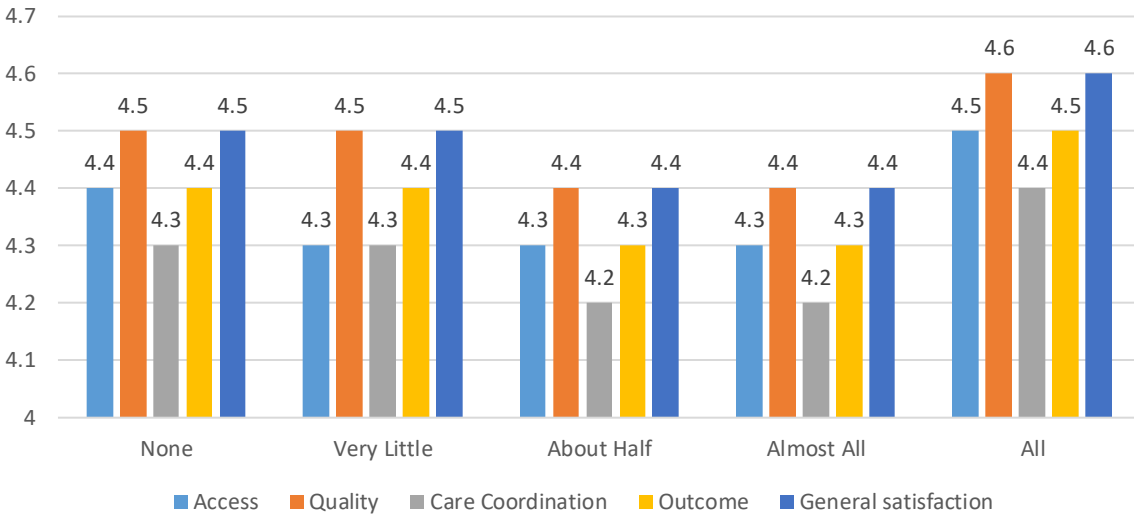
Effect of Telehealth on Perceptions of Care/Satisfaction by Domain

For adults, the Quality domain showed the highest average score when “All” and “Almost All of the services were provided via telehealth. In addition, among all domains, average adult scores were highest when services were exclusively provided by telehealth (see Figure 3 below).

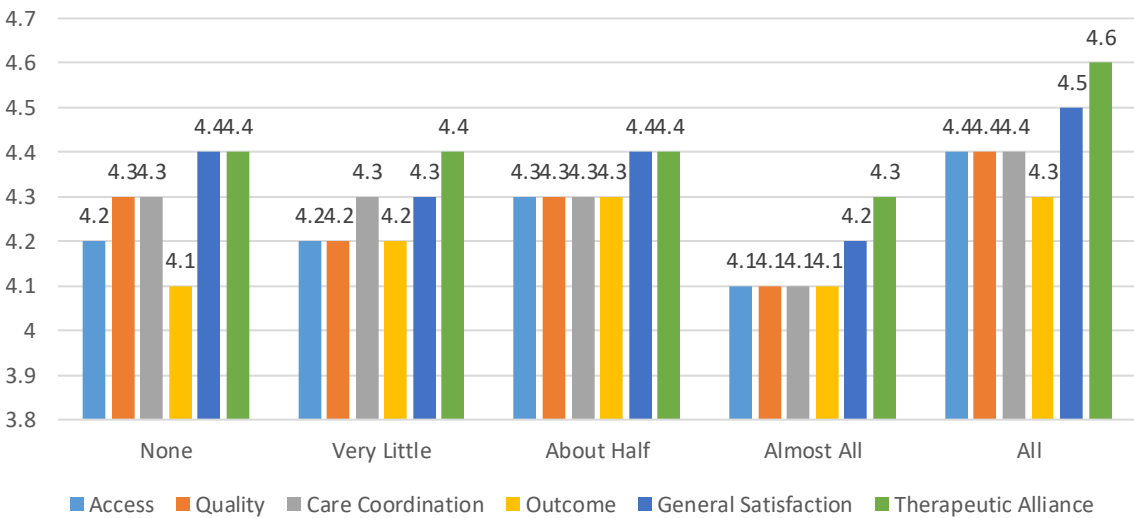
For youth, the Therapeutic Alliance domain showed the highest average score when “All” and “Almost All” of the services received were via telehealth. (see Figure 4 below) Similar to the adult scores, the scores for the General Satisfaction domain were highest when “all” services were provided by telehealth, indicating the widespread use of telehealth and its popularity among adults and youth, and yet differences by degree of telehealth use across domains remained small.

Similar to adults, 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.

[2021] Figure 3. Average Scores by Degree of Telehealth use and by Satisfaction Domain - Adults



[2021] Figure 4. Average Scores by Degree of Telehealth use and by Satisfaction Domain - Youth



APPENDIX: ADDITIONAL FIGURES AND TABLES

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

County	Number of Respondents	Percent
Alameda	668	4.0%
Contra Costa	238	1.4%
El Dorado	13	0.1%
Fresno	235	1.4%
Imperial	277	1.7%
Kern	340	2.0%
Los Angeles	4,306	25.9%
Marin	139	0.8%
Merced	172	1.0%
Monterey	266	1.6%
Napa	104	0.6%
Nevada	124	0.7%
Orange	860	5.2%
Placer	222	1.3%
Riverside	1,077	6.5%
Sacramento	558	3.4%
San Benito	17	0.1%
San Bernardino	509	3.1%
San Diego	1,622	9.8%
San Francisco	961	5.8%
San Joaquin	200	1.2%
San Luis Obispo	219	1.3%
San Mateo	311	1.9%
Santa Barbara	577	3.5%
Santa Clara	175	1.1%
Santa Cruz	327	2.0%
Stanislaus	852	5.1%
Tulare	246	1.5%
Ventura	224	1.3%
Yolo	136	0.8%
PHC Regional Model	511	3.1%
Missing	142	0.9%
Total	16,628	100.0%

Table 2. Survey Responses by Treatment Program – Adults

	N	Percent
Treatment Program*		
Outpatient/intensive outpatient	373	47.0%
Residential	253	31.9%
Narcotic/opioid treatment program	116	14.6%
Withdrawal management (standalone)	35	4.4%
Missing**	17	2.1%
Total	794	100.0%
Number of respondents		
Outpatient/intensive outpatient	6,560	40.5%
Residential	3,528	21.8%
Narcotic/Opioid treatment program	5,695	35.2%
Withdrawal management (standalone)	192	1.2%
Missing**	218	1.3%
Total	16,193	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	67	90.5%
Residential	5	6.8%
Missing**	2	2.7%
Total	74	100.0%
Number of respondents		
Outpatient/intensive outpatient	410	94.3%
Residential	16	3.7%
Missing**	9	2.1%
Total	435	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 4. Demographic Characteristics - Adults (N=16,193)

	N	Percent
Gender (Multiple responses allowed)		
Female	6,159	38.0%
Male	8,936	55.2%
Transgender	84	0.5%
Other gender identity	109	0.7%
Decline to answer/missing	954	5.9%
Age group		
18-25	1,158	7.2%
26-35	5,343	33.0%
36-45	3,867	23.9%
46-55	2,389	14.8%
56+	2,314	14.3%
Decline to answer/missing	1,122	6.9%
Race/ethnicity (Multiple responses allowed)		
American Indian/Alaska Native	678	4.2%
Asian	410	2.5%
Black/African American	1,820	11.2%
Latinx	4,478	27.7%
Native Hawaiian/Pacific Islander	259	1.6%
White	6,766	41.8%
Other	1,890	11.7%
Unknown/missing	1,383	8.5%
How long received services here		
First visit/day	733	4.5%
2 weeks or less	1,500	9.3%
More than 2 weeks	13,067	80.7%
Missing	893	5.5%
Surveys received by language		
English	15,645	96.6%
Hmong	7	0.0%
Korean	1	0.0%
Russian	1	0.0%
Spanish	537	3.3%
Vietnamese	2	0.0%

Table 5. Demographic Characteristics – Youth (N=435)

	N	%
Gender (Multiple responses allowed)	.	.
Female	162	37.2
Male	228	52.4
Transgender	3	0.7
Other gender identity	10	2.3
Decline to answer/missing	39	9.0
Age group	.	.
12-15	92	21.1
16	108	24.8
17+	176	40.5
Missing	59	13.6
Race/ethnicity (Multiple responses allowed)	.	.
American Indian/Alaskan Native	13	3.0
Asian	14	3.2
Black/African American	24	5.5
Latinx	223	51.3
Native Hawaiian/Pacific Islander	1	0.2
White	90	20.7
Other	51	11.7
Unknown/missing	47	10.8
How long received services here	.	.
Less than 1 month	103	23.7
1-5 months	198	45.5
6 months or more	102	23.4
Missing	32	7.4
Surveys received by language		
English	418	96.1%
Spanish	14	3.2%
Missing	3	0.7%

*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 (0.56)	95.6%
Residential	4.3 (0.69)	89.0%
Narcotic/opioid treatment program	4.4 (0.61)	93.2%
Withdrawal management (standalone)	4.4 (0.58)	94.0%
Other/Missing	4.5 (0.66)	92.7%
Total	4.4 (0.62)	93.2%

*All 14 questions were used to calculate the average score (standard deviation, SD). Scores ranged from 1.0 to 5.0, with higher scores indicating greater satisfaction. Only clients who responded to all 14 questions were included (N=13,998).

**Overall positive rating was calculated using all 14 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=13,998).

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 (0.60)	94.3%
Residential	4.2 (0.66)	86.7%
Missing	3.9 (0.21)	100%
Total	4.3 (0.60)	94.1%

*All 18 questions were used to calculate the average score (standard deviation, SD). Scores ranged from 1.0 to 5.0, with higher scores indicating greater satisfaction. Only clients who responded to all 18 questions were included (N=371).

**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 18 questions were included (N=371).

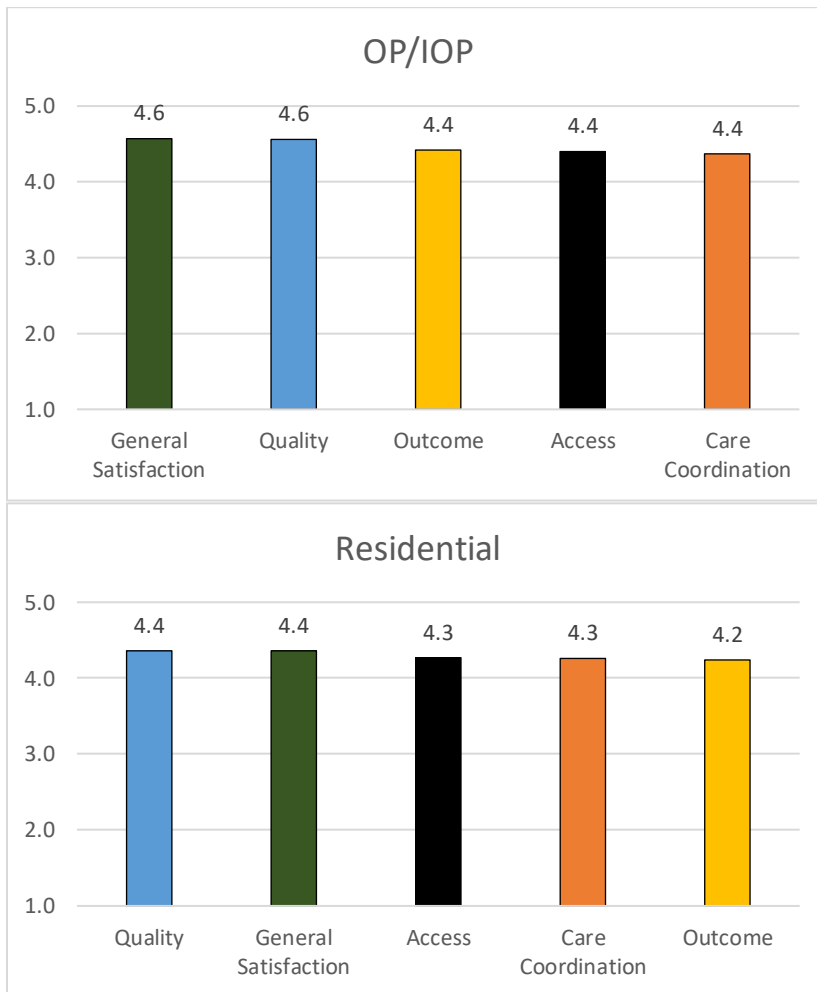
Table 8. Average TPS General Satisfaction Score by Gender, Race, and Age – Adult

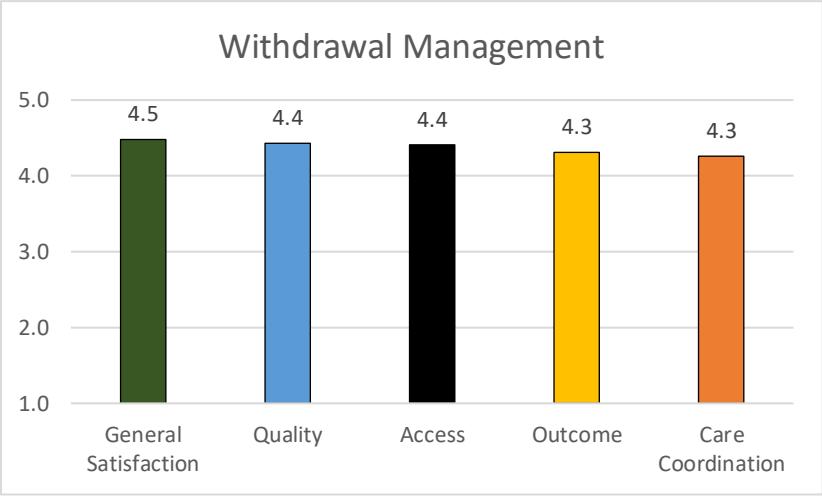
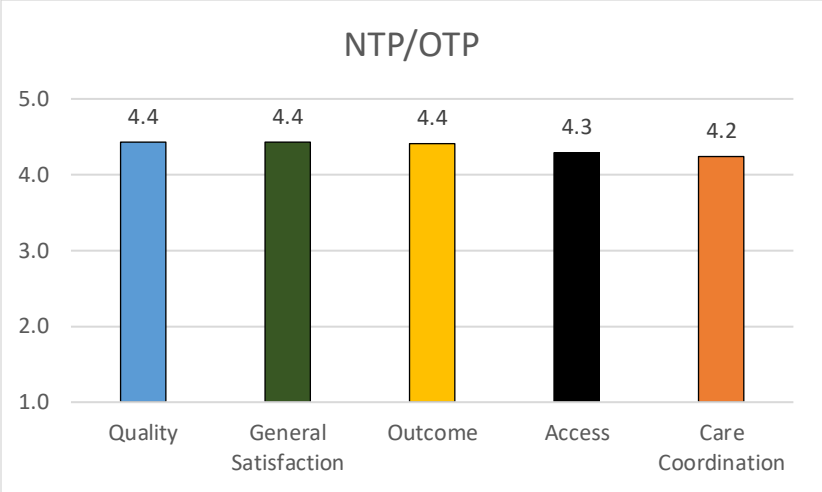
	Average Score (Standard Deviation)
Gender	
Female	4.52 (0.68)
Male	4.45 (0.68)
Transgender	4.53 (0.70)
Other gender identity	4.15 (0.89)
Missing	4.37 (0.80)
Race	
American Indian/Alaska Native	4.44 (0.68)
Asian	4.54 (0.61)
Black/African American	4.48 (0.63)
Mexican/Latino	4.52 (0.65)
White	4.48 (0.69)
Native Hawaiian/Pacific Islander	4.50 (0.68)
Other	4.39 (0.77)
Unknown/missing	4.34 (0.78)
Age	
18-25	4.40 (0.77)
26-35	4.50 (0.69)
36-45	4.49 (0.69)
46-55	4.43 (0.68)
56+	4.46 (0.62)
Missing	4.43 (0.74)
TOTAL	4.47 (0.69)

Table 9. Average TPS General Satisfaction Score by Gender, Race, and Age – Youth

	Average Score (Standard Deviation)
Gender	
Female	4.43 (0.73)
Male	4.35 (0.74)
Transgender (n=1)	5.00 (.)
Other gender identity	4.21 (0.39)
Missing	4.16 (0.56)
Race	
American Indian/Alaska Native	4.73 (0.41)
Asian	4.23 (0.72)
Black/African American	4.25 (0.55)
Mexican/Latino	4.39 (0.73)
White	4.41 (0.76)
Other	4.28 (0.75)
Unknown/missing	4.17 (0.68)
Age	
12-15	4.40 (0.71)
16	4.31 (0.64)
17+	4.39 (0.81)
Missing	4.34 (0.55)
TOTAL	4.37 (0.73)

**Figure 5. Average Scores of All Counties by Treatment Setting and Domain—Adults
(Highest to Lowest)**





**Figure 6. Average Scores of All Counties by Treatment Setting and Domain—Youth
(Highest to Lowest)**

