

Substance Use Treatment Services (SUTS)

Research and Outcome Measurement (ROM) Unit

976 Lenzen Avenue, 3rd Floor

San Jose, CA 95126

Tel: 408-792-5690

August 20, 2018

Instructions for Administering and Submitting Client Feedback Surveys

1. When to administer the Client Feedback Survey:

Minimum of two times during clients' course of treatment at a given location – early in their treatment, and again near treatment discharge or transition to a different modality. A third 'point-in-time' canvass of active clients is also required by DHCS for the state evaluation, overseen by UCLA researchers. The table below shows the timing of the survey for each modality.

OUTPATIENT AND RECOVERY SERVICES	NARCOTICS TREATMENT PROGRAM (NTP)	RESIDENTIAL	DETOXIFICATION
Fourth (4th) treatment session	Within first 30 days	Tenth (10 th) day of the stay	Within seventy-two (72) hours from admittance
At or Near discharge		At or Near discharge	At or Near discharge
Annual canvass	Annual canvass	Annual canvass	Annual canvass

Oct. 1 – 5 2018

Survey all clients who physically present and receive face-to-face meaningful contact during this five-day period*. This includes clients receiving services in substance use outpatient, residential, and NTP/OTP, detoxification/withdrawal management (standalone), and partial hospitalization programs. The target population also consists of clients seen inside the office and outside of the office.

*In cases where the timing of the annual canvass corresponds with a client's initial or discharge survey, the client should be asked to complete only one survey during that time.


Note: Clients will be asked to complete the survey for *each modality* of each treatment episode. It is important that **all clients**, regardless of discharge type, complete the survey.

Note: Completion of the survey is completely voluntary on the part of the client. You do NOT need to indicate or track the number of clients who decline. You do NOT need to send a 'blank' survey.

2. SUTS ROM provides your agency with the survey as a PDF. Surveys are updated periodically, and updated versions are emailed to providers.

Note: You will receive the survey in Spanish, English, and Vietnamese

3. Download and print the survey.

Note: The **black squares in each corner** and the  are critical for the scanning process. Be sure they appear clearly on the page after printing.

Note: Do NOT staple pages over the black squares or 

Note: Print directly from the **PDF file** instead of making photocopies. **Photocopies do not scan well.**



DO NOT STAPLE!

SANTA CLARA COUNTY Behavioral Health Services

Client Feedback Survey

14965428

FOR OFFICE USE ONLY

L-Code: L - 0 0 0

Unicare ID

Modality (Check one): OPI/OP RES OTP/NTP WM PHP RS

Counselor First Name

Counselor Last Name

Dear client,
We want to help you in the best way and we want to find out how well we actually did in helping you. Please tell us what you think

4. Administer the Client Feedback Survey

- **Note:** L-CODE, CLIENT UNICARE ID, and MODALITY are completed by provider before the client completes the survey
- Provide the client with the survey and a black pen
- Instruct the client as to where to place the completed survey when they have finished the survey.
- Assist clients in any way they require, e.g. translating, reading the survey aloud, etc.

5. Submit surveys to SUTS ROM

NOTE: Providers submit surveys To SUTS ROM weekly, on Fridays

6. Scan completed surveys and save the PDF file(s) to a folder on your computer

Scan both sides of each Client Feedback Survey to a PDF document. Make sure that:

- a) You have the same number of pages in your scan.
- b) Pages are scanned straight and are NOT at an angle.

County Providers skip 7, 8, 9: Since you are on the County's secure email server, you may email the completed surveys.

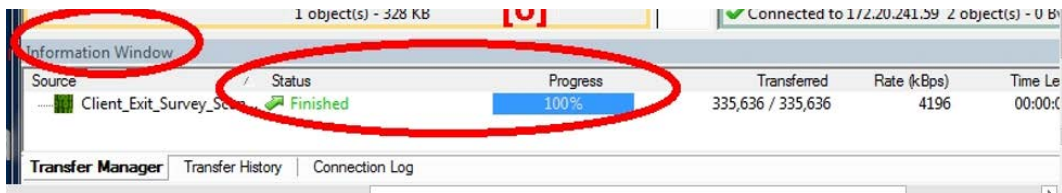
Note: Scan multiple surveys into a single PDF document (maximum 20).

Note: Scanner settings: 300x300 dpi and Black-and-white.

7. Open FTP software

8. Drag your PDF into the "UPLOAD" folder

9. Once the upload is complete, you will be able to see "finished" beneath the Status bar



10. Complete the “Data Submission cover sheet” and *email* it to:

Dana.Kahn@hhs.sccgov.org

Note: Please do not submit the cover sheet via FTP with your surveys. You must email the Cover Sheet for each batch of surveys you submit so that ROM can be sure we have received all of your data!

CLIENT FEEDBACK SURVEY DATA SUBMISSION COVER SHEET

Dana.Kahn@hhs.sccgov.org
 Substance Use Treatment Services (SUTS)
 976 Lenzen Avenue, 3rd Floor
 San Jose, CA 95126
 Tel: 408-792-5573

Name of Agency submitting data:

L-code: L-000

Directions: Please fill out this cover sheet for each packet or batch you are submitting.

11. SUTS ROM will email you a confirmation that your surveys have been received. Once you receive confirmation, you are free to shred and dispose of the paper surveys.

In the rare event that scanning is not possible, please ship completed surveys.

County locations send date-stamped packets via **Pony Mail**

Contracted providers may use **USPS**

SUTS ROM
976 Lenzen Avenue, 3rd Floor
San Jose, CA 95126

12. Survey Results

Once per quarter, cumulative survey results will be shared with all providers and agency-specific results will be shared with each agency

Survey checklist:

- All surveys have an L-Code
- All surveys have a Unicare ID
- All surveys have Modality selected
- All surveys have a date
- All four black squares are visible in the corners of all surveys
- Cover Sheet is complete and emailed to
Dana.Kahn@hhs.sccgov.org