



# 2022 Treatment Perceptions Survey (TPS) Report

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**UCLA**

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**Integrated Substance Abuse Programs**

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# 2022 Treatment Perceptions Survey (TPS) Report

## Executive Summary

Administration of the 2022 Statewide Treatment Perceptions Survey (TPS) occurred October 17-21, in 37 counties. This was the sixth administration of the annual survey. Surveys were conducted via online and paper-based versions, but the automated phone survey option was discontinued in 2022 due to declining utilization.

Over the course of these survey administrations, changes in satisfaction scores have remained relatively small, and the ratings for all domains have remained high across time for both adults and youth (scores on average over 4.0 on a scale from 1.0 to 5.0).

## Findings

*Engagement/Participation:* Data collection occurred via paper (6,923 forms) and online (7,794 surveys) for both adults and youth, totaling 14,717 respondents statewide. This was a decrease of 1,911 or 11% from 2021 (N = 16,628). The reasons for the decrease in surveys will be explored with the county coordinators prior to 2023 survey administration.

*Adult Scores:* Average scores for each of the five domains were high, remaining in alignment with prior years: Quality and General Satisfaction domains yielded the highest scores (both 4.5), followed by the Outcome (4.4), and the Access and Care Coordination domains (both 4.3). Similar to previous surveys, respondents were least likely to agree with the individual statements, “Staff here work with my physical health care providers to support my wellness” (83.7%), and “Staff here work with my mental health care providers to support my wellness” (84.7%), suggesting there may be room for improvement in addressing these concerns.

*Youth Scores:* Average scores for all the domains were also high for youth in 2022, although slightly lower than those of 2021. Therapeutic Alliance and General Satisfaction shared the highest average score (4.3), followed by the Quality and Care Coordination domains (both 4.2), and Access and Outcome domains (both 4.1). Respondents were the least likely to agree with the individual statements, “My counselor provided necessary services for my family” (73%), and “Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)” (76%). Youth also reported high degrees of being treated with respect overall (91.9%). This may offer opportunities to explore ways to navigate nuances surrounding diversity and equity.

*Scores by Treatment Setting:* Satisfaction by treatment setting continues to indicate lower satisfaction among residential clients for both adults (88.1%) and youth (72.0%) than among clients in other settings. Although the youth ratings were based on responses from only 26 respondents, residential ratings have consistently been lowest for youth residential treatment over the years.

*Scores by Telehealth Services Received:* Youth who received “Almost All or All” of their services through telehealth reported higher satisfaction scores in all five domains in comparison to youth who received less of their treatment through telehealth. Adults who received “None or Very Little” of their treatment via telehealth reported similar satisfaction, as compared to adults who received more of their services through telehealth.

## Recommendation

Continue supporting telehealth and efforts to address cultural sensitivity for adults and youth. Additionally, it is recommended that providers explore ways to enhance family involvement in the delivery of youth services.

## Background

In 2017, UCLA developed the Treatment Perceptions Survey (TPS) for adults based on San Francisco County's Treatment Satisfaction Survey. A year later, they introduced a youth version based on Los Angeles County's Treatment Perceptions Survey. 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 (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 provide key information on the impacts of the waiver.

## Data Collection Methods

The administration of the TPS occurs annually during a specified five-day period determined by UCLA and in agreement with DHCS. The TPS was only 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 and ongoing COVID-19 pandemic, CY 2020 and 2021 added an online version and an automated phone survey version. The phone version was discontinued in 2022 due to decreasing usage for both adults and youth.

Both paper-based and online surveys are available in 13 threshold languages (English, Spanish, Chinese, Tagalog, Farsi, Arabic, Russian, Hmong, Korean, Eastern Armenian, Western Armenian, Vietnamese, and Cambodian) for both adults and youth.

## Survey Items and Domains

The survey for adults includes 14 items addressing patient perceptions in five domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. The survey for youth includes 18 items and the same five domains as the adult survey plus an additional domain: Therapeutic Alliance. There is also a section where comments may be written. As providers continued to use telehealth to deliver services to patients, the telehealth item continued in 2022 for both 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 Physical Health care providers to support my wellness.
9. Staff here work with my Mental Health 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 Information Notice, survey instructions, forms in multiple threshold languages, and other materials (i.e., Frequently Asked Questions, survey administration announcements, flyers, training slides, TPS codebook, and sample county and program summary reports) are available online, with periodic updates, at [client-treatment-perceptions-survey](#).

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

County and Partnership Plan representative staff coordinated the survey administration and data collection with providers in their respective provider networks. Paper surveys were sent to UCLA via FedEx. Data from the UCLA online survey portal was received by UCLA directly from the survey participant. Counties that collected survey data through their own online portal submitted it via the UCLA Box Portal. The data was analyzed, and county- and provider-level summary reports were prepared and made available to participating counties/Partnership Plan. Counties were also given access to their raw data files and written comments from the online and paper surveys.

30 counties and the Partnership Health Plan of California Wellness and Recovery Program (PHC W&R Program, comprised of seven counties, including Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties) participated in the sixth TPS during the October 17-21, 2022, 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 and Discussion

### Surveys Submitted

For the 2022 survey period, 14,717 total TPS forms from both adults and youth were received from 30 participating counties and the Partnership Plan. Adults accounted for the majority of the survey forms at 96.1% (N = 14,138), and youth accounted for 3.9% (N = 579). In 2022, the number of survey forms submitted decreased from that of the 2021 survey administration (N = 16,628). Nevertheless, the amount of submitted surveys in 2022 was higher than that of the 2020 survey administration (N = 13,163). All 30 counties and the Partnership Plan returned adult forms. Although youth participation showed a rise in 2022—with 26 counties returning youth forms—4 counties along with the Partnership Plan did not submit any youth forms. (Please see Appendix for additional TPS data).

The 2022 TPS survey data collection had fewer providers participate than had been identified by their respective counties to participate. Several providers identified to participate in 2022 did not participate either via paper forms or online, across most counties. UCLA is examining some of the reasons why there was a fluctuation in provider participation and exploring ways to address this with county coordinators for 2023.

The highest percentage of adult survey forms was received from clients in OP/IOP programs (40.9%), then NTPs/OTPs (32.7%), followed by residential programs (25.2%). This is in comparison to standalone WM programs (1.2%). In alignment with adult respondents, the vast majority of surveys from youth clients (94.0%) were also returned from OP/IOP programs, while only 26 (4.5%) surveys were returned from residential programs. Due to missing data, a small percentage of adult and youth surveys could not be linked to a specific program.

Counties have been encouraged with each survey administration to promote the use of online survey links. As a result, more adults completed the 2022 survey online (52.4%) than by paper (47.6%). Similarly, more than half of the youth completed the survey online (67.2%), followed by paper (32.8%). No meaningful differences were observed between the online and paper surveys in the average scores by domain among adults and youth.

### Demographics

Consistent with previous years' TPS, most adult survey respondents identified as male (56.9%); 37.3% identified as female; and 1.7% identified as transgender or having other gender identity. Likewise, most youth survey respondents identified as male (54.9%); 36.4% identified as female; and 2.4% identified as transgender or having other gender identity.

The highest percentage of adult survey respondents identified as White (42.2%), followed by Latinx (26.1%), Other (13.4%), Black/African American (12.2%), and American Indian/Alaska Native (4.7%). The lowest percentage of adult respondents identified as Asian (2.3%) or Native Hawaiian/Pacific Islander (1.5%). Among youth survey respondents, the highest percentage identified as Latinx (57.7%), followed by White (19.5%), Other (12.6%), and Black/African American (8.3%). The lowest percentage of youth respondents identified as American Indian/Alaska Native (3.8%), Asian (2.2%), and Native Hawaiian/Pacific Islander (1.7%).

96.5% of adult survey forms were returned in English and 3.4% were returned in Spanish. 98.3% of the youth survey forms were returned in English (N = 569), as compared with adults, and 1.7% were returned in Spanish. More non-English survey respondents favored paper compared to online survey forms.

## Average perceptions of care/satisfaction score by treatment setting

Survey respondents used a 5-point Likert scale (strongly disagree to strongly agree) where higher numbers indicated more positive perceptions of care/satisfaction. Only those who responded to all questions were included (N =13,998 for adults and N = 371 for youth). Surveys with an average rating of 3.5 or higher were counted as having a positive rating. The percentage agreement is defined as “strongly agree and agree.”

### Adults

The overall average score for adult survey respondents across the different treatment settings was 4.4, in alignment with scoring from 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. Scores for adults in residential settings remain lower, compared to other treatment settings. This finding suggests that there continues to be room for improvement. (See Fig. 1)

As shown in Figure 3 below, the percentage of responses in agreement for each of the 14 survey items remained above 80% to a high of 93%, indicating overall favorable perceptions of care among adults participating in the survey. Of the two questions with the highest percentages in agreement, one was in the Quality domain (“understood communication”) and scored at 93.3%; the other was in the General Satisfaction domain (“felt welcomed”) and scored at 92.7%. This was remarkably similar to scores from 2021. The two items with the lowest percentages in agreement were in the Care Coordination domain (“staff here work with my mental health care providers to support my wellness,”) at 83.7% and (“staff here work with my physical health care providers to support my wellness”) at 84.7%, respectively. These continue to persist in the lower ratings as they did in previous years.

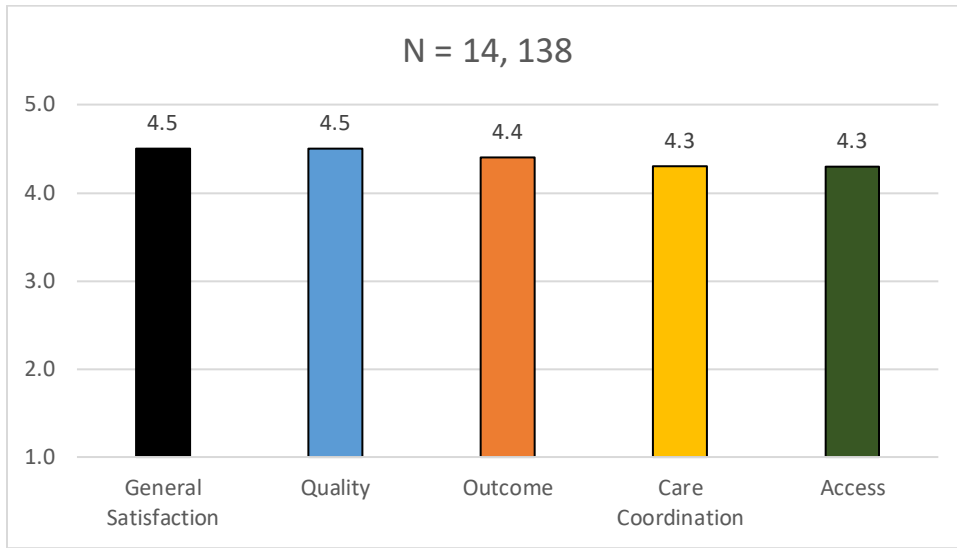
### Youth

Among youth, the overall average scores dipped for 2022 compared to previous years: OP/IOP was 4.25, slightly lower than last year’s 4.3. Meanwhile, residential treatment setting dropped to 3.99, compared to last year’s score of 4.3. Similar to the adults, the findings suggest providers could seek greater opportunities for improving youth treatment services in residential settings. (See Fig. 2)

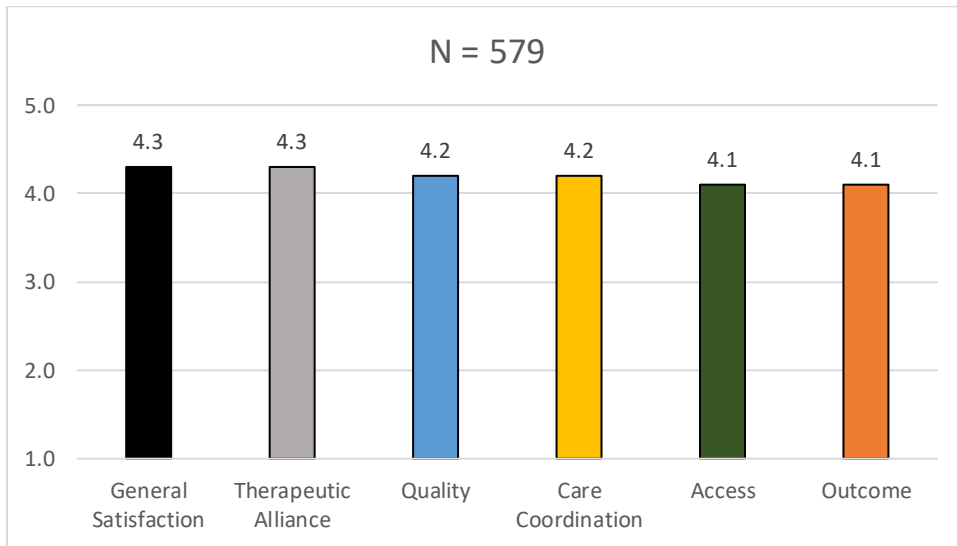
The percentage of responses among youth in agreement for each of the 18 survey items were at least 73% (See Figure 4). The survey items showing the highest percentages in agreement were in the Quality domain at 91.9% (“treated with respect”) and in the Therapeutic Alliance domain at 89.4% (“counselor listened”). The items with the lowest percentages in agreement are both in the Quality domain (“provided family services” and “cultural sensitivity”). These continue to persist in the lower rankings from prior survey periods, but fell to 73% and 76%, respectively this year. While youth reported lower cultural sensitivity among treatment staff, they also reported high degrees of being treated overall with respect by their counselors. This may offer opportunities to explore ways to navigate nuances surrounding issues of diversity and equity.



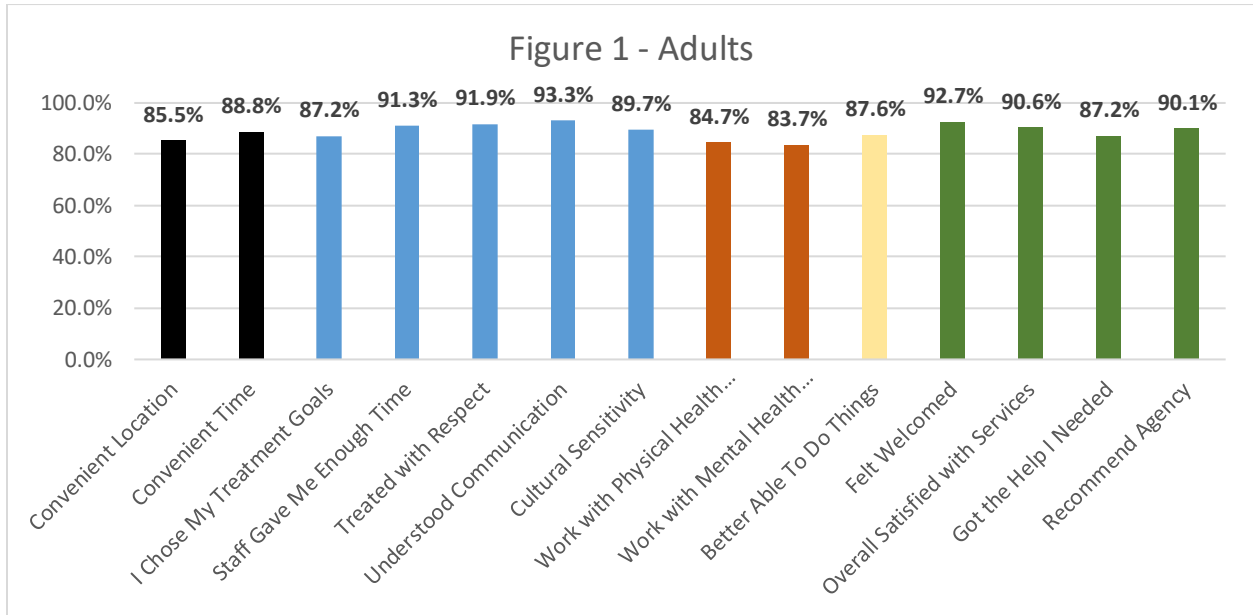
2022 Figure 1. Average Score for all Counties – Adults (Highest to Lowest)



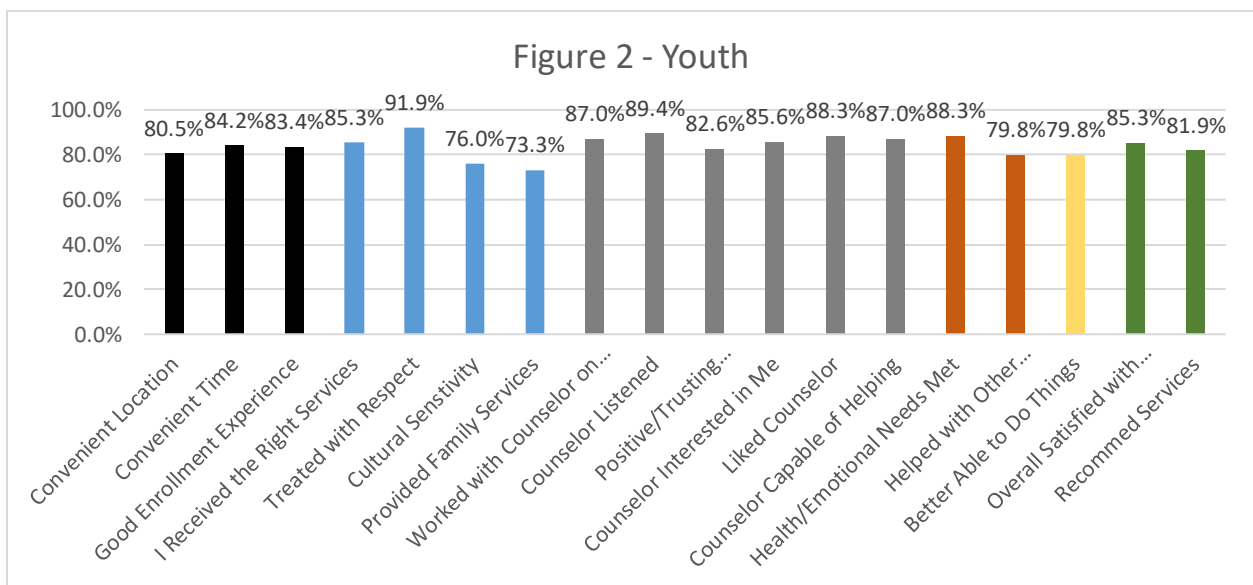
2022 Figure 2. Average Score for all Counties – Youth (Highest to Lowest)



2022 Figure 3. Percent in agreement for each survey item by domain – Adults



2022 Figure 4. Percent in agreement for each survey item by domain – Youth



## Average Perceptions of Care/Satisfaction Score by Domain

Among adults, the overall average scores for each of the five domains were high. Quality and General Satisfaction domains yielded the highest scores (both 4.5), followed by the Outcome (4.4), and the Access and Care Coordination domains (both 4.3). Among youth, the average scores for all the domains were also high, although slightly lower than those of 2021. Therapeutic Alliance and General Satisfaction shared the highest average score (4.3), followed by the Quality and Care Coordination domains (both 4.2), and Access and Outcome domains (both 4.1).

While variation was not evident in the average perceptions of care/satisfaction scores at the statewide level, there was slightly more variation at the county level. This can be attributed to more differences at the provider level and by survey item. As part of the evaluation, the Partnership Plan and counties received their own county and provider-level summary reports as well as their raw data and comments.

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

Statewide, the highest average score for adults in OP/IOP settings was observed for the General Satisfaction and Quality domains (4.54 and 4.53, respectively). Meanwhile the lowest average score was for the Access and Care Coordination domains (4.38 and 4.35, respectively). In the residential settings, the highest average score was for the Quality and General Satisfaction domains (both 4.33); however, the lowest average scores were for the Access, Care Coordination and Outcome domains (4.25, 4.24 and 4.24, respectively). In NTP/OTP settings, the Quality and General Satisfaction domains yielded the highest average scores (4.45 and 4.46, respectively), and Outcome close behind at 4.42, while the Access and Care Coordination domains had the lowest average scores (4.33 and 4.29, respectively). For WM settings, the General Satisfaction domain had the highest average score (4.49), and the lowest average score was for the Care Coordination domain (4.20). Shorter lengths of stay in WM settings, which 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 client perceptions. Quality and General Satisfaction domains received the highest scores across all the treatment settings.

Among youth, Therapeutic Alliance had the highest average scores in both OP/IOP, and residential settings (4.45 and 4.43, respectively). However, the single-item Outcome domain showed the lowest score in OP/IOP (4.23), while the Access domain had the lowest score for residential (3.78).

Finally, a review of General Satisfaction for adults and youth by certain demographic characteristics (age, gender, and race/ethnicity) indicated differences in satisfaction between trans and other gender identity vs males and females. Age and race/ethnicity did not indicate any discernible differences, with ratings above 4.0; nevertheless, we will continue to monitor these 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 an item asking, “How much of the services you received was by telehealth?” The question remained for the 2021 and 2022 administrations. Among adults in 2022, 56.3% reported receiving at least some services by telehealth, in contrast to 2021’s report at 64%. Adults in NTP/OTP settings showed the highest percentage that had at least some telehealth (65%), followed by

OP/IOP at 53%, residential at 50.7%, and WM at 43.6%. Among youth, 49.4% reported receiving at least some services by telehealth, in contrast to 2021 reported at 58.4%. The highest percentage of telehealth reception observed among respondents was in WM at 62.5% followed by residential at 50%.

### Effect of Telehealth on Perceptions of Care/Satisfaction by Domain

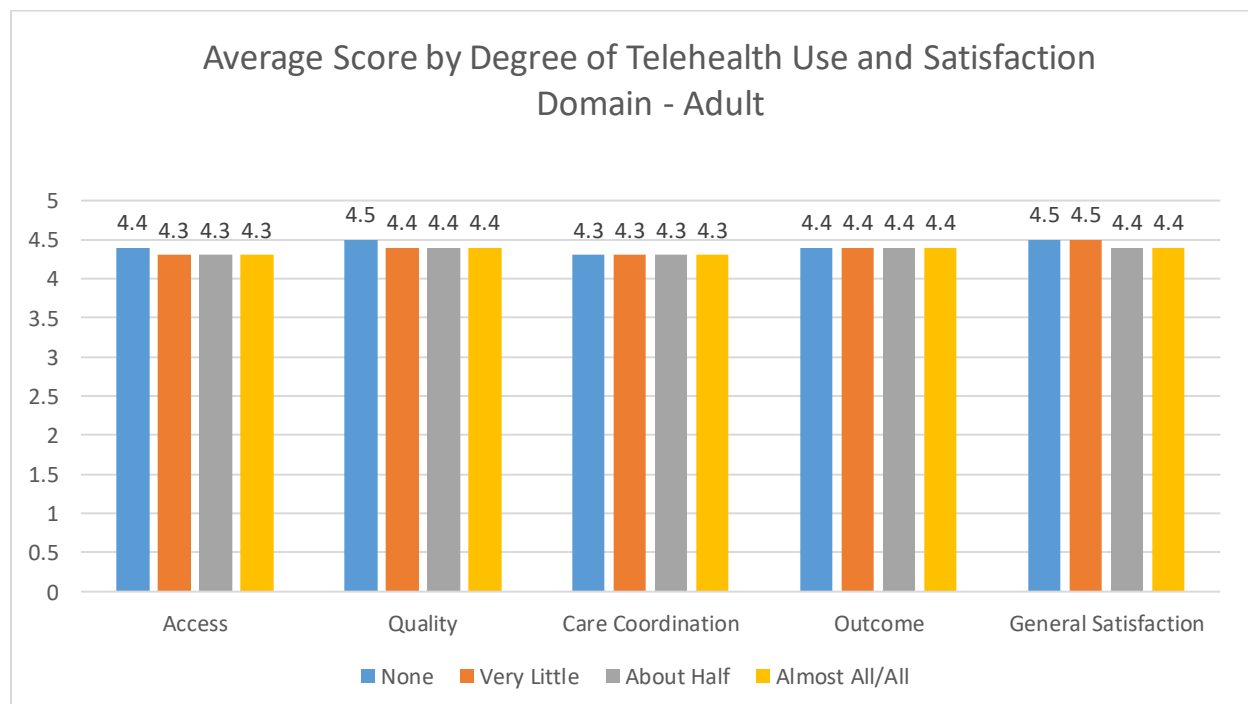
Although in all domains, adults indicated the highest average satisfaction score when “None” and “Very Little” of the services were provided via telehealth, average scores were between 4.3 and 4.5, indicating little variation whether services were exclusively provided by telehealth or not at all (See Figure 5 below).

In contrast to the adult scores, the General Satisfaction domain among youth showed the highest average score when “All” and “Almost All” of the services received were via telehealth. Following that, the scores for the Therapeutic Alliance domain were highest when “All” services were provided by telehealth. (See Figure 6).

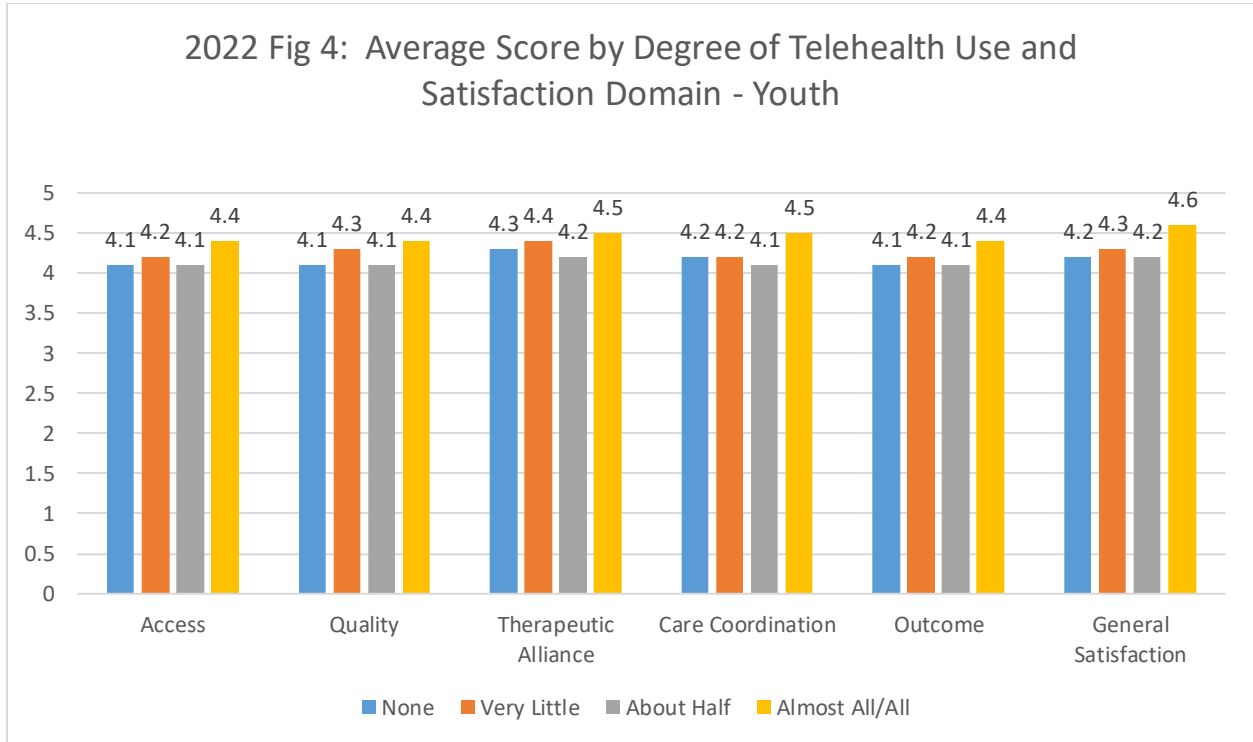
Although there were no meaningful differences in perceptions of care/satisfaction between telehealth and in-person services for adults, youth scores indicate a distinct preference for telehealth services. These results suggest that the transition of services to telehealth due to COVID-19 may have influenced treatment perceptions/satisfaction with services during program closures. In 2022, fewer youth reported "Any" telehealth, so we may be seeing a transition in the use of telehealth to an increase in in-person services as the pandemic eases. Nevertheless, given the high level of general satisfaction and in particular perceived comfort level and engagement with counselors, providers should continue to offer telehealth to youth who seek it out.

### 2022 Figure 5. Average Score by Degree of Telehealth Use and Satisfaction Domain

- Adult



2022 Figure 6. Average Score by Degree of Telehealth Use and Satisfaction Domain – Youth



APPENDIX:  
Additional Figures and Tables

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

<b>County</b>	<b>Number of Respondents</b>	<b>Percent</b>
Alameda	512	3.5%
Contra Costa	474	3.2%
El Dorado	38	0.3%
Fresno	661	4.5%
Imperial	213	1.4%
Kern	198	1.3%
Los Angeles	3,632	24.7%
Marin	159	1.1%
Merced	188	1.3%
Monterey	192	1.3%
Napa	75	0.5%
Nevada	100	0.7%
Orange	568	3.9%
Placer	118	0.8%
Riverside	1,132	7.7%
Sacramento	179	1.2%
San Benito	39	0.3%
San Bernardino	947	6.4%
San Diego	1,646	11.2%
San Francisco	879	6.0%
San Joaquin	205	1.4%
San Luis Obispo	87	0.6%
San Mateo	131	0.9%
Santa Barbara	374	2.5%
Santa Clara	121	0.8%
Santa Cruz	132	0.9%
Stanislaus	924	6.3%
Tulare	211	1.4%
Ventura	361	2.4%
Yolo	75	0.5%
PHC Regional Model	144	1.0%
Missing	0	0%
<b>Total</b>	<b>14,717</b>	<b>100.0%</b>

**Table 2. Survey Responses by Treatment Program – Adults**

	<b>N</b>	<b>Percent</b>
<b>Treatment Program*</b>		
Outpatient/intensive outpatient	361	46.9%
Residential	248	32.2%
Narcotic/opioid treatment program	130	16.9%
Detoxification/Withdrawal management	28	3.6%
Partial hospitalization	1	0.1%
Missing***	1	0.1%
<b>Total</b>	<b>769</b>	<b>100.0%</b>
<b>Number of respondents**</b>		
Outpatient/intensive outpatient	5,787	40.9%
Residential	3,561	25.2%
Narcotic/Opioid treatment program	4,622	32.7%
Detoxification/Withdrawal management	163	1.2%
Partial hospitalization	1	0.0%
Missing***	4	0.0%
<b>Total</b>	<b>14138</b>	<b>100.0%</b>

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

\*\* Only includes survey forms when at least one of the 15 questions is answered. Excluded forms: *N* = 414.

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



**Table 3. Survey Respondents by Treatment Program – Youth**

	<b>N</b>	<b>Percent</b>
<b>Treatment Program*</b>		
Outpatient/intensive outpatient	92	91.1%
Residential	7	6.9%
Detoxification/Withdrawal management	1	1.0%
Missing***	1	1.0%
<b>Total</b>	<b>101</b>	<b>100.0%</b>
<b>Number of respondents**</b>		
Outpatient/intensive outpatient	544	94.0%
Residential	26	4.5%
Detoxification/Withdrawal management	8	1.4%
Missing***	1	0.2%
<b>Total</b>	<b>579</b>	<b>100.0%</b>

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

\*\* (1) Only includes survey forms when at least one of the 18 questions is answered. (Excluded forms:  $N = 46$ .) (2) Only includes survey forms when respondents are between the ages of 12 and 20. (Excluded forms:  $N = 1$ .)

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

**Table 4. Demographic Characteristics - Adults (N = 14,138)**

	<b>N</b>	<b>Percent</b>
<b>Gender (Multiple responses allowed)</b>		
Female	5,279	37.3%
Male	8,039	56.9%
Transgender	98	0.7%
Other gender identity	138	1.0%
Decline to answer/missing	671	4.7%
<b>Age group</b>		
18-25	938	6.6%
26-35	4,477	31.7%
36-45	3,702	26.2%
46-55	2,191	15.5%
56+	2,065	14.6%
Decline to answer/missing	765	5.4%
<b>Race/ethnicity (Multiple responses allowed)</b>		
American Indian/Alaska Native	660	4.7%
Asian	326	2.3%
Black/African American	1,720	12.2%
Latinx	3,686	26.1%
Native Hawaiian/Pacific Islander	207	1.5%
White	5,970	42.2%
Other	1,895	13.4%
Unknown/missing	1,087	7.7%
<b>How long received services here</b>		
First visit/day	912	5.7%
2 weeks or less	1,386	9.8%
More than 2 weeks	11,351	80.3%
Missing	589	4.2%
<b>Surveys received by language</b>		
English	13,645	96.5%
Spanish	481	3.4%
Hmong	8	0.0%
Chinese	3	0.0%
Farsi	1	0.0%

**Table 5. Demographic Characteristics – Youth (N = 579)**

	<b>N</b>	<b>%</b>
<b>Gender (Multiple responses allowed)</b>	.	.
Female	211	36.4%
Male	318	54.9%
Transgender	2	0.3%
Other gender identity	12	2.1%
Decline to answer/missing	40	6.9%
<b>Age group</b>	.	.
12-15	193	33.3%
16	134	23.1%
17+	173	29.9%
Missing	79	13.6%
<b>Race/ethnicity (Multiple responses allowed)</b>	.	.
American Indian/Alaskan Native	22	3.8%
Asian	13	2.2%
Black/African American	48	8.3%
Latinx	334	57.7%
Native Hawaiian/Pacific Islander	10	1.7%
White	113	19.5%
Other	73	12.6%
Unknown/missing	54	9.3%
<b>How long received services here</b>	.	.
Less than 1 month	157	28.3%
1-5 months	259	46.8%
6 months or more	85	15.3%
Missing	53	9.6%
<b>Surveys received by language</b>		
English	569	98.3%
Spanish	10	1.7%
Missing	0	0.0%

\*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**

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	<b>Average Score* (Standard Deviation)</b>	<b>Percent of Respondents with Positive Score**</b>
Outpatient/intensive outpatient	4.49 (0.57)	95.3%
Residential	4.31 (0.72)	88.1%
Narcotic/opioid treatment program	4.43 (0.61)	93.7%
Withdrawal management (standalone)	4.44 (0.56)	95.1%
Detoxification/Withdrawal management	4.40 (. )	100.0%
Other/Missing	4.79 (0.10)	100.0%
<b>Total</b>	4.42 (0.63)	92.9%

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\*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=12867).

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

	<b>Average score* (Standard deviation)</b>	<b>Percent of respondents with positive score**</b>
Outpatient/intensive outpatient	4.25 (0.62)	88.1%
Residential	3.99 (0.69)	72.0%
Detoxification/Withdrawal management	4.11 (0.40)	100.0%
Missing	3.78 (. )	100%
<b>Total</b>	4.24 (0.62)	87.5%

\*\*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=504).

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

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	Average Score (Standard Deviation)
<b>Gender</b>	
Female	4.47 (0.62)
Male	4.41 (0.62)
Transgender	4.23 (0.78)
Other gender identity	4.15 (0.81)
Missing	4.30 (0.75)
<b>Race</b>	
American Indian/Alaska Native	4.38 (0.67)
Asian	4.43 (0.57)
Black/African American	4.42 (0.61)
Mexican/Latino	4.45 (0.60)
White	4.38 (0.58)
Native Hawaiian/Pacific Islander	4.43 (0.63)
Other	4.37 (0.66)
Unknown/missing	4.29 (0.74)
<b>Age</b>	
18-25	4.33 (0.70)
26-35	4.44 (0.63)
36-45	4.44 (0.63)
46-55	4.43 (0.61)
56+	4.40 (0.59)
Missing	4.38 (0.64)
<b>TOTAL</b>	4.42 (0.63)

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

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	Average Score (Standard Deviation)
<b>Gender</b>	
Female	4.31 (0.58)
Male	4.22 (0.62)
Transgender (n=1)	4.07 (0.18)
Other gender identity	4.02 (0.65)
Missing	3.77 (1.06)
<b>Race</b>	
American Indian/Alaska Native	4.29 (0.47)
Asian	4.56 (0.47)
Black/African American	4.07 (0.84)
Mexican/Latino	4.26 (0.59)
White	4.39 (0.70)
Other	4.24 (0.63)
Unknown/missing	4.23 (0.62)
<b>Age</b>	
12-15	4.20 (0.59)
16	4.30 (0.57)
17+	4.29 (0.62)
Missing	4.08 (0.80)
<b>TOTAL</b>	4.24 (0.62)

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**Table 10. Telehealth Usage by Treatment Modality – Adult**

Telehealth	Outpatient/ Intensive Outpatient		Residential		Opioid/Narcotic Treatment Program		Detoxification/ Withdrawal Management		Partial Hospitalization		Missing		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>None</b>	2,336	40.4	1,529	42.9	1,194	25.8	69	42.3	1	100	.	.	5,129	36.3
<b>Any telehealth</b>	3,073	53.1	1,805	50.7	3,010	65.1	71	43.6	.	.	4	100	7,963	56.3
Very little	1,440	24.9	1,094	30.7	1,253	27.1	43	26.4	.	.	.	.	3,830	27.1
About half	723	12.5	374	10.5	1,090	23.6	13	8.0	.	.	2	50.0	2,202	15.6
Almost all	565	9.8	200	5.6	463	10.0	5	3.1	.	.	1	25.0	1,234	8.7
All	345	6.0	137	3.8	204	4.4	10	6.1	.	.	1	25.0	697	4.9
<b>Missing</b>	378	6.5	227	6.4	418	9.0	23	14.1	.	.	.	.	1,046	7.4



**Table 11. Telehealth Usage by Treatment Modality – Youth**

Telehealth	Outpatient/ Intensive Outpatient		Residential		Opioid/Narcotic Treatment Program		Detoxification/ Withdrawal Management		Partial Hospitalization		Missing		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>None</b>	209	38.4	13	50.0	.	.	3	37.5	.	.	.	.	225	38.9
<b>Any telehealth</b>	267	49.1	13	50.0	.	.	5	62.5	.	.	.	.	286	49.4
Very little	134	24.6	5	19.2	.	.	3	37.5	.	.	.	.	142	24.5
About half	73	13.4	4	15.4	.	.	2	25.0	.	.	.	.	80	13.8
Almost all	34	6.3	2	7.7	.	.	.	.	.	.	.	.	36	6.2
All	26	4.8	2	7.7	.	.	.	.	.	.	.	.	28	4.8
<b>Missing</b>	68	12.5	.	.	.	.	.	.	.	.	.	.	68	11.7

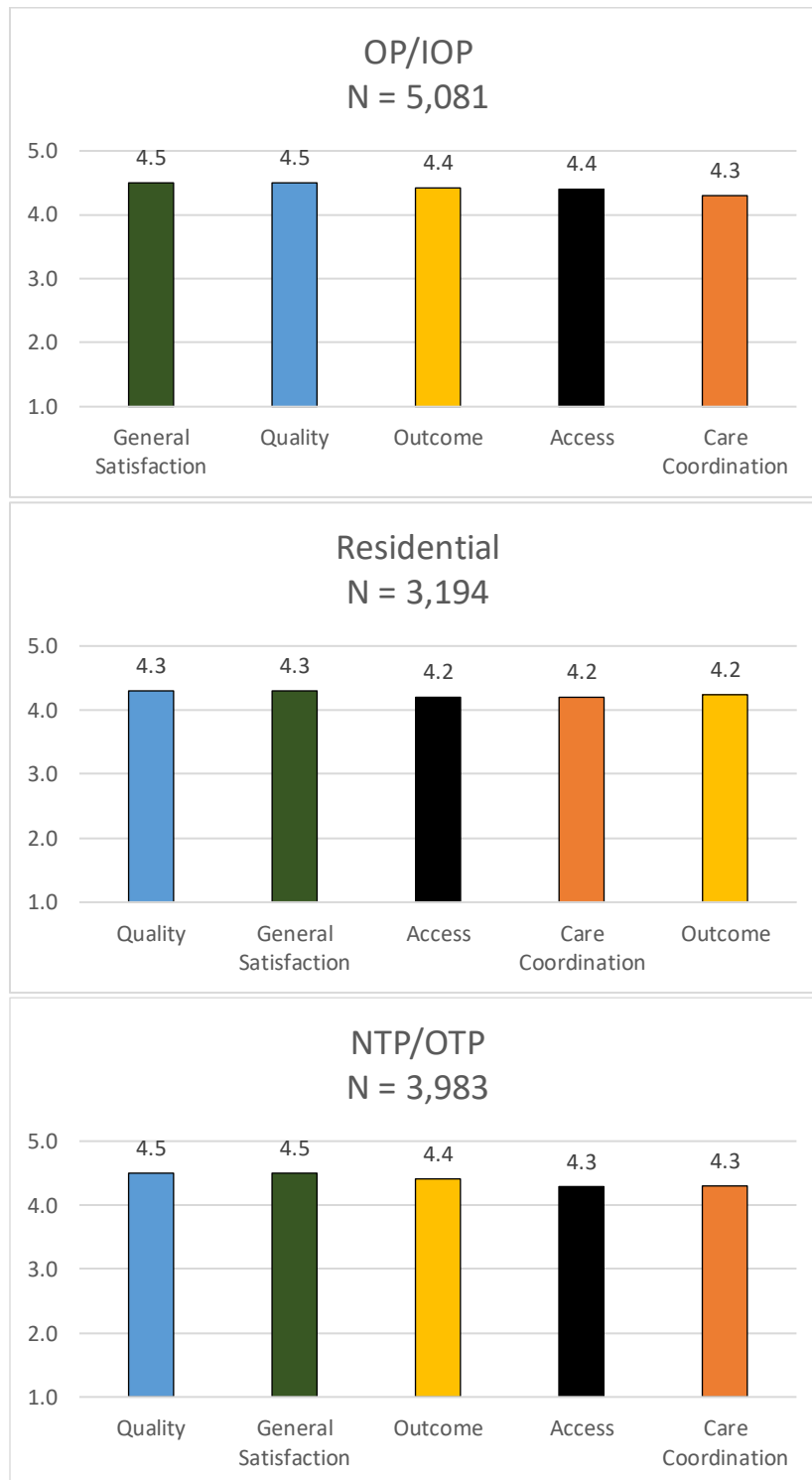
**Table 12. Average score of five satisfaction domains by treatment setting – Adult**

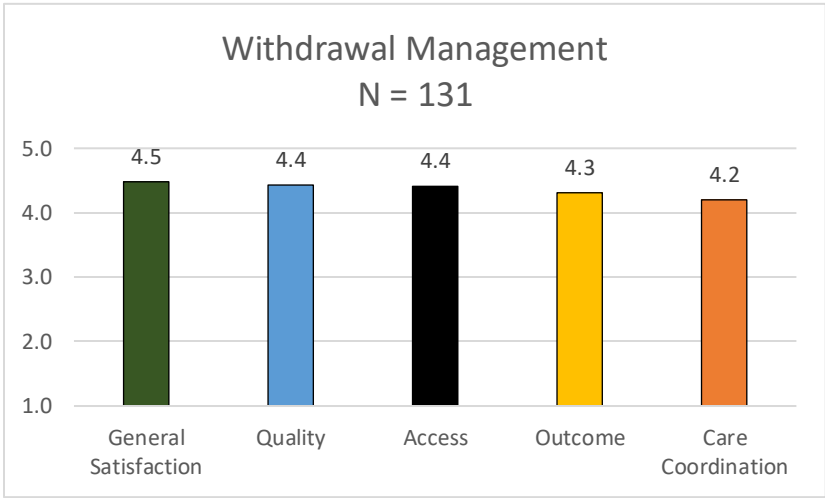
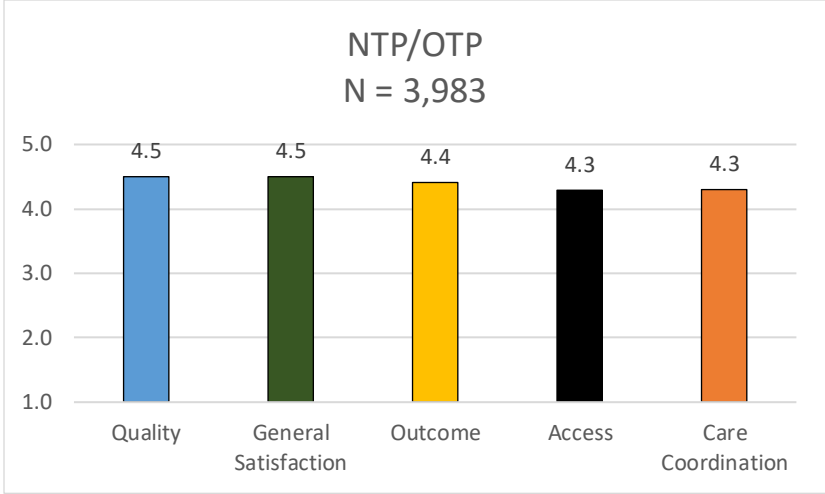
	<b>Access</b>	<b>Quality</b>	<b>Care Coordination</b>	<b>Outcome</b>	<b>General Satisfaction</b>	<b>Overall Score</b>
<b>Outpatient/ Intensive Outpatient</b>	4.38	4.53	4.35	4.42	4.54	<b>4.49</b>
<b>Residential</b>	4.25	4.33	4.24	4.24	4.33	<b>4.31</b>
<b>Opioid/Narcotic Treatment Program</b>	4.33	4.45	4.29	4.42	4.46	<b>4.43</b>
<b>Detoxification/ Withdrawal Management</b>	4.40	4.40	4.20	4.33	4.49	<b>4.44</b>
<b>Partial hospitalization</b>	5.00	4.40	2.00	5.00	5.00	<b>4.36</b>
<b>Other/Missing</b>	4.13	4.75	5.00	5.00	5.00	<b>4.79</b>

**Table 13. Average score of five satisfaction domains by treatment setting – Youth**

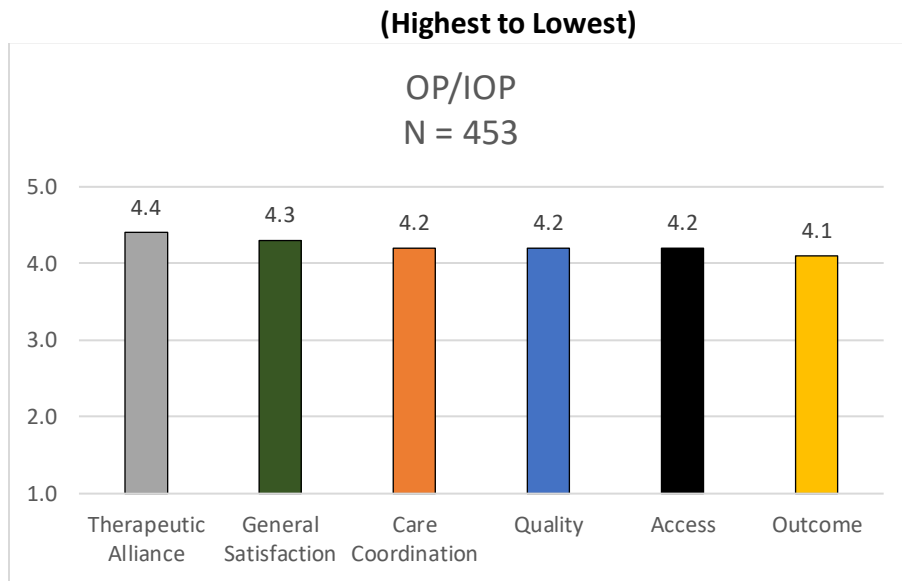
	Access	Quality	Therapeutic Alliance	Care Coordination	Outcome	General Satisfaction	Overall Score
<b>Outpatient/ Intensive Outpatient</b>	4.17	4.20	4.33	4.21	4.11	4.27	<b>4.25</b>
<b>Residential</b>	3.78	4.00	4.06	3.94	4.15	4.17	<b>3.99</b>
<b>Opioid/Narcotic Treatment Program</b>	.	.	.	.	.	.	.
<b>Detoxification/ Withdrawal Management</b>	3.67	4.16	4.29	4.36	4.29	4.21	<b>4.11</b>
<b>Partial hospitalization</b>	.	.	.	.	.	.	.
<b>Other/Missing</b>	3.67	3.25	4.00	4.00	4.00	4.00	<b>3.78</b>

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





**Figure 6. Average Scores of All Counties for Outpatient\* and Domain–Youth**



\*No youth surveys were returned for W/M and Residential data was not reported due to small n=26