

# Treatment Perceptions Survey (TPS)

**DMC-ODS**

# Why are Counties/Providers Administering the TPS?

- Treatment Perception Survey are designed to get information on clients' experiences in treatment
- Data collected will be used by counties and service providers to evaluate and improve the quality of care
- To provide effective treatment, we need to understand clients' experiences and barriers so that overtime we can improve the clients' outcomes

# Additional Requirements

- ▶ Address the data collection needs for the Centers for Medicare and Medicaid Services (CMS) required evaluation of the DMC-ODS demonstration
- ▶ Fulfill the county's External Quality Review Organization (EQRO) requirement related to conducting a client satisfaction survey using a validated tool

# When Do Providers Administer the Surveys and Submit Data to County?

Waiver Year	Survey Period Dates	Deadline Dates for Sending Paper Forms to SM County
2018	October 1-5, 2018	October 12, 2018
2019	October 7-11, 2019	
2020	October 5-9, 2020	



# Who Should be Surveyed?

- ▶ Youth (12 -17 years old) and adult (18 years old and older) clients present in-person and receive face-to-face services at providers within the county during the survey period
  - ▶ Includes clients receiving face-to-face services outside the office (e.g., field-based settings) during the 5-day survey period
  - ▶ Treatment settings: OP/IOP, Residential, OTP/NTP, Detox/WM (standalone), partial hospitalization, MAT Clinic

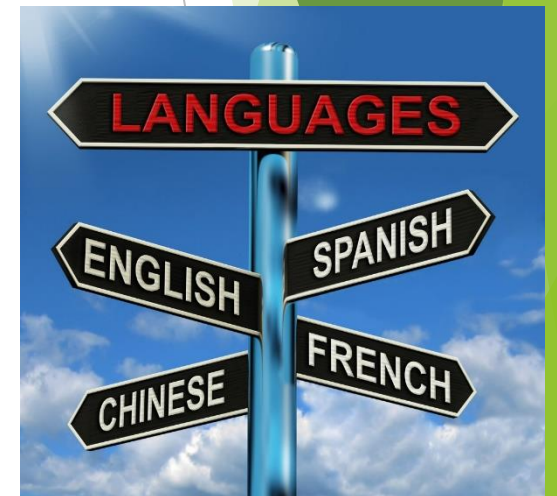


# Who Should Not be Surveyed with the TPS?

- ▶ Clients who do not receive face-to-face services during the survey period
- ▶ Clients in immediate crisis (e.g., emergency situation)

# TPS Forms

- ▶ 14 questions plus demographic items on the TPS Adult form
- ▶ 18 questions plus demographic items on the TPS Youth form
- ▶ 13 languages - English, Chinese, Spanish, Tagalog, Vietnamese, Russian, Arabic, Korean, Armenian (Eastern and Western), Cambodian, Farsi, and Hmong
- ▶ 2-page (large font) version



# Treatment Perceptions Survey (Adult)

Print PDF as needed.  
Do not photocopy!

County / Provider  
Use Only

CalOMS Provider ID (required)

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Program Reporting Unit (if required by your county):

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

- Please answer these questions about your experience at this program.
- If the question is about something you have not experienced, fill in the circle for "Not Applicable."
- DO NOT WRITE YOUR NAME ON THIS FORM.
- Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and choose only one answer for each question.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location was convenient (public transportation, distance, parking, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Services were available when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I chose the treatment goals with my provider's help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Staff gave me enough time in my treatment sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff spoke to me in a way I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff here work with my physical health care providers to support my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff here work with my mental health care providers to support my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. As a direct result of the services I am receiving, I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt welcomed here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was able to get all the help/services that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comments**

Please do not write any information that may identify you, including but not limited to your name and/or phone number.

**Please answer the following questions**

1. How long have you have received services here?

- First visit/day  2 weeks or less  More than 2 weeks

2. Gender Identity (Please mark all that apply):

- Female  Male  Transgender  Other gender identity  Decline to answer

3. Race/Ethnicity (Please mark all that apply):

- American Indian/Alaskan Native  Latino  Other  
 Asian  Native Hawaiian/Pacific Islander  
 Black/African American  White/Caucasian  Unknown

4. Age Range:  18-25  26-35  36-45  46-55  56+

Thank you for taking the time to answer these questions!





# Treatment Perceptions Survey (Youth)

Print PDF as needed.  
Do not photocopy!

County / Provider Use Only     
 CalOMS Provider ID (required)

Program Reporting Unit (if required by your county):

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

- Please answer these questions about your experience at this program.
- If the question is about something you have not experienced, fill in the circle for "Not Applicable."
- DO NOT WRITE YOUR NAME ON THIS FORM.
- Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and choose only one answer for each question.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location of services was convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Services were available at times that were convenient for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I had a good experience enrolling in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My counselor and I worked on treatment goals together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel my counselor took the time to listen to what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I developed a positive, trusting relationship with my counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel my counselor was sincerely interested in me and understood me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I liked my counselor here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My counselor is capable of helping me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff here helped me with other issues and concerns I had related to legal/probation, family and educational systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My counselor provided necessary services for my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. As a result of the services I received, I am better able to do things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I would recommend the services to a friend who is in need of similar help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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, including but not limited to your name and/or phone number.

- Please answer the following questions
- How long have you have received services here?  
 Less than 1 month    1 - 5 months    6 months or more
  - Gender Identity (Please mark all that apply):  
 Female    Male    Transgender    Other gender identity    Decline to answer
  - Race/Ethnicity (Please mark all that apply):  
 American Indian/Alaskan Native    Latino    Other  
 Asian    Native Hawaiian/Pacific Islander  
 Black/African American    White/Caucasian    Unknown
  - Age:

Thank you for taking the time to answer these questions!



# Survey Form Preparation

<b>Treatment Perceptions Survey (Adult)</b>		Print PDF as needed. Do not photocopy!	
<input type="checkbox"/>	<i>County / Provider Use Only</i>	CalOMS Provider ID (required) <input type="text"/>	Program Reporting Unit (if required by your county): <input type="text"/>
Treatment Setting (required): <input type="radio"/> OP/IOP <input type="radio"/> Residential <input type="radio"/> OTP/NTP <input type="radio"/> Detox/WM (standalone) <input type="radio"/> Partial hospitalization			

- ▶ Accurate information is **required for UCLA to prepare program-level summary reports for your county.**
- ▶ Fill in the information by using:
  - ▶ the online fillable feature before printing the Adult and Youth TPS forms (PDFs); or
  - ▶ a black or blue pen

# Survey Form Preparation, cont'd

- ▶ Print survey forms from PDF files that can be found on the TPS website. Please do not photocopy the survey forms.
- ▶ Print in black/white on plain white paper.
- ▶ Use both sides of the page (double-sided) when printing the 2-page forms. Do not staple or use paper clips to attach the pages.

# How Should the Survey be Administered?

- ▶ Offer survey forms to all youth (12-17 years old) and adult clients receiving face-to-face services during the 5-day survey period.
  - Clients need complete only one form during survey
  - Whether the client completes the survey form will in no way adversely affect the services s/he receives.
- ▶ Inform clients that the survey is anonymous. They should not write their names on the forms.
- ▶ Be sure clients use a black or dark blue ball point pen.
- ▶ If the client makes a mistake on the form, s/he should draw an “x” over the incorrect entry.

# What About Client Confidentiality?

- ▶ 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 form upon request by the client.
- ▶ Staff are not to influence how a client responds or deny a client the opportunity to complete the survey.
- ▶ Clients are to place completed survey forms directly into a ballot-type survey form collection box or large envelope.

# Client Confidentiality, continued

- ▶ Clients receiving services outside the office during the survey period 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 upon returning to the office.
- ▶ Agency staff should package the completed forms for delivery/shipping to the designated county administrator who is coordinating the survey.

# FAQs

- ▶ Survey Administration
- ▶ Survey Forms
- ▶ Survey Data Submission/Analysis/Access, and Reporting

Link: <http://uclaisap.org/ca-policy/assets/documents/TPS/FAQs.pdf>

# What Information is Posted on the TPS Website?

- ▶ MHSUDS Information Notice No: 17-026 and TPS Instructions (Adult), and MHSUDS Information Notice No: 18-032 and TPS Instructions (Youth)
- ▶ Survey forms
  - ▶ PDF files
- ▶ FAQs
- ▶ Sample County- and Program-level summary reports (TPS \_ adults)

TPS website link: <http://www.uclaisap.org/ca-policy/html/client-treatment-perceptions-survey.html>