



Treatment Perception Survey 2023 Supplemental Report

Background

The Treatment Perception Survey (TPS) was offered to all clients who received substance use disorder (SUD) treatment services from a provider within the San Diego County Behavioral Health Services (SDCBHS) Drug Medi-Cal Organized Delivery System (DMC-ODS) between Monday, October 16, 2023, and Friday, October 20, 2023. Consistent with prior survey administration periods since the COVID-19 pandemic, the TPS survey was offered in San Diego County primarily via an electronic web-based link with paper copies of the survey offered as a secondary option. As a supplement to the TPS, a series of questions related to 1) the state-mandated Performance Improvement Projects (PIPs), 2) dental care, and 3) desired enhancements or changes to the services provided at their SUD program were administered to the respondents. The results from these supplemental questions are presented below.

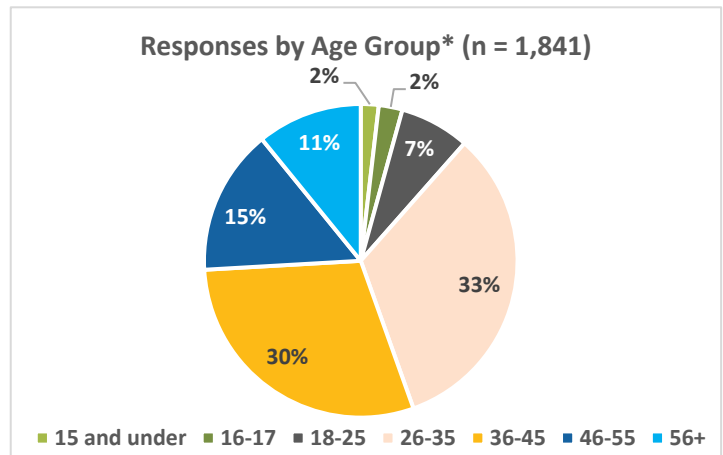
Who responded to the TPS 2023 Supplemental questions?

Respondent Demographics

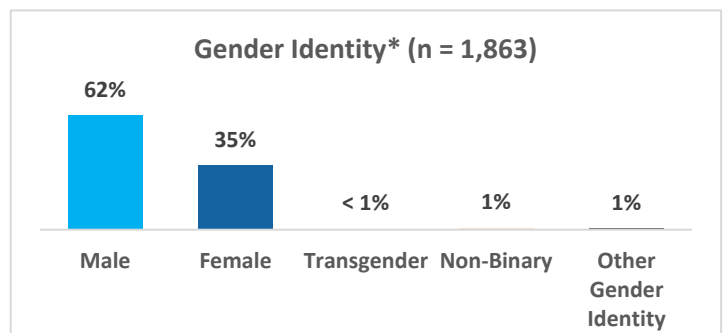
A total of 1,914 clients served by the DMC-ODS during the survey period completed¹ a TPS during the survey period. Of these, 1,882 respondents (98%) answered at least one of the supplemental questions. Most respondents were adults (1,799; 96%) and 83 of them (4%) were youth.

One-third (33%) of respondents were in the 26 to 35 years of age range, and 30% were in the 36 to 45 years of age range. The next largest group of respondents were in the 46 to 55 years age range (15%), followed by respondents 56 years of age or older (11%) and those 18 to 25 years of age (7%). Forty-five respondents (2%) were between the ages of 16 and 17 years, and the remaining 34 respondents (2%) were under 16 years of age.

Respondents were asked to select all that apply for the following gender identities: male, female, transgender: male to female, transgender: female to male, non-binary, and another gender identity. In the accompanying chart, respondents who endorsed one of the transgender options are reported as transgender. Most respondents (62%) reported a male gender identity, followed by 35% of respondents who reported identifying as female. Nine respondents (< 1%) identified as transgender, and 1% each reported identifying as non-binary and another gender identity.

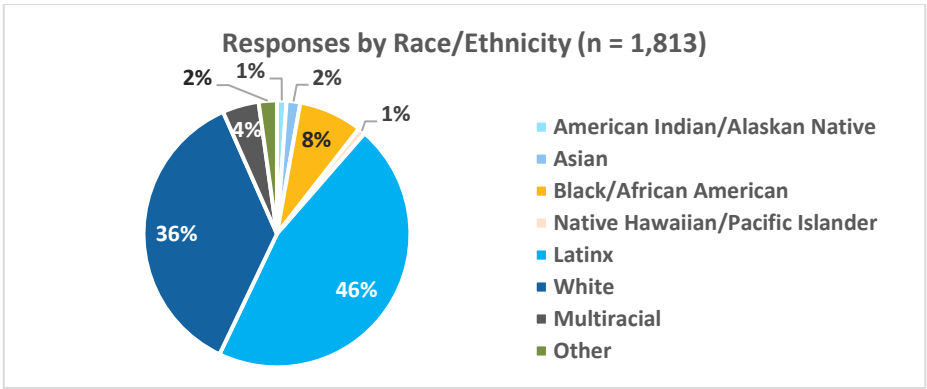


*Age was unavailable for 41 respondents.



*Gender identity was unavailable for 19 respondents.

¹ Survey completion is defined as answering the first two questions of the Adult survey or the first three questions of the Youth survey.

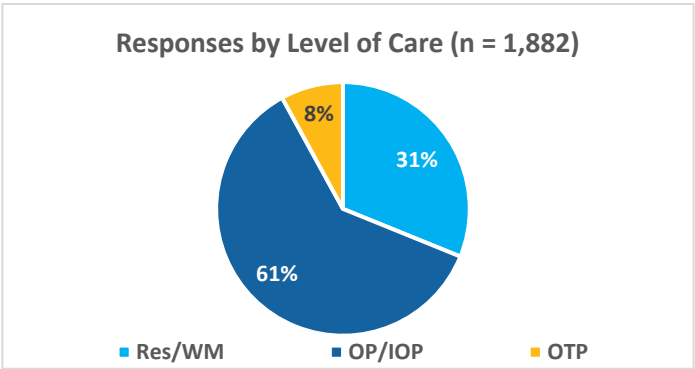


Less than half of respondents (46%) were Latinx, and just over one-third (36%) were White. The remaining respondents were Black or African American (8%), Multiracial (4%), Asian (2%), American Indian or Alaskan Native (1%), Native Hawaiian or Pacific Islander (1%), or another race (2%).

*Race/ethnicity was unavailable for 69 respondents.

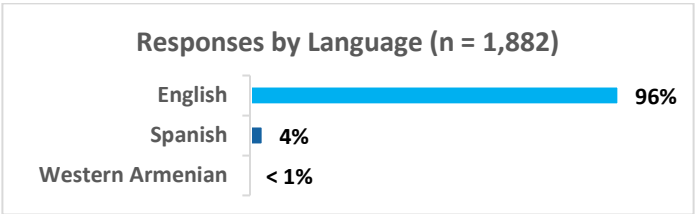
Level of Care

A majority of respondents (1,146 respondents; 61%) were receiving services from outpatient (OP) or intensive outpatient (IOP) SUD treatment providers during the survey administration week, and almost one-third (586 respondents; 31%) were receiving services from residential (Res) or withdrawal management (WM) SUD treatment providers. The remaining 150 respondents (8%) were receiving services from opioid treatment providers (OTP).



Language

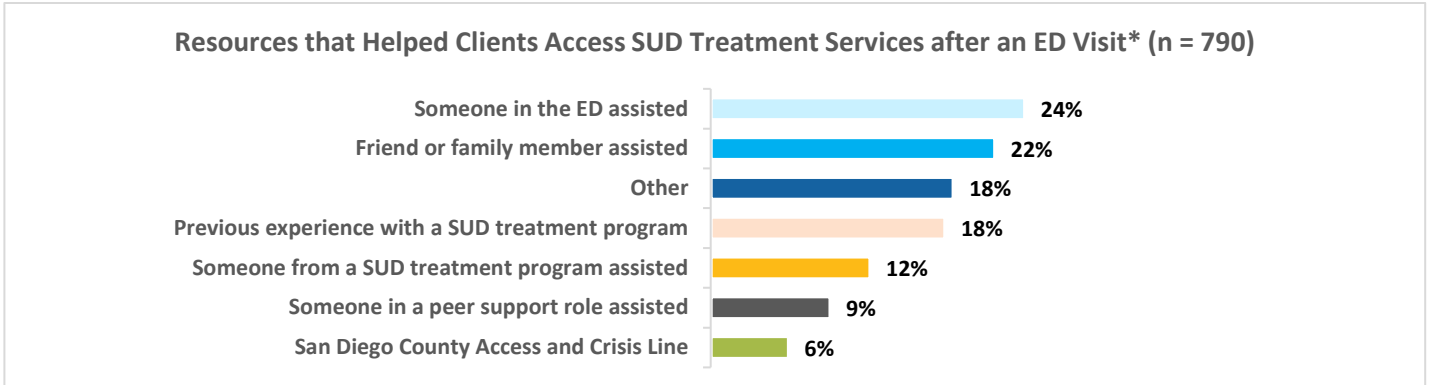
Almost all (96%) of the surveys received were completed in English, 67 of them (4%) were completed in Spanish, and one survey (< 1%) was completed in Western Armenian.



How do clients connect to the DMC-ODS after an ED visit for a drug or alcohol-related reason?

Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Almost half of respondents (42%) reported that they had gone to the emergency department (ED) for an alcohol or other substance use-related emergency at some point in their lifetime. The respondents who reported going to the ED for an alcohol or other substance use-related emergency were also asked about the people or resources that helped them access SUD treatment services following their ED visit. The most endorsed responses were 1) someone in the ED assisted with finding treatment services (24%), followed by 2) a friend or family member assisted with finding treatment services (22%), 3) a resource not listed on the survey assisted (18%), and 4) having previous experience with a SUD treatment program (18%).



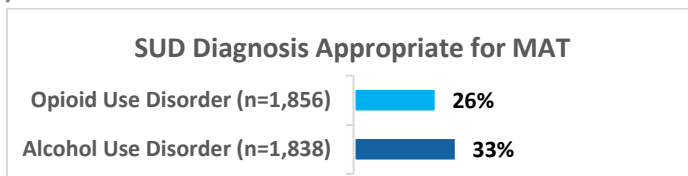
*Percentages may not sum to 100% as response options were check all that apply.

An analysis of the qualitative responses for those who indicated they received help to access SUD treatment services following their ED visit from a resource that was not listed on the survey was conducted. Many of the free responses provided were duplicative with the response choices provided on the survey, but there were some additional resources identified in the free response question. These other people or resources that respondents noted helped them access SUD treatment services not otherwise captured in the survey question were coded into the following key themes: self-referrals, justice-related program/personnel, Child Welfare Services, someone in the community (social worker/religious figure), a primary care physician, and the VA. One hundred and fifty respondents (19%) did not endorse a resource; noting that their SUD treatment was not initiated due to their ED visit. A better understanding of how clients connect with the DMC-ODS following an ED visit for alcohol and other drug abuse or dependence might help SDCBHS plan additional targeted interventions to increase the proportion of future clients initiating DMC-ODS services following an ED visit as defined by the FUA HEDIS benchmark.

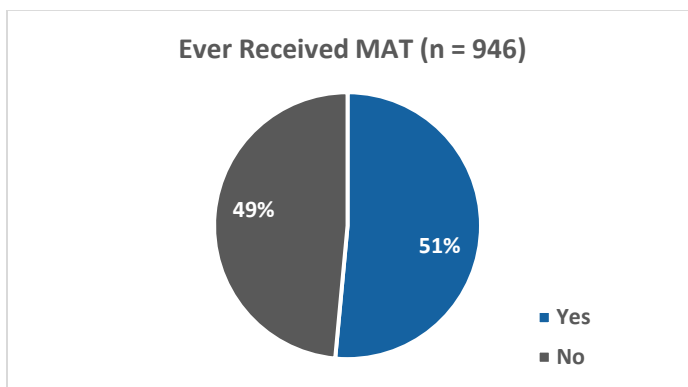
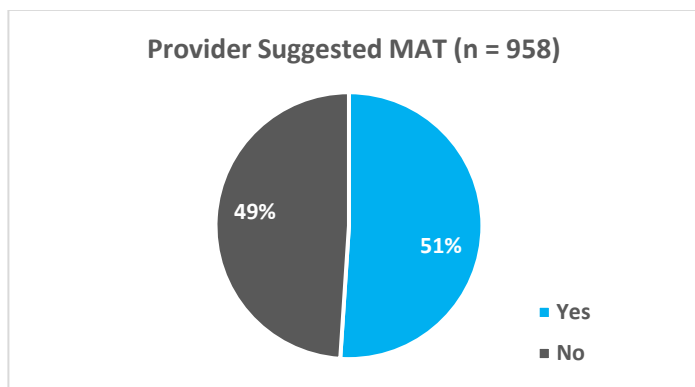
How do clients receiving services from the DMC-ODS with an OUD perceive MAT services?

Appropriateness of Medication Assisted Treatment (MAT)

More than one-quarter (26%) of respondents reported receiving SUD treatment services for an opioid use disorder (OUD) at the time of the survey, and one-third (33%) reported receiving SUD treatment services for an alcohol use disorder (AUD).

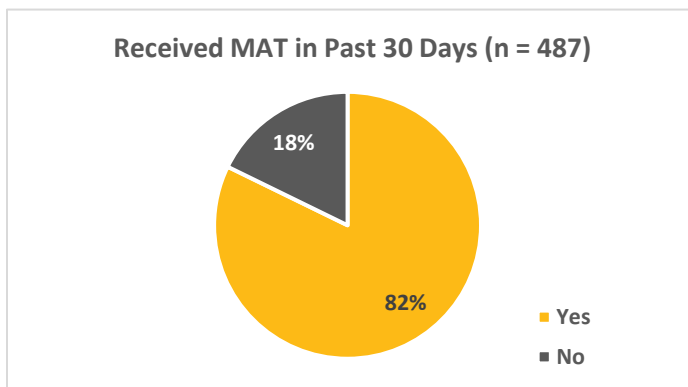


There were a total of 969 respondents who reported receiving treatment services from the DMC-ODS for a SUD diagnosis (OUD and/or AUD) with the potential to benefit from medication assisted treatment (MAT). Of these, just over half (51%) reported that their SUD treatment provider suggested that they receive MAT to help with their drug or alcohol use, and 51% reported receiving MAT for their drug or alcohol use in their lifetime.



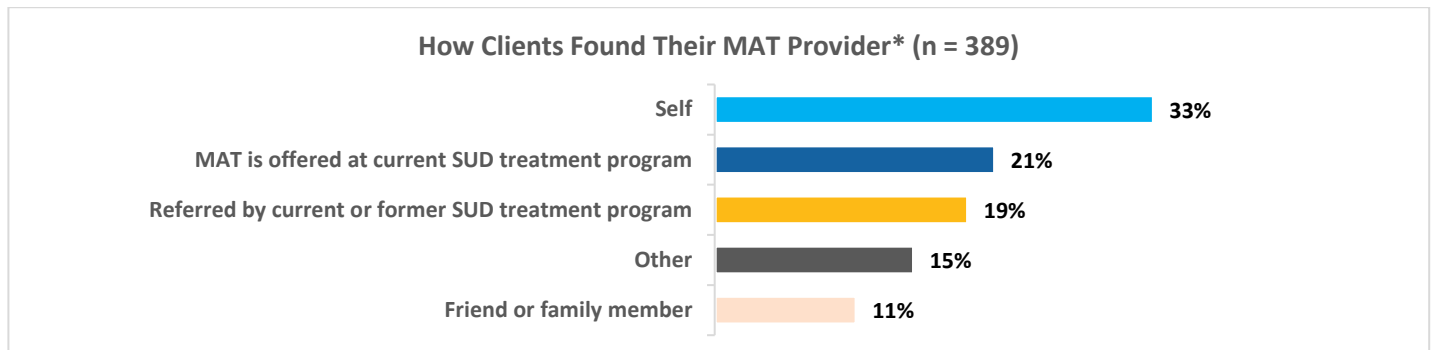
Recent Utilization of MAT

Most (82%) of the 487 respondents who reported that they received MAT for their SUD during their lifetime also reported that they received MAT within the past 30 days. The respondents who received MAT within the past 30 days were asked a series of questions about their experiences accessing and receiving MAT to better inform the intervention efforts of both 1) the current PIP, Pharmacotherapy for Opioid Use Disorder (POD), which aims to increase retention in MAT among those with an OUD and new to MAT services and 2) a potential future MAT PIP which aims to increase enrollment in MAT services among those with an OUD and/or AUD.



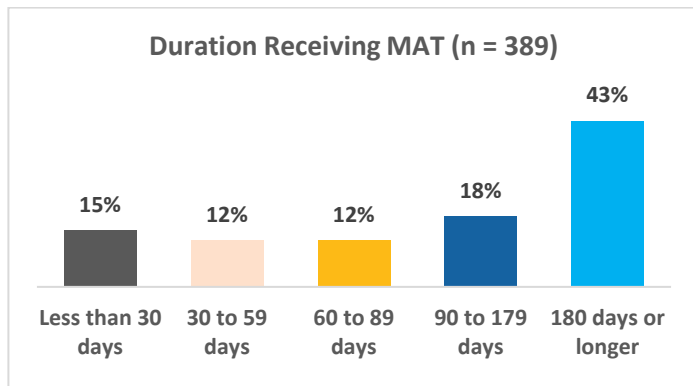
When asked how they found their MAT provider, one-third (33%) reported that they found their MAT provider on their own, and 21% reported that MAT was offered at their current substance use disorder treatment program. Almost

one-fifth (19%) indicated that they were referred by their current or previous substance use treatment provider, and 11% noted finding their MAT provider through a friend or family member. There were 59 respondents (15%) who reported finding their MAT provider through an avenue not listed on the supplemental survey including the jail/prison system, a mental health provider, a primary care physician, Child Welfare Services, and the ED.

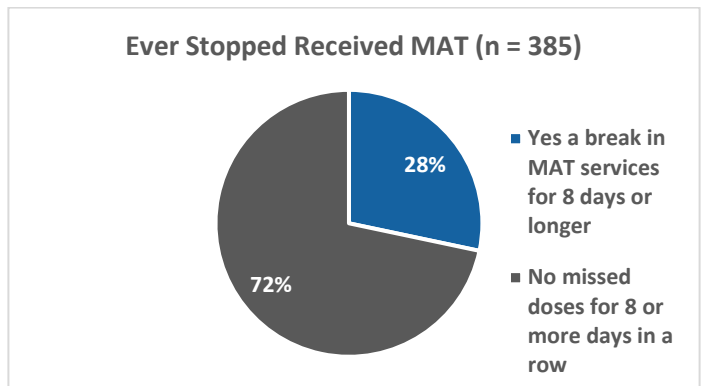


*Only those who reported receiving MAT within the past 30 days were presented with this question. Nine (2%) did not answer the question.

When asked how long they had been receiving MAT services for their drug or alcohol use, almost half (43%) reported receiving MAT for at least 180 days and 18% reported receiving MAT for at least 90 days but less than 180 days. Fifteen percent of respondents noted that they had been receiving MAT for less than 30 days while 12% each indicated that they had been receiving MAT for 30 to 59 days and 60 to 89 days.



*Only those who reported receiving MAT within the past 30 days were presented with this question. Nine (2%) did not answer the question.



*Only those who reported receiving MAT within the past 30 days were presented with this question. Thirteen (3%) did not answer the question.

Respondents were also asked if they ever stopped receiving MAT for their drug or alcohol use for eight days or longer. Almost three-quarters (72%) reported that they had not missed a MAT dose for eight or more days in a row while more than one-quarter (28%) reported having a break of eight or more days while receiving MAT. Those who reported having a break in their MAT service for eight or more days were asked why they had a break in those services, and a few key themes from their responses emerged. Reasons why respondents reported that they had a break in their MAT services for eight or more days included:

- relapses,
- feeling as though they did need MAT anymore or wanted to try to stop taking it on their own,
- an inability to access MAT due to incarceration or other legal barriers,
- limitations of their insurance or appointment availability at their clinic,
- transportation barriers,
- permanent or temporary relocations,
- hospitalizations or other medical complications that prevented them from receiving MAT,
- financial barriers,
- side effects, and
- employment-related barriers.

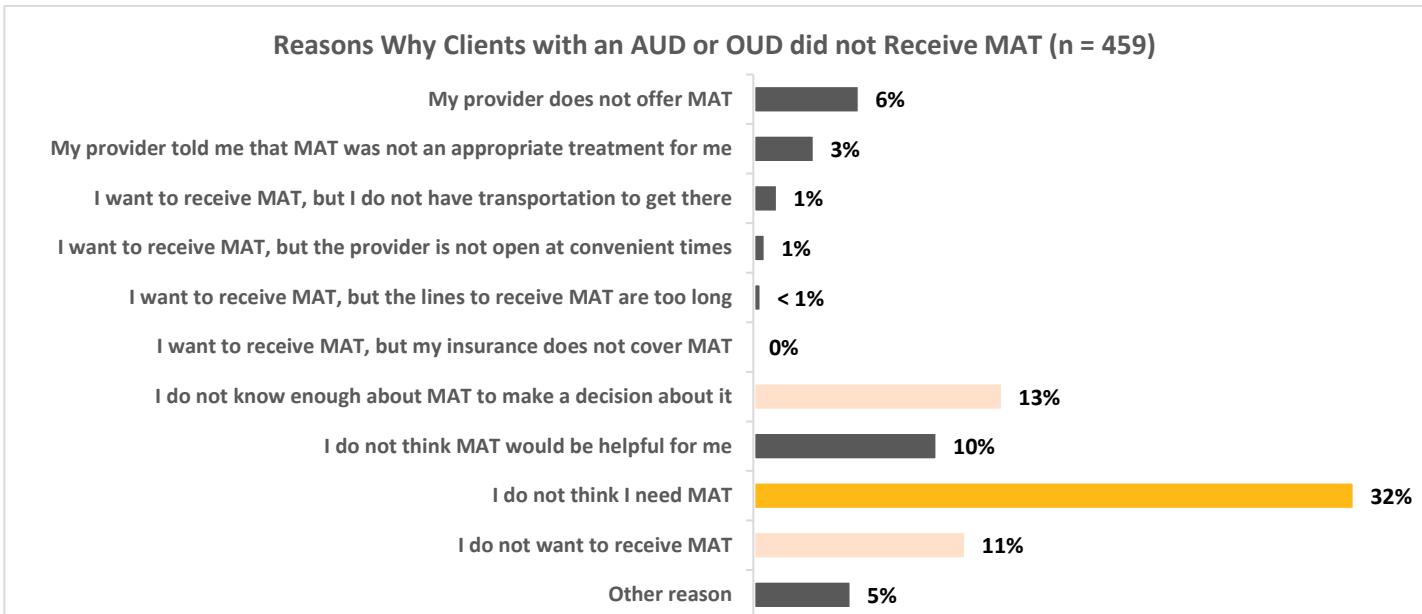
The respondents who reported receiving MAT at some point in their lifetime were also asked if there was anything they wanted to share about their experience receiving MAT with other clients considering MAT for their alcohol or drug use. The vast majority of the comments shared by these respondents were positive, with several key themes emerging from the comments. For example, many respondents reported experiencing a reduction in their cravings and urge to use their primary substance used. Another theme evident from these comments were sentiments of getting their life back or back

on track. Several respondents also mentioned the efficacy of MAT and their ability to stop using drugs and alcohol while receiving MAT. These comments are presented below in a word cloud with the words most frequently provided by the respondents in larger, darker font and the words less frequently provided by the respondents in smaller, fainter font.



Reasons Clients did not Receive MAT

While respondents with an AUD or OUD who reported receiving MAT were asked questions about their experiences receiving MAT, the 459 respondents who reported not receiving MAT, despite receiving SUD treatment services for a SUD that could benefit from MAT, were asked why they had not received MAT. The most endorsed reason (I do not think I need MAT), is highlighted in orange below, and the second and third endorsed reasons (I do not know enough about MAT to make a decision about it and I do not want to receive MAT, respectively) are highlighted in peach.



Almost one-third (32%) of respondents reported not receiving MAT because they did not think they needed MAT. The next most endorsed responses included not knowing enough about MAT to make a decision about it (13%), and not wanting to receive MAT (11%). Respondents who reported not wanting to receive MAT were asked to specify why they did not want to receive MAT, and most respondents indicated feeling as though they did not need MAT. Others cited potential side effects of pharmaceuticals, and a preference for continuing their recovery without MAT. Those who selected an option not provided on the survey as a reason they did not receive MAT were also asked to specify their reason. Most of these respondents reported not knowing what MAT was, some reported not needing or wanting medication, and others noted that they were in the process of getting MAT but hadn't started MAT services yet.

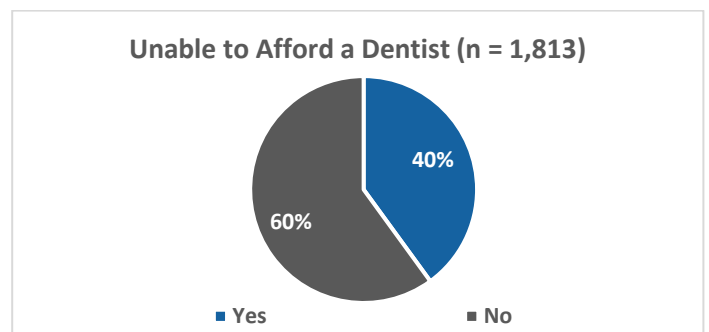
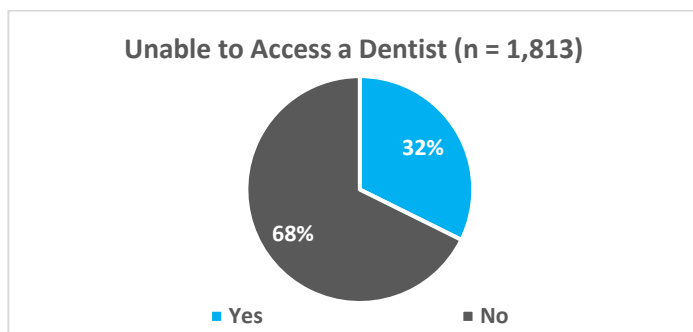
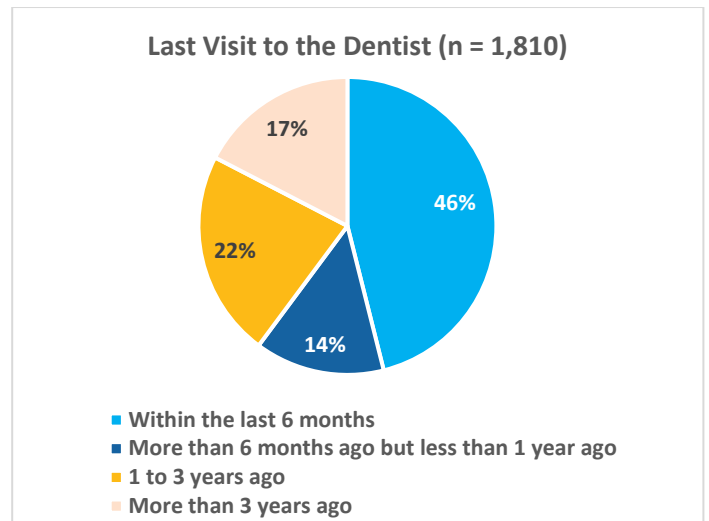
Regardless of what answer was provided for the question described above, all respondents who reported not receiving MAT were asked if there were any other reasons why they had not received MAT. Responses to this question echoed the sentiments from the previous question including clients feeling as though they did not need MAT, not knowing enough about MAT, preferences for continuing their recovery without medication, a perception that using MAT would be trading one drug for another, and a concern about the potential side effects of MAT.

Are clients who receive services from the DMC-ODS receiving dental care?

Access and Barriers to Receiving Dental Care

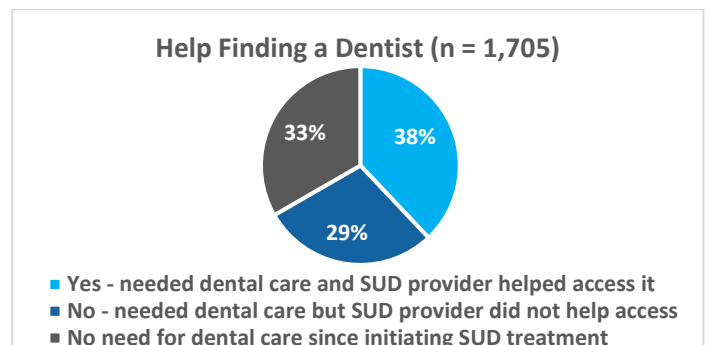
When asked when they last went to the dentist, almost half (46%) of respondents reported that they went to the dentist within the past six months, and another 14% reported that they went to the dentist more than six months ago but within the last year. Almost one-quarter (22%) of the respondents had last been to the dentist between one to three years ago and 17% had not been to the dentist in the past three years.

Almost one-third (32%) of respondents reported that within the past year they were unable to obtain treatment for their dental care needs because they did not have access to a dental provider, and 40% were unable to obtain treatment for their dental care needs because they did not have money to pay for dental treatment.



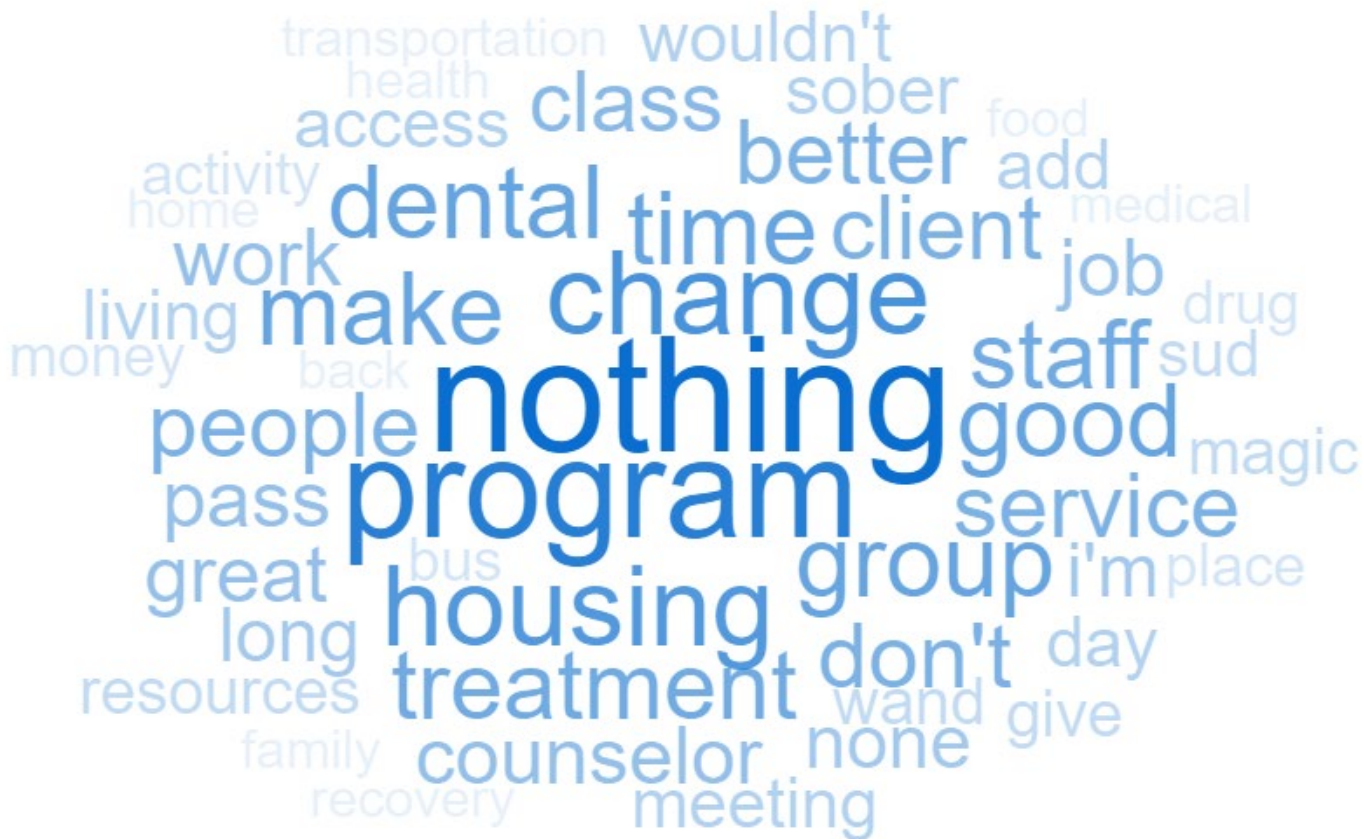
Help Accessing Dental Care

Almost two-fifths (38%) of respondents reported needing dental care and indicated that their SUD treatment provider helped them access dental care. Less than one-third (29%) reported needing dental care but indicated that their SUD treatment provider did not help them find dental care. The remaining one-third (33%) of respondents reported not needing dental care since beginning their SUD treatment.



What would clients add, enhance or change about the services at their SUD treatment program?

Respondents were asked what they would add, enhance, or change about the services that they were receiving from their SUD treatment program. A notable proportion of respondents reported that they would not change anything about the program, or that everything was fine with their experience at the program. Others mentioned assistance with housing and dental assistance as additional offerings or enhancements that they would like to see, while several others used the space to note positive attributes of their program including satisfaction with the counselors, the program, and the services they were receiving. The comments provided in this section of the survey are presented below in a word cloud with the words most frequently provided by the respondents in larger, darker font and the words less frequently provided by the respondents in smaller, fainter font.



Key Findings

Survey Participation

- A total of 1,882 clients who received services from DMC-ODS providers during the week of October 16-20, 2023, responded to at least one question on the TPS 2023 Supplemental survey.
- Most respondents (63%) were between the ages of 26 and 45 years of age.
- A majority of respondents identified as male (62%).
- The racial/ethnic groups that respondents most often identified with were Latinx (46%) and White (36%).
- More than half of respondents (61%) were served by OP or IOP treatment providers during the survey period, followed by 31% of respondents being served by residential or withdrawal management treatment providers.
- Almost all (96%) surveys were completed in English. The remaining surveys were completed in Spanish (4%) and Western Armenian (< 1%).

Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

- Almost half (42%) of respondents reported that they went to the emergency department (ED) for an alcohol or other substance use-related emergency at some point in their lifetime.

- After their ED visit almost one-quarter (24%) of respondents reported that someone in the ED assisted them with finding SUD treatment services, and more than one-fifth (22%) reported that a friend or family member assisted them with finding SUD treatment services.

Medication Assisted Treatment (MAT)

- About half (51%) of respondents reported that they had an alcohol use disorder (AUD) or opioid use disorder (OUD) diagnosis.
- Just over half (51%) of respondents with AUD or OUD reported ever receiving MAT and most (82%) of them reported receiving MAT in the previous 30 days.
- One-third (33%) of respondents who received MAT in the previous 30 days reported that they found their current MAT provider themselves, while approximately one-fifth each reported that MAT was offered at their current SUD treatment program (21%), or they were referred to their MAT provider by their current or former SUD treatment program (19%).
- When asked how long they had been receiving MAT services for their drug or alcohol use, almost half (43%) of those who received MAT in the previous 30 days reported receiving MAT for at least 180 days.
- Almost three-quarters (72%) of those who received MAT in the previous 30 days reported that they had not missed a MAT dose for eight or more days in a row while more than one-quarter (28%) reported having a break of eight or more days while receiving MAT.
- Frequent reasons that respondents provided for having a break of eight or more days in the MAT services included relapses, feeling as though they did not need MAT anymore or wanted to try to stop taking it on their own, and an inability to access MAT due to incarceration or other legal barriers.
- When asked if there was anything they wanted to share about their experience receiving MAT with other clients considering MAT for their alcohol or drug use, many respondents reported experiencing a reduction in their cravings and urge to use their primary substance used, expressed sentiments of getting their life back or back on track, and touted the efficacy of MAT in helping them to stop using drugs and alcohol.
- Almost one-third (32%) of the respondents who reported not receiving MAT indicated that it was because they did not think they needed MAT. The second and third most endorsed reasons as to why they did not receive MAT included not knowing enough about MAT to make a decision about it (13%), and not wanting to receive MAT (11%).

Dental Care

- Approximately half (46%) of respondents reported that they went to the dentist within the past six months.
- About one-third (32%) of respondents reported that they were unable to obtain treatment for their dental care needs because they did not have access to a dental provider, and 40% were unable to obtain treatment for their dental care needs because they did not have money to pay for dental treatment.
- Almost two-fifths (38%) of respondents reported needing dental care and indicated that their SUD treatment provider helped them access dental care, while less than one-third (29%) reported needing dental care but indicated that their SUD treatment provider did not help them find dental care.

Program Additions, Enhancements, or Changes

- When asked what they would add, enhance, or change about the services that they were receiving from their SUD treatment program, a notable proportion of respondents reported that they would not change anything about the program, or that everything was fine with their experience at the program.
- While many respondents utilized this space on the survey to note positive attributes of their program, suggestions for enhancements or additional services to be offered at their program included assistance with housing and assistance with accessing dental services.