



Treatment Perceptions Survey (TPS) Training

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October 7, 2022



Overview

- Why TPS?
- Important dates
- Online Survey administration
- Paper Survey administration
- TPS participants
- General instructions
- FAQs



Why do Counties/Providers Administer the TPS?

- Address the data collection needs of the DMC-ODS waiver evaluation required by the Centers for Medicare and Medicaid Services (CMS);
- Fulfill the state and External Quality Review Organization (EQRO) requirement of conducting a client satisfaction survey using a validated tool;
- Support DMC-ODS Quality Improvement efforts.



Administration and Submission Windows

IMPORTANT DATES





2022 TPS Administration

- **DHCS** official survey administration will take place:
 - **October 17-21, 2022**
- **SAPC**'s deadline for additional surveys. This is optional (your agency/facility reports will be based on the total surveys collected Oct 17 – Nov 21):
 - **November 21, 2022**
- **Online survey links:**
 - **Activated on October 17**
 - **Deactivated midnight on November 21**



Submit Paper Surveys to SAPC

- Submit **paper surveys** collected during **October 17-21, 2022 by:**
 - **Friday, October 28, 2022**
- You can continue to collect surveys and **submit paper surveys** collected from **October 24 – November 21, 2022 by:**
 - **Monday, November 28, 2022**
- **You can drop off or mail survey packets by facility or by whole agency to (obtain a tracking number) :**

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2022 Administration Methods: Online and Paper Survey

➔ **Online Survey Option**



How Are the Online Surveys Accessed?

- Use the customized provider links that were emailed to your agency's TPS Committee Member;
- SAPC created links per the unique combination below:
 - Youth or adult version
 - 6-digit CalOMS Treatment Provider ID
 - Site address
 - Setting (Treatment or RSS);
- Use the correct link so that we can track data accordingly



Example: Unique Links Table

Provider Number	Facility Address	10-digit Address	Level of Care	Is the facility active or inactive in FY 22-23?	Is the level of care listed correctly?	Do you need the Youth version of the survey?	Do you need the Spanish version of the survey?	What type of surveys would you like to receive: PDFs, web links or both?	Facility Specific Survey Weblink. To open the online survey, hover over the link and click CTRL + Enter
190002	1147 S Alvarado Street	1147_S_ALV	OP_IOP	Active	yes	no	yes	web link	https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_bloCW7YiR0imJbE?AG=Alcoh&PI=190002&RU=1147_S_ALV&TS=OP_IOP&SU=Adult
190002	1147 S Alvarado Street	1147_S_ALV	RSS	Active	yes	no	yes	web link	https://sapchoda.sjc1.qualtrics.com/jfe/form/SV_bloCW7YiR0imJbE?AG=Alcoh&PI=190002&RU=1147_S_ALV&TS=RSS&SU=Adult

Treatment Perceptions Survey (Adult)

CalOMS Provider ID

Program Reporting Unit (Address)

Setting: ☐ OP/IOP ☐ Residential ☐ OTP/NTP ☐ Detox/WM ☐ Recovery Support Services

Treatment Perceptions Survey (Youth)

CalOMS Provider ID

Program Reporting Unit (address)

Setting: ☐ OP/IOP ☐ Residential ☐ OTP/NTP ☐ Detox/WM ☐ Recovery Support Services

How Are the Online Surveys Accessed?

- Surveys can be accessed using a desktop computer, tablet computer, laptop, or smart phone.
- With the extended deadline, providers may administer the survey for 4 weeks.
- If the client is accessing the online survey at the facility, assure client can complete it in privacy.

How Are the Online Surveys Accessed? (Cont'd)

- Providers may
 - Email/text the links to clients;
 - Cut and paste the link into the chat box if using a video-conferencing platform (e.g., Zoom);
- Clients click on the link using any browser (Google Chrome, Microsoft Edge, Microsoft Internet Explorer, Mozilla Firefox, and Apple Safari).



2022 Administration Methods: Online and Paper Survey

➔ **Paper Survey Option**



Survey Forms

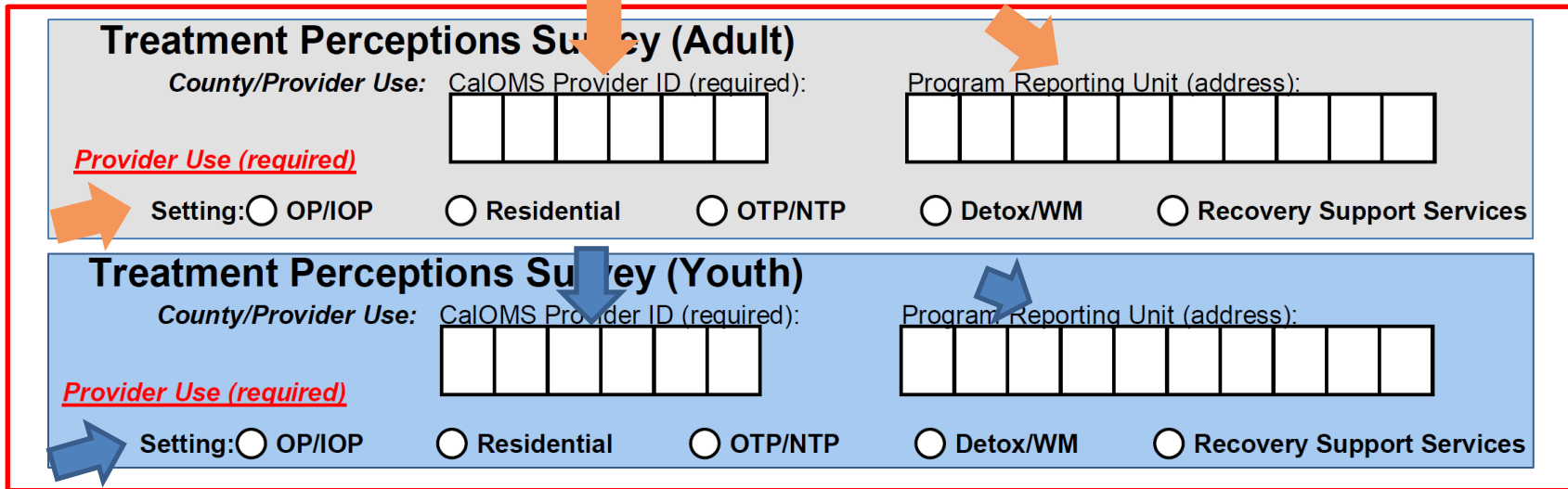
- Which form to use?
 - **English and Spanish:**
 - Use SAPC pre-filled Adult/Youth TPS forms emailed to you.
 - **Other Languages:**
 - Use downloadable versions available at <http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>
- **Do not** use surveys from State/UCLA, agencies must use the SAPC versions due to modified items.
- **Print pre-filled PDF survey forms** that are emailed to you:
 - Verify the CalOMS Provider ID, Address and Treatment Setting are correct before printing.
 - Print survey double-sided from a Laser (preferred) or Inkjet Printer. **Do not photocopy.**

TPS Webpage

- Updated TPS Website Includes:
 - Paper survey versions with 12 threshold languages (available by Oct 12)
 - Other materials
 - Frequently Asked Questions
 - Presentation Slides (Available by Oct 11)
 - TPS Provider Instructions (Available by Oct 11)
 - TPS Patient Instructions – English and Spanish
 - TPS Flyer Template – English and Spanish
 - Link

<http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>

Survey “Headers”



Treatment Perceptions Survey (Adult)

County/Provider Use: CalOMS Provider ID (required):

Provider Use (required)

Program Reporting Unit (address):

Setting: ☐ OP/IOP ☐ Residential ☐ OTP/NTP ☐ Detox/WM ☐ Recovery Support Services

Treatment Perceptions Survey (Youth)

County/Provider Use: CalOMS Provider ID (required):

Provider Use (required)

Program Reporting Unit (address):

Setting: ☐ OP/IOP ☐ Residential ☐ OTP/NTP ☐ Detox/WM ☐ Recovery Support Services

- Review the provided information:
 - 6-digit CalOMS Treatment Provider ID
 - 10-digit Program Reporting Unit (Address)
 - Setting (Treatment or RSS)



Filling out the TPS

- Helpful Tips:
 - Place a calendar or a digital clock nearby to help patients complete the date
 - Or, tell patients the date when handing out the form
 - Or, fill out the date before you give the survey to patients

Print survey double-sided from Laser (preferred) or Inkjet Printer. Do not photocopy!

Treatment Perceptions Survey (Adult)

CalOMS Provider ID: 1 9 1 2 3 4 Program Reporting Unit (Address): 1 2 3 S T R E E T

Setting: ☒ OP/IOP ☐ Residential ☐ OTP/INTP ☐ Detox/WM ☐ Recovery Support Services

Please answer these questions about your experience at this program.
If the question is about something you have not experienced, check the box for "Not Applicable".
DO NOT WRITE YOUR NAME ON THE SURVEY.

Your answers must be able to be entered into a computer. Therefore, please use a black pen and make an "X" in the box. Choose only one answer for each question.

Today's Date (MM/DD/YYYY): 1 0 / 1 7 / 2 0 2 2

Correct ☒ Incorrect ☐

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location was convenient (public transportation, distance, parking, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Services were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I chose the treatment/recovery goals with my provider's help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff gave me enough time in my treatment/recovery sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff spoke to me in a way I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff here work with my physical health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff here work with my mental health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I felt welcomed here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the help/services that I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? <input type="checkbox"/> None <input type="checkbox"/> Very little <input type="checkbox"/> About half <input type="checkbox"/> Almost all <input type="checkbox"/> All						
16. Telehealth was as helpful as in-person sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Strongly Agree ☐ Agree ☐ I am Neutral ☐ Disagree ☐ Strongly Disagree ☐ N/A

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Revised 09/23/22, TPS (Adult) - English



Filling out the TPS

- Ask that patients place an "X" in the box, and choose only one answer for each question.

Correct



Incorrect



Print survey double-sided from Laser (preferred) or Inkjet Printer. Do not photocopy!

Treatment Perceptions Survey (Adult)

CalOMS Provider ID: 1 9 1 2 3 4 Program Reporting Unit (Address): 1 2 3 S T R E E T

Setting: ☒ OP/IOP ☐ Residential ☐ OTP/NTP ☐ Detox/WM ☐ Recovery Support Services

Please answer these questions about your experience at this program.
If the question is about something you have not experienced, check the box for "Not Applicable".
DO NOT WRITE YOUR NAME ON THIS FORM.

Your answers must be read by a computer. Therefore, please use only the correct box and place an "X" in the box. Choose only one answer for each question.

Today's Date (MM/DD/YYYY): 1 0 / 1 7 / 2 0 2 2

Correct ☒ Incorrect ☐

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location was convenient (public transportation, distance, parking, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Services were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I chose the treatment/recovery goals with my provider's help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff gave me enough time in my treatment/recovery sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff spoke to me in a way I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff here work with my physical health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff here work with my mental health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I felt welcomed here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the help/services that I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)? <input type="checkbox"/> None <input type="checkbox"/> Very little <input type="checkbox"/> About half <input type="checkbox"/> Almost all <input type="checkbox"/> All						
16. Telehealth was as helpful as in-person sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Strongly Agree ☐ Agree ☐ I am Neutral ☐ Disagree ☐ Strongly Disagree ☐ N/A

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Revised 09/23/22, TPS (Adult) - English

Instructions for Patients

- Provide each patient with a copy of **“Instructions for Patients”**

- Download format

<http://publichealth.lacounty.gov/sapc/providers/treatment-perceptions-survey.htm>

- Review this form with patients.



Treatment Perceptions Survey (TPS) Instructions

- The purpose of the survey is to find out how you feel about your treatment at this program site so we can improve the quality of services you receive.
- Your participation in this survey is optional and will not affect the services you receive.
- The survey is completely confidential and anonymous. Please do not write your name on the form.
- Responses should be in black ballpoint pen; no pencils.
- Place your completed survey in the envelope provided and seal the envelope. Then place the sealed envelope in the collection box or large collection envelope provided at the program site.
- You can answer as many or as few questions as you are comfortable with, but your participation is valuable, and your answers are important in improving the quality of services you receive.
- If you decide not to fill out the survey, please write “Declined” across the top and place it in the collection box or large collection envelope provided at the program site.

Ensure Confidentiality

- Prepare self-seal white envelopes.
- Prepare collection box or large collection envelope.
- After the patient completes the TPS;
 - Ask patient to seal the completed form in an envelope
 - Deposit the sealed envelope into either:
 - Survey collection box, OR
 - Large collection envelope



Declined Survey

- Patients have the option to decline participation.
 - If patients do not wish to complete the survey, ask them to write 'Declined' on the survey and place it in this collection box or large envelope."

Print survey double-sided from Laser (preferred) or Inkjet Printer. Do not photocopy!

Treatment Perceptions Survey (Adult)

CalOMS Provider ID Program Reporting Unit (Address)

Setting: ☒ OP/IOP ☐ Residential ☐ OTP/NTP ☐ Detox/WM ☐ Recovery Support Services

Please answer these questions about your experience at this program.
If the question is about something you have not experienced, check the box 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 black pen and place an "X" in the box. Choose only one answer for each question.

Today's Date (MM/DD/YYYY) / /

Correct ☒ Incorrect ☐

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location was convenient (public transportation, distance, parking, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Services were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I chose the treatment/recovery goals with my provider's help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff gave me enough time in my treatment/recovery sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff spoke to me in a way I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff here work with my physical health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff here work with my mental health care providers to support my wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I felt welcomed here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was able to get all the help/services that I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?	<input type="checkbox"/> None	<input type="checkbox"/> Very little	<input type="checkbox"/> About half	<input type="checkbox"/> Almost all	<input type="checkbox"/> All	
16. Telehealth was as helpful as in-person sessions.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> I am Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> N/A

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Revised 09/23/22, TPS (Adult) - English



WHO SHOULD PARTICIPATE?



Patient Participation

- Every patient (12+ years of age) who receives services face-to-face or by telehealth during the survey period must have the opportunity to complete survey
 - Adult TPS (age 18+)
 - Youth TPS (age 12-17)
- Patient participation is optional
- Note: Field-based services are considered face-to-face treatment services





Do not survey

- Patients who do not receive face-to-face or telehealth treatment services during the survey period.
- Patients who are experiencing an emergency that requires immediate attention.



SURVEY INSTRUCTIONS





Talking Points

1. Introduce the purpose of the survey to patients upon administering it.

“We want to find out how you feel about the treatment at this program. By completing this survey you are helping us to improve the quality of services you receive. Your feedback is important to us.”

Talking Points (cont.)

2. Inform the patients about confidentiality.

“This survey is completely anonymous so you should not write your name on the form or online survey. Once you complete the paper survey, do not give it back to me.

Place it in an envelope, seal it, then place it in this collection box (or large collection envelope, whichever applies).”



Talking Points (cont.)

3. Reassure the patient this does not impact services.

“Any responses you provide will not in any way negatively impact you or the services you receive.”



Ensure Confidentiality

- Surveys are anonymous and patients **MUST NOT** provide their names on the survey.
- Direct service staff **must not be present** while the patient completes the survey on site.
- **Surveys are to be filled out by the patients on their own** unless the patient requests assistance.
- If requested by the patient, **a family member, non-clinical staff person, consumer advocate, or volunteer** may help the client complete the survey if the client feels comfortable answering the questions.
- Staff must not influence how patients respond to survey questions, or deny a patient the opportunity to complete the survey.



FAQs





Q1. How many surveys should a patient complete?

- Each patient should complete **ONLY ONE** survey for each provider/facility where they receive services.



Q2. What if a patient receives services at more than one facility?

- Patients who receive services at more than one treatment facility during the survey period should be given a survey form at each facility.



Q3. Is it possible to save the online survey and return to complete it later?

- No, the respondent would need to restart the survey. However, the survey is relatively short and shouldn't take too long to complete.



Q4. Are surveys considered complete if clients only answer a few questions?

- Yes.
- Online surveys are considered complete when the individual clicks the last “next” button and receives the message **“Thank you for taking the time to answer these questions! Your responses have been recorded.”**
- While we encourage clients to fully complete the survey, clients can choose not to answer any questions as they wish.



Q5. What should we do if a client does not have access to the internet?

- **Non-clinical provider staff, volunteers or consumer advocates** can complete the online survey on behalf of the client over the phone if the client feels comfortable answering the questions.



Q6. What if a client has trouble navigating the online survey (e.g., lacks computer skills)?

- **A family member or non-clinical provider staff, volunteer, and consumer advocate**, for example, may help clients navigate the online survey. Be sure to provide help in a manner that ensures the client feels comfortable answering the survey questions openly and honestly.



Q7. Can the survey be administered using the Zoom platform polling?

- No. However, if you are using a video-conferencing platform, you may type in or **paste the online survey link in the chat box**. Clients can click on the link and fill out the survey.



Q8. How would we be sure that each client responds just once?

- There is always a chance that a client could complete the survey more than once. **Providers can help by asking clients to complete the survey only once/whether clients already completed the survey.**



Q9. Are patients from non-county or non-DMC funded contracts (e.g., Kaiser, AB109) required to complete the survey?

- Yes, all patients receiving face-to-face or telehealth SUD treatment services, regardless of funding source, should be surveyed.



Q10. Should patients in Recovery Support Services (RSS) be surveyed?

- **Yes.** No need to collect surveys in Recovery Bridge Housing (RBH).



Q11. Can we have the process slides so we can review what they need to fill out. Because in OP they will not be in the office for us to explain.

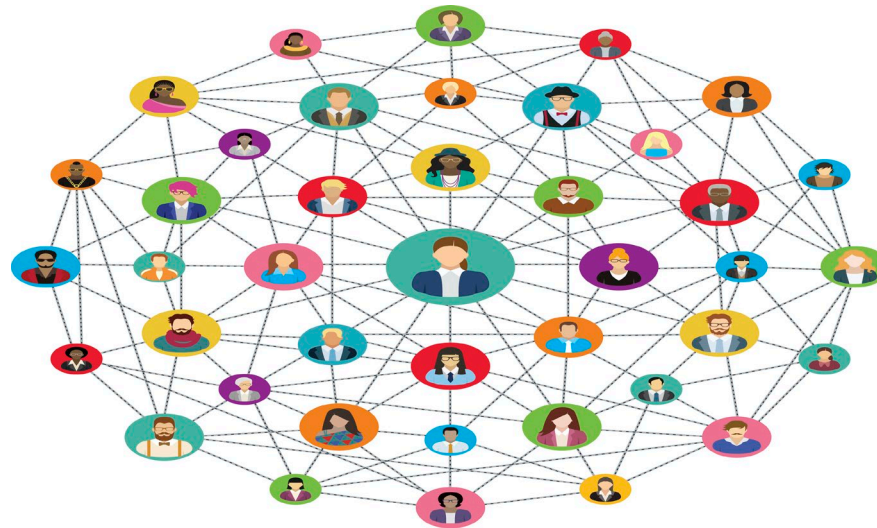
- **Yes of course;** You can have the process slides to go over what they need to fill out OR paste the correct survey link in the chat box and go through the online surveys together.



Please note:

- Providers noted that “TPS” is commonly known as Temporary Protected Status. This may cause confusion and anxiety.
- The TPS acronym was dropped from the Spanish version of the Patient Instructions and other documents. Discretion concerning the use of the TPS acronym is appreciated.

Q&A / Discussion



“The opposite of addiction is not sobriety; the opposite of addiction is **social connection.”**

- Johann Hari