

Treatment Perception Survey 2024 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 21, 2024, and Friday, October 25, 2024. Consistent with prior survey administration periods since the COVID-19 pandemic, the TPS survey was offered to clients 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 questions¹ related to 1) employment, 2) experiences with care coordination, 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.

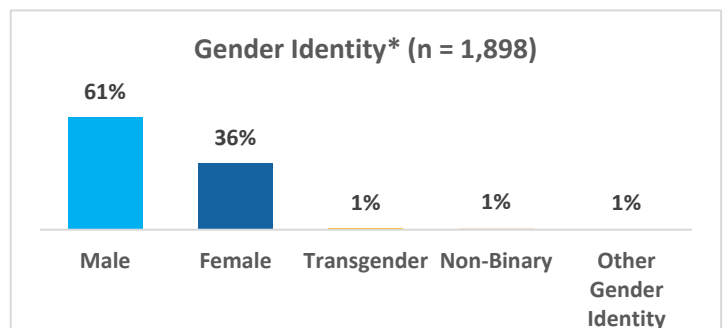
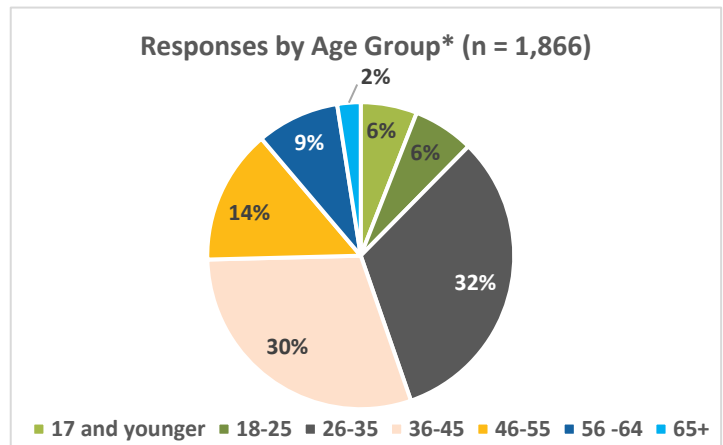
Who responded to the TPS 2024 Supplemental questions?

Respondent Demographics

A total of 1,940 clients served by the DMC-ODS during the survey period completed² a TPS during the survey period. Of these, 1,920 respondents (99%) answered at least one of the supplemental questions. Most respondents were adults (1,805; 94%) and 115 of them (6%) were youth.

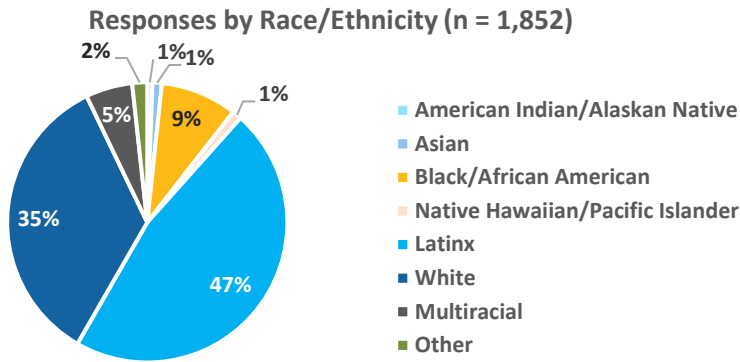
Almost one-third (32%) of respondents were in the 26 to 35 years of age range, and 30% were in the 36 to 45 years of age range. The next largest group of respondents were aged 46 to 55 years (14%), followed by respondents aged 56 to 64 years (9%), those aged 18 to 25 years (6%), and those aged 17 years or younger (6%). Forty-six respondents (2%) were aged 65 years or older.

Clients were asked to select all gender identities that applied. Response options included: male, female, transgender (male to female), transgender (female to male), non-binary, and another gender identity. In the accompanying chart, clients who endorsed one of the transgender options are reported as transgender. Most respondents (61%) reported a male gender identity, followed by 36% of clients who identified as female. Seventeen respondents (1%) identified as transgender, and 1% each reported identifying as non-binary and another gender identity.



¹ Questions related to the Performance Improvement Projects (PIPs) were also included in the supplemental survey, and the results from these PIP-related items were analyzed and shared with BHS separately during FY 2024-25.

² Survey completion is defined as answering the first two questions of the Adult survey or the first three questions of the Youth survey.



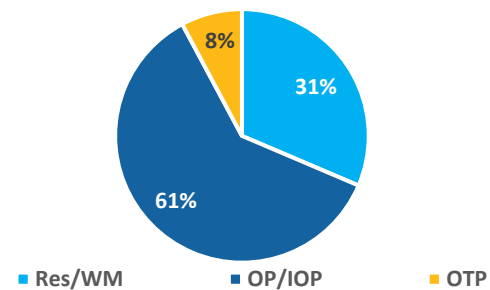
Almost half of respondents (47%) were Latinx, and just over one-third (35%) were White. The remaining respondents were Black or African American (9%), Multiracial (5%), Asian (1%), Native Hawaiian or Pacific Islander (1%), American Indian or Alaskan Native (1%), or another race (2%).

*Race/ethnicity was unavailable for 68 respondents.

Level of Care

A majority of respondents (1,167 respondents; 61%) were receiving services from outpatient (OP) or intensive outpatient (IOP) SUD treatment providers during the survey administration week, and almost one-third (603 respondents; 31%) were receiving services from residential (Res) or withdrawal management (WM) SUD treatment providers. The remaining 150 clients (8%) were receiving services from opioid treatment providers (OTP).

Responses by Level of Care (n = 1,920)



Survey Language

Almost all (96%) of the surveys received were completed in English, 72 of them (4%) were completed in Spanish, and < 1% were completed in Russian.

Responses by Language (n = 1,920)

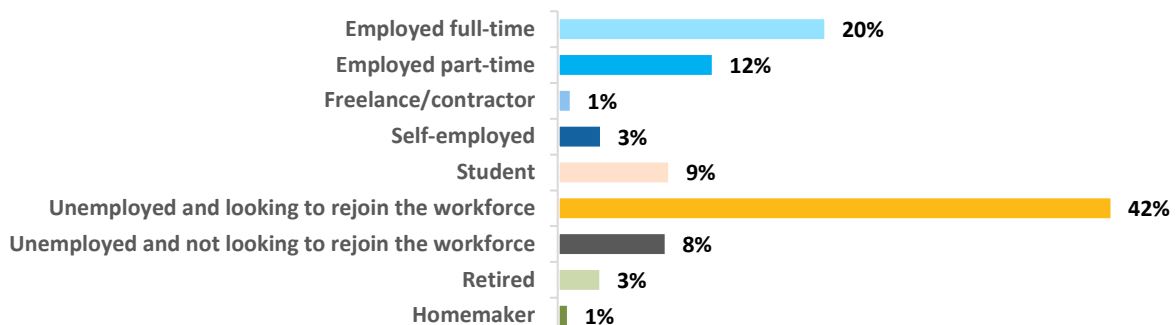


How do clients perceive the impact of their SUD diagnosis on their employment?

Employment Status

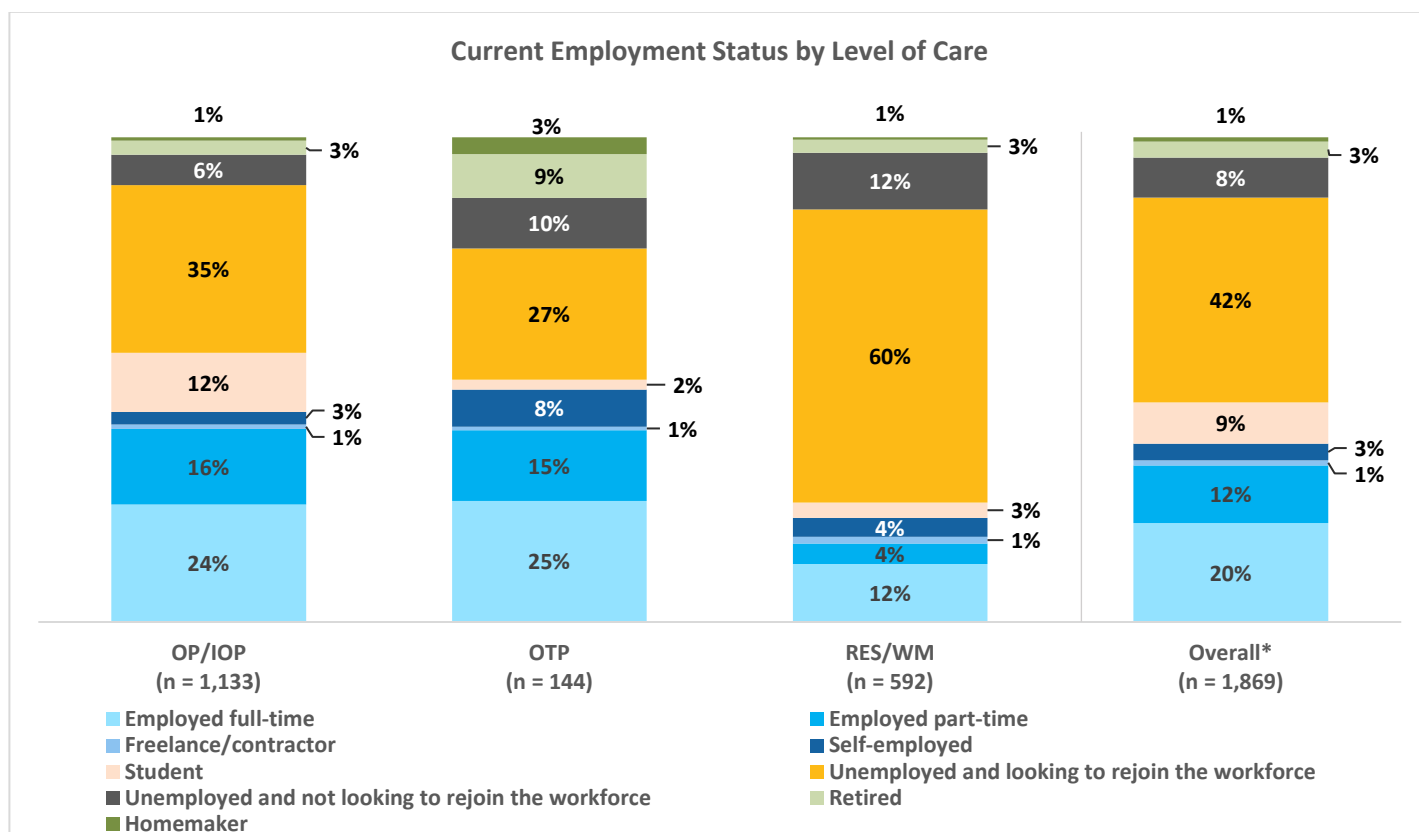
About half of respondents (944 respondents; 51%) reported that they were unemployed. Most (84%) of these 944 respondents reported that they were looking to rejoin the workforce, while the remaining 16% were not. One-fifth (20%) of all respondents reported full-time employment, followed by 12% of respondents reporting part-time employment, and 9% reporting a student status. Sixty-three respondents (3%) reported that they were self-employed, followed by 62 respondents (3%) reporting a retired status, and 1% each reporting as a freelance/contractor or a homemaker.

Current Employment Status* (n = 1,869)



*Employment status was unavailable for 51 respondents.

When examined by level of care (LOC), there was a smaller proportion of clients (12%) who were receiving services from a residential or withdrawal management program who reported full-time employment compared to those who were receiving services from an outpatient provider (24%) or an OTP (25%). Likewise, there was a larger proportion of clients (60%) who were receiving services from a residential or withdrawal management program who reported that they were unemployed and looking to rejoin the workforce compared to those receiving services from outpatient (35%) or OTP (27%) programs.

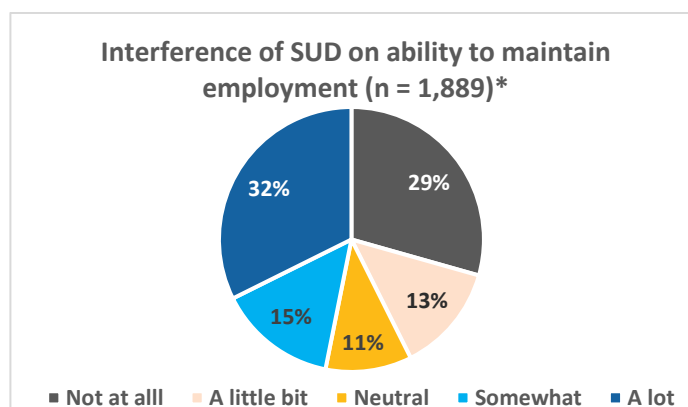


*Employment status was unavailable for 54 respondents.

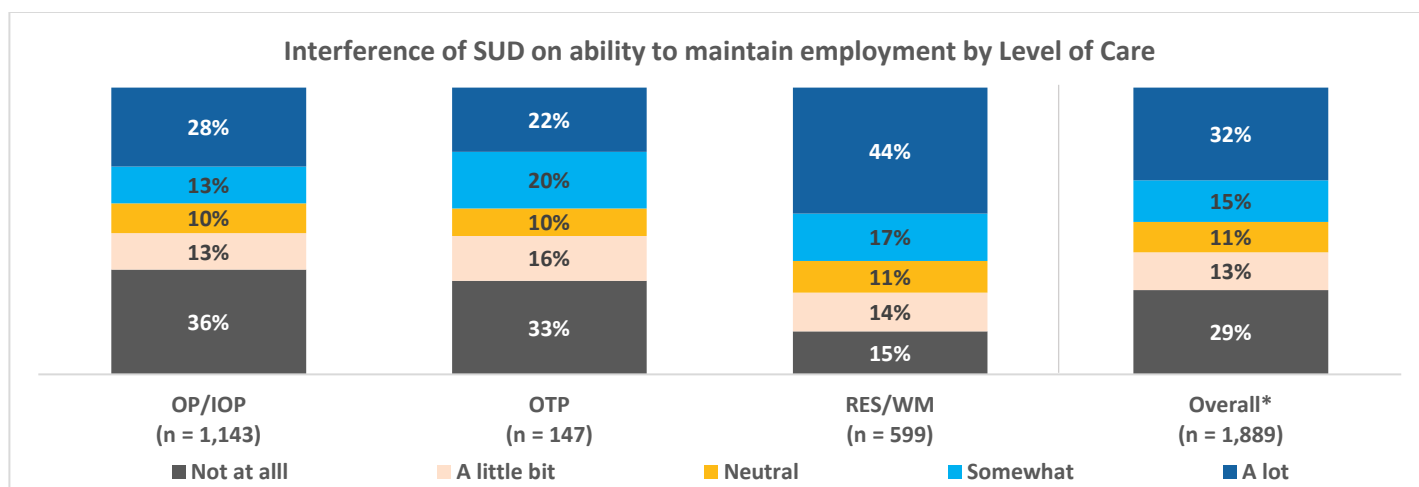
Impact of SUD Diagnosis on Employment

Almost three-quarters (71%) of respondents reported that their SUD diagnosis interfered with their ability to maintain employment at least a little bit. Furthermore, almost one-third of respondents (32%) reported that their SUD diagnosis interfered a lot with their ability to maintain employment, versus 15% who reported that it somewhat interfered, 13% who reported it interfered a little, and 11% who reported feeling neutral. Just over one-quarter (29%) of respondents reported that their SUD diagnosis did not interfere with their ability to maintain employment at all.

When examined by level of care, a greater proportion (85%) of clients who received services from a RES or WM program reported that their SUD interfered with their ability to maintain employment at least a little bit compared to 67% of those who were receiving services from an OTP and 64% of those receiving services from an outpatient program. Likewise, a greater proportion (44%) of clients receiving residential or withdrawal management services reported that their SUD diagnosis interfered a lot with their ability to maintain employment compared to those receiving outpatient services (28%) or services from an OTP (22%). Only 15% of clients receiving residential or withdrawal management services reported that their SUD diagnosis did not interfere with their ability to maintain employment at all compared to 33% of clients receiving services from and OTP and 36% receiving outpatient services.



*Information about the impact of their SUD diagnosis on their ability to maintain employment was unavailable for 31 respondents.



*Information about the impact of their SUD diagnosis on their ability to maintain employment was unavailable for 31 respondents.

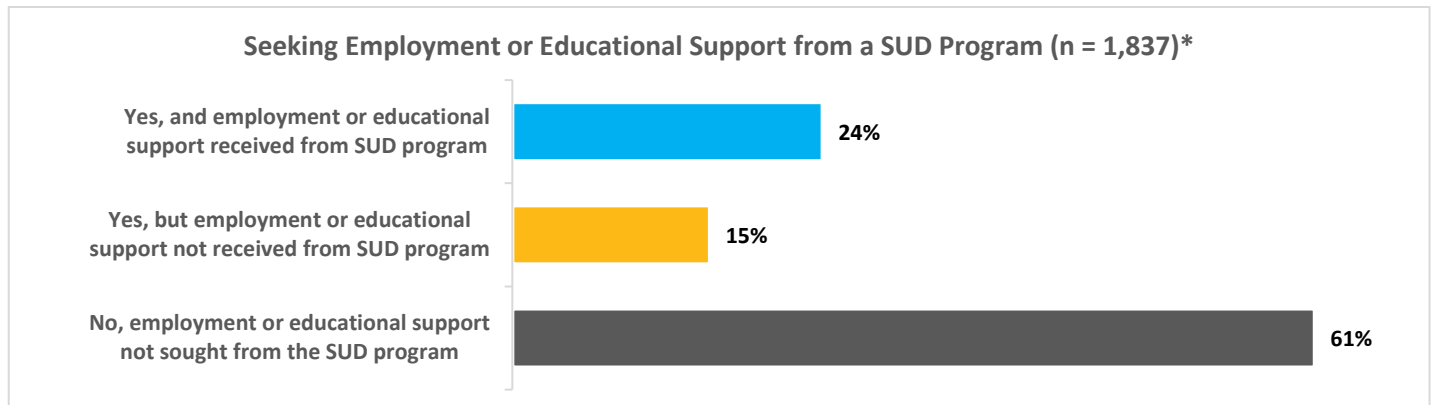
To gain deeper insights into how clients perceive the relationship between their SUD diagnosis and its impact on employment, the 1,334 respondents who reported that their SUD diagnosis interfered at least a little bit with their ability to maintain employment were asked to explain how their SUD diagnosis interfered with their ability to maintain employment. A qualitative analysis of these open-ended explanations was conducted, and responses were thematically coded and grouped into four primary themes reflecting the clients lived experience navigating employment while managing a SUD diagnosis. The primary themes that emerged included 1) cognitive and emotional impacts on work capacity, 2) impaired job performance and reliability, 3) substance use in the workplace, and 4) structural barriers to employment. Specific details and examples of these themes are highlighted in **Table 1**.

Table 1. How clients perceive the interference of their SUD diagnosis on their ability to maintain employment

Key Theme	Description	How SUD Interfered with Employment
Cognitive and Emotional Impacts on Work Capacity	SUDs impaired clients' mental functioning and contributed to developing new mental health conditions (e.g. seizure disorders, psychosis). Many clients reported having comorbidities (e.g. BPD, PTSD, ADHD) that compounded the difficulties in managing a job while also navigating SUD.	<ul style="list-style-type: none"> Co-morbidities Development of new mental health conditions Foggy thinking, memory loss, mental fatigues Lack of motivation Behavioral and attitude changes (e.g. irritability, conflicts with supervisors and coworkers, defiance)
Impaired Job Performance and Reliability	Clients reported SUDs impaired their ability to perform at their jobs, often leading to negative feedback, self-perception as unreliable and missed shifts.	<ul style="list-style-type: none"> Poor performance (e.g. falling asleep, aggression, uncompleted assignments) Decreased attendance Self-perception as unreliable, inconsistent, and lacked responsibility
Substance Use in the Workplace	Clients reported substance use before, during, or after work, which led to termination and safety risks.	<ul style="list-style-type: none"> Substance use before work, arriving impaired Substance use during work, sometimes caught by employers Substance use after work, called back for work while still impaired Failed drug tests, both at work and during pre-employment screening Experienced withdrawal symptoms, leading to use during work or missed shifts
Structural Barriers to Employment	SUDs created structural barriers to employment, such as legal issues, housing instability, and lack of transportation.	<ul style="list-style-type: none"> DUI, loss of transportation Arrest, incarceration, criminal records Legal Obligations (court mandates) made it difficult to attend jobs Homelessness

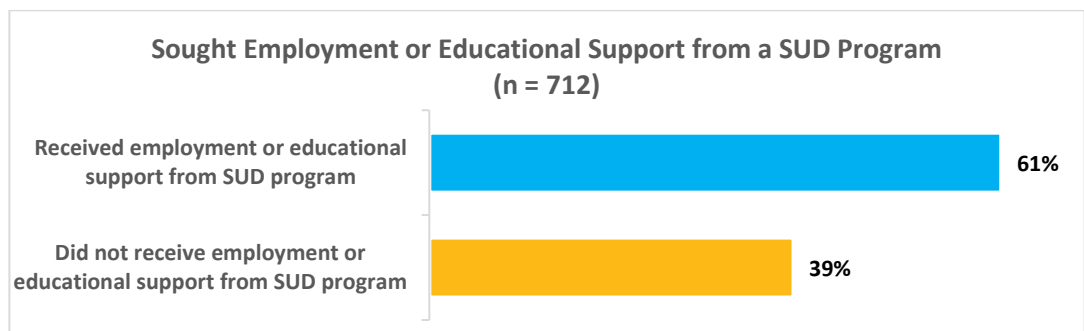
Seeking Employment or Educational Support from an SUD program

Survey respondents were asked if they sought employment or educational support as part of their SUD treatment program. A majority (61%) indicated that they did not seek employment or educational support from their SUD treatment program, while almost one-quarter (24%) reported seeking and receiving this support. The remaining 15% of clients indicated that they sought employment or educational services from their SUD treatment program but did not receive the support.

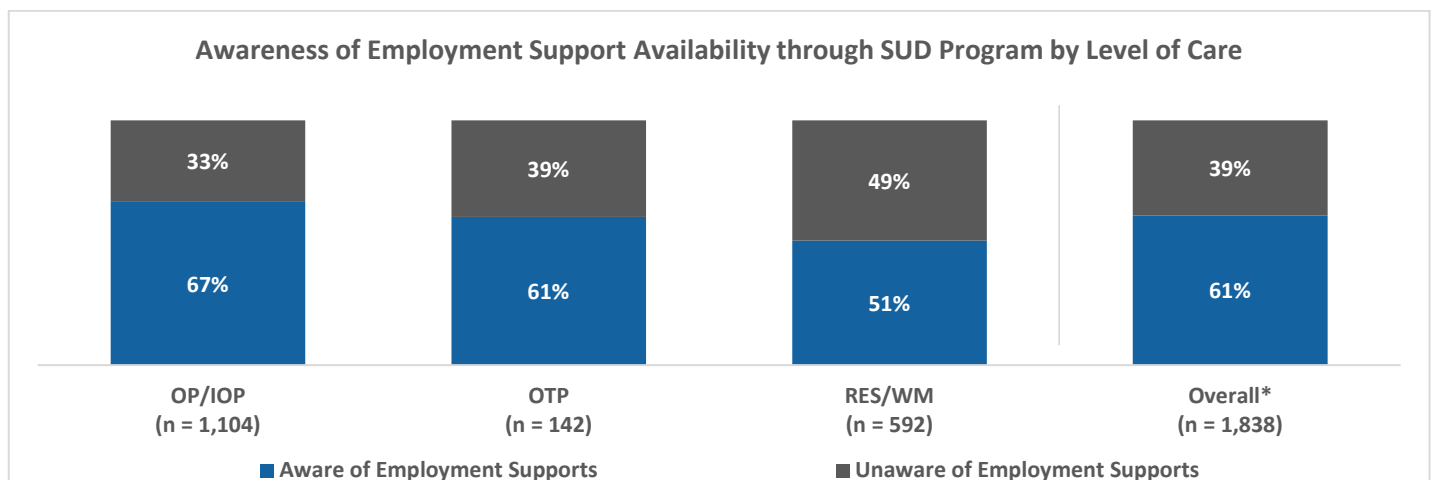


*Information about seeking employment or educational support from their SUD treatment program was unavailable for 83 respondents.

Looking specifically at the 712 clients who reported seeking employment or educational support, 61% of clients indicated that they received this support, while 39% reported that they did not.



When asked if they were aware of employment support being available through their SUD treatment program, a majority (61%) indicated that they were aware of this support while the remaining 39% were unaware of them. When examined by level of care, almost half (49%) of respondents receiving SUD treatment services from a residential or withdrawal management program reported that they were unaware of these employment supports compared to 39% of clients receiving services from an OTP and 33% of those receiving services from outpatient providers.

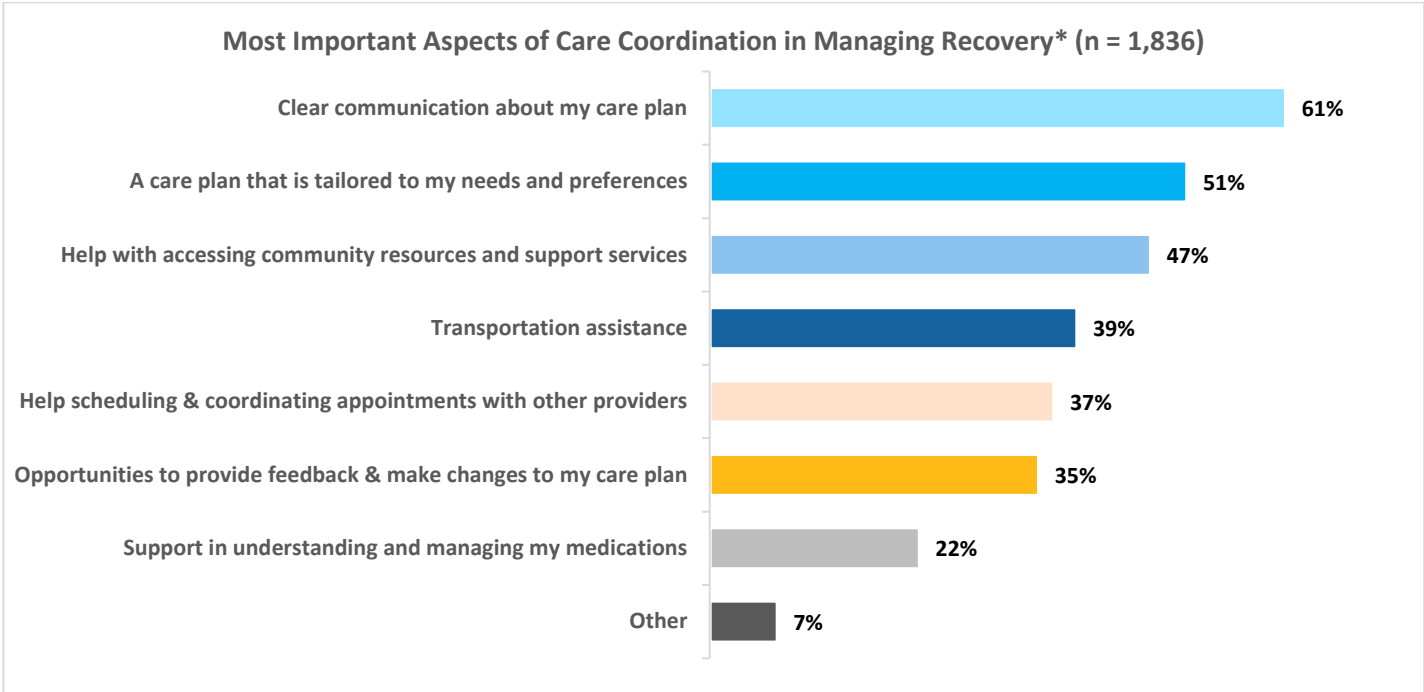


*Information about awareness of employment support availability from their SUD treatment program was unavailable for 82 respondents.

How do clients perceive care coordination services?

Aspects of care coordination that are important to clients managing their recovery

Survey respondents were asked about the aspects of care coordination that they felt were most important to them in managing their health or substance use recovery. Most respondents (61%) indicated that clear communication about their care plan was one of the most important aspects of care coordination and about half (51%) reported a care plan tailored to their needs and preferences as most important. Almost half (47%) reported that help accessing community resources and support services were most important, followed by 39% of clients who indicated that help with transportation was most important, and 37% who reported help scheduling and coordinating appointments with other providers. More than one-third (35%) endorsed opportunities to provide feedback and make changes to their care plan as most important, and 22% of clients felt that support in understanding and managing their medications was the most important aspect of care coordination. There were 133 respondents (7%) who indicated another aspect of care coordination as being the most important to them in managing their health or substance use recovery.

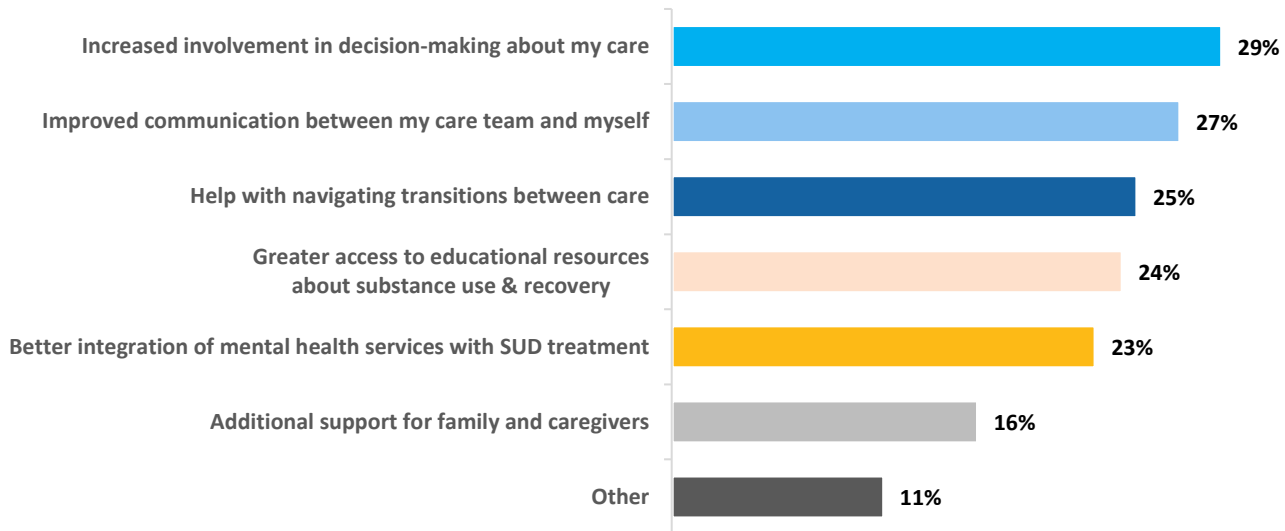


**This survey item was a “check all that apply” item, so respondents may have endorsed multiple aspects of care coordination as important to managing their recovery. Therefore, percentages will not sum to 100%. Information about the aspects of care coordination that are most important to managing their recovery was unavailable for 84 respondents.*

How clients think that care coordination in SUD treatment could be improved to better meet their needs

When asked how care coordination in SUD treatment services could be improved to better meet their needs, 29% of respondents expressed a desire for increased involvement in decision making about their care, and 27% wanted improved communication with their care team. About one-quarter each expressed that care coordination in SUD treatment could be improved with help navigating transitions between care (25%), greater access to educational resources about substance use and recovery (24%), and better integration of mental health services with their SUD treatment (23%). Sixteen percent of respondents (16%) reported that their care coordination could be improved by additional support for their family members and caregivers, and 11% reported another way care coordination in SUD treatment could be improved.

How Care Coordination in SUD Treatment Could be Improved* (n = 1,661)



*This survey item was a “check all that apply” item, so respondents may have endorsed multiple ways that care coordination in SUD treatment could be improved. Therefore, percentages will not sum to 100%. Information about how care coordination in SUD treatment could be improved was unavailable for 259 respondents.

In addition to the “check all that apply” items on the survey, clients were asked to provide additional comments or suggestions about the aspects of care coordination that are most important in managing their health and substance use recover as well as how care coordination in SUD treatment services could be improved to better meet their needs. Respondents used this space to share a wide range of experiences and highlighted what matters most to them in terms of care coordination and where services can be improved.

- Clients consistently described **employment and job support** as a top priority in their recovery journey. Specifically, respondents shared that the short duration of most SUD treatment programs leaves little time to secure stable employment and highlighted the importance of earlier job readiness interventions and continued support after discharge.
- **Housing access and stability** was another critical concern, with clients frequently expressing anxiety about becoming unhoused after treatment. These respondents linked housing insecurity to increased risk of relapses and called for earlier and more proactive support in securing stable, sober, and affordable housing, ideally with options that accommodate families and accessibility needs.
- Equally important was the need for **clear communication and coordination** with care teams. Respondents described a lack of consistent contact, unclear expectations, and missed or cancelled appointments from counselors as major barriers. Many expressed that feeling informed and supported through a structured care plan was essential to staying engaged in their recovery and navigating complex systems.
- **Mental health and wellness services** were also emphasized, with clients highlighting the need for integrated, person-centered care.
- **Transportation** emerged as another key theme. Clients explained that transportation support is vital for attending appointments, job interviews, or engaging with the community. Without reliable transportation, recovery and job opportunities became inaccessible.
- Finally, clients requested **better training to reduce staff bias**. Clients emphasized the importance of respectful and fair treatment from staff. Many clients reported concerns regarding perceived bias, favoritism in rule enforcement, and lack of cultural sensitivity. Clients wanted to feel respected and treated equitably, regardless of their background, housing status, or relapse history.

In addition to sharing what aspects of care coordination were most important to them, clients’ proposed ideas for how care coordination in SUD treatment could be improved are organized by themes and summarized in **Table 2**.

Table 2. How clients think care coordination in SUD treatment could be improved

Key Theme	Common Gaps	Client-Identified Solutions
Housing Accessibility	<ul style="list-style-type: none"> Late or no housing planning before discharge 	<ul style="list-style-type: none"> Early housing referrals Family inclusive and independent options
Job/Employment Support	<ul style="list-style-type: none"> Limited time to find work Lack of job support 	<ul style="list-style-type: none"> Job boards Training programs Flexible, work-supportive schedules
Communication and Coordination	<ul style="list-style-type: none"> Missed appointments Unclear information Lack of follow-up 	<ul style="list-style-type: none"> Written care plans Reminders Case manager follow-up
Mental Health and Wellness	<ul style="list-style-type: none"> Inconsistent access to therapy and holistic care 	<ul style="list-style-type: none"> Wraparound services Access to alternative therapies Integrated mental health and SUD treatment
Transportation	<ul style="list-style-type: none"> Lack of reliable transportation to care or employment 	<ul style="list-style-type: none"> Bus passes Shuttle passes Transportation for appointments/interviews
Staff Bias and Training	<ul style="list-style-type: none"> Unequal treatment Lack of training for trauma-informed care by staff 	<ul style="list-style-type: none"> Trauma-informed care training Zero bias policies Cultural competence HIPAA compliance training

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 clients reported that they would not change anything about the program, or that everything was fine with their experience at the program. Several key themes were identified among the responses provided by those who offered suggestions for ways to enhance or change their SUD treatment program. These responses were analyzed by level of care to better understand needs across different treatment levels. Each theme was ranked based on how frequently cited or emphasized the theme was within each level of care. A rank of “1” indicates the most frequently cited or emphasized theme within that level of care, and a rank of “7” represents the least mentioned theme within that level of care. An “x” indicates themes that were not mentioned with sufficient frequency to assign a rank. It should be noted that these rankings are qualitative in nature and are not intended to reflect statistical comparisons. The key themes and associated rankings are provided in **Table 3** below.

Table 3. What clients would add, change, or enhance about their SUD treatment program by level of care

Key Theme	Res/WM	OTP	OP/IOP
Program Structure and Environment	1	1	1
Accessibility	2	3	3
SUD Treatment Program Staff	3	4	2
Housing Stability and Treatment	4	x	5
Employment and Education	5	x	4
Aftercare	7	x	7
Mental Health and Wellness	6	2	6

Program Structure and Environment

This theme was the top-ranked concern across all levels of care. In residential/withdrawal management and outpatient treatment settings, respondents called for expanded group time options, flexible schedules, larger facilities, and improved facility amenities (e.g. coffee, better mattresses, new chairs). In OTP treatment settings, clients emphasized evening and weekend hours to better accommodate work schedules.

Accessibility

References with barriers to accessing transportation services were common, but the type of transportation service needs differ across level of care. Clients receiving services from residential and withdrawal management treatment providers expressed concerns with lack of access to phones and transportation to contact employers and make it to jobs interviews. They also highlighted the need for assistance with social services such as EBT and disability income; both during and before they leave the program. Clients receiving services from outpatient providers emphasized needs for telehealth, noted that 1) limited parking, and 2) transportation to group sessions were challenges. In contrast, recommendations from clients receiving services from OTP providers were more focused on logistical barriers such as a need for transportation to recreational activities.

SUD Treatment Program Staff

This theme was strongly present among those receiving services from residential, withdrawal management, and outpatient SUD treatment providers. Residential/withdrawal management clients reported issues with staff bias, unprofessional behavior, and lack of trauma-informed care. Those receiving services from outpatient programs requested additional one-on-one sessions, consistency in counselors, and a more culturally responsive staff. Clients receiving services from OTPs emphasized a desire for more compassion and an increase in medical staffing; particularly around microdosing.

Housing Stability and Transitional Support

Housing was a common concern among clients receiving services from residential/withdrawal management and outpatient levels of care. Clients noted better coordination in transitional housing, ADA-accessible options, and early referrals before discharge as things that they would change about their SUD treatment program. Furthermore, clients who were receiving outpatient services requested housing near their treatment facility.

Employment and Education

This theme was highlighted most among clients receiving services from outpatient and residential/withdrawal management service providers. Clients requested job readiness support, educational reentry, and flexible treatment schedules to accommodate employment. Unique to those receiving outpatient services was a request for career-aligned services and job fairs tailored for people in recovery.

Aftercare

Aftercare needs were expressed primarily among those receiving services from residential/withdrawal management and outpatient treatment providers. Clients requested continued support with housing, employment, and relapse prevention after program completion. In outpatient treatment settings, clients also noted help navigating SSI and other social services after program completion as something that they would add or enhance about their SUD treatment program.

Mental Health and Wellness

Clients receiving SUD treatment services from residential/withdrawal management and outpatient programs voiced a need for more trauma-informed care by staff, access to psychiatric services, gender-affirming care, and individualized treatment plans. Mental health support ranked second for those receiving services from an OTP, where clients emphasized alternative methods to access take-home medication and better coordination. Specific examples include options to participate in telehealth, longer take-home periods, and immediate eligibility for take-homes.

Key Findings

Survey Participation

- A total of 1,920 clients who received services from DMC-ODS providers during the week of October 21-25, 2024, responded to at least one question on the TPS 2024 Supplemental survey.
- Most respondents (62%) were between 26 and 45 years of age.
- A majority of respondents identified as male (61%).
- The racial/ethnic groups that respondents most often identified with were Latinx (47%) and White (35%).
- More than half of respondents (61%) were served by OP or IOP treatment providers during the survey period, followed by 31% of respondents who were 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 Russian (< 1%).

Clients' Perceptions on the Impact of their SUD Diagnosis on Employment

- About half (51%) of respondents reported that they were unemployed, and most of them (84%) reported that they were looking to rejoin the workforce.
- Almost three-quarters (71%) of clients reported that their SUD diagnosis interfered with their ability to maintain employment, at least a little bit.
- A greater proportion of clients who received services from a residential or withdrawal management program (85%) reported that their SUD interfered with their ability to maintain employment at least a little bit compared to those who were receiving services from an OTP (67%) or an outpatient program (64%).
- About one-third of clients (32%) reported that their SUD diagnosis interfered a lot with their ability to maintain employment.
- A greater proportion of clients receiving services from residential or withdrawal management programs (44%) reported that their SUD diagnosis interfered a lot with their ability to maintain employment compared to those receiving outpatient services (28%) or services from an OTP (22%).
- When clients who reported that their SUD diagnosis impacted their ability to maintain employment at least a little bit were asked to explain how their employment was impacted, their responses included:
 1. Cognitive and emotional impacts on work capacity, such as impaired mental functioning, development of co-morbid mental health conditions, and attitude changes,
 2. Impaired job performance and reliability, including poor work performance and decreased attendance,
 3. Substance use in the workplace, leading to impairments while working, and
 4. Structural barriers to employment, such as legal problems and loss of transportation due to their SUD.
- Most clients (61%) reported that they did not seek employment or educational support from their SUD treatment program. Of those that did seek employment or educational support from their SUD treatment program, 61% indicated that they received this support, while 39% reported that they did not.
- A majority (61%) of clients surveyed were aware of employment support available through their SUD treatment program.

Clients' Perceptions of Care Coordination Services

- From a list of options provided to the survey respondents, clients reported that clear communication about their care plan was one of the most important aspects of care coordination (61%), followed by a care plan tailored to their needs and preferences (51%).
- When asked how care coordination in SUD treatment services could be improved to better meet their needs, top endorsements included a desire for increased involvement in decision making about their care (29%), improved communication with their care team, (27%), help navigating transitions between care (25%), greater access to educational resources about substance use and recovery (24%), and better integration of mental health services with their SUD treatment (23%).

- Survey respondents provided rich information about additional aspects of care coordination most important to them and ways that care coordination in SUD treatment services could be improved to better meet their needs. The key themes that emerged from these responses included:
 1. Housing access and stability,
 2. Job/employment support,
 3. Clear communication and coordination with their care teams,
 4. Mental health and wellness services,
 5. Transportation, and
 6. Enhanced staff training.

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.
- Several key themes emerged from the suggestions for enhancements or additional services that could be offered at their program. These themes included:
 1. Changes to the program structure or environment, such as expanded group times, greater flexibility in treatment sessions to accommodate work schedules, and improved facility amenities,
 2. Assistance accessing a variety of social services, transportation, and telehealth options for treatment,
 3. Increased training for staff to reduce issues of perceived bias and a perceived lack of trauma-informed care,
 4. Assistance with housing, including transitional housing support, accessing ADA-accessible housing options, and housing options near their SUD treatment facility,
 5. Additional employment and education support, including flexible treatment schedules to allow for employment,
 6. Access to mental health resources and holistic care, including gender-affirming care, trauma-informed care, and longer MAT take-home periods, and
 7. More robust aftercare services, including continued support with housing, employment, accessing social services, and relapse prevention after program completion.