

Treatment Perceptions Survey (TPS)

Instructions for Counties Participating in the DMC-ODS Waiver

Providers within the network of each county participating in the DMC-ODS waiver are being asked to administer the Treatment Perceptions Survey (TPS) on an annual basis. Clients will have the opportunity to provide feedback through this very important survey process. Please encourage clients to participate.

The TPS is designed to serve multiple purposes.

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

Plan and prepare for the upcoming five-day survey periods.

The annual surveys will take place according to the schedule below.

Waiver Year	Counties Required to Participate	Survey Period Dates
2017	Counties beginning Waiver Services between January 1, 2017 and September 30, 2017	November 6-10, 2017
2018	All Waiver Counties	October 1-5, 2018
2019	All Waiver Counties	October 7-11, 2019
2020	All Waiver Counties	October 5-9, 2020

Access and print survey forms.

1. **Where to find survey forms:** Survey forms will be available in 13 languages, including English, Chinese, Spanish, Tagalog, Vietnamese, Russian, Arabic, Korean, Eastern and Western Armenian, Cambodian, Hmong, and Farsi. Forms will also be available in large print. All forms will be posted on the UCLA web site at: <http://www.uclaisap.org/ca-policy/html/client-treatment-perceptions-survey.html>.
2. **How to print:** Please print the survey forms directly from the pdf files. Use both sides of the page (double-sided) when printing the 2-page forms with the large print. DO NOT PHOTOCOPY forms. Photocopies and stapled pages may not be able to be scanned into the data system.

Know who should be surveyed.

1. **Target population:** Survey every **adult client (age 18 and older)** who physically presents and receives face-to-face services at providers within the county's network during the selected five-day period. This includes clients receiving services in substance use outpatient, residential, and opioid/narcotic 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.

2. **Not included in target population:**
 - a. Youth under age 18
 - b. Clients who do not receive face-to-face services during the survey period
 - c. Clients in crisis (e.g.: emergency incidences)

Prepare the survey forms before handing them to clients.

In the section at the top of each form to be given to clients, please fill in the following information by using either (1) the online "fillable" feature before printing the forms, or (2) a pen (black or blue ink):

1. Six digit CalOMS Tx Provider ID
2. 10-digit (maximum) Program Reporting Unit ID (This field may be used for county-specific purposes and data analysis at the unit level. It is optional and may be left blank.)
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.)

Administer the survey.

1. **Offer survey forms to clients:** Please hand survey forms to all appropriate clients receiving face-to-face services during the selected week. Clients need to complete only one form during the survey period.
2. Inform clients that the survey is anonymous. **Clients should not write their names on the forms.**
3. Please ask respondents to use a black or dark blue ball point pen – **no pencil, please.**
4. Clients should not mark or destroy the geometric box located at the bottom right-hand corner of the form. Markings will make the form invalid.

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Maintain the confidentiality of clients’ responses.

- Whether the client completes the survey form will in no way adversely affect the services clients are receiving. Completing the survey form could help to improve services.
- 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.
- **For clients seen outside the office:** 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.
- Agency staff should package the completed forms for delivery/shipping to the county.

Package and return completed survey forms to UCLA.

Staff designated by the county administrator are asked to compile the completed forms from the county’s network of providers and return them along with the cover sheet to UCLA via the United Parcel Service (UPS). This cover sheet is available on the UCLA web site and should be completed by county staff. (UCLA will provide the account number and other pertinent information needed for shipping and billing purposes. Access the UPS website at www.ups.com to order boxes and/or envelopes, and to schedule a pick up, if needed.) The use of new boxes and envelopes rather than previously used ones, is encouraged. Also, be sure to tape boxes around the lid and base as this helps prevent damage during shipping.

Please package and send survey forms to UCLA **by 5pm** on the date specified below:

Waiver Year	Survey Period Dates	Deadline Dates for Sending Forms to UCLA
2017	November 6-10, 2017	December 4, 2017
2018	October 1-5, 2018	October 22, 2018
2019	October 7-11, 2019	October 28, 2019
2020	October 5-9, 2020	October 26, 2020

Send forms to: Cheryl Teruya, Ph.D.
UCLA Integrated Substance Abuse Program
11075 Santa Monica Blvd., Suite 200
Los Angeles, CA 90025

Once received, UCLA will scan the forms and enter the data into a database. Surveys received after the specified deadlines may not be processed. County reports will be provided by UCLA within three months of each survey period. Raw data will also be made available to counties.

For counties that would like to collect, scan/enter, and aggregate data locally, information and instructions will be posted on the UCLA web site at:
<http://www.uclaisap.org/ca-policy/html/client-treatment-perceptions-survey.html>.

If you have questions or feedback about the survey or collection procedures, please contact: Cheryl Teruya, Ph.D. at cteruya@ucla.edu or (310) 267-5251.

Thank you for making this survey a success!