

Instructions for Substance Use Treatment Client Satisfaction Survey

The Substance Use Treatment Satisfaction Survey will take place for one week. All Substance Use Outpatient and Residential Treatment Programs should participate, regardless of funding source. Clients have the opportunity to give feedback through this very important process. The information we receive is essential to help us improve quality of care and client experience. Please encourage clients to complete the survey.

Please read through these instructions carefully to prepare and conduct surveys.

1) Programs are to print their own surveys

- a) **Where to find survey forms:** Surveys are available in threshold languages (English, Chinese, Spanish, Tagalog, Vietnamese, and Russian) in regular font and **large print** to help clients with limited vision. The PDFs can be downloaded from:
<http://www.uclaisap.org/dmc-ods-eval/html/client-treatment-perceptions-survey.html>

We are also attaching the regular font surveys to the email sent to all providers announcing the survey collection period.

- b) **How to print:** Please print the forms directly from the pdf files. DO NOT PHOTOCOPY forms. Photocopies cannot be scanned into the data system.

Pre-enter your program CalOMS Provider ID, Avatar program code (reporting unit) and treatment setting directly into the forms BEFORE printing. The new surveys are PDFs that allow you to type this information in the fields before printing. This greatly reduces work and improves data quality.

Note: If you are unsure of the CalOMS Provider ID, reporting unit, or treatment setting, please ask your program administrator.

Enter the codes and treatment setting in the fields in the **grey** "County/Provider Use Only" section at the top of the form. Just click on the field to enter the information (see example on following page). Save the PDF. Print them as needed on a quality laser printer. If your program has multiple reporting units, please be sure to give the client a form with the reporting unit for the program that provided services on the day they visited.

Example of form with information entered and ready to print:

Treatment Perceptions Survey (Adult)		Print PDF as needed. Do not photocopy!	
County / Provider Use Only	CalOMS Provider ID (required)	Program Reporting Unit (if required by your county):	
	3 8 3 8 0 6	3 8 0 6 C M - R E S	
Treatment Setting (required): <input type="radio"/> OP/IOP <input checked="" type="radio"/> Residential <input type="radio"/> OTP/NTP <input type="radio"/> Detox/WM (standalone) <input type="radio"/> Partial hospitalization			

- c) **If help is needed for printing surveys, contact:**
Edmund Carnecer, edmund.carnecer@sfdph.org or 415-255-3434

2) Who to survey

- a) **Target population:** Survey every substance use treatment client who receives face-to-face services during this one-week period (**for ages 12 and older**). This includes clients seen in the office and outside of the office.
- b) **For youth under 12:** If available, a parent or guardian can complete the survey for the youth. If no parent or guardian is present, do not submit a survey.
- c) **Do not survey:**
 - a. Clients who do not receive face-to-face services during the survey period.
 - b. Clients in crisis.

3) Coordinating the Survey

- a) **Provide survey forms to clients:** Please provide surveys with the correct CalOMS provider ID and reporting unit to all clients receiving services during the week of **October 7th – October 11th**. Please ask respondents to use a black or dark blue ball point pen - **No pencil, please.**
- b) Clients should not mark or destroy the geometric box located at the bottom right-hand corner of the page or else the survey will become invalid.



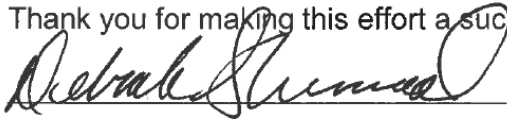
4) Client confidentiality

- Construct a sealed ballot-box large enough to hold the completed surveys. Creating a reusable box is recommended.
- Clients are to place completed surveys directly into the box.
- **For clients seen outside the office:** Clients should fill out a survey and seal it in an envelope (provided by staff). Staff should deposit the envelope into the survey collection box when they return to the office.
- A non-clinical staff person, consumer advocate, or volunteer can help the client complete the survey upon request of the client.
- Inform clients that staff will not see their individual responses.
- Completing the survey will in no way adversely affect the services they are receiving.
- Completing surveys could improve services.
- Direct service staff must not be present while the client completes the survey.
- Staff cannot influence how a client responds or deny a client the opportunity to complete the survey.
- Staff should not open the sealed boxes to look at or sort through the surveys.

5) Deliver completed forms to 1380 Howard on drop off days indicated via email announcement. Forms received after the deadline may not be processed.

- a) Survey forms are to be kept in the sealed collection boxes.
- b) Make sure to complete a cover sheet (attached to the email) for each box submitted.

Thank you for making this effort a success!

A handwritten signature in black ink, appearing to read "Deborah Sherwood", written over a horizontal line.

Deborah Sherwood, Ph.D.
Director, Quality Management
Behavioral Health Services