2025 Statewide Report

Treatment Perceptions Survey (TPS)

California's Drug Medi-Cal Organized Delivery System

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(Revision)

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

UCLA
Integrated Substance Use and Addiction Programs
Division of Addiction Psychiatry

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Treatment Perceptions Survey (TPS) Statewide Report 2025

Executive Summary

Each fall since 2017, the California Department of Healthcare Services (DHCS), has contracted with University of California, Los Angeles (UCLA) Integrated Substance Use and Addiction Programs (ISAP) to facilitate the collection and analysis of the annual SUD perceptions of care survey data to facilitate both quality improvement and evaluation of the Drug Medi-Cal Organized Delivery System (DMC-ODS). Administration of the 2025 Statewide Treatment Perceptions Survey (TPS) occurred October 20-24, with participation occurring in all 40 DMC-ODS counties. This was the ninth administration of the annual survey. As in previous years, surveys were conducted via online and paper-based versions.

The TPS presents service-related statements across 5 adult domains and 6 youth domains:

Adult Domains	Youth Domains
Access	Access
General Satisfaction	General Satisfaction
Quality	Quality
Outcome	Outcome
Care Coordination	Care Coordination
	Therapeutic Alliance

Respondents are asked to state to what degree they agree or disagree with each statement using a 5-point Likert scale (1= Strongly disagree and 5= Strongly agree). The adult domains are *Access, Quality, General Satisfaction, Outcome and Care Coordination;* the youth domains are the same with the addition of *Therapeutic Alliance*.

Over the course of yearly survey administration, changes in perception scores continue to remain relatively small, and the ratings for all domains have remained high across time for both adults and youth. In 2025, scores across all domains ranged on average between 4.1-4.5 on a scale from 1.0 to 5.0; where higher scores indicate greater satisfaction. However, each year brings new information to light that indicates challenges to address

and successes to strengthen. An example this year is the successful outreach by one county to engage youth by establishing an ongoing relationship with their school district.

Findings

Participation:

Data collection occurred via paper (15,772 adult, 946 youth=16,718) and online (3,977 adult, 257 youth=4,234), totaling 20,952. Due to a concerted effort in Fresno County that led to an increase in participation of youth, there was a boost in youth respondents in 2025. Overall participation in the TPS has increased steadily over the past several years. For example, in 2024 there were 20,146 surveys and in 2023 there were 18,174 surveys. County participation has also increased steadily over the years as well; in 2025 there was an additional county included for a total of 33 counties plus the 7 counties within the regional model, Partnership Healthcare Plan for a total of 40 counties. As a result, 100% of counties that are taking part in California's Drug Medi-Cal Organized Delivery System (DMC-ODS) demonstration participated in TPS.

The highest percentage of adult survey forms was received from clients in OP/IOP programs (45.9%), followed by OTPs/NTPs (28.6%) then residential program (23.6%), and Standalone Withdrawal Management (WM) programs (1.0%); 1.0% were missing information on Treatment Setting. In alignment with adult respondents, the vast majority of surveys from youth clients were also returned from OP/IOP programs (98.3%), while a much lower percentage of surveys were returned from residential programs (1.7%).

Adult Scores:

Average scores for each of the five domains were high and continue to remain aligned with prior years: Quality and General Satisfaction domains yielded the highest scores (both 4.6), followed by the Outcome and Access (both 4.5), and the Care Coordination domain yielded the lowest score (4.4). Quality domain statements such as "were understood" and "treated with respect" scored the highest at (94%), and (93%) respectively. It is important to recognize that among adult clients, Coordination of Care items continue to challenge service providers each year more than other domains. Respondents were least likely to agree with the individual statements for Care Coordination regarding staff connecting clients with services (82%) and working with mental health and physical health providers (84%). In 2025, 45% of adults identified as Latinx, 45% as White, 14% as another race, 12% as Black/African American, 7% as American Indian and Alaska Native, 3% as Asian and 2% as Native Hawaiian/Pacific Islander.

Youth Scores:

Average scores for all domains were also above 4.0 for youth in 2025. As with past survey administrations, the Therapeutic Alliance and General Satisfaction domains equally received the highest average score (4.5). That was followed by Access and Care Coordination (both at 4.4), and the Quality domain (4.3). At the lower end of the scale was Outcome (4.2), which was a slight increase from 2024 (4.0). Youth reported a high agreement with the Quality domain statement of "being treated with respect" (95%), and the Therapeutic domain statements, "counselors took the time to listen" and "liked counselor" (96%) and (95%). On the other hand, in alignment with the lower Outcome score above, they were least likely to agree with the individual statements, "Felt less craving for drugs and alcohol" (75%), in the Outcome domain and "My counselor provided necessary services for my family" (75%) in the Quality domain.

In 2025, 80% of youth reported that "The staff are sensitive to my cultural background [ethnicity, religion, language, etc.]" In 2025, most youth participants continue to identify as Latinx (76%) as in previous years, 33% as another race, 24% as White, 12% as Black/African American, 8% as American Indian/Alaska Native, 4% as Asian and 3% as Native Hawaiian/Pacific Islander. It is encouraging that some youth-serving providers, such as in Fresno County, appear to be building competencies, maintaining rapport, and recognizing awareness of cultural sensitivity.

Scores by Treatment Setting:

Scores for residential settings remain slightly lower than other settings for both adults (4.4) and youth (4.3). However, in general, among both adults and youth, no meaningful differences were found across treatment settings.

Scores by Telehealth Services Received:

Telehealth remains an important mechanism for receiving services and continues to be used by over half of youth and adults; however, there may still be differences (individual, community-level) in program availability to offer, access, familiarity with use and preference. In 2025, adult and youth respondents indicated very little variation by the amount of telehealth services they received and the degree to which it was helpful, suggesting they were just as satisfied with in-person services as with telehealth treatment as long as there was alignment with comfort level, treatment goals and appropriate delivery of service needs of the client.

In general, 42% of adults and 47% of youth did not receive any services via telehealth, 53% of adults and 48% of youth received some or all services via telehealth and 5% did not report on this measure.

Among adults who received any telehealth services, 38% reported it was Somewhat or Much Better to receive services via telehealth than in-person while 40% reported it was the same as in-person services.

Among youth who received any telehealth services, 30% reported it was Somewhat or Much Better to receive services via telehealth than in-person and 54% reported it was the same as in-person services.

Perception scores for telehealth satisfaction remained high across domains, between 4.5 and 4.7, with the exception of Care Coordination which was between 4.3 and 4.4. Across all six domains, ratings were highest among youth who received all or almost all their services via telehealth, and lowest among those who received about half of their services via telehealth, suggesting less satisfaction with hybrid approaches than those that used either telehealth or in-person more consistently.

Qualitative Review:

An examination of survey participants' responses through a qualitative lens is an important element of the TPS allowing for a deeper understanding of consumers' experiences, perceptions, and motivations.

The core takeaway for adults is that **clinical excellence and the human connection** are primary drivers of recovery success while negative feedback is largely **structural**, identifying institutional policies and physical facilities as barriers to effective care.

For youth, positive takeaways highlight **counselor rapport and support**, especially as it relates to **achieving sobriety**, while negative feedback centers largely on program **content and structure**.

Recommendations

- Separation of mental and physical health care from SUD care in the health care system creates barriers for providers to do "handoffs" for patients requiring different services resulting in legal and organizational barriers for sharing clinical information (Institute of Medicine, 2006). Fewer adults reported staff connected them with services and or worked with physical and mental health providers. Therefore, we recommend ***Evaluating*** SUD treatment providers' barriers to creating clinically

effective linkages between physical, behavioral health and human services agencies and ***Examining*** barriers to care coordination such as clients seeking assistance with housing, employment, referrals to physical or mental health appointments etc.

- Youth SUD treatment outcomes are impacted by demographic factors such as age, environmental factors such as social support, and person-centered factors such as diagnosis (Anderson et.al., 2007). Improving SUD treatment outcomes requires considering specific risk and protective factors within the Youth's developmental context (Brown, 2004). To target lower ratings found on identified TPS items, we also recommend ***Exploring:***
    - Youth-centered, age appropriate, strategies (e.g. informal settings, peer-to-peer models, school-based approaches, etc.) to encourage youth engagement.
    - Reducing cravings among youth, e.g. relapse prevention skills, medications.
    - Approaches to improve male youth perceptions, focusing specifically on working with counselors on treatment goals.
    - Collecting information on and disseminate successful practices, targeting practices at providers that score highly on lower-scoring TPS items (e.g. programs with low youth cravings and high youth male perceptions).
- Telehealth continues to be a transformative tool in healthcare and an important approach to address treatment barriers and can be as effective as in-person SUD care in terms of substance use reduction and treatment retention (Pham et.al., 2023). Finally, we recommend ***Engaging*** in ongoing support for telehealth for youth and adults, consistently, according to their site-specific needs, personal preference and comfort level, and treatment goals.

The following report provides a more detailed, narrative analysis of the TPS results. Respondent feedback on improvement to the system is also included throughout the report.

Background of the Treatment Perceptions Survey (TPS)

In 2017, UCLA ISAP (referred throughout the remainder of this report as UCLA) developed the Treatment Perceptions Survey (TPS) to serve as a statewide tool to measure perceptions of care from clients receiving substance use services under the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Demonstration Project. The TPS for adults was based on San Francisco County's Treatment Satisfaction Survey. A year later, a youth version based on Los Angeles County's Treatment Perceptions Survey was introduced. Both survey questionnaires include items from the Mental Health Statistics Improvement Program, MHSIP. Input on the development of the surveys was solicited from and provided by:

- The California Department of Health Care Services (DHCS)
- The Substance Abuse Prevention Treatment+ Committee (SAPT+) of the County Behavioral Health Director's Association (CBHDA) of California
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQRO) Clinical Committee, Behavioral Health Concepts (BHC)
- The Youth System of Care Evaluation Team at Azusa Pacific University, among other stakeholders

The TPS was designed and continues to serve multiple purposes: 1) fulfill the counties' EQRO requirement related to conducting a patient satisfaction survey at least annually using a validated tool; 2) address the data collection needs for the Centers for Medicare and Medicaid Services (CMS) required evaluation of the DMC-ODS waiver; and 3) support DMC-ODS quality improvement efforts while providing pertinent information on the impacts of the waiver. Since its inception in 2017, UCLA has offered expertise in measuring, understanding, and reporting clients' experiences with their SUD care. Collecting data statewide allows participating counties to better understand and assess system strengths and challenges, identify areas for improvement, and work to implement change.

Methods

Data Collection

The administration of the TPS occurs annually in October during a specified five-day period determined by UCLA and in agreement with DHCS.

Both paper-based and online surveys are available in English and 12 threshold languages (Spanish, Chinese, Tagalog, Farsi, Arabic, Russian, Hmong, Korean, Eastern Armenian, Western Armenian, Vietnamese, and Cambodian) for both adults and youth.

Survey respondents used a 5-point Likert scale (strongly disagree to strongly agree) on which higher numbers indicated more positive perceptions of care/satisfaction.

In addition, online survey respondents were given the opportunity to express interest in participating in potential future interviews, should resources permit. These qualitative data could enhance understanding of patient/client experiences in key areas such as care coordination, telehealth use, and perceived outcomes, particularly as year-over-year trends and patient/client level endorsements are reviewed.

Survey Instrument

No changes to survey items or domains occurred for the 2025 survey period. Questions remained streamlined and aligned with the satisfaction domains for seamless administration. The adult survey includes 16 items addressing patient perceptions of satisfaction in five domains: *Access, Quality, Care Coordination, Outcome, and General Satisfaction*. The youth survey includes 19 items and the same five domains as the adult survey plus an additional domain: *Therapeutic Alliance*.

Cronbach's Alpha Reliability was computed for Adult and Youth survey. The statistical reliability or Cronbach's alpha (α) for all five domains among was = >.66.

As providers continue to use telehealth to deliver services to patients, the telehealth items remain for both adult and youth surveys ("*Now thinking about the services you received, how much of it was by telehealth*"; "*How helpful were your telehealth visits compared to traditional in-person visit*"). Also, for both groups, there are additional questions on demographics (age, sex, race/ethnicity) and a final section where comments may be written.

Adult	TPS Domain and Item Statements
DOMAIN	**ITEM STATEMENT**
Access	• The location was convenient (public transportation, distance, parking, etc.). • Services were available when I needed them.
Quality	• I chose the treatment goals with my provider's help. • Staff gave me enough time in my treatment sessions. • Staff treated me with respect. • Staff spoke to me in a way I understood. • Staff were sensitive to my cultural background (race, religion, language, etc.).
General Satisfaction	• I felt welcome here. • Overall, I am satisfied with the services I received. • I was able to get all the help that I needed. • I would recommend this agency to a friend or family member.
Outcome	• As a direct result of the services I am receiving, I am better able to do things that I want to do. • As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.
Care Coordination	• Staff here work with my Physical Health care providers to support my wellness. • Staff here work with my Mental Health care providers to support my wellness. • Staff here helped me to connect with other services as needed (social services, housing, etc.)
Youth	**TPS Domain and Item Statements**
DOMAIN	**ITEM STATEMENT**
Access	• The location of services was convenient for me. • Services were available at times that were convenient for me. • I had a good experience enrolling in treatment.
Quality	• I received services that were right for me. • Staff treated me with respect. • Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). • My counselor provided necessary services for my family.
General Satisfaction	• Overall, I am satisfied with the services I received. • I would recommend the services to a friend who is in need of similar help.
Outcome	• As a direct result of the services I am receiving, I am better able to do things that I want to do. • As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.
Care Coordination	• Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.). • Staff here helped me with other issues and concerns I had related to legal/probation, family, and educational systems.
Therapeutic Alliance	• My counselor and I work on treatment goals together. • I feel my counselor took the time to listen to what I had to say. • I developed a positive, trusting relationship with my counselor. • I feel my counselor was sincerely interested in me and understood me. • I like my counselor here. • My counselor is capable of helping me.

Survey Administration

Survey administration was conducted as described in DHCS Behavioral Health (BHIN 25-025). The 2025 TPS survey forms and instructions, forms in the multiple threshold languages, and other materials (i.e., Frequently Asked Questions, survey administration announcements, flyers, training slides, TPS codebook, and sample county and program summary reports) were made available online, with periodic updates, at the TPS Client Perceptions Survey website.

Full URL: https://uclaisap.org/client-treatment-perceptions-survey/

Representative staff from participating counties and the Partnership HealthPlan of California Wellness and Recovery Program (PHC) coordinated the survey administration and data collection with providers in their respective provider networks. Preparations began in August of 2025 as county administrators conducted outreach to their substance use service providers, submitted provider lists to UCLA and downloaded/printed and distributed paper surveys and flyers with online survey QR codes to providers. Since data from the UCLA online survey portal was received by UCLA directly from the survey participant, during the survey week, daily online survey counts were provided to county administrators by UCLA staff. In the weeks following the administration of the survey, paper surveys were collected by county administrative staff and subsequently sent to UCLA via FedEx. Counties that collected survey data through their own online portal submitted via the UCLA Box Portal, a HIPAA compliant file-sharing platform. The data was analyzed, and county- and provider-level summary reports were prepared and made available to participating counties/Partnership Plan. Counties were also given access to their raw data files and written comments from the online and paper surveys.

A total of 40 counties participated in the TPS during October 20-24, 2025. This includes 33 DMC-ODS counties along with 7 counties that are participating in DMC-ODS through PHC (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano). As in previous years, programs included Outpatient/Intensive Outpatient (OP/IOP), Residential, Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP), Partial Hospitalization and Withdrawal Management (WM, standalone) treatment settings.

Data Analysis

The five-point response scale was coded to reflect 1 = Strongly Disagree and 5 = Strongly Agree. "Not applicable" responses (code = 8 or 9) were coded as missing. A higher mean score reflects a more positive perception. Mean scores for each domain were calculated using non-missing data from all individual items within the domain. Percent agree was calculated as the percentage of consumers with mean scores greater than 3.5 on the mean scores.

Survey respondents who responded to any of the 16 adult survey items and 19 youth survey items were used to analyze mean ratings and percent agreement with each question. In addition, we also examined an average score of all the perception of care survey items by treatment setting. For this analysis we used data only from adult survey respondents who responded to all 16 survey items (N = 15,338) and all 19 survey items for Youth (N = 869). Surveys that responded to Agree or Strongly Agree were counted as having a positive rating. The percentage agreement is defined as "strongly agree and agree."

Descriptive analyses by demographic characteristics, including race/ethnicity and sex, were conducted for each domain mean score to examine variation within domains. Due to the large sample size, particularly among adults, many chi-square tests for bivariate analysis and one-way analysis of variance tests (ANOVA) yielded statistically significant results at the $p < .05$ level. In many cases, these results reflected differences that were too small to be meaningful. To address this, more stringent criteria were applied when reporting statistically significant findings. For perception ratings, a minimum difference of at least 0.2 between mean scores was required, and for percent agree, a minimum difference of 2 percentage points was required. Findings were reported only when all statistical tests were significant and the differences observed met these threshold criteria. This approach supported reporting of results that were both statistically significant and substantively meaningful.

While sexual orientation and gender identity (SOGI) data were collected using expanded response categories, demographic data were aggregated and presented in accordance with updated federal guidance issued in 2025 to ensure compliance with current reporting standards.

Qualitative program feedback from respondents using the online survey comments was analyzed using a structured sentiment analysis framework to supplement quantitative findings followed by a grounded theory approach to identify key themes and synthesize

overarching findings across qualitative responses. Artificial Intelligence (AI)-assisted analysis supported by UCLA-approved AI tools, including Google NotebookLM, was used to code and categorize open-ended responses into four sentiment categories: positive (expressions of satisfaction, praise, or gratitude), negative (expressions of dissatisfaction or suggestions for improvement without accompanying praise), mixed (responses containing both positive elements and specific criticisms or recommendations), and neutral (factual or non-emotional statements). All open-ended responses were reviewed in full, and any protected health information (PHI) or personally identifiable information was redacted prior to use of AI. Use of AI-assisted tools was conducted in accordance with guidance from UCLA's Office of Clinical Research. All AI-assisted coding was subsequently reviewed by human analysts to ensure accuracy, consistency, and adherence to privacy and evaluation standards.

Results and Discussion

Surveys Submitted

For the 2025 survey period, 20,962 total TPS surveys from both adults and youth were received; adult surveys were received from all 40 counties (33 individual counties plus 7 PHC counties), and adults accounted for 94.2% of forms (N = 19,753). Youth accounted for 5.8% (N = 1,209) and 26 counties submitted youth forms. Out of these, 10 Adult and Youth surveys were excluded due to small N within a treatment setting. As a result, 20,952 surveys (Adult = 19,749 and Youth = 1,203) were used for data analysis. The number of survey forms continues to increase each year as additional counties are included.

In 2025, 1017 adult programs and 114 youth programs with unique provider IDs participated in the data collection which continues to increase from year to year for adult and youth programs; county administrators and service providers work hard on outreach activities to inform and motivate their clients and the increased participation for adults and youth reflect this effort. For example, Fresno County made a concerted effort to engage more youth through an arrangement with the school district and by providing one-on-one treatment services at each middle and high school daily for walk-in services and appointments.

Tables 1a and 1b, below, describe the breakdown of participation by treatment program for both adults and youth. OP/IOP programs continue to account for the preponderance of surveys submitted for both adults and youth. However, adults have a wider variation of responses across other modalities.

Table 1a. Survey Responses by Treatment Programs – Adults (N = 19,749)

	Outpatient / Intensive Outpatient		Residential		Opioid / Narcotic Treatment Program		Detoxification/ Withdrawal Management		Decline to Answer/ Missing		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Number of Programs *	**467**	**45.9**	**309**	**30.4**	**178**	**17.5**	**42**	**4.1**	**21**	**2.1**	**1,017**	**100.0**
Number of Forms Returned^	**9,064**	**45.8**	**4,655**	**23.6**	**5,649**	**28.6**	**190**	**1.0**	**191**	**1.0**	**19,749**	**100.0**
Survey Language* **												
Arabic												
Chinese							**				**	
English	8,428	44.6	4,506	23.8	5,604	29.6	185	1.0	170	1.0	18,893	100.0
Farsi	**										**	
Hmong					**						**	
Korean	**										**	
Russian	**		**								**	
Spanish	629	75.1	146	17.4	42	5.0	**		21	2.5	838	100.0
Tagalog	**		**								**	
Vietnamese			**		**						**	
Survey Methods												
Online	2,562	65.0	1,057	23.5	322	10.5	36	1.0			3,977	100.0
Paper	6,502	41.2	3,598	22.9	5,327	33.7	154	1.0	191	1.2	15,772	100.0

* In this report, program is defined as a unit having a unique combination of CalOMS Provider ID and treatment setting and/or Program Reporting Unit ID (optional) as indicated on the survey forms or in the data file submitted to UCLA.

^ Only includes survey forms when at least one of the 16 questions are answered.

** Indicates surveys < 11.

*** Blank cells indicate no surveys were received in that language

Table 1b. Number of Survey Forms Returned by Treatment Setting – Youth (N = 1,203)

	Outpatient / Intensive Outpatient		Residential		Total	
	N	**%**	**N**	**%**	**N**	**%**
Number of Programs*	**107**	**90.7**	**7**	**5.9**	**114**	**100.0**
Number of Forms Returned**	**1,183**	**98.0**	**20**	**1.7**	**1,203**	**100.0**
Survey Language						
English	1,168	98.3	20	1.7	1,188	100.0
Spanish	629	75.1	0	0.0	42	100.0
Survey Methods						
Online	251	97.7	6	2.3	257	100.0
Paper	932	98.5	14	1.5	946	100.0

* In this report, program is defined as a unit having a unique combination of CalOMS Provider ID and treatment setting and/or Program Reporting Unit ID (optional) as indicated on the survey forms or in the data file submitted to UCLA.

** Only includes survey forms when at least one of the 19 questions are answered.

*** Blank cells indicate no surveys received in that language.

Counties have been encouraged with each survey administration to promote the use of online survey links. Nevertheless, substantially more adults completed the 2025 survey via paper version 80% (N = 15,772) than online 20% (N = 3,981). This was similar to the results in previous years. Fewer differences in paper versus online survey submission were noted among youth, 79% versus 21% (paper N=946 vs online N = 257). No meaningful differences were observed between the online and paper surveys in the average scores by domain among adults and youth. Although the survey is offered to clients both as an online option (for example, provider-specific flyers are distributed with a QR code as a link to the survey) and paper version, as in previous years, clients tend to choose according to their comfort level in each instance.

Demographics

The demographics among the survey respondents remained consistent, as in previous TPS administrations, and largely similar to what we find in DMC-ODS. Respondents identified as male (59.7%) or female (34.1%), accounted for 93.8% of adults participating. The largest percentage of adult respondents identified as Hispanic/Latinx (45.1%) and White (45%), and the lowest percentage of adult respondents identified as Asian (2.7%) or Native Hawaiian/Pacific Islander (2%). Over half of adult respondents were between the ages of 26-45 and a quarter were between the ages of 46-64.

Among youth, 93.4% of youth survey respondents identified as male (50.5%) or female (42.9%). Youth respondents were largely Hispanic/Latinx (75%) followed by White (23.6%). It is interesting to note that 33.4% of youth respondents identified as Another Race without further specification. The lowest percentage of youth respondents identified as Asian (3.8%), and Native Hawaiian/Pacific Islander (2.5%).

Consistent with previous survey administrations, 96% of adult survey forms were returned in English and 4% were returned in Spanish. 99% of the youth survey forms were returned in English, and 1% were returned in Spanish, a decrease from the previous year. (see tables 2a and 2b below)

Table 2a. Demographics of Survey Respondents – Adult (N = 19,749)

Demographics	N	%
Sex		
Male	11,788	59.7
Female	6,726	34.1
Decline to Answer/Missing	1,380	7.0
Ethnicity		
Hispanic		
Yes	8,902	45.1
No	8,851	44.8
Decline to Answer/Missing	1,996	10.1
Race (Multiple Responses Allowed, May Add to More than 100%)		
American Indian/Alaska Native	1,356	6.9
Asian	540	2.7
Black/African American	2,319	11.7
Native Hawaiian/Pacific Islander	397	2.0
White/Caucasian	8,893	45.0
Another Race	2,816	14.3
Unknown Race	1,569	7.9
Decline to Answer/Missing	3,480	17.6
Age Group		
18-25	1,100	5.6
26-35	5,488	27.8
36-45	5,714	28.9
46-55	3,145	15.9
56-64	2,042	10.3
65+	955	4.8
Decline to Answer/Missing	1,305	6.6

Table 2b. Demographics of Survey Respondents – Youth (N = 1,203)

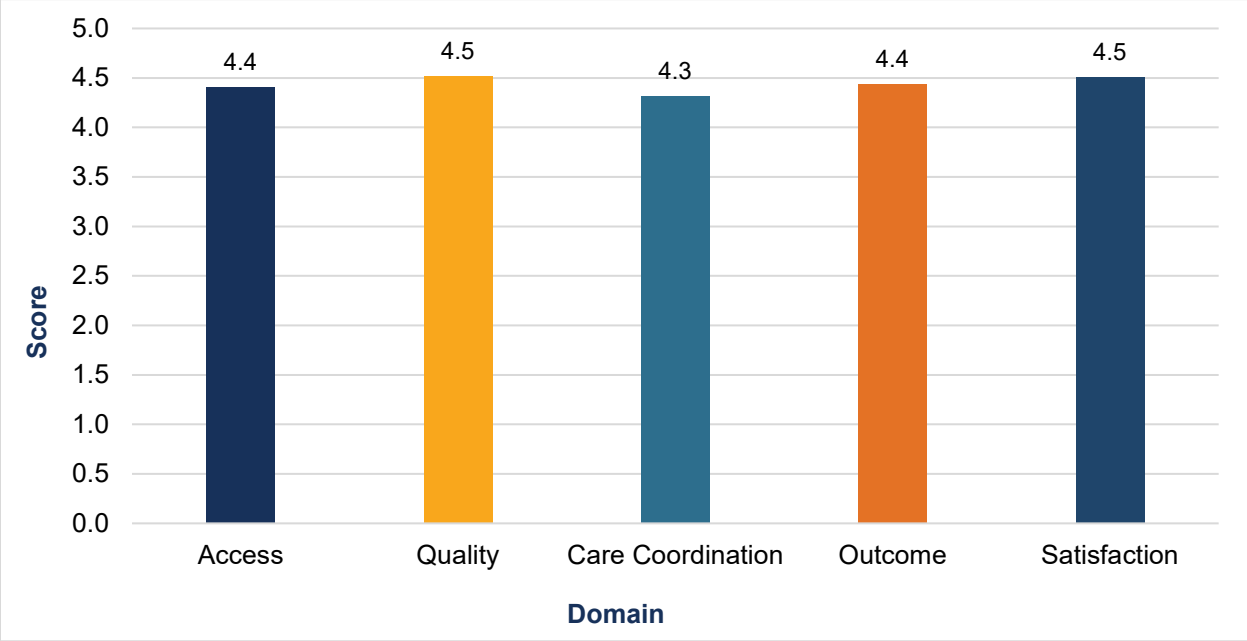
Demographics	N	%
Sex		
Male	607	50.5
Female	516	42.9
Decline to Answer/Missing	87	7.2
Ethnicity		
Hispanic		
Yes	913	75.9
No	174	14.5
Decline to Answer/Missing	116	9.6
Race (Multiple Responses Allowed, May Add to More than 100%)		
American Indian/Alaska Native	97	8.1
Asian	46	3.8
Black/African American	139	11.6
Native Hawaiian/Pacific Islander	30	2.5
White/Caucasian	284	23.6
Another Race	402	33.4
Unknown Race	130	10.8
Decline to Answer/Missing	233	19.4
Age Group		
12-13	146	12.1
14	166	13.8
15	221	18.4
16	274	22.8
17+	224	18.6
Decline to Answer/Missing	172	14.3

Average perceptions of care/satisfaction by domain

Adults

Average scores for each of the five domains were high and continue to remain aligned with prior years: Similar to 2024 scores, Quality and General Satisfaction domains yielded the highest scores (both 4.5), followed by the Outcome and Access (both 4.4), and Care Coordination domain yielded the lowest score (4.3).

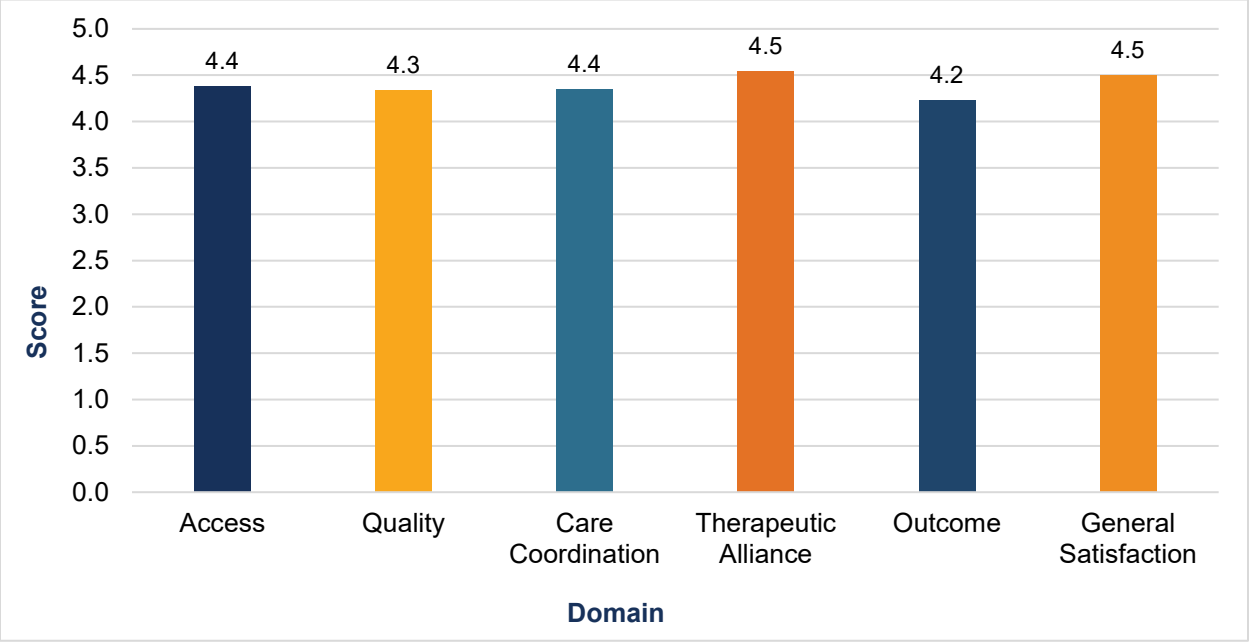
Figure 1a - Average Score by Domain – Adults



Youth

Among youth, average scores for all domains were also above 4.0 in 2025 and slightly higher than the previous year. Therapeutic Alliance and General Satisfaction received the highest average score (both at 4.5) followed by Access and Care Coordination (both at 4.4) and Quality (4.3). At the lowest end of the scale was Outcome domain (4.2).

Figure 1b - Average Score by Domain – Youth



Percent in agreement for each survey item by domain

Adults

As shown below (See Fig. 2a), the percentage of responses in agreement for each of the 16 survey items remained above 80% to a high of 94.7%, indicating overall favorable perceptions of care among adults participating in the survey.

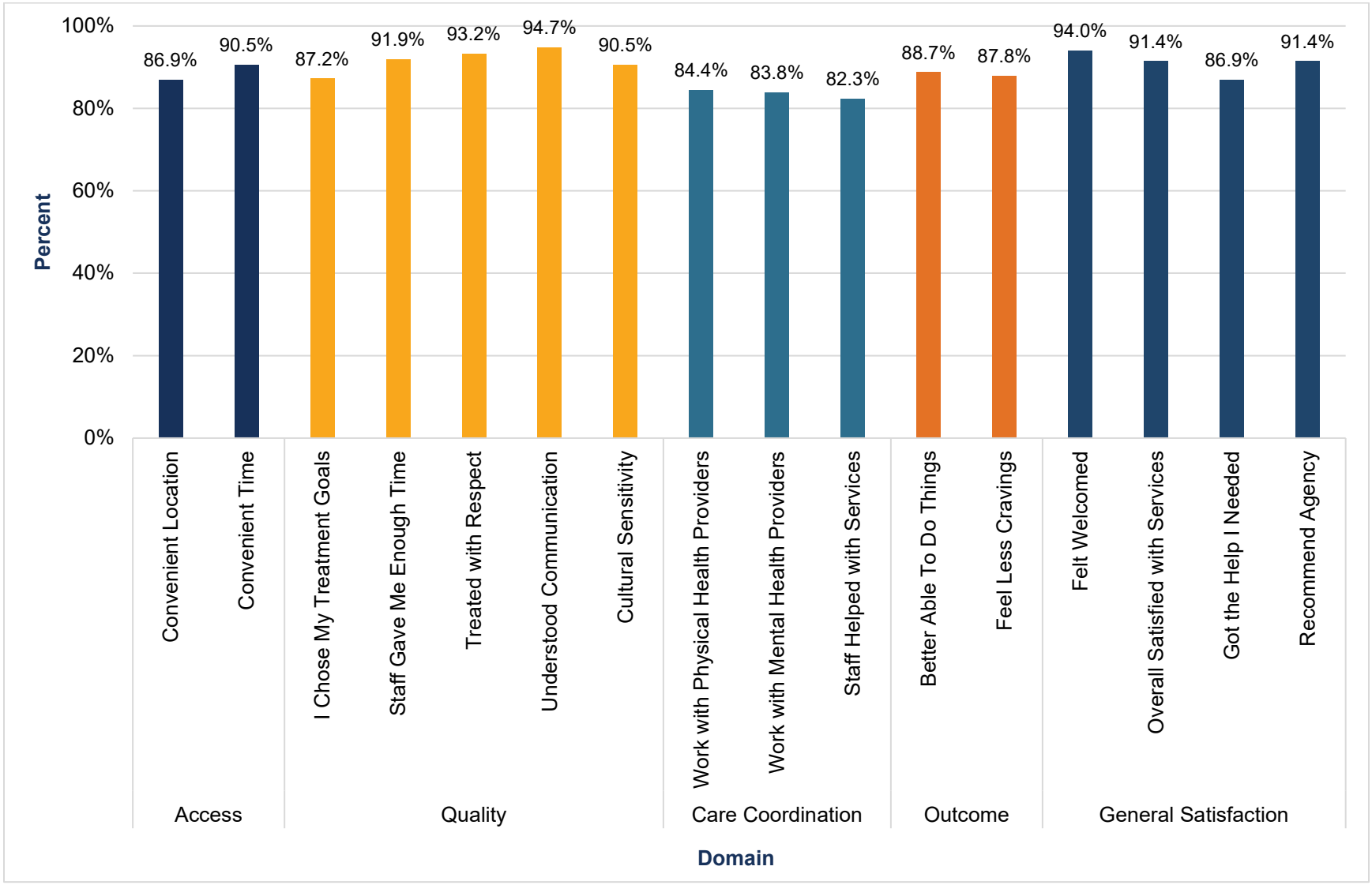
The same two questions scoring highest last year remained in the lead again in 2025 - the highest percentages in agreement were in the Quality domain ("understood communication") scoring at 94.7%; and in the General Satisfaction domain ("I felt welcomed") at 94%.

All three items in the Care Coordination domain scored the lowest percentages in agreement ("staff here work with my physical health care providers to support my wellness,") at 84.4% and ("staff here work with my mental health care providers to support my wellness") at 83.8%, and ("staff helped to connect with service") at 82.4%. It is important to recognize that among adult clients, Coordination of Care items continue to challenge service providers each year more than other domains.

"[Having] social workers here for trouble-shooting problems…"

"…availability to socials services…and… availability to weekly visits for clients with children."

Figure 2a. Percent in agreement for each survey item by domain – Adults



Youth

The percentage of youth responses in agreement for each of the 19 survey items varied from 75.7% to a high of 96.2% (See Fig. 2b). The survey items showing the highest percentages in agreement were in the Therapeutic Alliance domain at 96.2% ("counselor listened") and 95.3% ("liked counselor"), followed by an item in Quality at 95.1% ("treated with respect").

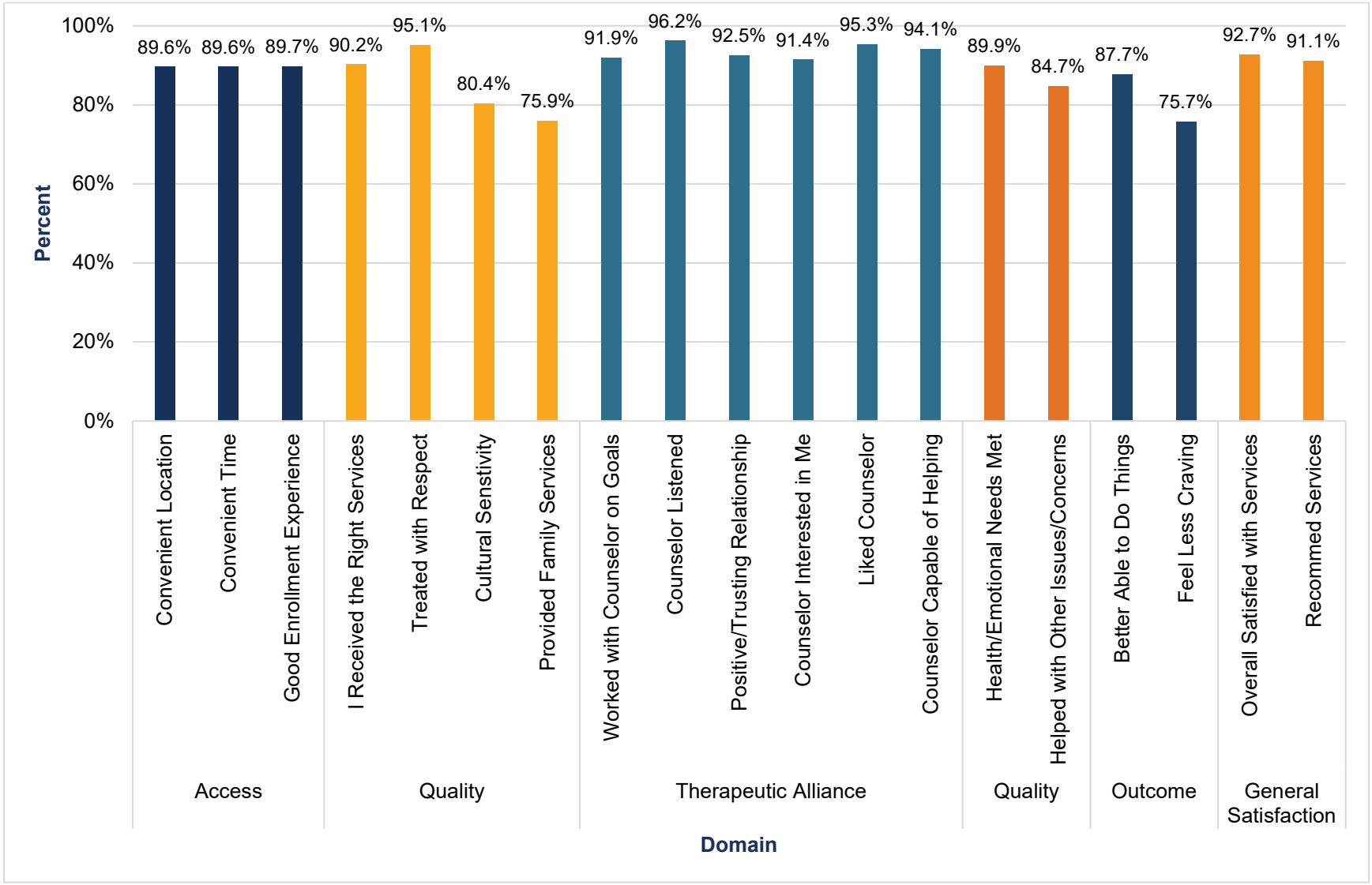
The item with the lowest percentage in agreement was in the Outcome domain (felt less craving") at 75.7% which is notably 12 percentage points lower than the same item for adults. It is important to point out that we could not draw comparisons with the other low-scoring items as they do not appear in the adult survey. The next two lowest rated items were in the Quality domain ("provided family services" and "cultural sensitivity"). While some youth reported lower cultural sensitivity among treatment staff, most also reported high degrees of trust and confidence in their counselor. It may be notable that, although not meaningfully significant, females reported slightly higher scores than males for the individual items related to the Therapeutic Alliance domain. Nevertheless, comments from youth respondents in general were very positive overall and spoke about the importance of the counselor-client relationship and overall scores remain high:

"A lot of people in my life have let me down but my therapist isn't one of them."

"She was more like a friend than someone doing their job."

"I never feel pressure to come and most of the time I feel motivated to be here.".

Figure 2b. Percent in agreement for each survey item by domain – Youth

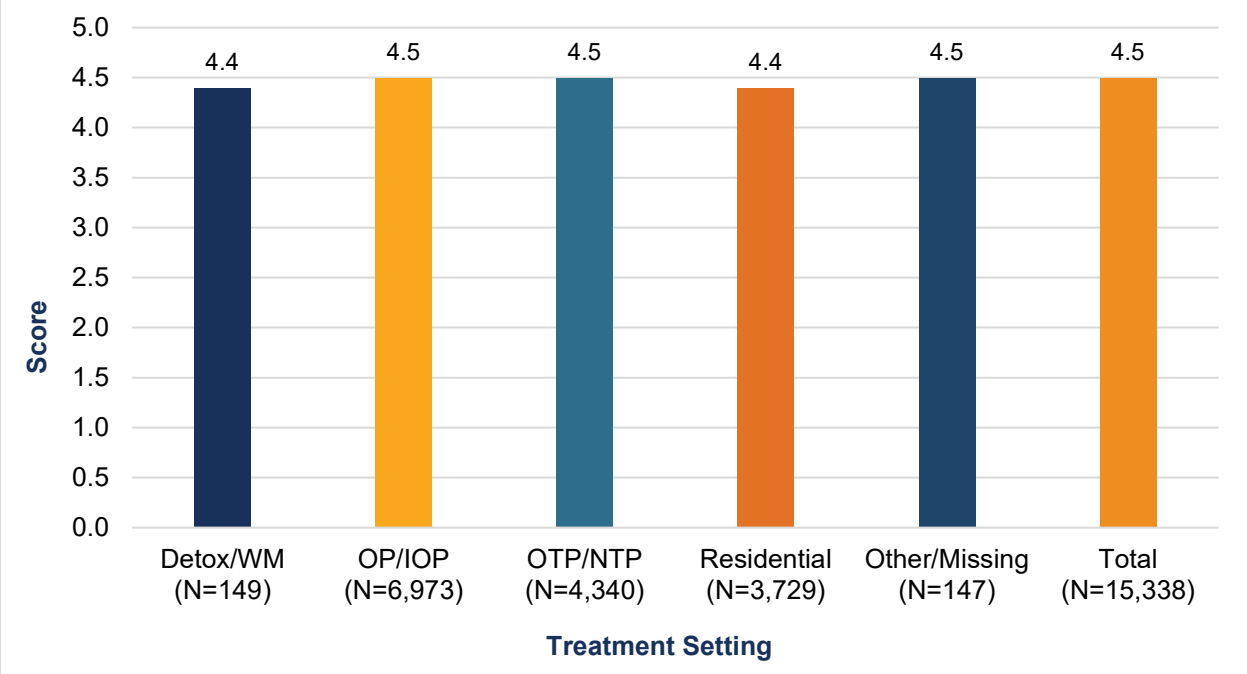


Average perceptions of care/satisfaction score by treatment setting

Adults

Figure 3a below indicates that the overall average score for adult survey respondents across the different treatment settings was 4.5, in alignment with scoring from prior years. The overall average scores by treatment setting were 4.5 for OP/IOP and NTP/OTP, and 4.4 for residential and Withdrawal Management. The gap in scores across treatment settings is closer than in previous years.

Figure 3a. Average Score for all Counties by treatment settings – Adults



Some examples of suggestions from adult participants indicating there may be some room to improve perceptions of care, generally:

"They don't let you join group, even if you are a minute late."

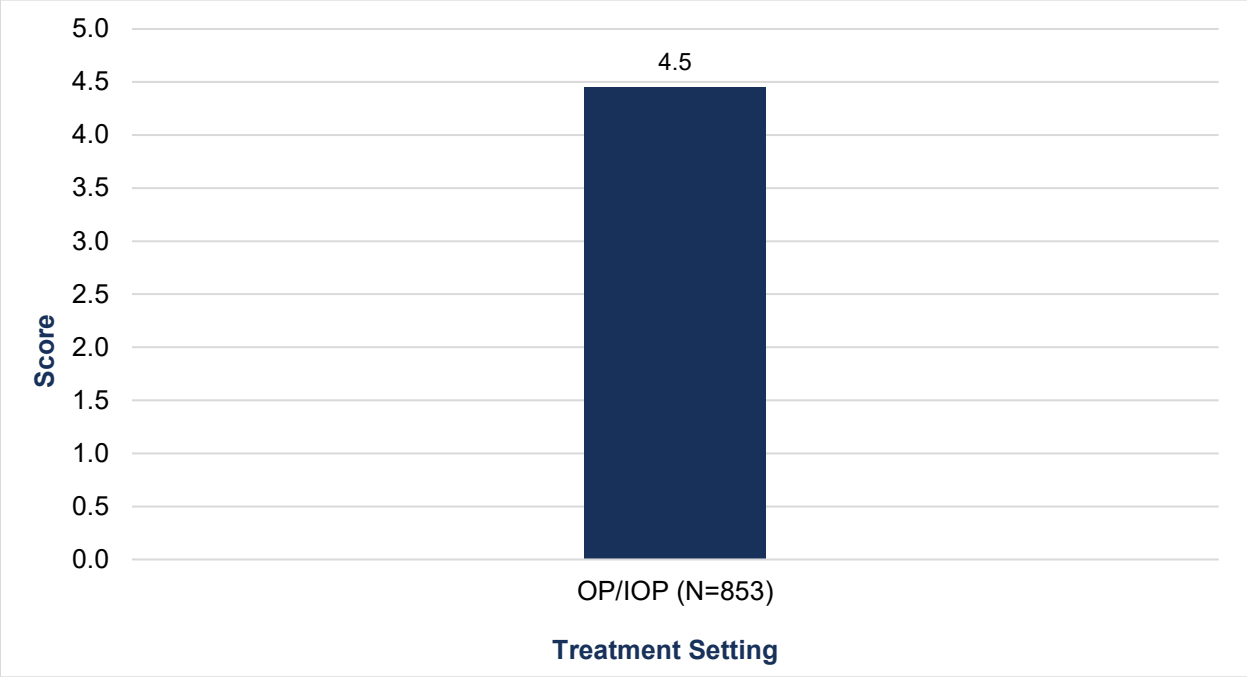
"I would change that couples are allowed to take groups together."

"Would like help with housing upon graduating the program."

Youth

Among youth, scores remained high, consistent with last year's ratings. OP/IOP, with the highest number of respondents, scored 4.5. Meanwhile, perceptions of satisfaction in residential treatment setting were 4.3, compared to last year's score of 4.4

Figure 3b. Average Score for all Counties by treatment settings – Youth



Note: Data counts for Youth surveys from OTP/NTP and Residential Treatment settings were < 11, hence excluded from analysis.

Even with lower scores, given the larger participation of OTP/NTP youth respondents, overall, there was a variability of positive sentiments regarding services and about feeling heard and understood.

"The most helpful thing about this program is how the counselors don't judge you and they're really good listeners."

"Most helpful was getting someone to hear you out and understand you, or maybe not even understand you but help you as a person understand why you're feeling that way."

"The way my counselor goes about helping me find solutions I feel are manageable for me."

Average Perceptions of Care/Satisfaction Score by Domain and Treatment Setting

Adults

Among adults, the overall average scores for each of the five domains were high across treatment settings, with some slight variations. For OP/IOP, Quality and General Satisfaction domains yielded the highest scores (both 4.6), followed by Outcome and Access (both 4.5) and Care Coordination domain (4.4). For NTP/OTP although the scores were slightly lower, nevertheless, OP/IOP, Quality and General Satisfaction scored the highest at 4.6, while Access and Care Coordination were at the lower end, both at 4.4. For Withdrawal Management General Satisfaction and Access scored highest at 4.5, followed by Quality at 4.4, and Outcome and Care Coordination scored lower at 4.3. (See the Appendix for more tables and figures)

Youth

Among youth, satisfaction by domain scores could only be calculated reliably for OP/IOP. The average scores for all the domains in OP/IOP were above 4. Therapeutic Alliance and General Satisfaction had the highest average score (both at 4.5), followed by Access (4.4), then two domains, Quality, Care Coordination (both at 4.3), and finally Outcome at 4.2 – all scores slightly higher than last year. Survey data for Residential and OTP/NTP Youth was too small to report any meaningful results.

Average Perceptions of Care/Satisfaction Score by Treatment Setting, Domain and Demographic Characteristics

A review of General Satisfaction scores among adults by demographic characteristics showed females rated perception of care at 4.6 and males at 4.5 respectively. There were no discernable differences by race/ethnicity and age categories for general satisfaction among adults (all 4.5) except for Asians (4.6).

Youth scores on general satisfaction by demographic characteristics for females (4.6) and males (4.5) showed scores similar to the adult participants.

Examining race/ethnicity for youth, scores were 4.5 and 4.6 across all. Although youth participation was remarkably higher in 2025, participants were concentrated, for the most part, in one county with successful engagement in school-based settings which may have skewed toward more positive scores; nevertheless, other counties may benefit from such youth-centric service provider outreach.

Receipt of Services Using Telehealth

Among adults in 2025, over half (52.7%) reported receiving at least some services by telehealth. Sixty-three percent (63%) of adults received at least some telehealth in NTP/OTP settings, compared to 2024 (65%).

Among youth, nearly half of respondents (47.9%) overall across all treatment settings, reported they received some telehealth services.

Telehealth and Perceptions of Care/Satisfaction by Domain

In 2025, adult respondents indicated little variation in General Satisfaction and Quality mean score by the number of services they received via telehealth, with 4.6 mean score for those who received None or very little telehealth and 4.5 for those who received half or more of their services via telehealth. Similarly, the mean score for Access and Outcome was 4.5 for those who received none or very little services via telehealth and 4.4 for those who received at least half of their services via telehealth. Care Coordination scored the lowest and the mean score was 4.4 for those with none or very little telehealth and 4.3 for those who received at least half or more of their services via telehealth. (See Fig. 4a).

For youth respondents, there was more variability among the scores and lower scores compared to adults; Across all six domains, the mean perception score was highest among youth who received all or almost all their services via telehealth (between 4.3 and 4.5), while the lowest among those received about half of their services via telehealth (between 3.9 and 4.3). (See Fig. 4b); seemingly, youth rate hybrid in-person/telehealth treatment lower than treatment that is all or mostly all delivered by either telehealth or in person.

Although there were no meaningful differences in perceptions of care/satisfaction between telehealth and in-person services for adults, and youth who reported receiving half of their services via telehealth reported lower satisfaction, even as telehealth use continues to be offered as a service delivery option for them. These results suggest that the transition to telehealth should take into consideration certain delivery of care; nevertheless, telehealth continues to be an important mechanism for receiving services. Expansion and acceptance of telehealth across these past several years constitutes a great opportunity for innovative care delivery supporting increased widespread satisfaction on the part of both service providers and consumers. Encouraging broad access to telehealth may allow best practices to emerge, and providers should continue

to offer telehealth to those adults and youth who seek it out. Some comments regarding telehealth stood out for both:

Youth:

"They meet me at school or at home and I don't have to drive or ride the bus to them."

"The fact the counselors can work around your [school] scheduling and try to fit you in at a convenient time."

Adults:

" Some virtual groups become too large, I would suggest adding a few more options."

"Telehealth is very accommodating for those that may have financial & health issues, or maybe even other hardships."

"I would like to have 7pm Zoom because of my work schedule and home location."

Figure 4a. Average Score by Degree of Telehealth Use and Satisfaction Domain – Adult (All Tx Settings)

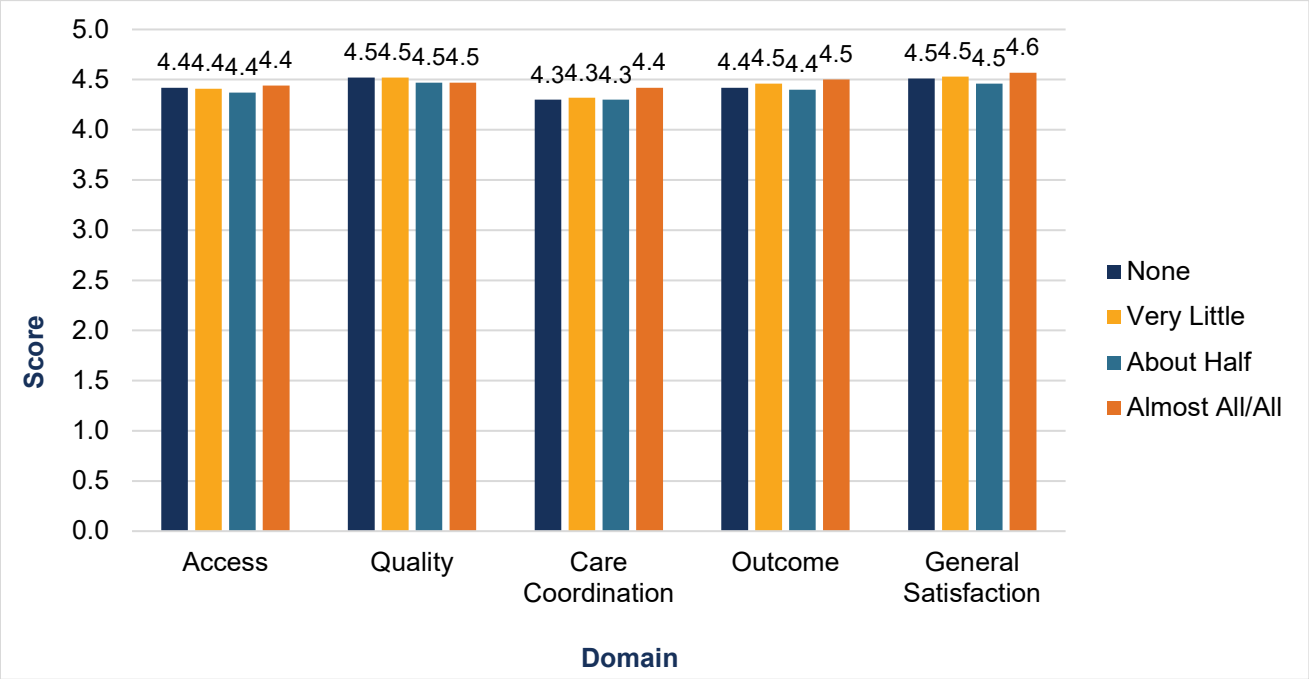
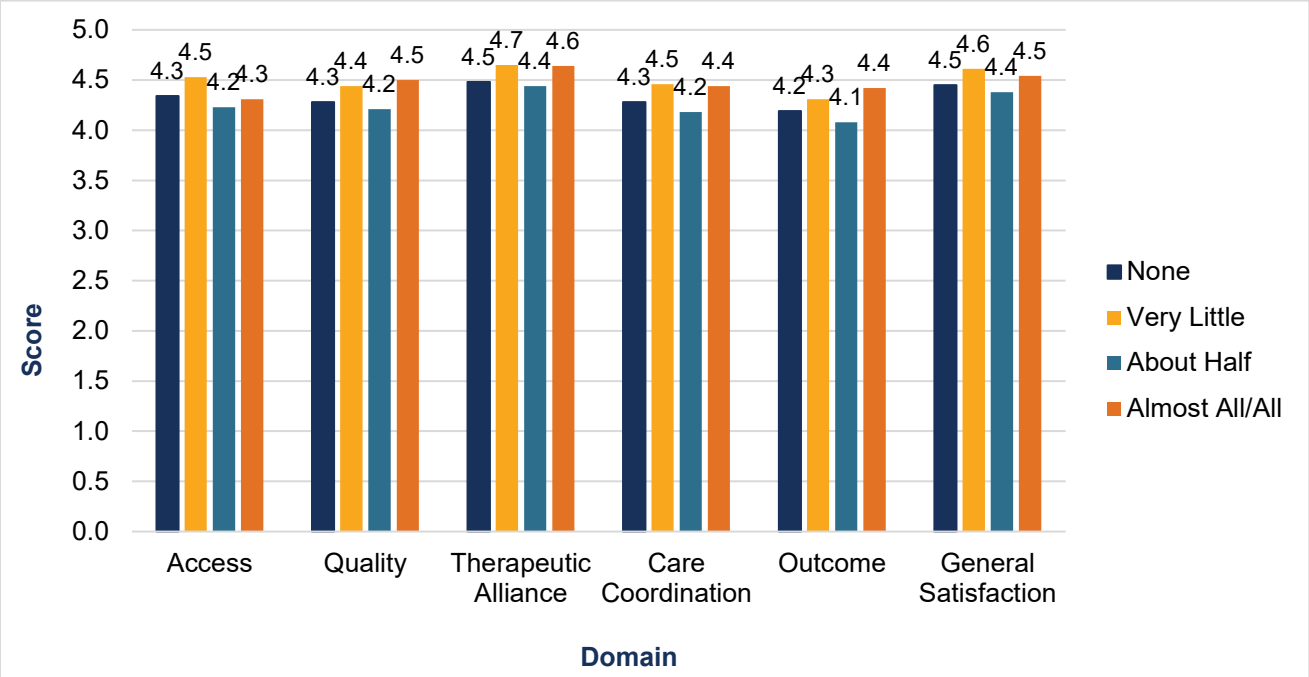


Figure 4b. Average Score by Degree of Telehealth Use and Satisfaction Domain – Youth (Outpatient Only)



Qualitative Analysis

The value of the TPS lies not only in the data it presents but also in the stories it tells. Data-informed narratives allow us to identify disparities, prioritize investments, and track progress over time. By examining these indicators, we have learned the importance of meaningful provider-client engagement and culturally competent approaches, and we gain a clearer understanding of where targeted interventions are needed. An examination of survey participants' responses through a qualitative lens is an important element of the TPS allowing for a deeper understanding of consumers' experiences, perceptions, and motivations.

Survey participants have an opportunity to provide brief comments at the end of the survey. These comments are collected in both the paper and online formats and are provided to County coordinators by the Reporting Unit for ongoing quality improvement of their services. Online survey comments are available to county coordinators during the survey week and comments on paper surveys are made available after the surveys have been scanned.

Overall, consumers provided rich feedback in the comments feedback section on both online and paper surveys; although an effort was made to draw from both, the paper survey comments were unable to be incorporated due to the scanning process and readability of the written comments as well as periodic inclusion of PHI. Future collection will continue to improve processes for inclusion of paper forms, therefore, only the online comments were used to inform this analysis. In our analysis of the 2025 survey data, the comments were coded into three categories, 1) Positive, 2) Negative and 3) Mixed. A fourth category was identified capturing "neutral" feedback which included factual statements, status updates, fragments, or non-emotional responses (e.g., "First group today" or "None"). The purpose of this coding was to see what percentage of the comments were positive versus negative, but in many instances, respondents mentioned both strengths and challenges they experienced as part of their treatment and these were coded as mixed. This coding was done separately for youth and adults.

For adults, as noted below, about 64% of comments were positive, 13% were negative and 8% were mixed for adult respondents. Three quarters of youth comments were positive, less than 1% negative, and almost 8% were mixed.

Using a grounded theory approach, the responses were analyzed through inductive coding to identify recurring themes and deductive grouping to categorize them by

sentiment. This process resulted in a Sentiment Classification Key with the following legend defining the numerical sentiment scores used in the data table to categorize qualitative program feedback.

Sentiment Classification Key:

Positive: Praise, expressions of gratitude, or satisfaction with services.
Negative: Expressed dissatisfaction, complaints, specific problems, or suggestions/requests for improvement.
Mixed: Feedback containing both positive elements/praise AND specific criticisms or suggestions for improvement.

Survey Type	Positive	Negative	Mixed
Adult	64.11%	13.30%	8.29%
Youth	72.55%	0.98%	7.84%

(percentages do not include % of neutral comments)

The core takeaway for adults is that **clinical excellence and the human connection** are primary drivers of recovery success while negative feedback is largely **structural**, identifying institutional policies and physical facilities as barriers to effective care.

For youth, positive takeaways highlight **counselor rapport and support**, especially as it relates to **achieving sobriety**, while negative feedback centers largely on **program content and structure**. Some examples of key themes and accompanying illustrative quotes are noted below.

Adult Themes

Adult Positive

Key Theme	Illustrative Quotes
Staff Compassion, Relatability & Excellence	"All counselors were very welcoming very encouraging very professional"; "I appreciate Staff understanding us by once being same position we were"; "Very understanding staff and willing to work with busy schedule"
Life-Saving Impact & Recovery Success	"Without I might have been dead I am grateful for help I received"; "This program changes lives visions saved"; "It helped stay sober and I wouldn't change a thing"; This program saved [me]"; "program helped stop all use of drugs and get back order".

Safe, Non-judgmental & Supportive Environment	"A comfortable environment to speak openly about personal struggles without judgement"; "I feel very supported... new healthy family"; "I felt to very open about everything"; "They are warm welcoming and judgement"; "allowed to express experience strength and with which was mutually beneficial"; "I feel secure sharing thoughts and feelings without fear of judgment".

Adult Negative

Key Theme	Illustrative Quotes
Attendance Policies	"They don't let join group if are a minute late"; "If u are a few minutes late within minute allowance there is to get into group... I have been left out"; "I have already missed doses here because was within minutes of closing."
Facility Maintenance	"There has also been a sewer leak"; "never soap bathrooms"; "this facility has only one shower for all clients"; "Horrible parking."
Staff Conduct	"Staff here disrespect and belittle"; "Some of support Staff are very standoffish very rude"; "They place bets on clients on whos gonna stay sober."
Lack of Material Resources & Needs	"Need help with housing"; "If a client needs emergency dental treatment, they need to address it immediately."

Adult Mixed

Key Theme	Illustrative Quotes
Environment & Logistics	"Staff was good, Food wasn't"; "Good groups but usually in a room that was packed full"; "Everything was helpful but would be easier to have same person instead of a different person"; "Staff was great... [but] location is what I would change".
Program Utility	"Convenient... only if there were more zoom meetings"; "I wish they had more weekend availability, but staff are caring clinicians"; "I wish they would expand locations".
Physical Autonomy	"What was most helpful was that it is a twelve-step program what I would change is more to outdoors"; "yoga and meditation really helped but I would make all groups only an hour"; "I enjoy this program... but I would say that I would appreciate... if there were fewer restrictions".

Youth Themes

Youth Positive

Key Theme	Illustrative Quotes
Counselor Rapport and Support	"Most helpful part of program was counselor helping me understand my problems."
Achieving Sobriety	"It helped me stay away from drugs" and "For sure helped me to be sober from everything".

Youth Negative

Key Theme	Illustrative Quotes
Programmatic Content and Structure	"I would change the sessions… what we talk about."

Youth Mixed

Key Theme	Illustrative Quotes
Resource Gaps	"More pharmacy options would be good". I liked the school access would change that they can't buy me food".
Peer Dynamics	"I feel groups are very helpful but sometimes people in group are triggering with what they talk about".

Summary of Qualitative Analysis

For adults, although comments were mostly positive, some suggestions stood out such as allowing a grace period to reduce barrier for those with timing constraints due to transportation, family obligations or employment. There were suggestions for tangible support in finding housing and employment upon program graduation, which is currently seen as a gap in services and availability of more telehealth options to accommodate working schedules and those living far from physical locations were seen as improvements.

For youth, suggestions to enhance their treatment experience asked for more refinement of group management, such as more sensitivity in group facilitation.

Improvements around expanding resources were also suggested along with a periodic review of session topics for relevancy and relatability to meet youth needs.

Limitations

The data presented are based on a select sample of clients, at one point in time, however, results are consistent each year. The findings are based on self-report and clients may have varied reasons for their responses or their lack of participation. Additionally, responses are from those who responded to the survey and do not account for those who did not respond due to dissatisfaction with services or other reasons. Thus, interpretation of the findings of this report should be considered within this context.

Recommendations

- Explore barriers to creating effective clinical linkages by providers to improve client satisfaction with Care Coordination. Evaluate client concerns around shared decision-making related to treatment goals and seeking assistance for resources such as physical and mental health services that impede their success in SUD treatment.

- Consider the following to improve Youth Outcomes:
    - Strategies that are developmental and age-appropriate (services in informal settings, peer-to-peer models, school-based approaches, etc.) to increase youth engagement.
    - Actions to reduce cravings among youth. Compared to adults, youth were less likely to endorse the statement "As a direct result of the services I am receiving, I feel less craving for drugs and alcohol." Techniques to address cravings can range from relapse prevention skills training (e.g. avoiding triggers) to medications.
    - Approaches to improve male youth perceptions in the Therapeutic Alliance domain, where males provided ratings that were significantly lower than females. To close this gap, efforts could focus specifically on improving ratings on "working with counselor on treatment goals," and "counselor was capable of helping me."
    - Launching a new TPS-based effort to understand and disseminate successful practices. For example, clients and staff at programs with the highest TPS scores on targeted items (e.g. programs with low youth

cravings or high male therapeutic alliance scores) could be contacted via follow-up surveys or interviews to enhance our understanding of successful practices, which could then be disseminated to the field to provide better, more concrete guidance.

- Continue supporting telehealth for youth and adults, however mean scores for perceptions of care are more varied for youth related to the use of telehealth (e.g. lower ratings for hybrid services). Telehealth can be an important component of client-centered care and service providers should continue to seek opportunities to use this technology to address logistical barriers like transportation as well as facilitators such as motivation to seek out services. Nevertheless, it may not always be preferable, and use should be guided by client comfort level, accessibility, privacy and treatment goals.

Conclusion

This report highlighted the findings from the 2025 Treatment Perceptions Survey. Overall, client perceptions were positive and consistent with those reported in previous years. However, the survey data also identified areas for potential improvement, and the recommendations above reflect starting points to address these areas. Additional more in-depth data collection would be helpful to better understand and address some of the issues identified. The Treatment Perceptions Survey remains a valuable tool to provide an overview of client experiences and to identify opportunities for future evaluation and quality improvement. We invite the reader to use it as a tool for informed action, shared understanding, and collective progress.

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Brown SA. *Measuring youth outcomes from alcohol and drug treatment.* Addiction. 2004; 99:38–46.

Institute of Medicine. 2006. *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. Washington, DC: The National Academies Press.

Pham H, Lin C, Zhu Y, Clingan SE, Lin LA, Mooney LJ, Murphy SM, Campbell CI, Liu Y, Hser YI. *Telemedicine-delivered treatment for substance use disorder: A scoping review*. J Telemed Telecare. 2025 Apr;31(3):359-375. doi: 10.1177/1357633X231190945. Epub 2023 Aug 3. PMID: 37537907; PMCID: PMC11444076.

Appendix:

Survey V10 and
Additional Tables and Figures

Treatment Perceptions Survey (Adult) - 2025

Print PDF as needed.
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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 to help improve services. Use "Not applicable" if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.**
- **Please fill in bubbles completely** Correct: ● Incorrect: ⊙ ⊗ ☑

	Strongly Agree	Agree	I Am Neutral	Disagree	Strongly Disagree	Not Applicable
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. I felt welcomed here.	○	○	○	○	○	○
9. As a direct result of the services I am receiving, I am better able to do things that I want to do.	○	○	○	○	○	○
10. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.	○	○	○	○	○	○
11. Staff here work with my physical health care providers to support my wellness.	○	○	○	○	○	○
12. Staff here work with my mental health care providers to support my wellness.	○	○	○	○	○	○
13. Staff here helped me to connect with other services as needed (social services, housing, etc.).	○	○	○	○	○	○
14. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
15. I was able to get all the help/services that I needed.	○	○	○	○	○	○
16. I would recommend this agency to a friend or family member.	○	○	○	○	○	○

17. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?
○ None ○ Very little ○ About half ○ Almost all ○ All

18. How helpful were your telehealth visits compared to traditional in-person visits?
○ Much better ○ Somewhat better ○ About the same ○ Somewhat worse ○ Not applicable

19. Please 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. For example, DO NOT write your name or phone number.

NOW TELL US A LITTLE ABOUT YOURSELF

20. What is your gender (Please select all that apply)?
○ Male
○ Female
○ Transgender: Female to Male
○ Transgender: Male to Female
○ Non-Binary (neither Male nor Female)
○ Another Gender Identity

21. Do you think of yourself as (Please select all that apply):
○ Straight/Heterosexual ○ Queer
○ Gay or Lesbian ○ Another sexual orientation
○ Bisexual ○ Unknown

22. Are you of Mexican/Hispanic/Latinx descent?
○ Yes ○ No ○ Unknown

23. Race/Ethnicity (Please select all that apply):
○ American Indian/Alaska Native
○ Asian
○ Black/African-American
○ Native Hawaiian/Other Pacific Islander
○ White/Caucasian
○ Another race
○ Unknown

24. Age Range:
○ 18-25 ○ 26-35 ○ 36-45
○ 46-55 ○ 56-64 ○ 65+

45830

Thank you for taking the time to answer these questions!

Treatment Perceptions Survey (Youth) - 2025

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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 to help improve services. Use "Not applicable" if the question is about something you have not experienced. Your answers are confidential and will not influence current or future services you receive.**
- **Please fill in bubbles completely** Correct: ● Incorrect: ⊙ ⊗ ✓

	Strongly Agree	Agree	I Am Neutral	Disagree	Strongly Disagree	Not Applicable
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 sincerely interested in me and understood me.	○	○	○	○	○	○
11. I liked my counselor here.	○	○	○	○	○	○
12. My counselor is capable of helping me.	○	○	○	○	○	○
13. Staff here make sure that my health and emotional health needs are being met (physical exams, depressed mood, etc.).	○	○	○	○	○	○
14. Staff here 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 direct result of the services I am receiving, I am better able to do things that I want to do.	○	○	○	○	○	○
17. As a direct result of the services I am receiving, I feel less craving for drugs and alcohol.	○	○	○	○	○	○
18. Overall, I am satisfied with the services I received.	○	○	○	○	○	○
19. I would recommend the services to a friend who is in need of similar help.	○	○	○	○	○	○

20. Now thinking about the services you received, how much of it was by telehealth (by telephone or video-conferencing)?
○ None ○ Very little ○ About half ○ Almost all ○ All

21. How helpful were your telehealth visits compared to traditional in-person visits?
○ Much better ○ Somewhat better ○ About the same ○ Somewhat worse ○ Not applicable

22. Please 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. For example, DO NOT write your name or phone number.

NOW TELL US A LITTLE ABOUT YOURSELF

23. What is your gender (Please select all that apply)?
○ Male
○ Female
○ Transgender: Female to Male
○ Transgender: Male to Female
○ Non-Binary (neither Male nor Female)
○ Another Gender Identity

24. Do you think of yourself as (Please select all that apply):
○ Straight/Heterosexual ○ Queer
○ Gay or Lesbian ○ Another sexual orientation
○ Bisexual ○ Unknown

25. Are you of Mexican/Hispanic/Latinx descent?
○ Yes ○ No ○ Unknown

26. Race/Ethnicity (Please select all that apply):
○ American Indian/Alaska Native
○ Asian
○ Black/African-American
○ Native Hawaiian/Other Pacific Islander
○ White/Caucasian
○ Another race
○ Unknown

27. Age: | |

59294

Thank you for taking the time to answer these questions!

Figure 5a. Number of Respondents by County – Adults

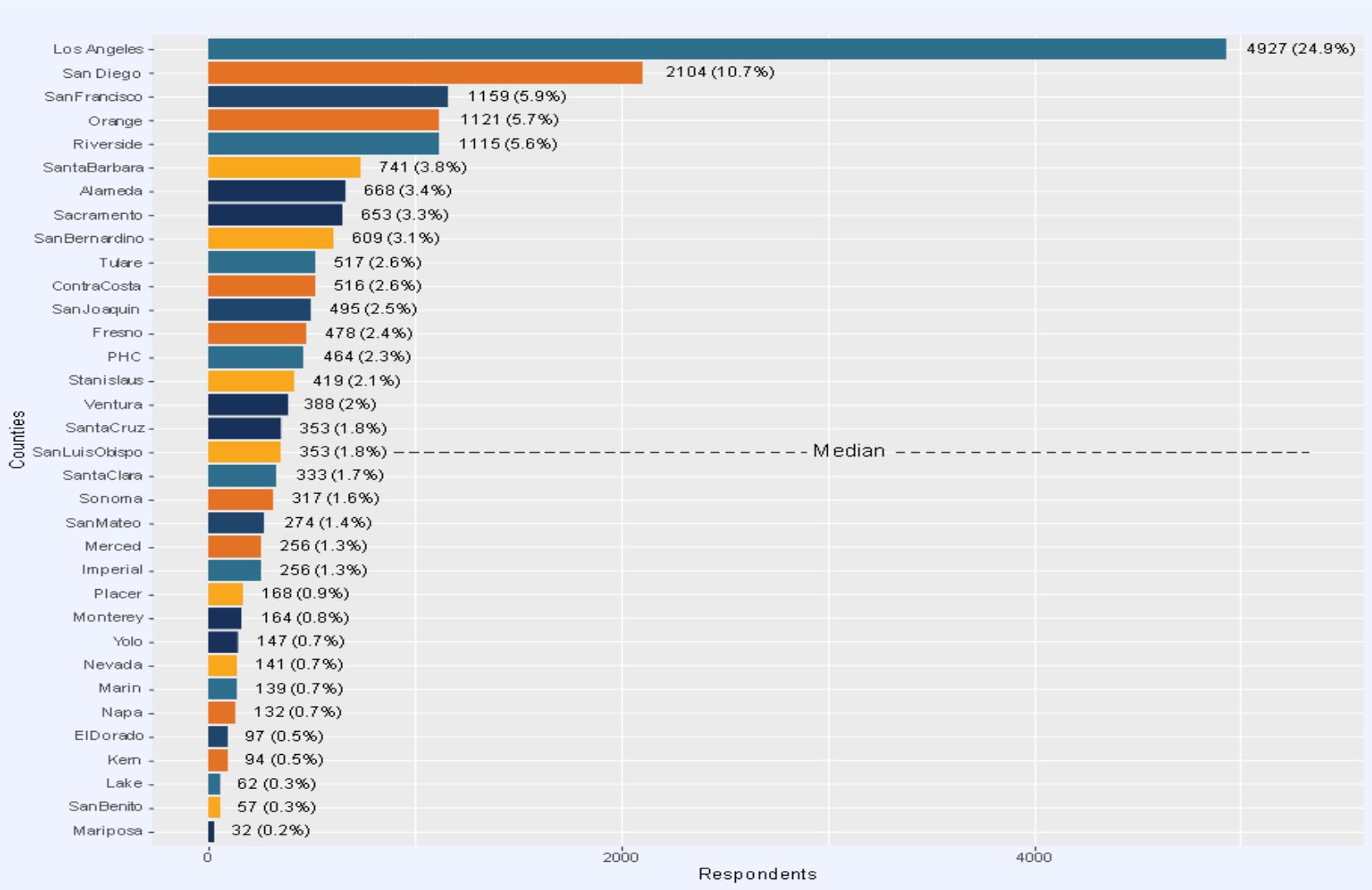
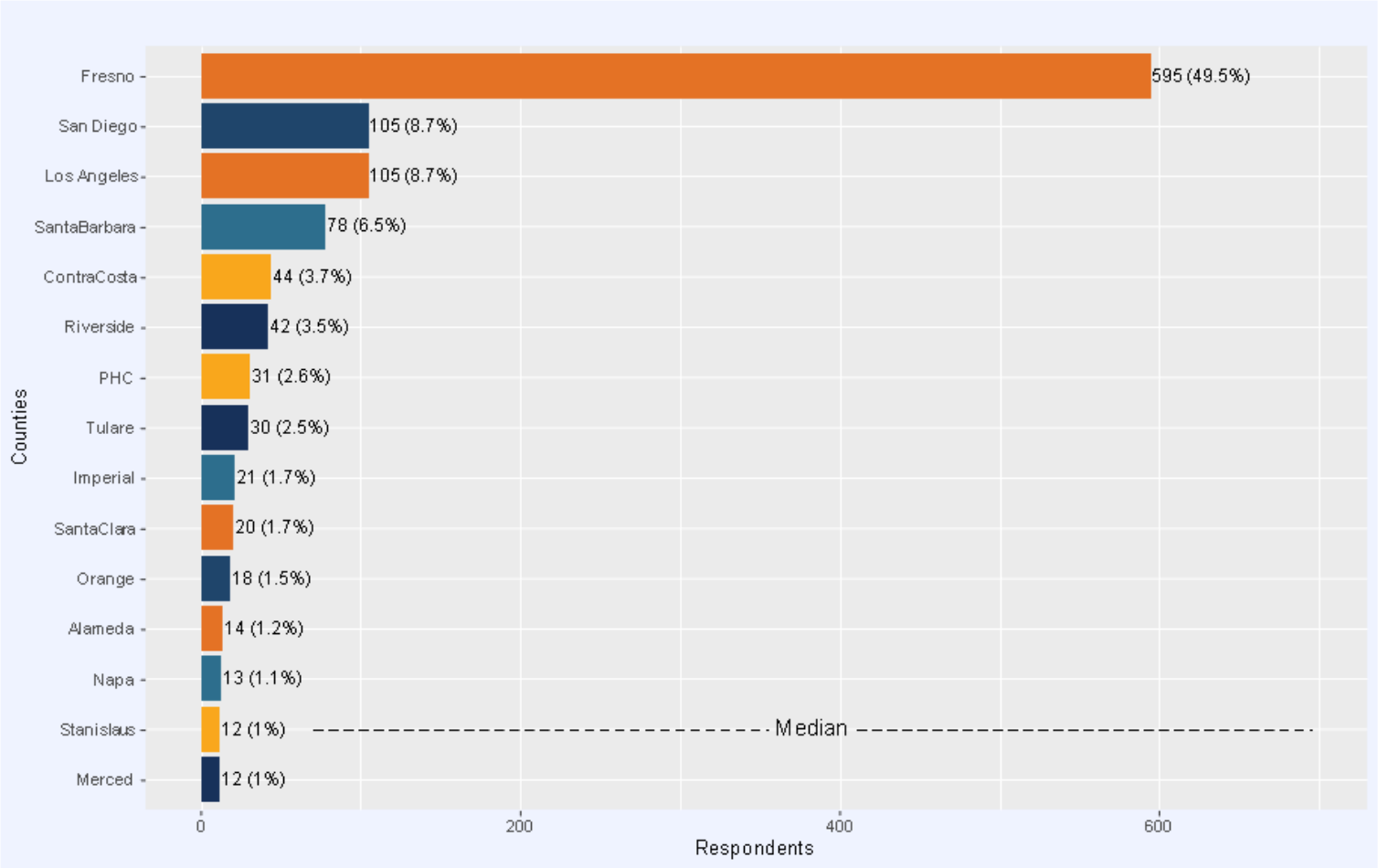


Figure 5b. Number of Respondents by County – Youth*



*Overall, 26 counties returned Youth surveys. Eleven counties returned less than 11 surveys (Kern, Lake, Monterey, Sacramento, San Bernardino, San Francisco, San Joaquin, San Mateo, Santa Cruz, Sonoma, and Ventura) and are not shown in this figure.

Table 3a. Percent Positive Scores by Treatment Setting – Adults

Treatment Setting	Percent
Outpatient/intensive outpatient	94.8%
Residential	89.3%
Narcotic/opioid treatment program	95.5%
Withdrawal management (standalone)	94.0%
Other/Missing	97.3%
Total	93.7%

**Overall positive rating was calculated using all 16 questions. Surveys with an average rating of 3.5 or higher were counted as having a POSITIVE rating. Only clients who responded to all 16 questions were included (N=15,342).

Table 3b. Percent Positive Scores by Treatment Setting – Youth

Treatment Setting	Percent
Outpatient/intensive outpatient	95.6%
Residential	87.5.3%
Other/Missing	100.0%
Total	95.4%

**Overall positive rating was calculated using all 16 questions. Surveys with an average rating of 3.5 or higher were counted as having a POSITIVE rating. Only clients who responded to all 16 questions were included (N=872).

Table 4a. Average TPS General Satisfaction Score by Sex, Race, and Age – Adult

Sex, Race, and Age	Average Score (Standard Deviation)
Sex	
Female	4.6 (0.67)
Male	4.5 (0.65)
Not available/Missing	4.3 (0.80)
Race/Ethnicity	
American Indian/Alaska Native	4.5 (0.65)
Asian	4.6 (0.61)
Black/African American	4.5 (0.68)
Mexican/Latino	4.5 (0.67)
White	4.5 (0.64)
Native Hawaiian/Pacific Islander	4.5 (0.69)
Other	4.5 (0.65)
Unknown/missing	4.5 (0.67)
Age	
18-25	4.5 (0.67)
26-35	4.5 (0.67)
36-45	4.5 (0.67)
46-55	4.5 (0.67)
56-64	4.5 (0.67)
65+	4.5 (0.57)
Missing	4.4 (0.75)
TOTAL	4.5 (0.67)

Table 4b. Average TPS General Satisfaction Score by Sex, Race, and Age – Youth

Sex, Race, and Age	Average Score (Standard Deviation)
Sex	
Female	4.6 (0.58)
Male	4.5 (0.68)
Not available/Missing	4.5 (0.68)
Race/Ethnicity	
American Indian/Alaska Native	
Asian	4.5 (0.69)
Black/African American	4.5 (0.64)
Mexican/Latino	4.5 (0.61)
White	4.6 (0.61)
Native Hawaiian/Pacific Islander	
Other	4.6 (0.56)
Unknown/missing	4.4 (0.77)
Age	
12-13	4.5 (0.64)
14	4.5 (0.63)
15	4.5 (0.64)
16	4.5 (0.62)
17	4.5 (0.64)
Missing	4.4 (0.75)
TOTAL	4.5 (0.64)

Table 5a. Number of Responses (Percent) for Q17 (How Much of the Services You Received were by Telehealth) & Q18 (How Helpful was Telehealth?) – Adults

Telehealth	Outpatient / Intensive Outpatient	Residential	Opioid / Narcotic Treatment Program	Detoxification / Withdrawal Management	Decline to Answer/ Missing	Total
How Much of Your Services were From Telehealth						
None	4,298 (47.4%)	2,135 (45.9%)	1,772 (31.4%)	80 (42.1%)	98 (51.3%)	8,383 (42.4%)
Very Little	2,453 (27.1%)	1,542 (33.1%)	1,612 (28.5%)	53 (27.9%)	47 (24.6%)	5,707 (28.9%)
About Half	902 (10.0%)	446 (9.6%)	1,152 (20.4%)	18 (9.5%)	18 (9.4%)	2,536 (12.8%)
Almost All	472 (5.2%)	172 (3.7%)	532 (9.4%)	12 (6.3%)	11 (5.8%)	1,199 (6.1%)
All	452 (5.0%)	209 (4.5%)	271 (4.8%)	17 (8.9%)	9 (4.7%)	958 (4.9%)
Decline to Answer/Missing	487 (5.4%)	151 (3.2%)	310 (5.5%)	10 (5.3%)	8 (4.2%)	966 (4.9%)
How Helpful was Telehealth *						
Much Better	933 (21.8%)	348 (14.7%)	954 (26.7%)	24 (24%)	21 (24.7%)	2,280 (21.9%)
Somewhat Better	621 (14.5%)	336 (14.2%)	646 (18.1%)	16 (16%)	12 (14.1%)	1,631 (15.7%)
About the Same	1,809 (42.3%)	1,017 (42.9%)	1,302 (36.5%)	41 (41%)	33 (38.8%)	4,202 (40.4%)
Somewhat Worse	265 (6.2%)	236 (10.0%)	165 (4.6%)	6 (6%)	5 (5.9%)	677 (6.5%)
Not Applicable	421 (9.8%)	311 (13.1%)	252 (7.1%)	7 (7%)	10 (11.8%)	1,001 (9.6%)
Decline to Answer/Missing	230 (5.4%)	121 (5.1%)	248 (7.0%)	6 (6%)	4 (4.7%)	609 (5.9%)

* Only showing response counts for those who received any Telehealth services.

Table 5b. Number of Responses (Percent) for Q20 (How Much of the Services You Received were by Telehealth) & Q21 (How Helpful was Telehealth?) – Youth

Telehealth	Outpatient / Intensive Outpatient	Residential	Total
How Much of Your Services were From Telehealth			
None	562 (47.5%)	5 (25%)	567 (47.1%)
Very Little	368 (31.1%)	6 (30%)	374 (31.1%)
About Half	15 (11.4%)	4 (20%)	139 (11.6%)
Almost All	31 (2.6%)	0 (0%)	31 (2.6%)
All	31 (2.6%)	0 (0%)	31 (2.6%)
Decline to Answer/Missing	56 (4.7%)	5 (25%)	
How Helpful was Telehealth *			
Much Better	66 (11.7%)	0 (0%)	66 (11.5%)
Somewhat Better	98 (17.3%)	6 (60%)	104 (18.1%)
About the Same	304 (53.8%)	4 (40%)	308 (53.6%)
Somewhat Worse	50 (8.8%)	0 (0%)	50 (8.7%)
Not Applicable	31 (5.5%)	0 (0%)	31 (5.4%)
Decline to Answer/Missing	16 (2.8%)	0 (0%)	16 (2.8%)

* Only showing response counts for those who received any Telehealth services.

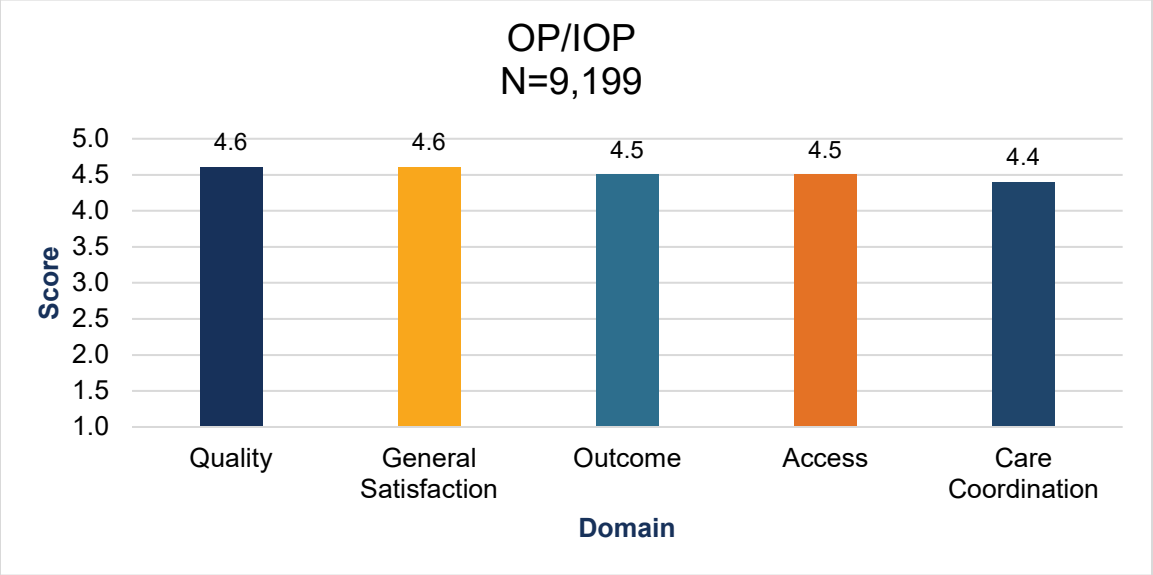
Table 6a. Average score of perception domains by treatment setting – Adult

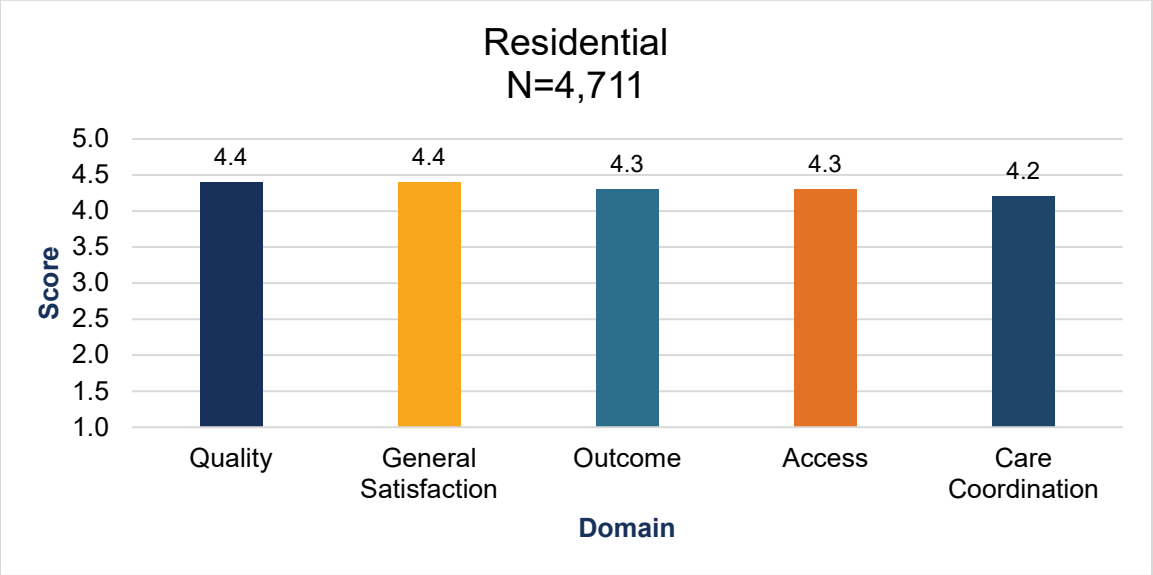
	Access	Quality	Care Coordination	Outcome	General Satisfaction
Outpatient/ Intensive Outpatient	4.5	4.6	4.3	4.5	4.6
Residential	4.3	4.4	4.2	4.3	4.4
Opioid/Narcotic Treatment Program	4.4	4.6	4.4	4.5	4.6
Detoxification/ Withdrawal Management	4.4	4.4	4.3	4.3	4.5
Unknown	4.4	4.6	4.3	4.5	4.5

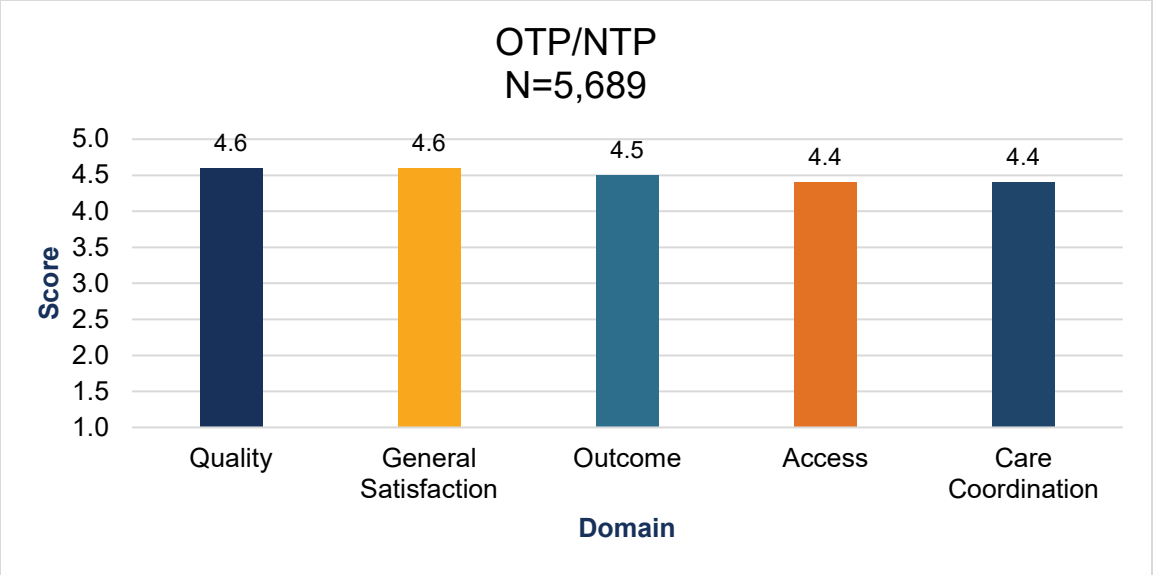
Table 6b. Average score of perception domains by treatment setting – Youth

	Access	Quality	Therapeutic Alliance	Care Coordination	Outcome	General Satisfaction
Outpatient/ Intensive Outpatient	4.4	4.3	4.5	4.3	4.2	4.5
Residential	3.8	4.1	4.4	4.5	4.2	4.5
Unknown	4.2	4.1	4.33	4.3	4.3	4.3

Figure 6a: Average Score by Treatment Setting and Perception Domain – Adults






OTP/NTP
N=5,689
Score
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
4.6
4.6
4.5
4.4
4.4
Quality
General Satisfaction
Outcome
Access
Care Coordination
Domain

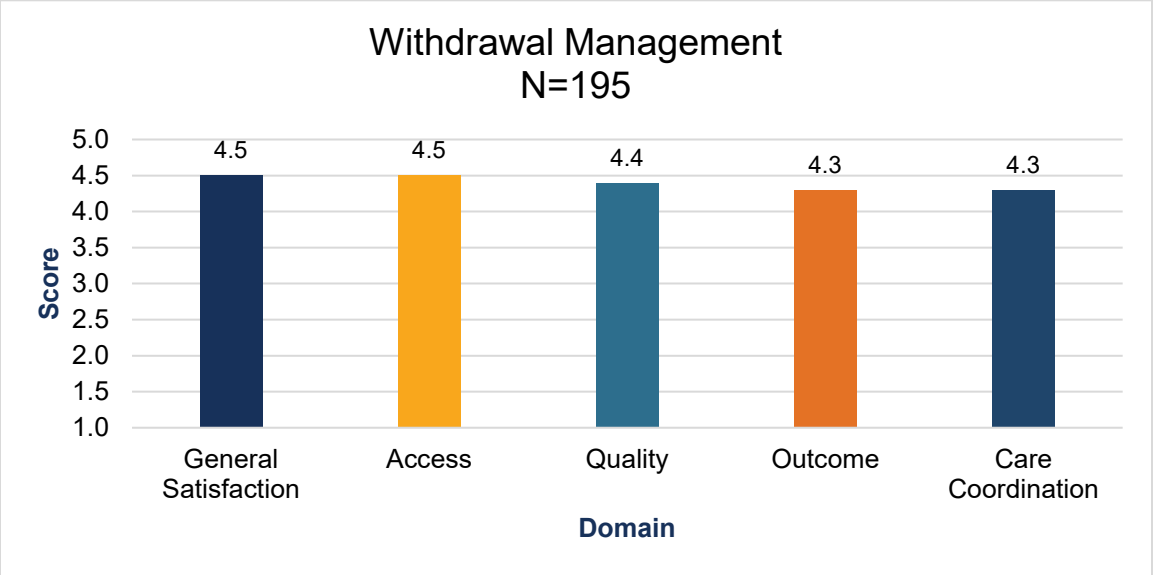
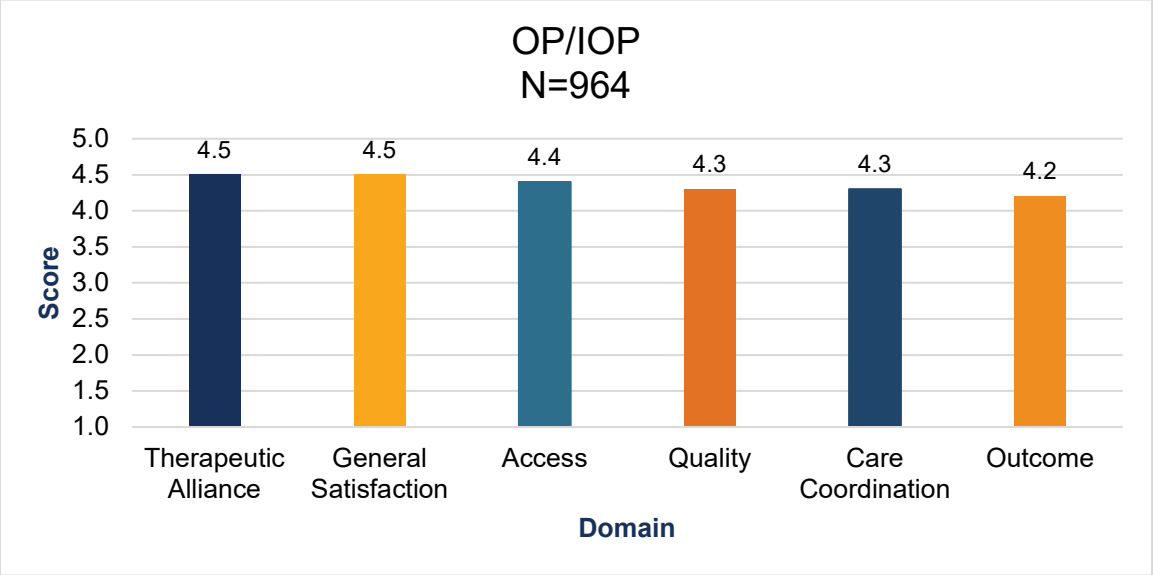
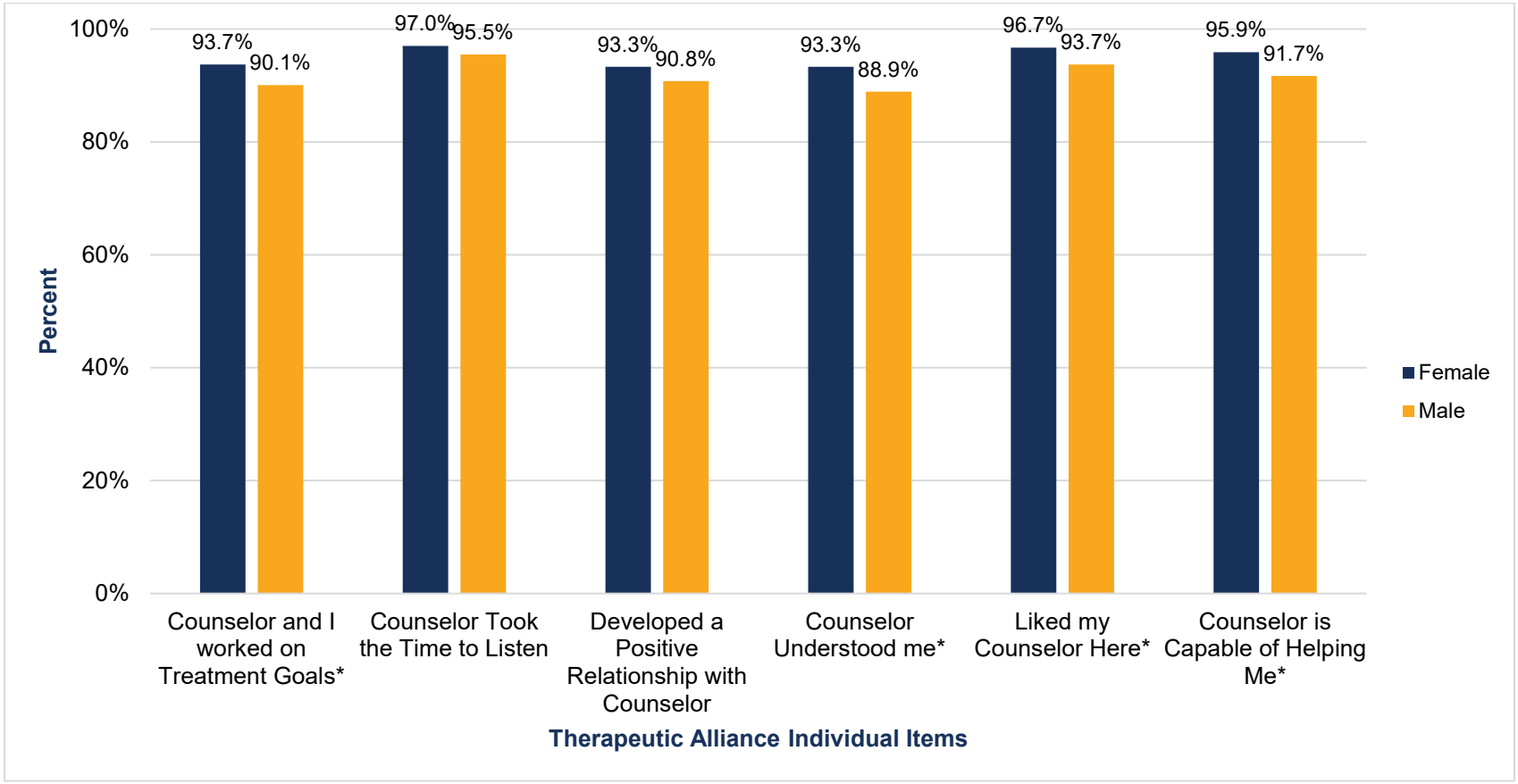

Withdrawal Management
N=195
Score
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
4.5
4.5
4.4
4.3
4.3
General Satisfaction
Access
Quality
Outcome
Care Coordination
Domain

Figure 6b: Average Score by Treatment Setting and Domain - Youth



*Youth surveys for OTP/NTP were < 11. Data for Residential not reported due to unreliable N to calculate the domain mean scores.

Figure 7: Gender Differences in Therapeutic Alliance Individual Items - Youth



*Statistically significant $p \leq 0.05$