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
<table>
<thead>
<tr>
<th>Waiver Year</th>
<th>Survey Period Dates</th>
<th>Deadline Dates for Sending Paper Forms to SM County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>October 1-5, 2018</td>
<td>October 12, 2018</td>
</tr>
<tr>
<td>2019</td>
<td>October 7-11, 2019</td>
<td></td>
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<tr>
<td>2020</td>
<td>October 5-9, 2020</td>
<td></td>
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</table>
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)

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. 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.
10. As a direct result of the services I am receiving, I am better able to do things that I want to do.
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.

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 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
   - Decline to answer


Thank you for taking the time to answer these questions!
Treatment Perceptions Survey (Youth)

<table>
<thead>
<tr>
<th>County / Provider</th>
<th>Call/Others Provider ID (if required)</th>
<th>Treatment Setting (if required)</th>
<th>Program Reporting Unit (if required by your county):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**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.**

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 genuinely interested in me and understood me.  
11. I liked my counselor here.  
12. My counselor is capable of helping me.  
13. Staff make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.).  
14. Staff 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 result of the services I received, I am better able to do things I want to do.  
17. Overall, I am satisfied with the services I received.  
18. I would recommend the services to a friend who is in need of similar help.

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.*

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Please answer the following questions:

1. How long have you received services here?  
   - Less than 1 month
   - 1-5 months
   - 6 months or more

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
   - Other
   - Black/African American
   - White/Caucasian
   - Unknown

4. Age: [ ]

Thank you for taking the time to answer these questions!
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

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)