



Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS) Statewide Report 2024

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Integrated Substance Use and Addiction Programs

Division of Addiction Psychiatry

*Marylou Gilbert, M.A., J.D.; Vandana Joshi, Ph.D.; Valerie P. Antonini, MPH; Savannah Gourley, MPH;
Liliana Gregorio, M.A.S; and Darren Urada, Ph.D.*

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FOR MORE INFORMATION CONTACT:

Marylou Gilbert, M.A., J.D.
Integrated Substance Use and Addiction Programs (ISAP)
Program Manager – [Consumer Perceptions Survey](#) (MH)
Survey Director – [Treatment Perception Survey](#) (SUD)
UCLA - Semel Institute for Neuroscience and Human Behavior
Division of Addiction Psychiatry
10911 Weyburn Avenue, Suite 200, Los Angeles, CA 90025
e: marylougilbert@mednet.ucla.edu
c: (310) 801-2524
www.uclaisap.org

2024 Treatment Perceptions Survey (TPS)

Statewide Report 2024

Executive Summary

Each fall since 2017, the California Department of Healthcare Services (DHCS), has contracted with UCLA Integrated Substance Use and Addiction Programs (ISAP) to facilitate the collection and analysis of the annual SUD perceptions of care survey data to facilitate both quality improvement and evaluation of the Drug Medi-Cal Organized Delivery System (DMC-ODS). Administration of the 2024 Statewide Treatment Perceptions Survey (TPS) occurred October 21-25, with participation occurring in all 39 DMC-ODS counties. This was the eighth administration of the annual survey. Surveys were conducted via online and paper-based versions.

The TPS presents statements about services within 5 adult and 6 youth domains and asks respondents to state to what degree they agree or disagree with each statement using a 5-point Likert scale (1= Strongly disagree and 5= Strongly agree). The adult domains are Access, Quality, General Satisfaction, Outcome and Care Coordination; the youth domains are the same with the addition of Therapeutic Alliance.

Over the course of yearly survey administration, changes in perception scores continue to remain relatively small, and the ratings for all domains have remained high across time for both adults and youth. In 2024, scores across all domains ranged on average between 4.1-4.5 on a scale from 1.0 to 5.0; where higher scores indicate greater satisfaction. However, each year brings new information to light that indicates challenges to address and successes to strengthen.

Findings

Engagement/Participation:

Data collection occurred via paper (16,187) and online (3,959) for both 19,429 adults and 717 youth, totaling 20,146 respondents statewide. Although there were fewer youth respondents in 2024, overall client participation in the TPS has increased steadily over the past several years. For example, in 2023 there were 18,174 surveys and in 2022 there were 14,717. County participation has also increased steadily over the years; in 2024 there was an additional county included for a total of 32 counties plus the 7 counties within the regional model, Partnership Healthcare Plan.

The highest percentage of adult survey forms was received from clients in OP/IOP programs (47.2%), followed by residential programs (28.8%) then OTPs/NTPs (16.9%) and standalone Withdrawal Management (WM) program (4.6%). In alignment with adult respondents, the vast majority of surveys from youth clients were also returned from OP/IOP programs (90.9%), while a much lower percentage of surveys were returned from residential programs (4.5%), and participation was rounded out by OTPs/NTPs (3.6%).

Adult Scores:

Average scores for each of the five domains were high and continue to remain aligned with prior years: Quality and General Satisfaction domains yielded the highest scores (both 4.5), followed by the Outcome and Access (both 4.4), and Care Coordination domain yielded the lowest score (4.3). Respondents were least likely to agree with the individual statements for Care Coordination regarding staff connecting clients with services (82%) and working with mental health and physical health providers (83%).

Youth Scores:

Average scores for all domains were also above 4.0 for youth in 2024. As with past survey administrations, Therapeutic Alliance received the highest average score (4.4) followed by General Satisfaction (4.3). Access and Care Coordination domains (4.2). At the lower end of the scale were Quality (4.2) and the Outcome domain (4.0). Youth reported a high agreement with the statements of “being treated with respect” (92%) and that “counselors took the time to listen” (91%). On the other hand, they were also least likely to agree with the individual statements, “Felt less craving for drugs and alcohol” (73%), in the Outcome domain and “My counselor provided necessary services for my family” (75%). Similar to previous years, youth respondents were also less likely to agree with: “The staff are sensitive to my cultural background [ethnicity, religion, language, etc.]” (77%); notably, almost three quarters of youth participants identify as Latinx (72.4%) – a pattern that has held true for the past several survey administrations. While cultural sensitivity continues to be a challenge, it also provides an opportunity to review cultural awareness and competencies among youth-serving providers.

Scores by Treatment Setting:

Perception scores by treatment setting were higher than in previous years for both adults and youth; although scores for residential settings remain lower than other settings for both, adults in residential were at 90% and youth were at 88%. In fact, across all treatment settings, the measures of Outcome, Access and Care Coordination had consistently lower average rating scores than the other domains.

Among adults, Quality and General Satisfaction domains received the highest scores across all the treatment settings (between 4.4 and 4.6, and Care Coordination received the lowest score across all treatment settings with 4.2 in Residential and 4.4 in OP/IOP, OTP/NTP and Standalone Detox/WM.

For youth, there was some variability among ratings across domains in OP/IOP settings; Therapeutic Alliance scored the highest at 4.4 and Outcome was lowest at 4.1. Data for Youth in Residential and OTP/NTP settings was not analyzed due to small N of less than 25.

Scores by Telehealth Services Received:

Telehealth continues to be an important mechanism for receiving services. Telehealth is used by over half of youth and adults; however, there may be regional differences in availability, use and preference.

In 2024, adult respondents indicated very little variation in General Satisfaction by the amount of telehealth services they received, suggesting they were just as satisfied with in-person as with telehealth treatment. Perception scores for telehealth satisfaction remained high across domains, between 4.4 and 4.5, with the exception of Care Coordination which was between 4.2 and 4.3. For youth respondents, there was more variability among the scores, Outcome and Access scored lower while General Satisfaction and Therapeutic Alliance domain among youth showed a slightly higher average score when "All" and "Almost All" of the services received were via telehealth. Youth provided the lowest ratings when about half of their services were delivered through telehealth, suggesting less satisfaction with hybrid approaches than those that used either telehealth or in-person more consistently.

Recommendations

- Continue supporting telehealth for youth and adults, while considering appropriate use of hybrid approaches with youth that may be impacting lower satisfaction scores.
- Explore strategies (social media platforms, informal settings, peer to peer models, etc.) to encourage deeper youth engagement with program services.
- Address cravings among youth clients. This could include efforts ranging from relapse prevention skills training (e.g. avoiding triggers) to medications.
- Consider ways to encourage more shared decision-making and increased care coordination for clients seeking assistance with physical or mental health appointments.

- Examine ways to address access issues. Among adults, treatment location was the lowest rated access item, which suggests adding more locations or providing transportation assistance may be helpful. Youth rated their experience enrolling in treatment lowest among the access items, suggesting youth programs with lower ratings on this item may benefit from revisiting their enrollment processes.

The following report provides a more detailed, narrative analysis of the TPS results. Respondent feedback on improvement to the system is also included in the report.

Background of the Treatment Perceptions Survey (TPS)

In 2017, UCLA developed the Treatment Perceptions Survey (TPS) to serve as a statewide tool to measure perceptions of care from clients receiving substance use services under the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Demonstration Project. The TPS for adults was based on San Francisco County's Treatment Satisfaction Survey. A year later, a youth version based on Los Angeles County's Treatment Perceptions Survey was introduced. 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 and continues to serve multiple purposes: 1) fulfill the 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 Centers for Medicare and Medicaid Services (CMS) required evaluation of the DMC-ODS waiver; and 3) support DMC-ODS quality improvement efforts while providing pertinent information on the impacts of the waiver. Since its inception in 2017, UCLA has offered expertise in measuring, understanding, and reporting clients' experiences with their SUD care. Collecting data statewide allows participating counties to better understand and assess system strengths and challenges, identify areas for improvement, and work to implement change.

Data Collection Methods

The administration of the TPS occurs annually in October 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. In CY 2020 UCLA added an online version to facilitate data collection and expedite analysis as much as possible.

Both paper-based and online surveys are available in English and 12 threshold languages (Spanish, Chinese, Tagalog, Farsi, Arabic, Russian, Hmong, Korean, Eastern Armenian, Western Armenian, Vietnamese, and Cambodian) for both adults and youth.

Survey respondents used a 5-point Likert scale (strongly disagree to strongly agree) on which higher numbers indicated more positive perceptions of care/satisfaction. Survey respondents who responded to any of the 16 adult survey items (N = 19,429) and 19 youth survey items (N = 717) were used to analyze mean ratings and percent agreement with each question. In addition, we also examined an average score of all the perception of care survey items by treatment setting. For this analysis we used data only from adult survey respondents who responded to all 16 survey items (N = 14,394) and all 19 survey items for Youth (N = 491). Surveys that responded to Agree or Strongly Agree were counted as having a positive rating. The percentage agreement is defined as “strongly agree and agree.”

Survey Items and Domains

No changes to survey items or domains occurred for the 2024 survey period. Questions remained streamlined and aligned with the satisfaction domains for seamless administration. The adult survey includes 16 items addressing patient perceptions of satisfaction in five domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. The youth survey includes 19 items and the same five domains as the adult survey plus an additional domain: Therapeutic Alliance.

As providers continue to use telehealth to deliver services to patients, the telehealth items added in 2020 also remained included for both adult and youth surveys (*“Now thinking about the services you received, how much of it was by telehealth”; “How helpful were your telehealth visits compared to traditional in-person visit”*). Also, for both groups, there were additional questions on demographics (age, gender identity, sexual orientation, race/ethnicity) and a final section where comments may be written.

Adult TPS Domain and Item Statements	
DOMAIN	ITEM STATEMENT
Access	<ul style="list-style-type: none"> The location was convenient (public transportation, distance, parking, etc.). Services were available when I needed them.
Quality	<ul style="list-style-type: none"> I chose the treatment goals with my provider's help. Staff gave me enough time in my treatment sessions. Staff treated me with respect. Staff spoke to me in a way I understood. Staff were sensitive to my cultural background (race, religion, language, etc.).
General Satisfaction	<ul style="list-style-type: none"> I felt welcome here. Overall, I am satisfied with the services I received. I was able to get all the help that I needed. I would recommend this agency to a friend or family member.
Outcome	<ul style="list-style-type: none"> As a direct result of the services I am receiving, I am better able to do things that I want to do. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.
Care Coordination	<ul style="list-style-type: none"> Staff here work with my Physical Health care providers to support my wellness. Staff here work with my Mental Health care providers to support my wellness. Staff here helped me to connect with other services as needed (social services, housing, etc.)
Youth TPS Domain and Item Statements	
DOMAIN	ITEM STATEMENT
Access	<ul style="list-style-type: none"> The location of services was convenient for me. Services were available at times that were convenient for me. I had a good experience enrolling in treatment.
Quality	<ul style="list-style-type: none"> I received services that were right for me. Staff treated me with respect. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). My counselor provided necessary services for my family.
General Satisfaction	<ul style="list-style-type: none"> Overall, I am satisfied with the services I received. I would recommend the services to a friend who is in need of similar help.
Outcome	<ul style="list-style-type: none"> As a direct result of the services I am receiving, I am better able to do things that I want to do. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.
Care Coordination	<ul style="list-style-type: none"> Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.). Staff here helped me with other issues and concerns I had related to legal/probation, family, and educational systems.
Therapeutic Alliance	<ul style="list-style-type: none"> My counselor and I work on treatment goals together. I feel my counselor took the time to listen to what I had to say. I developed a positive, trusting relationship with my counselor. I feel my counselor was sincerely interested in me and understood me. I like my counselor here. My counselor is capable of helping me.

Survey Administration

Survey administration was conducted as described in DHCS Behavioral Health (BHIN 24-026). The 2024 TPS survey forms and instructions, forms in the 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 the [TPS Client Perception Survey](https://uclaisap.org/client-treatment-perceptions-survey/) website.

Full URL: <https://uclaisap.org/client-treatment-perceptions-survey/>

Representative staff from participating counties and the Partnership HealthPlan of California Wellness and Recovery Program (PHC) coordinated the survey administration and data collection with providers in their respective provider networks. Preparations began in August of 2024 as county administrators conducted outreach to their service providers, submitted provider lists to UCLA and downloaded/printed and distributed paper surveys and flyers with online survey QR codes to providers. Since data from the UCLA online survey portal was received by UCLA directly from the survey participant, during the survey week, daily online survey counts were provided to county administrators by UCLA staff. In the weeks following the administration of the survey, paper surveys were collected by county administrative staff and subsequently sent to UCLA via FedEx. Counties that collected survey data through their own online portal submitted via the UCLA Box Portal, a HIPAA compliant file-sharing platform. 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.

A total of 39 counties participated in the TPS during October 21-25, 2024. This includes 32 DMC-ODS counties along with 7 counties that are participating in DMC-ODS through PHC (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano). As in previous years, programs included outpatient/intensive outpatient (OP/IOP), Residential, Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP), Partial Hospitalization and Withdrawal Management (WM, standalone) treatment settings.

A pilot effort that UCLA introduced in 2023 continued, in collaboration with DHCS. Consent-to-Contact data was collected from only online survey participants in English and Spanish. The intent is to create another opportunity to dive deeper into treatment experiences through follow-up qualitative interviews with survey participants who agree

to be contacted later. Several areas of inquiry may benefit from additional efforts to better understand patient/consumer experiences and ultimately improve outcomes.

Results and Discussion

Surveys Submitted

For the 2024 survey period, 20,146 total TPS surveys from both adults and youth were received; adult surveys were received from all 39 counties (32 individual counties plus 7 PHC counties), and adults accounted for 96.4% of forms (N = 19,429). Youth accounted for 3.6% (N = 717) and 25 counties submitted youth forms. The number of survey forms continues to increase each year as additional counties are included.

In 2024, 897 adult programs and 122 youth programs with unique provider IDs participated in the data collection which was an increase from 2023 for adult programs and a slight decrease for youth programs; county administrators worked hard on outreach activities to inform and motivate their service providers and the increased numbers for adults reflect this effort.

Tables 1a and 1b, below, describe the breakdown of participation by treatment program for both adults and youth. OP/IOP programs accounted for the preponderance of surveys submitted for both adults and youth. However, adults have a wider variation of responses across other modalities. There was a notable increase in participation among adults in NTPs/OTPs program this year (31.1%) compared to 2023 (17.7%).

Table 1a. Survey Responses by Treatment Programs – Adults N = 19,429

	Outpatient / Intensive Outpatient		Residential		Opioid / Narcotic Treatment Program		Detoxification / Withdrawal Management		Partial Hospi- talization		Decline to Answer/ Missing		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Number of Programs *	448	49.9%	249	27.8%	143	15.9%	36	4.0%	3	0.3%	18	2.0%	897	100.0%
Number of Forms Returned with Responses Received **														
Arabic	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Chinese	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
English	7,991	43.0%	4,311	23.2%	6,053	32.6%	231	1.2%	8	0.0%	51	0.3%	18,590	100.0%
Russian	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Spanish	585	75.3%	126	16.2%	44	5.7%	12	1.5%	0	0.0%	10	1.3%	777	100.0%
Vietnamese	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Decline to Answer/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	55	100.0%
Survey Methods														
Online	2,354	65.0%	850	23.5%	382	10.5%	31	0.9%	5	0.1%	0	0.0%	3,622	100.0%
Paper	6,226	39.4%	3,589	22.7%	5,716	36.2%	212	1.3%	3	0.0%	61	0.4%	15,807	100.0%

* In this report, 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 16 questions are answered.

Table 1b. Number of Survey Forms Returned by Treatment Setting – Youth (N = 717)

	Outpatient / Intensive Outpatient		Residential		Opioid / Narcotic Treatment Program		Decline to Answer/ Missing		Total	
	N	%	N	%	N	%	N	%	N	%
Number of Programs *	106	86.9%	10	8.2%	4	3.3%	2	1.6%	122	100.0%
Number of Forms Returned with Responses Received **										
English	643	95.8%	22	3.3%	3	0.4%	3	0.4%	671	100.0%
Spanish	24	52.2%	0	0.0%	22	47.8%	0	0.0%	46	100.0%
Survey Methods										
Online	331	98.2%	6	1.8%	0	0.0%	0	0.0%	337	100.0%
Paper	336	88.4%	16	4.2%	25	6.6%	3	0.8%	380	100.0%

* In this report, 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 19 questions are answered.

*** No survey respondents found with either Detoxification/Withdrawal Management and Partial Hospitalization among Youths.

Counties have been encouraged with each survey administration to promote the use of online survey links. Nevertheless, substantially more adults completed the 2024 survey via paper version 82% (N = 15,807) than online 19% (N = 3,622). This was similar to the results in previous years. Fewer differences in paper versus online survey submission were noted among youth, 53% versus 47% (paper N=380 vs online N = 337). No meaningful differences were observed between the online and paper surveys in the average scores by domain among adults and youth. Although the survey is offered to clients both as an online option (for example, provider-specific flyers are distributed with a QR code as a link to the survey) and paper version, as in previous years, clients tend to choose according to their comfort level in each instance.

Demographics

The demographics among the survey respondents remained consistent, as in previous TPS administrations, and largely similar to what we find in DMC-ODS. Respondents who identified as male or female, accounted for 93.6% of adults participating. The largest percentage of adult respondents identified as Hispanic/Latinx (42.3%) and White (43.1%), and the lowest percentage of adult respondents identified as Asian (2.8%) or Native Hawaiian/Pacific Islander (1.9%). Over half of the adult respondents were between the ages of 26-45.

Among youth, 92.8% of youth survey respondents identified as male or female. Youth respondents were largely Hispanic/Latinx (72.4%) followed by White (20.8%). It is interesting to note that 34.7% of youth respondents identified as Another Race without further specification. The lowest percentage of youth respondents identified as Asian (3.5%), and Native Hawaiian/Pacific Islander (2.8%).

Consistent with previous survey administrations, 96% of adult survey forms were returned in English and 4% were returned in Spanish. 93.6% of the youth survey forms were returned in English, and 6.4% were returned in Spanish, a marked increase from 2023 (2.5%). (see tables 2a and 2b below) We noted further that males, both Adults and Youth, are significantly more likely to use paper versus online platform for completing the TPS surveys. Women, both Adults and Youth, indicated no significant difference in completing surveys via paper versus online platform.

Table 2a. Demographics of Survey Respondents – Adult (N = 19,429)

Demographics	N	%
Gender Identity (Multiple Responses Allowed, May Add to More than 100%)		
Male	11,419	58.8
Female	6,763	34.8
Non-Binary	110	0.6
Transgender: Female to Male	72	0.4
Transgender: Male to Female	94	0.5
Another Gender Identity	78	0.4
Decline to Answer/Missing	1,022	5.3
Sexual Orientation (Multiple Responses Allowed, May Add to More than 100%)		
Heterosexual	15,699	80.8
Gay or Lesbian	699	3.6
Bisexual	973	5.0
Queer	121	0.6
Another Sexual Orientation	193	1.0
Unknown Sexual Orientation	359	1.8
Decline to Answer/Missing	1,597	8.2
Age Group		
18-25	1,178	6.1
26-35	5,880	30.3
36-45	5,342	27.5
46-55	2,958	15.2
56+	2,905	15.0
Decline to Answer/Missing	1,085	5.6
Race/Ethnicity (Multiple Responses Allowed, May Add to More than 100%)		
American Indian/Alaska Native	1,149	5.9
Asian	538	2.8
Black/African American	2,205	11.3
Hispanic	8,224	42.3
Native Hawaiian/Pacific Islander	361	1.9
White	8,365	43.1
Another Race	2,676	13.8
Unknown Race	1,524	7.8
Decline to Answer/Missing	1,647	8.5

Table 2b. Demographics of Survey Respondents – Youth (N = 717)

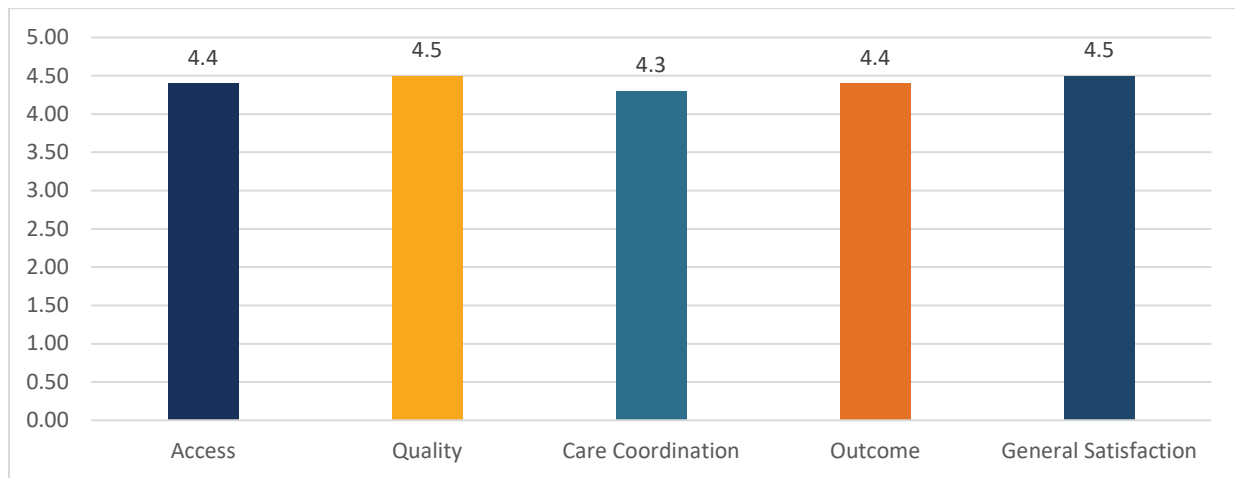
Demographics	N	%
Gender Identity (Multiple Responses Allowed, May Add to More than 100%)		
Male	402	56.1
Female	263	36.7
Non-Binary	6	0.8
Transgender: Female to Male	7	1
Transgender: Male to Female	3	0.4
Another Gender Identity	5	0.7
Decline to Answer/Missing	46	6.4
Sexual Orientation (Multiple Responses Allowed, May Add to More than 100%)		
Heterosexual	546	76.2
Gay or Lesbian	25	3.5
Bisexual	53	7.4
Queer	4	0.6
Another Sexual Orientation	10	1.4
Unknown Sexual Orientation	24	3.3
Missing	69	9.6
Age Group		
12-13	46	6.4
14	74	10.3
15	111	15.5
16	132	18.4
17+	180	25.1
Decline to Answer/Missing	174	24.3
Race/Ethnicity (Multiple Responses Allowed, May Add to More than 100%)		
American Indian/Alaska Native	60	8.4
Asian	25	3.5
Black/African American	75	10.5
Hispanic	519	72.4
Native Hawaiian/Pacific Islander	20	2.8
White	149	20.8
Another Race	249	34.7
Unknown Race	89	12.4
Decline to Answer/Missing	45	6.3

Average Perceptions of Care/Satisfaction by Domain

Adults

Average scores for each of the five domains were high and continue to remain aligned with prior years: Similar to 2023 scores, Quality and General Satisfaction domains yielded the highest scores (both 4.5), followed by the Outcome and Access (both 4.4), and Care Coordination domain yielded the lowest score (4.3).

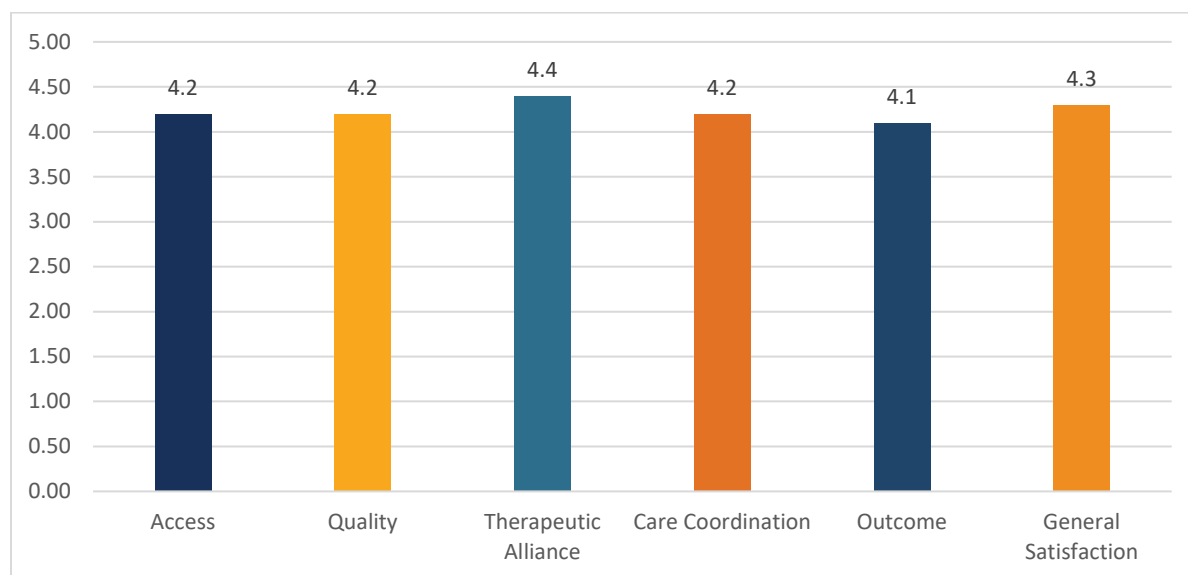
Figure 1a - Average Score by Domain - Adults



Youth

Among youth, average scores for all domains were also above 4.0 in 2024, with little variability. Therapeutic Alliance once again received the highest average score (4.4) followed by General Satisfaction and Care Coordination (both at 4.3), and Access and Quality (4.2). At the lowest end of the scale was Outcome domain (4.1).

Figure 1b - Average Score by Domain - Youth



Percent in Agreement for Each Survey Item by Domain

Adults

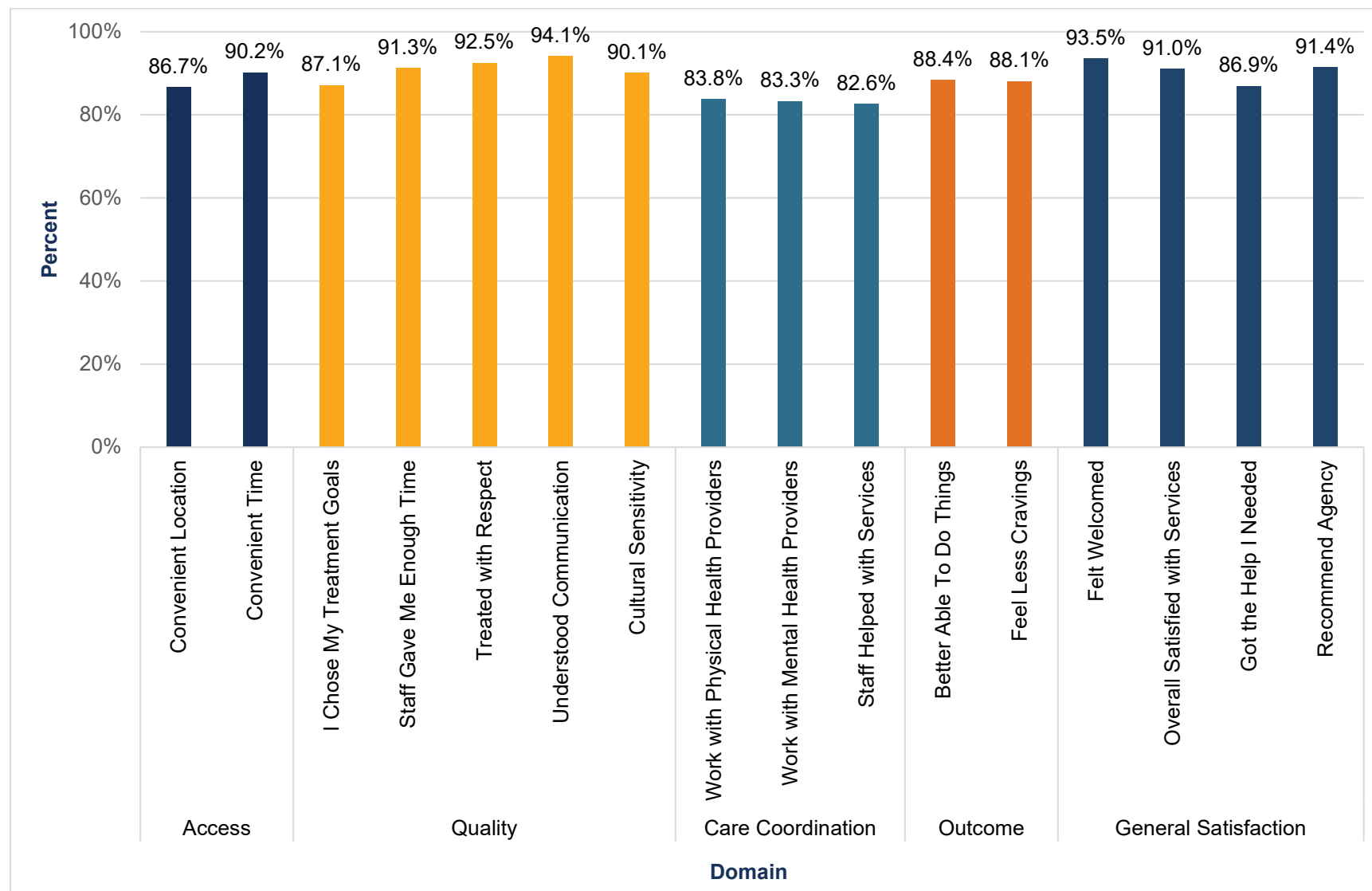
As shown below (See Fig. 2a), the percentage of responses in agreement for each of the 16 survey items remained above 80% to a high of 94%, indicating overall favorable perceptions of care among adults participating in the survey. Of the two questions with the highest percentages in agreement, one was in the Quality domain ("understood communication") scoring at 94.1%; the other was in the General Satisfaction domain ("I felt welcomed") and scored at 93.5%. This was remarkably aligned with scores from previous survey administrations.

All three items in the Care Coordination domain scored the lowest percentages in agreement ("staff here work with my physical health care providers to support my wellness,") at 83.8% and ("staff here work with my mental health care providers to support my wellness") at 83.3%, and ("staff helped to connect with service") at 82.6%. It is important to recognize that among adult clients, Coordination of Care items continue to challenge service providers each year more than other domains. Although not directly related to coordination of care, some respondents commented on ways to address mental wellness.

"I have suggested utilizing the small free spaces on each floor to encourage mindfulness, meditation and quiet time away from the chaotic nature of a communal environment."

"Would offer more mental health resources/solutions regarding psychiatry."

Figure 2a. Percent in Agreement for Each Survey Item by Domain – Adults



Youth

The percentage of youth responses in agreement for each of the 19 survey items was at least 73% (See Fig. 2b). The survey items showing the highest percentages in agreement were in the Quality domain at 92.1% ("treated with respect") and in the Therapeutic Alliance domain at 92% ("liked counselor"), followed by 91.3% ("counselor listened").

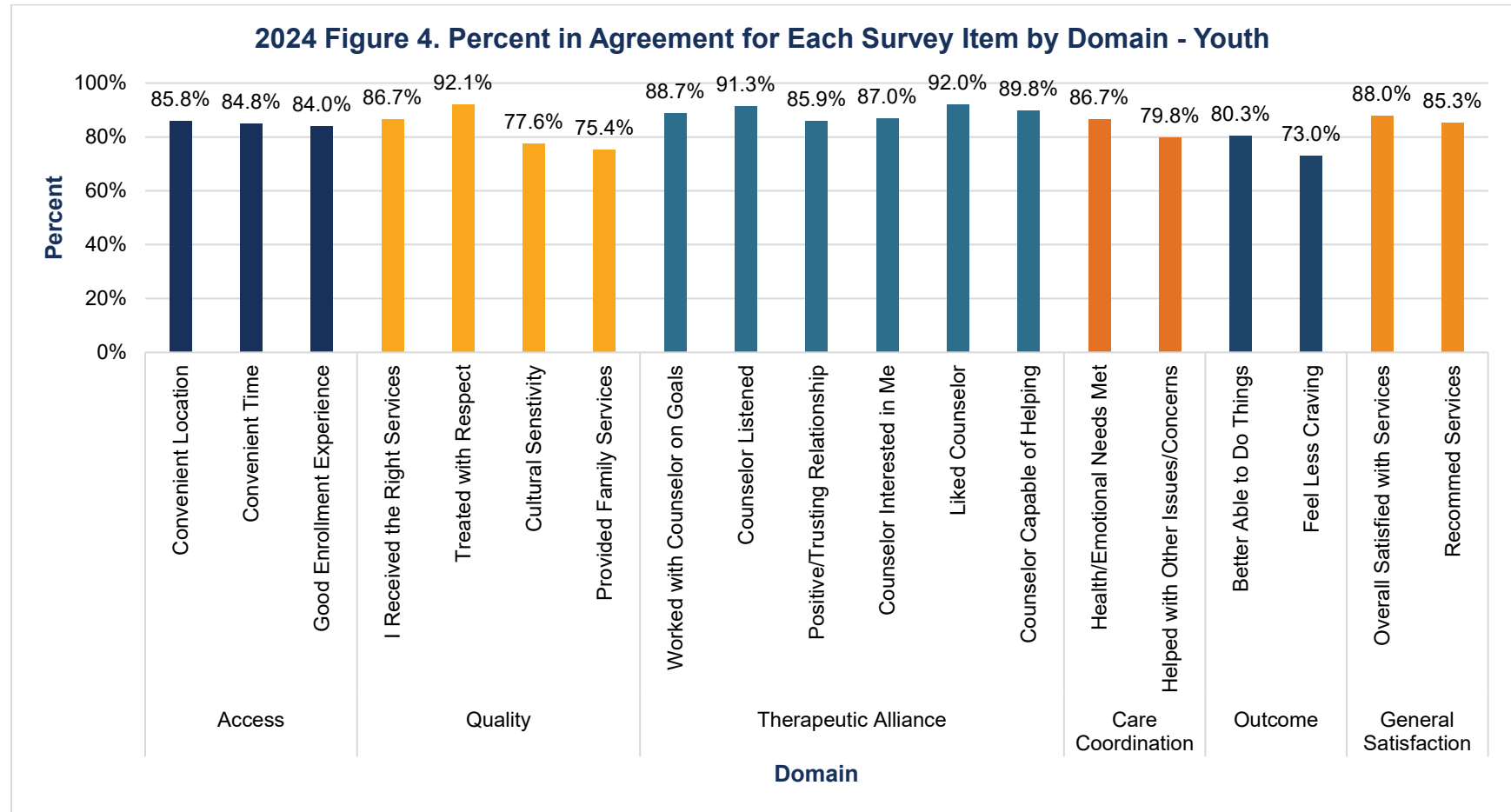
The item with the lowest percentage in agreement was in the Outcome domain (felt less craving") at 73% which is notably 15 percentage points lower than the same item for adults. It is important to point out that we could not draw comparisons with the other low-scoring items as they do not appear on the adult survey. The next two lowest rated items were in the Quality domain ("provided family services" and "cultural sensitivity"). These Quality domain items continue to persist in the lower rankings from prior survey periods. While youth reported lower cultural sensitivity among treatment staff, they also reported high degrees of being treated "with respect by their counselors". Nevertheless, lower Quality and Outcome scores may continue to offer opportunities for improvement strategies that enhance patient experiences and expectations regardless of race/ethnicity. Comments from youth were sparse and not necessarily related to the lowest ratings, yet some respondents suggested the following:



"Communication on meeting time changes in advance, and it would be nice seeing more art and health activities to get more engagement and show it's possible to have fun in recovery."

"Would like to do video chat but haven't been offered it yet."

Figure 2b. Percent in Agreement for Each Survey Item by Domain – Youth

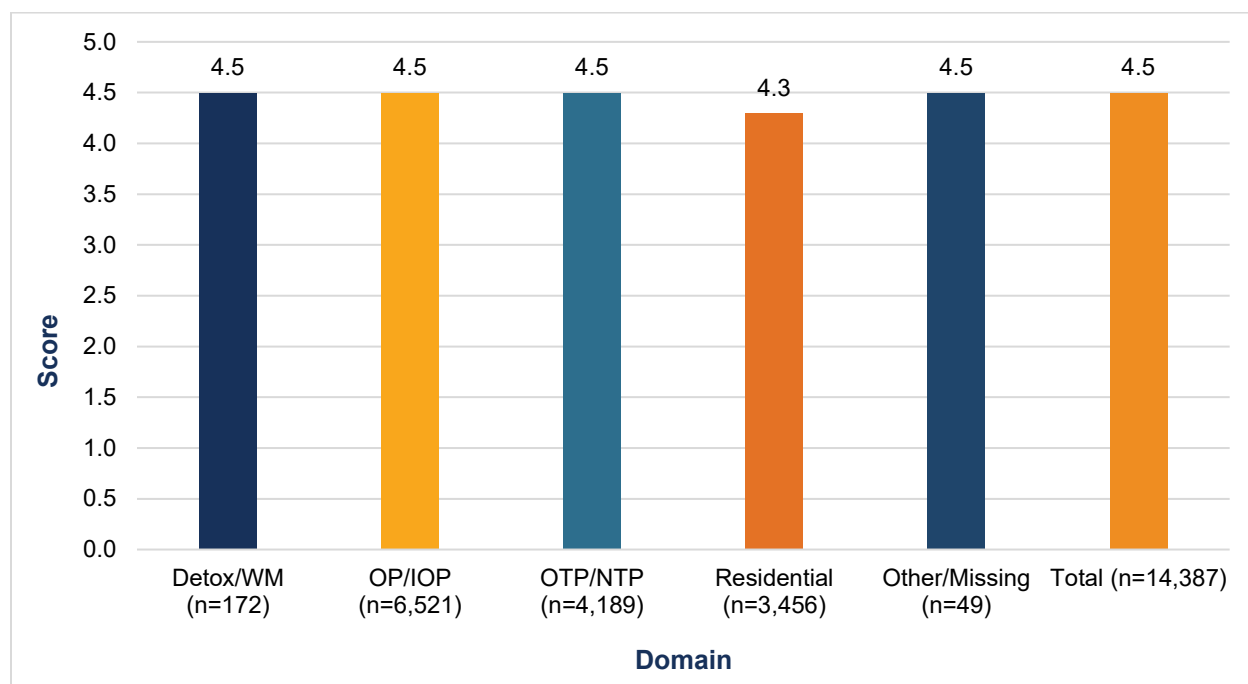


Average Perceptions of Care/Satisfaction Score by Treatment Setting

Adults

Figure 3a below indicates that the overall average score for adult survey respondents across the different treatment settings was 4.5, in alignment with scoring from prior years. The overall average scores by treatment setting were 4.5 for OP/IOP, NTP/OTP and WM (standalone), and 4.3 for residential. Scores for adults in residential settings remain lower this year, compared to other treatment settings.

Figure 3a. Average Score for All Counties by Treatment Settings – Adults



Some examples of suggestions from adult residential participants indicating there may be some room to improve residential perceptions of care and coordination of services:



"I would [suggest] a rest time midday for the first month to catch up on the lack of sleep and rest from living on the streets and the exhaustive lifestyle of drugs and homelessness."

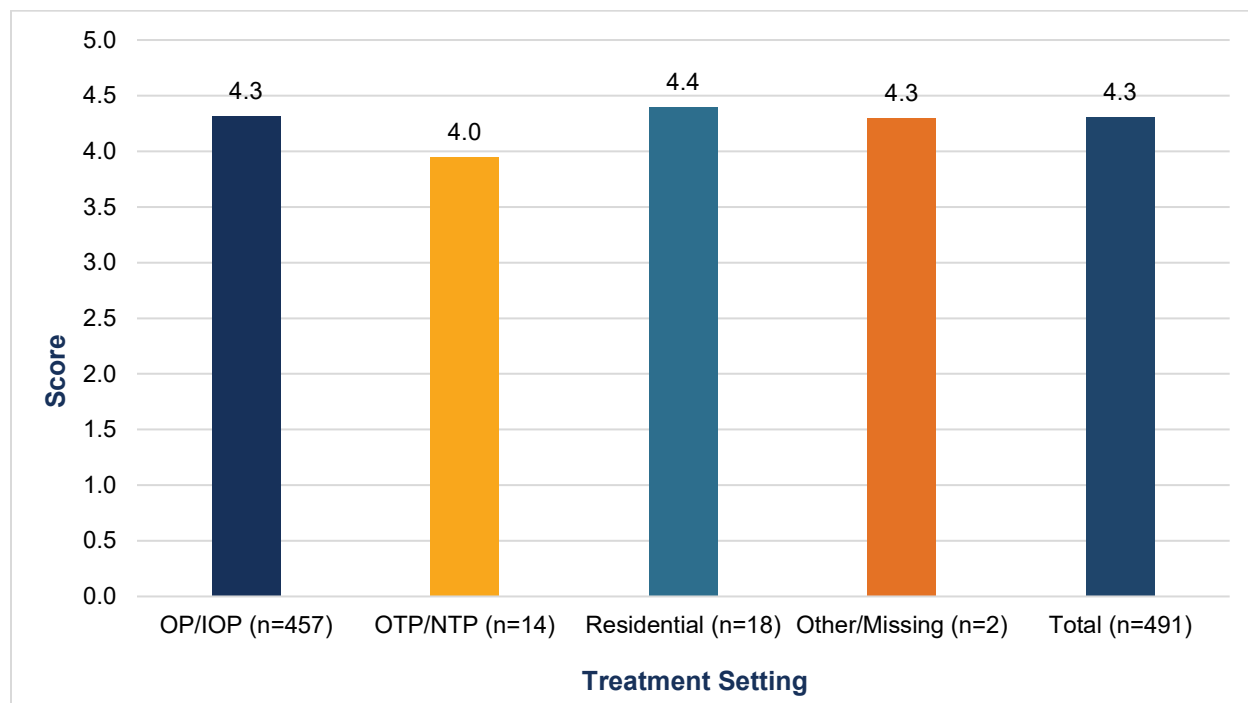
"I would like to see a class that was open ended and catered to what the resident wanted to do such as creativity, music, writing, art, acting or future job interest or business start-up."

"I'd say [offer] diagnosis to common mental health illnesses like ADHD, anxiety, depression."

Youth

Among youth, the overall average score was 4.3, consistent with last year's ratings. OP/IOP, with the highest number of respondents, scored at 4.3. Meanwhile, perceptions of satisfaction in residential treatment setting increased to 4.4, compared to last year's score of 4.0, although there were only 22 respondents.

Figure 3b. Average Score for all Counties by Treatment Settings – Youth



Even with low scores, given the larger participation of OTP/NTP youth respondents, there was a variability of sentiments regarding services and some notable youth-serving providers:

"This program has helped me in numerous ways. The staff has truly taken time to build a relationship with me and has helped me make decisions that better my physical and mental wellbeing. Additionally, the program itself has many resources for the families of their clients allowing for better outcomes for all involved with the client."

"This program has been a huge help and has guided me to the right path and helps me come to realize not all solutions [are] resolved [with] drugs and alcohol."

Average Perceptions of Care/Satisfaction Score by Domain and Treatment Setting

Adults

Among adults, the overall average scores for each of the five domains were high across treatment settings, with some slight variations. For OP/IOP, Quality and General Satisfaction domains yielded the highest scores (both 4.6), followed by Outcome and Access (both 4.5) and Care Coordination domain (4.4). For NTP/OTP although the scores were slightly lower, nevertheless, like OP/IOP, Quality and General Satisfaction scored the highest at 4.5, while Access and Care Coordination were at the lower end, 4.4 and 4.3 respectively. Similarly, for Withdrawal Management both Quality and General Satisfaction scored highest at 4.4, while Outcome, Access and Care Coordination scored lower at 4.3. (See the Appendix for more tables and figures)

Youth

Among youth, satisfaction by domain scores could only be calculated reliably for OP/IOP, given the small number of survey respondents in OTP/NTP and Residential. The average scores for all the domains in OP/IOP were above 4 but lower than for adults. Therapeutic Alliance had the highest average score (4.4), followed by General Satisfaction (4.3), then three domains, Quality, Care Coordination and Access (all three 4.2), and finally Outcome at 4.0. Survey data for Residential and OTP/NTP Youth was too small to report any meaningful results.

Average Perception of General Satisfaction Score by Treatment Setting, Domain and Demographic Characteristics

A review of General Satisfaction scores among adults by demographic characteristics showed slightly lower satisfaction scores for nonbinary (mean = 4.1), compared with males and females (mean = 4.5). There were no discernable differences by sexual orientation, race/ethnicity and age categories for general satisfaction among adults.

Youth scores on general satisfaction by demographic characteristics showed lower scores for respondents identifying as nonbinary and transgender from female to male (mean = 3.6), compared with respondents identifying as males and females (mean = 4.2 and 4.4 respectively). Similarly, general satisfaction mean scores were lower for respondents identifying as queer (mean = 3.4) and another sexual orientation (mean = 3.7) compared with respondents identifying as heterosexual and Gay/Lesbian (mean = 4.3).

Examining race/ethnicity for youth, the lowest mean scores were among Native Hawaiian/Pacific Islander (mean = 3.9) compared with other race/ethnic groups (mean = 4.2 or higher). Although youth participation is consistently low and sample sizes are generally too small to be significant, programs may benefit from youth-centric outreach promoting inclusivity and accessibility.

Receipt of Services Using Telehealth

Among adults in 2024, 55% reported receiving at least some services by telehealth. 65% of adults received at least some telehealth in NTP/OTP settings, almost double from 2023 (39.9%). There were no meaningful differences by race and ethnicity for receiving any or all services via telehealth with nearly 50% or 55% in every race/ethnic group receiving some services via telehealth.


Among youth, a little over half of respondents (51%) overall across all treatment settings, and in Outpatient and Intensive Outpatient settings, reported they received some telehealth services. The highest number of Youth in OTP/NTP reported receiving some telehealth (78%), although it should be noted that there were only 23 survey respondents from OTP/NTP setting.

Telehealth and Perceptions of Care/Satisfaction by Domain

In 2024, adult respondents indicated little variation in General Satisfaction and Quality mean score by the amount of services they received via telehealth, with 4.6 mean score for those who received None or very little telehealth and 4.5 for those who received half or more of their services via telehealth. Similarly, the mean score for Access and Outcome was 4.5 for those who received none or very little services via telehealth and 4.4 for those who received at least half of their services via telehealth. Care Coordination scored the lowest and the mean score was 4.4 for those with none or very little telehealth and 4.3 for those who received at least half or more of their services via telehealth. (See Fig. 4a).

For youth respondents, there was more variability among the scores and lower scores compared to adults; Across all six domains, the mean perception score was highest among Youth who received all or almost all their services via telehealth (between 4.3 and 4.5), while the lowest among those received about half of their services via telehealth (between 3.9 and 4.3). (See Fig. 4b), meaning youth rated hybrid in-person/telehealth treatment lower than treatment that is all or mostly all delivered by either telehealth or in person.

Although there were no meaningful differences in perceptions of care/satisfaction between telehealth and in-person services for adults, youth who reported receiving half of their services via telehealth reported lower satisfaction, even as telehealth use continues to be offered as a service delivery option for them. These results suggest that the transition to telehealth should take into consideration certain delivery of care and some examples from youth are as follows:



"I wouldn't change anything expect maybe I'd want it to be in person but that's not possible..."

"[I appreciate] the flexibility... between the zoom and in person appointments."

These mixed results are consistent with the literature, including a systematic review (Mseke, Jussup, & Barnett, 2023)¹ that concluded that although it could be helpful, youth may prefer to see mental health professionals in person due to privacy concerns about sharing personal issues over the internet, along with unreliable internet and financial challenges to accessing this technology. Similarly, Waselewski et al. (2022)² reported that some youth preferred to receive care for sensitive topics like mental and sexual health in person. The same could be true for substance use, as well as it is likely to overlap with these topics.

Nevertheless, telehealth continues to be an important mechanism for receiving services. Expansion and acceptance of telehealth across these past several years constitutes a great opportunity for innovative care delivery supporting increased widespread satisfaction on the part of both service providers and consumers. Encouraging broad access to telehealth may allow best-practices to emerge, and providers should continue to offer telehealth to those adults and youth who seek it out.

¹<https://onlinelibrary.wiley.com/doi/10.1111/ajr.12961>

²<https://www.liebertpub.com/doi/full/10.1089/tmj.2021.0153#tb3>

Figure 4a. Average Score by Degree of Telehealth Use and Satisfaction Domain – Adult

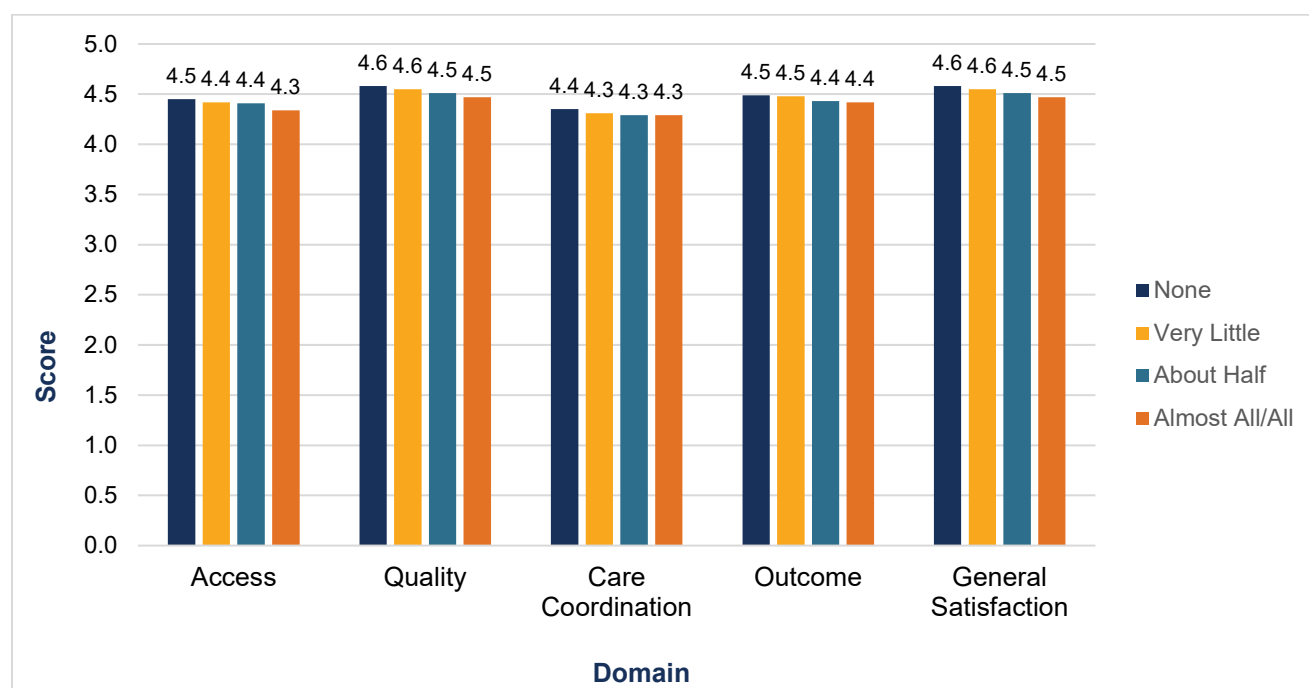
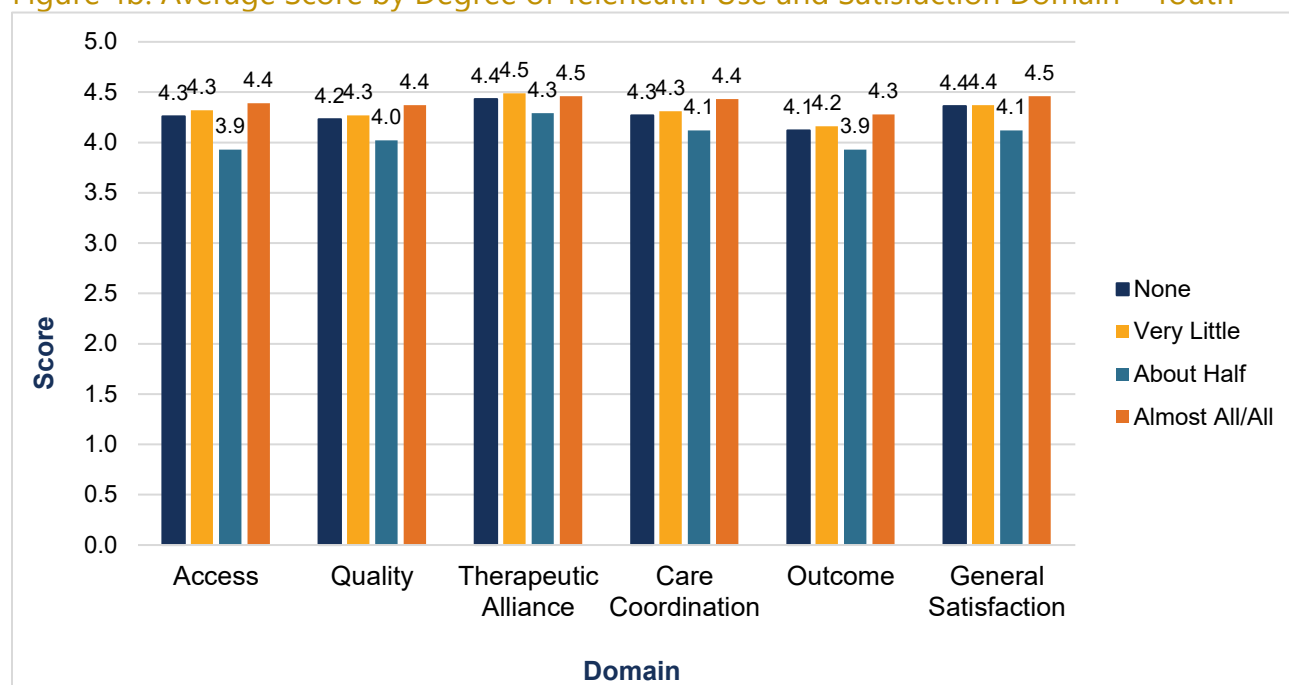


Figure 4b. Average Score by Degree of Telehealth Use and Satisfaction Domain – Youth



Limitations

The data presented are based on a select sample of clients, at one point in time. The findings are based on self-report and clients may have varied reasons for their responses or their lack of participation. Additionally, responses are from those who responded to the survey and do not account for those who did not respond due to dissatisfaction with services or other reasons. Thus, interpretation of the findings of this report should be considered within this context.

Recommendations

- Continue supporting telehealth for youth and adults. Perceptions of care are generally similar regardless of whether telehealth is used, creating an opportunity to use this technology to address logistical barriers like transportation. However, it is important to note that technology may not always be preferred by patients and providers could tailor their offerings according to needs, comfort levels and preferences in the use of hybrid treatment (half in-person, half telehealth) in particular for youth whose ratings were lower when associated with this approach.
- Explore strategies (social media platforms, informal settings, peer to peer models, etc.) to encourage deeper youth engagement with program services.
- Address cravings among youth clients. Compared to adults, youth were more than 15 percentage points less likely to endorse the statement “As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.” Techniques to address cravings can range from relapse prevention skills training (e.g. avoiding triggers) to medications.
- Consider ways to encourage more shared decision-making around care plans and respite time, and increased care coordination for clients seeking assistance and resources for physical and mental health services.
- Examine ways to address access issues. Among adults, convenience of the treatment location was the lowest rated access item, suggesting adding more locations or providing transportation assistance may be helpful. Among youth, “I had a good experience enrolling in treatment” was rated lowest, suggesting it may be worthwhile for low-scoring programs to revisit their enrollment processes.

Conclusion

This report highlighted the findings from the 2024 Treatment Perceptions Survey. Overall, client perceptions were positive and consistent with those reported in previous years. However, the survey data also identified areas for potential improvement, and the recommendations above reflect starting points to address these areas. Additional more in-depth data collection would be helpful to better understand and address some of the issues identified. Topic areas that may impact positive substance use disorder outcomes such as broader access, youth engagement strategies, youth telehealth preferences, resource management, cultural considerations, care coordination for physical and mental health services, and shared decision-making, among others are in consideration for a follow up interview or survey opportunity as part of the broader DMC-ODS 1115 waiver evaluation. A sub-sample would be selected among TPS respondents who provided consent to be contacted for a follow up opportunity. While only offered through the online collection method for English and Spanish-speaking respondents, the consent to follow-up was well received and over 40% of survey respondents provided their contact information in this 2024 TPS collection cycle. The Treatment Perceptions Survey remains a valuable tool to provide an overview of client experiences and to identify opportunities for future evaluation and quality improvement.

APPENDIX:
Survey V10 and
Additional Tables and Figures

Do not photocopy!



**County / Provider
Use Only**

CalOMS Provider ID (required)

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Program Reporting Unit (if required by your county):

[illegible]

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

• Please answer these questions about your experience at this program to help improve services. Use “Not applicable” if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.

- Please fill in bubbles completely

Correct: ●

Incorrect: ☐ ☒ ☐

Strongly Agree

Agree

[Am Neutral

Disagree

Strongly Disagree

Not Applicable

1. The location was convenient (public transportation, distance, parking, etc.).
2. Services were available when I needed them.
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/ethnicity, religion, language, etc.).
8. I felt welcomed here.
9. As a direct result of the services I am receiving, I am better able to do things that I want to do.
10. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.
11. Staff here work with my physical health care providers to support my wellness.
12. Staff here work with my mental health care providers to support my wellness.
13. Staff here helped me to connect with other services as needed (social services, housing, etc.).
14. Overall, I am satisfied with the services I received.
15. I was able to get all the help/services that I needed.
16. I would recommend this agency to a friend or family member.

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

18. How helpful were your telehealth visits compared to traditional in-person visits?

- ☐ Much better ☐ Somewhat better ☐ About the same ☐ Somewhat worse ☐ Not applicable

19. Please let us know your comments. What was most helpful about this program? What would you change about this program?

Please do not write any information that may identify you. For example, DO NOT write your name or phone number.

NOW TELL US A LITTLE ABOUT YOURSELF

20. What is your gender (Please select all that apply)?

- ☐ Male
☐ Female
☐ Transgender: Female to Male
☐ Transgender: Male to Female
☐ Non-Binary (neither Male nor Female)
☐ Another Gender Identity

21. Do you think of yourself as (Please select all that apply):

- ☐ Straight/Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Another sexual orientation
- ☐ Unknown

22. Are you of Mexican/Hispanic/Latinx descent?

- ☐ Yes ☐ No ☐ Unknown

23. Race/Ethnicity (Please select all that apply):

- ☐ American Indian/Alaska Native
☐ Asian
☐ Black/African-American
☐ Native Hawaiian/Other Pacific Islander
☐ White/Caucasian
☐ Another race
☐ Unknown

24. Age Range:

- Age Range:
- ☐ 18-25 ☐ 26-35 ☐ 36-45
☐ 46-55 ☐ 56-64 ☐ 65+

25111



Thank you for taking the time to answer these questions!

2024

**County / Provider
Use Only**

Program Reporting Unit (if required by your county):

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[illegible]

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

- **Please answer these questions about your experience at this program to help improve services. Use “Not applicable” if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.**

- Please fill in bubbles completely

Correct: ●

Incorrect: ☐ ☒ ☐

Strongly Agree

Agree

I Am Neutral

Disagree

Strongly Disagree

Not Applicable

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.
 4. My counselor and I worked on treatment goals together.
-
5. I received services that were right for me.
 6. Staff treated me with respect.
 7. I feel my counselor took the time to listen to what I had to say.
 8. I developed a positive, trusting relationship with my counselor.
-
9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).
 10. I feel my counselor was sincerely interested in me and understood me.
 11. I liked my counselor here.
 12. My counselor is capable of helping me.
-
13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.).
 14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems.
 15. My counselor provided necessary services for my family.
-
16. As a direct result of the services I am receiving, I am better able to do things that I want to do.
 17. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.
 18. Overall, I am satisfied with the services I received.
 19. I would recommend the services to a friend who is in need of similar help.
-
20. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?
☐ None ☐ Very little ☐ About half ☐ Almost all ☐ All
 21. How helpful were your telehealth visits compared to traditional in-person visits?
☐ Much better ☐ Somewhat better ☐ About the same ☐ Somewhat worse ☐ Not applicable

22. Please let us know your comments. What was most helpful about this program? What would you change about this program?

Please do not write any information that may identify you. For example, DO NOT write your name or phone number.

--

23. What is your gender (Please select all that apply)?

- ☐ Male
☐ Female
☐ Transgender: Female to Male
☐ Transgender: Male to Female
☐ Non-Binary (neither Male nor Female)
☐ Another Gender Identity

24. Do you think of yourself as (Please select all that apply):

- ☐ Straight/Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Another sexual orientation
- ☐ Unknown

25. Are you of Mexican/Hispanic/Latinx descent?

- ☐ Yes ☐ No ☐ Unknown

26. Race/Ethnicity (Please select all that apply):

- ☐ American Indian/Alaska Native
☐ Asian
☐ Black/African-American
☐ Native Hawaiian/Other Pacific Islander
☐ White/Caucasian
☐ Another race
☐ Unknown

27. Age:

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30191

Thank you for taking the time to answer these questions!

Figure 5a. Number of Respondents by County – Adults

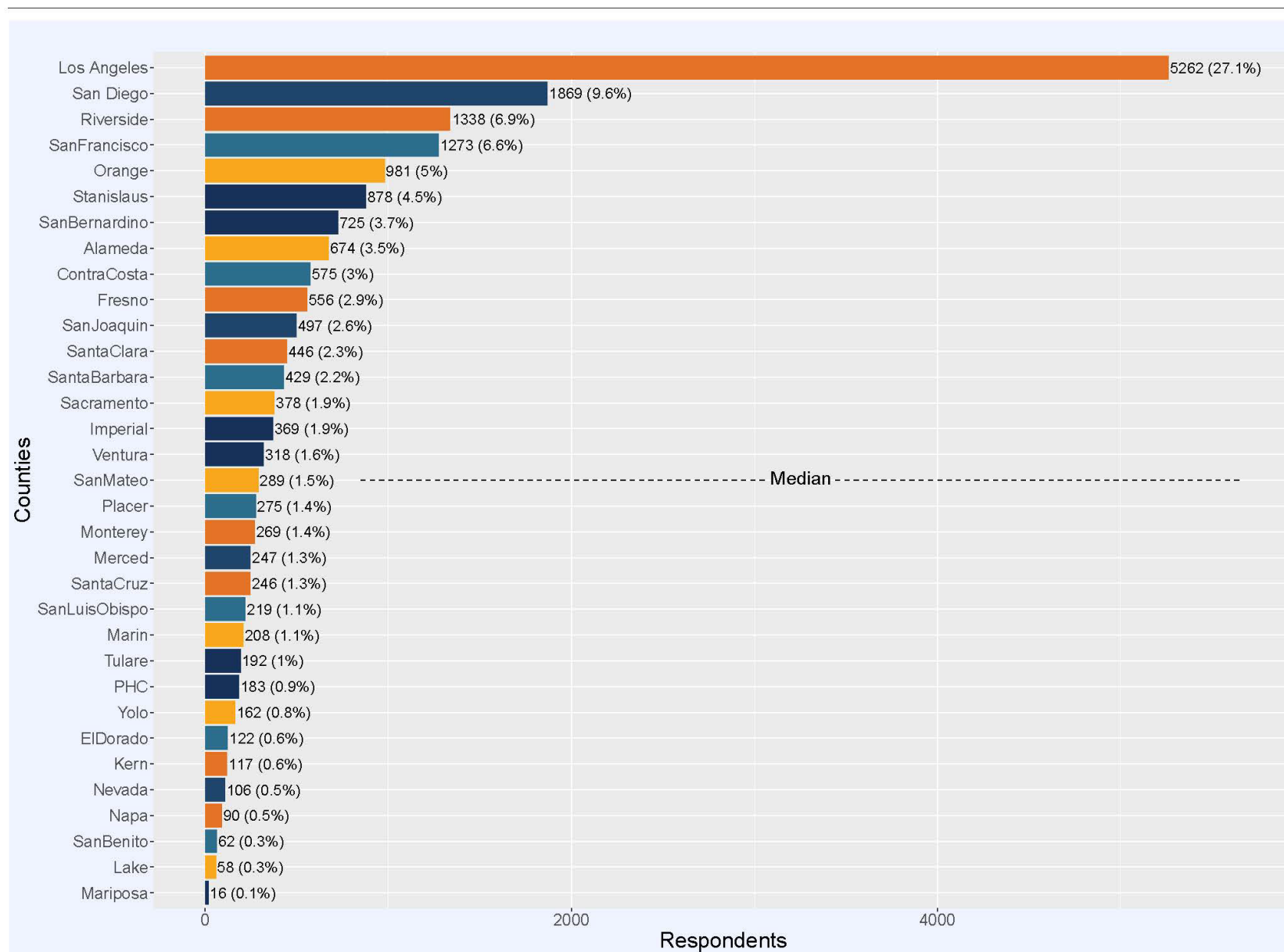


Figure 5b. Number of Respondents by County – Youth

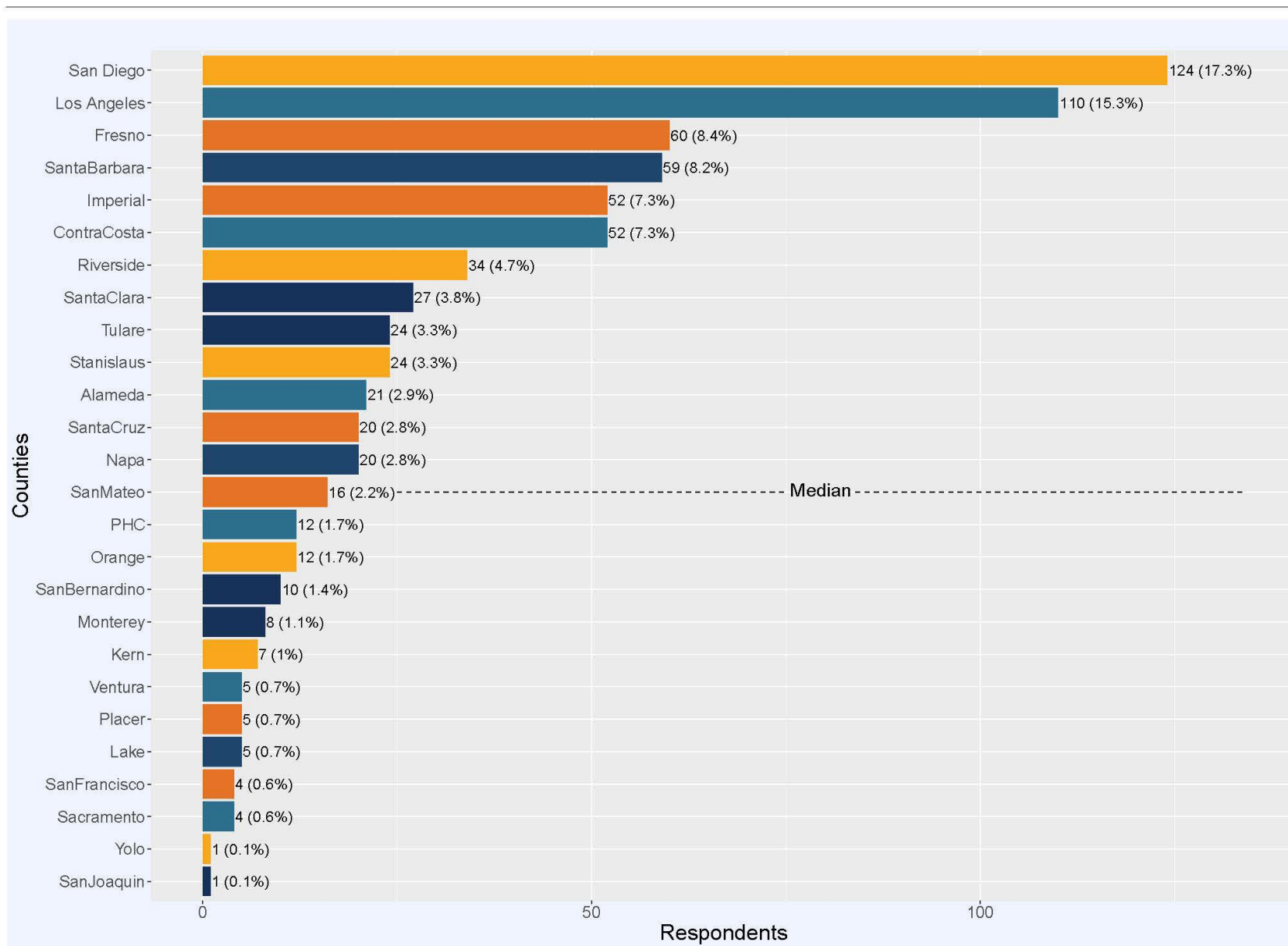


Table 3a. Percent Positive Scores by Treatment Setting - Adults

Outpatient/intensive outpatient	95.1%
Residential	90.0%
Narcotic/opioid treatment program	96.3%
Withdrawal management (standalone)	93.6%
Other/Missing	98.0%
Total	94.2%

**Overall positive rating was calculated using all 16 questions. Surveys with an average rating of 3.5 or higher were counted as having a POSITIVE rating. Only clients who responded to all 16 questions were included (N=14,387).

Table 3b. Percent Positive Scores by Treatment Setting -Youth

Outpatient/intensive outpatient	93.2%
Residential	94.4%
OTP/NTP	78.6%
Other/Missing	100.0%
Total	92.9%

**Overall positive rating was calculated using all 19 questions. Surveys with an average rating of 3.5 or higher were counted as having a POSITIVE rating. Only clients who responded to all 19 questions were included (N=491).

Table 4a. Average TPS General Satisfaction Score by Gender, Race, and Age – Adult

	Average Score (Standard Deviation)
Gender Identity	
Female	4.6 (0.64)
Male	4.5 (0.66)
Nonbinary	4.1 (0.95)
Transgender-Female to Male	4.4 (0.73)
Transgender-Male to Female	4.4 (0.78)
Missing	
Sexual Orientation	
Heterosexual	4.5 (0.63)
Gay	4.5 (0.75)
Bisexual	4.5 (0.65)
Queer	4.4 (0.76)
Another	4.4 (0.68)
Unknown	4.4 (0.70)
Race/Ethnicity	
American Indian/Alaska Native	4.5 (0.64)
Asian	4.5 (0.67)
Black/African American	4.5 (0.68)
Mexican/Latino	4.5 (0.63)
White	4.5 (0.64)
Native Hawaiian/Pacific Islander	4.5 (0.68)
Other	4.5 (0.67)
Unknown/missing	4.4 (0.75)
Age	
18-25	4.4 (0.72)
26-35	4.5 (0.65)
36-45	4.5 (0.66)
46-55	4.5 (0.62)
56+	4.5 (0.57)
Missing	4.5 (0.58)
TOTAL	4.5 (0.64)

Table 4b. Average TPS General Satisfaction Score by Gender, Race, and Age – Youth

	Average Score (Standard Deviation)
Gender Identity	
Female	4.4 (0.64)
Male	4.2 (0.75)
Nonbinary	3.7 (1.66)
Transgender-Female to Male	3.6 (1.94)
Transgender-Male to Female	3.7 (2.31)
Missing	4.4 (0.78)
Sexual Orientation	
Heterosexual	4.3 (0.71)
Gay	4.3 (1.11)
Bisexual	4.2 (0.87)
Queer	3.4 (1.80)
Another	3.7 (1.23)
Unknown	3.9 (0.92)
Missing	4.3 (0.73)
Race/Ethnicity	
American Indian/Alaska Native	4.2 (0.82)
Asian	4.2 (0.96)
Black/African American	4.4 (0.73)
Mexican/Latino	4.3 (0.68)
White	4.4 (0.76)
Native Hawaiian/Pacific Islander	3.9 (1.00)
Other	4.5 (0.67)
Unknown/missing	4.3 (0.70)
Age	
12-13	4.2 (0.65)
14	4.1 (0.76)
15	4.3 (0.70)
16	4.3 (0.74)
17	4.4 (0.74)
Missing	4.5 (0.74)
TOTAL	4.3 (0.71)

Table 5a. Number of Responses (Percent) for Q17 (How Much of the Services You Received were by Telehealth) & Q18 (How Helpful was Telehealth?)

Telehealth	Outpatient / Intensive Outpatient	Residential	Opioid / Narcotic Treatment Program	Detoxification / Withdrawal Management	Partial Hospitalization	Decline to Answer / Missing	Total
How Much of Your Services were From Telehealth							
None	4,188 (48.8%)	2,030 (45.7%)	1,936 (31.7%)	110 (45.3%)	5 (62.5%)	24 (39.3%)	8,293 (42.7%)
Very Little	2,220 (25.9%)	1,360 (30.6%)	1,689 (27.7%)	63 (25.9%)	2 (25.0%)	14 (23.0%)	5,348 (27.5%)
About Half	840 (9.8%)	513 (11.6%)	1,200 (19.7%)	23 (9.5%)	1 (12.5%)	10 (16.4%)	2,587 (13.3%)
Almost All	465 (5.4%)	187 (4.2%)	501 (8.2%)	13 (5.3%)	0 (0.0%)	6 (9.8%)	1,172 (6.0%)
All	416 (4.8%)	191 (4.3%)	307 (5.0%)	13 (5.3%)	0 (0.0%)	2 (3.3%)	929 (4.8%)
Decline to Answer/Missing	451 (5.3%)	158 (3.6%)	465 (7.6%)	21 (8.6%)	0 (0.0%)	5 (8.2%)	1,100 (5.7%)
How Helpful was Telehealth *							
Much Better	791 (20.1%)	343 (15.2%)	883 (23.9%)	25 (22.3%)	2 (66.7%)	6 (18.8%)	2,050 (20.4%)
Somewhat Better	514 (13.0%)	317 (14.1%)	566 (15.3%)	7 (6.2%)	0 (0.0%)	7 (21.9%)	1,411 (14.1%)
About the Same	1,664 (42.2%)	953 (42.3%)	1,352 (36.6%)	48 (42.9%)	1 (33.3%)	11 (34.4%)	4,029 (40.1%)
Somewhat Worse	255 (6.5%)	198 (8.8%)	142 (3.8%)	2 (1.8%)	0 (0.0%)	3 (9.4%)	600 (6.0%)
Not Applicable	558 (14.2%)	307 (13.6%)	636 (17.2%)	25 (22.3%)	0 (0.0%)	2 (6.2%)	1,528 (15.2%)
Decline to Answer/Missing	159 (4.0%)	133 (5.9%)	118 (3.2%)	5 (4.5%)	0 (0.0%)	3 (9.4%)	418 (4.2%)

* Only showing response counts for those who received any Telehealth services.

Table 5b. Number of Responses (Percent) for Q20 (How Much of the Services You Received were by Telehealth) & Q21 (How Helpful was Telehealth?)

Telehealth	Outpatient / Intensive Outpatient	Residential	Opioid / Narcotic Treatment Program	Decline to Answer/ Missing	Total
How Much of Your Services were From Telehealth					
None	311 (46.6%)	14 (63.6%)	5 (20%)	1 (33.3%)	331 (8.9%)
Very Little	192 (28.8%)	6 (27.3%)	5 (20%)	1 (33.3%)	204 (3.8%)
About Half	79 (11.8%)	1 (4.5%)	5 (20%)	1 (33.3%)	86 (0.6%)
Almost All	27 (4%)	0 (0%)	5 (20%)	0 (0%)	32 (0%)
All	22 (3.3%)	0 (0%)	3 (12%)	0 (0%)	25 (0%)
Decline to Answer/Missing	36 (5.4%)	1 (4.5%)	2 (8%)	0 (0%)	39 (0.6%)
How Helpful was Telehealth *					
Much Better	26 (8.1%)	0 (0%)	2 (11.1%)	1 (50%)	29 (8.4%)
Somewhat Better	99 (30.9%)	0 (0%)	10 (55.6%)	0 (0%)	109 (31.4%)
About the Same	112 (35%)	5 (71.4%)	2 (11.1%)	1 (50%)	120 (34.6%)
Somewhat Worse	34 (10.6%)	0 (0%)	3 (16.7%)	0 (0%)	37 (10.7%)
Not Applicable	27 (8.4%)	2 (28.6%)	0 (0%)	0 (0%)	29 (8.4%)
Decline to Answer/Missing	22 (6.9%)	0 (0%)	1 (5.6%)	0 (0%)	23 (6.6%)

* Only showing response counts for those who received any Telehealth services.

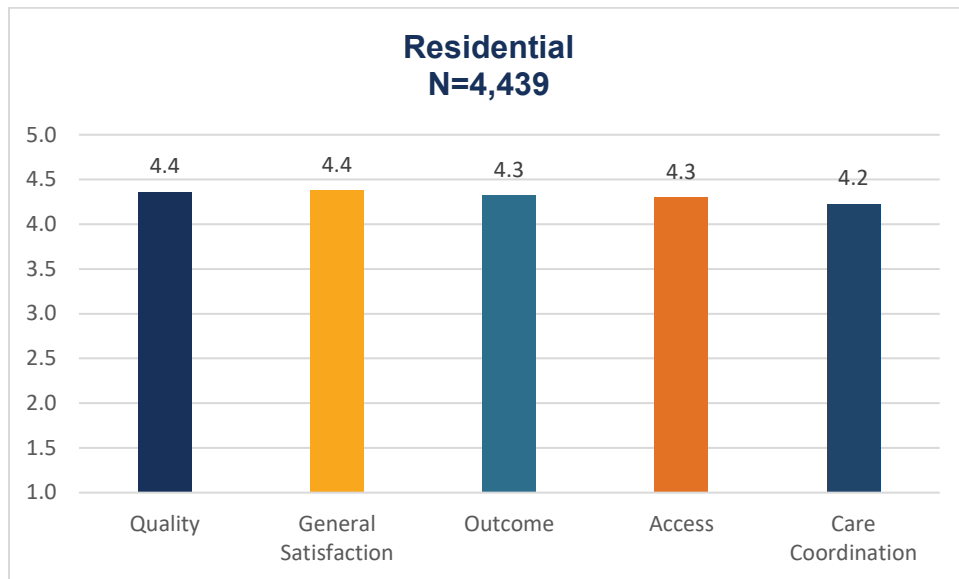
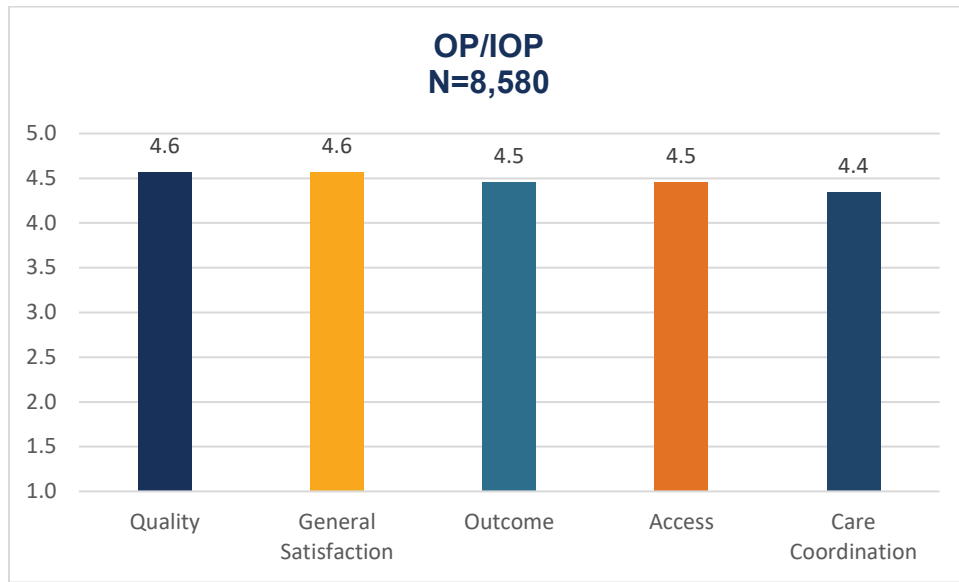
Table 6a. Average score of perception domains by treatment setting – Adult

	Access	Quality	Care Coordination	Outcome	General Satisfaction
Outpatient/ Intensive Outpatient	4.5	4.6	4.3	4.5	4.6
Residential	4.3	4.4	4.2	4.3	4.4
Opioid/Narcotic Treatment Program	4.4	4.5	4.3	4.5	4.5
Detoxification/ Withdrawal Management	4.4	4.5	4.4	4.4	4.5
Partial Hospitalization	4.6	4.7	4.6	4.4	4.7
Unknown	4.3	4.5	4.2	4.3	4.4

Table 6b. Average score of perception domains by treatment setting – Youth

	Access Quality		Therapeutic Alliance	Care Coordination	Outcome	General Satisfaction
Outpatient/ Intensive Outpatient	4.2	4.2	4.4	4.2	4.1	4.3
Residential	4.1	4.4	4.6	4.4	4.2	4.4
Opioid/Narcotic Treatment Program	4.1	4.0	4.0	4.1	4.0	4.0
Other/Missing	4.5	4.1	4.5	4.5	4.5	4.5

Fig 6a: Average Score by Treatment Setting and Perception Domain – Adults



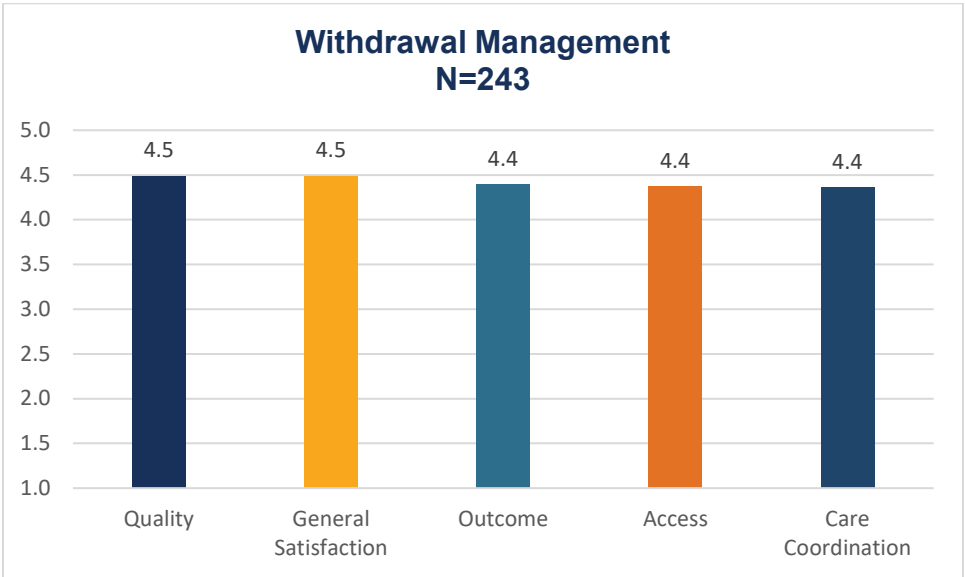
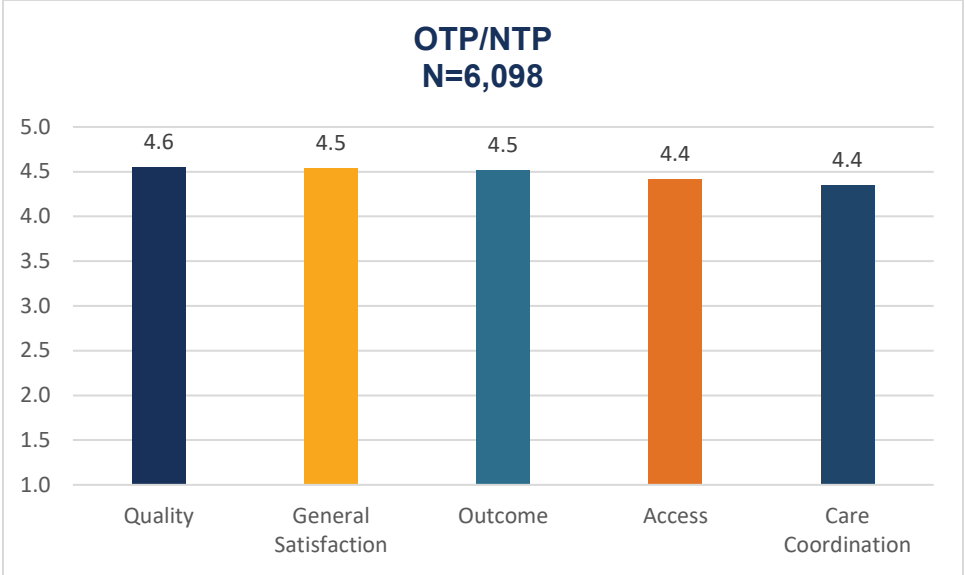
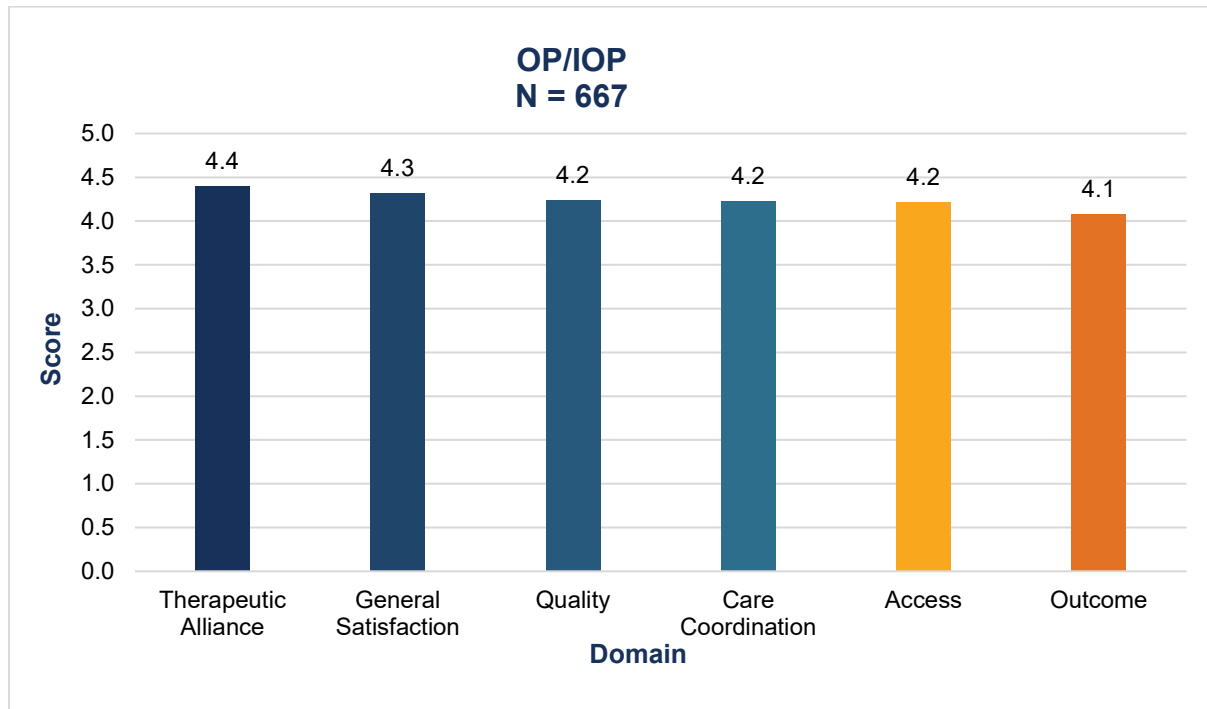


Fig 6b: Average Score by Treatment Setting and Domain - Youth



*No youth surveys were returned for Detox/Withdrawal Management. Data for Residential and OTP/NTP not reported due to small n.