

2024 TREATMENT PERCEPTIONS SURVEY (TPS)

INSTRUCTION MANUAL

Version 4.0

8/12/2024

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THE TREATMENT PERCEPTIONS SURVEY (TPS)

ABOUT

Providers within the network of each county and PHC participating in the DMC-ODS waiver are required to administer the Treatment Perceptions Survey (TPS) on an annual basis. This allows Clients the opportunity to provide feedback through this very important survey process.

Please encourage clients to participate!

The TPS is designed to serve multiple purposes:

1. Fulfill the county's External Quality Review Organization requirement related to conducting a client satisfaction survey using a validated tool.
2. Address the data collection needs for the Centers for Medicare and Medicaid Services required evaluation of the DMC-ODS demonstration.
3. Support DMC-ODS Quality Improvement efforts and provide key information on the impacts of the new continuum of care.



UCLA-ISAP is coordinating the TPS data collection for California Department of Health Care Services (DHCS), under the leadership of Marylou Gilbert.

DATA COLLECTION OPTIONS

Counties have the option of using one or both data collection methods and should provide specific guidance on survey administration to their provider network. If both data collection methods are used (online survey, paper survey forms), UCLA will merge the data collected into one dataset for each county/regional model.

1. Online Survey
2. Paper Survey Form

The paper survey is a 1-pager that includes a large font 2 page version and is in 12 threshold languages along with English.

TARGET POPULATION

Survey every **youth** (ages 12 to 17) or **adult** (age 18 and older) client who presents in person or receives services face-to-face, by telephone, or via video-conferencing (e.g., zoom) from providers within the county's network **during October 21-25, 2024.**

This includes clients receiving services in substance use outpatient/intensive outpatient, residential, and narcotic/opioid treatment, detoxification/withdrawal management (standalone), and partial hospitalization programs. The target population also consists of clients seen inside the office and outside of the office. It does not include clients in crisis (e.g., emergency incidents).

ADMINISTERING THE SURVEY

ABOUT

During the survey administration period, providers may offer the v10 online survey link and/or v10 paper survey form to clients receiving services in person, by telephone or video-conferencing. (The version # can be found on the bottom left corner – previous versions must not be used and will be accepted)

Each participating provider must ensure their individual implementation of TPS procedures adheres to 42 CFR, part 2.

- Provide/email/text/enter in the chat box the unique provider online survey link or hand the survey form to all appropriate clients receiving services during the survey period using contact method(s) clients have previously agreed to use in communicating with providers.

Providers may also post/distribute a flyer with the survey information (e.g., customized survey link or QR code,).

Clients need to complete only one questionnaire during the survey period.

Whether the client completes the survey form or not will in any way adversely affect the services clients are receiving, nevertheless completing the survey form could help to improve services.

CONFIDENTIALITY

Inform clients that the survey is anonymous. Clients should not type in/write/or say their names when completing the survey.

Direct service staff must not be present while the client completes the survey.

A non-clinical staff person, consumer advocate, or volunteer can help the client complete the survey upon request by the client.

Staff are not to influence how a client responds or deny a client the opportunity to complete the survey.

ONLINE SURVEY

ABOUT

All clients receiving services from treatment providers, whether in person, by telephone or video-conferencing during the survey period, may be invited to participate and given access to the online survey via a link/QR code.

Each link/QR code is customized for a specific provider, meaning that the CalOMS Provider ID, Reporting Unit (if required by the county) and treatment setting have already been pre-filled in hidden fields. **The list of unique provider links/QR codes will be sent via email to county TPS coordinators for distribution to their providers.**

Both adults and youth can select among 13 languages (English, Spanish, Tagalog, Vietnamese, Russian, Chinese, Arabic, Korean, Eastern and Western Armenian, Cambodian, Hmong, and Farsi) after clicking on the link. Responses entered into the secure online survey are sent directly to UCLA.

TESTING SURVEY LINKS

County representatives and providers may test the survey links in the weeks prior to survey administration for demonstration purposes only so counties/providers may become familiar with the online survey. These responses will not be recorded.

COUNTY QUALTRICS ACCOUNTS

Please contact Marylou Gilbert, TPS Program Director at UCLA, (MarylouGilbert@ucla.mednet.edu) if you are interested in using your county's own Qualtrics accounts for the TPS.

Counties that have their own Qualtrics accounts and have already been in contact with UCLA about the TPS, may submit electronic data files to UCLA by the submission deadline, **December 6, 2024**.

Export the TPS data from Qualtrics using numeric values and any format (e.g., SPSS, Excel, SAS).

Please ***DO NOT*** include client comments and additional data being collected by your county (e.g., client names, client identification numbers, date of birth).

FOR COUNTIES USING THEIR OWN QUALTRICS ACCOUNT

- UCLA will send the TPS County Coordinator an e-mail invitation to collaborate on a folder created specifically for your county on the UCLA Health Sciences Box account.
- UCLA uses Box (a secure, HIPAA compliant file-sharing platform) to collect and share data.
- Open the email invitation, click on "View Folder." Click on "not a part of UCLA Health Sciences" and follow the instructions to access your county's folder.
- Each user will need to create a free account.
- Upload the TPS raw data files into your county's folder.

PAPER SURVEY

ABOUT

Paper survey forms for both adults and youth, and are available in 13 languages (English, Spanish, Tagalog, Vietnamese, Russian, Chinese, Arabic, Korean, Eastern and Western Armenian, Cambodian, Hmong, and Farsi).

Forms are available on one-page and large print versions. **PLEASE NOTE: Download, print and use only the forms on the current webpage and do not use any previous forms; previous or older forms will not be accepted.**

COUNTY & PROVIDER INFORMATION

In the section at the top of each form, please pre-fill the following information by using either (1) the online “fillable” feature before printing the forms, or (2) a black or blue ink pen:

1. **Six-digit CalOMS Treatment Provider ID**
2. **10-digit (maximum) Program Reporting Unit ID (optional)**
 - This field may be used for county-specific purposes and data analysis at the unit level.
 - It is optional and may be left blank if not required by the county.
3. **Treatment Setting/Modality**
 - If the same Provider ID is used for multiple treatment settings/modalities, prepare separate sets of forms.

For example: If two different treatment settings/modalities use the same Provider ID, prepare one set of forms for the Residential clients and another set for the OP/IOP clients.

PRINTING & COLLECTION

Print the survey forms directly from the pdf files on the webpage. Use both sides of the page (double-sided) when printing the two-page forms with the large print.

When collecting the forms in the provider setting: Clients are to place completed survey forms directly into a ballot-type survey form collection box or large envelope.

For clients seen outside the provider setting: Clients should fill out a survey form and seal it in an envelope (provided by staff). Staff should deposit the envelope into the survey collection box or large envelope with the other completed forms when they return to the office.

SHIPPING & DELIVERY

Provider agency staff should package the completed forms for shipping/delivery to the TPS County Coordinator. These arrangements must be made in advance and Providers should **NOT** send paper surveys directly to UCLA.

TPS County Coordinators must complete the shipment form first and send via email to MarylouGilbert@mednet.ucla.edu; based on your form, we will send you as many FED EX labels as you require, also via email. Before sealing and sending your shipments to UCLA, please be sure to include a cover sheet that describes each shipment – one cover sheet per shipment is sufficient. You may also refer to the TPS website for fillable PDFs of these forms and a checklist.

The paper survey submission deadline for the 2023 TPS is **November 15, 2024**. **Remember only designated county coordinators can send shipments to UCLA.**

LOCAL PROCESSING OF FORMS

For counties that plan to scan and compile their raw TPS data locally and submit data files to UCLA electronically, the submission deadline is **December 6, 2024**.

Please notify UCLA (Marylou Gilbert, MarylouGilbert@mednet.ucla.edu) by email that your county will be submitting data files.

Compile the raw data according to the **Codebooks** which includes all of the required data elements for purposes of the DMC-ODS evaluation. Please reference the UCLA TPS website for the codebooks.

UCLA “BOX” PLATFORM

ABOUT

The UCLA Evaluation Team is using Box –a secure, **HIPAA compliant file-sharing platform** –to enable counties to access their reports/data that have been prepared by UCLA.

WHAT TO EXPECT

1. UCLA will create a folder specifically for each county in the UCLA Health Sciences Box.
2. UCLA will send an email invitation to the TPS County Coordinator (and other designated county staff) for access to their county’s folder in Box.
3. The email invite will be from UCLA.
4. Individuals who receive the email invitation should open the email, click on “View Folder.” You should see the screen below.

The screenshot shows a login interface with the following content:

Part of UCLA Health Sciences?

UCLA Health Sciences uses your network username and password to login to Box. Continue to login to Box through your network.

If you are not a part of UCLA Health Sciences, continue to log in with your Box.com account.

Continue

Not a part of UCLA Health Sciences

5. Click on “Not a part of UCLA Health Sciences” and follow the instructions to set up a free Box account and access the county’s folder to upload data and/or download reports and data files. Instructions on how to use Box will also be included in each county’s folder.