Treatment Perception Survey 2025

Supplemental Report

Background

The Treatment Perception Survey (TPS) was administered to clients receiving substance use disorder (SUD) treatment services through providers participating in the San Diego County Behavioral Health Services (SDCBHS) Drug Medi-Cal Organized Delivery System (DMC-ODS) between Monday, October 20, 2025, and Friday, October 24, 2025. Consistent with prior survey administration periods since the COVID-19 pandemic, the TPS was offered primarily through a secure electronic web-based survey link, with paper copies available upon request.

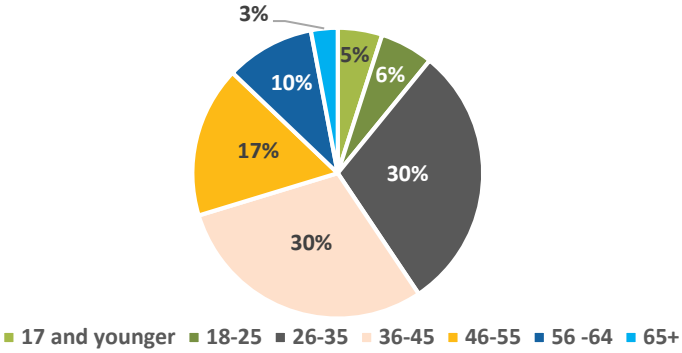
In addition to the standard TPS items, respondents were invited to complete a supplemental set of questions examining: 1) follow-up SUD treatment after an emergency department visit for substance use, 2) experiences receiving peer support services during SUD treatment, and 3) perspectives on opportunities to improve SUD treatment services.

Who responded to the TPS 2025 Supplemental questions?

A total of 2,253 clients receiving DMC-ODS services during the survey period completed[1] the TPS. Of these, 2,141 respondents (95%) answered at least one of the supplemental questions. Most respondents were adults (2,044; 95%), while 97 (5%) were youth.

The majority of respondents (60%) were between 26 and 45 years of age. Respondents aged 46 to 55 years represented the next largest group (17%), followed by those aged 56 to 64 years (10%), 18 to 25 years (6%), and 17 years or younger (5%). Respondents aged 65 years or older accounted for 3% (55).

Fig. 1 Respondents by Age Group* (n=2,141)

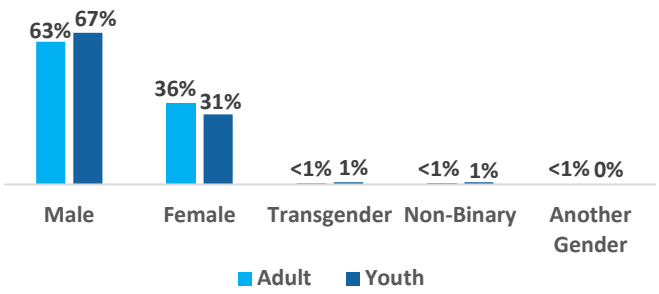


**Age was unavailable for 42 respondents.*

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 Figure 2, respondents who endorsed either transgender option were combined into a single transgender category.

Among adults, nearly two-thirds identified as male (63%) and just over one-third identified as female (36%). Among youth respondents, 67% identified as male and 31% identified as female. Overall, the respondent population was predominantly male, with relatively small proportions identifying as transgender, non-binary, or another gender identity.

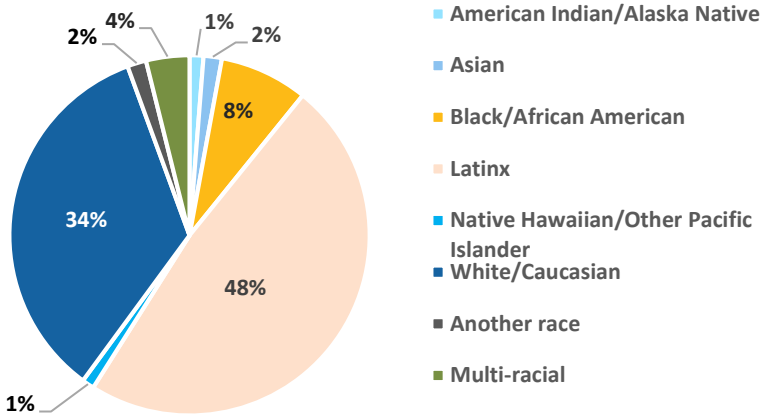
Fig. 2 Gender Identity* (n=2,141)



**Gender identity was unavailable for 12 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.*

Fig. 3 Responses by Race/Ethnicity* (n = 2,141)



Among respondents who reported their race/ethnicity, nearly half identified as Latinx (48%), making Latinx respondents the largest racial/ethnic group represented in the sample. Approximately 34% of respondents identified as White/Caucasian, while 8% identified as Black/African American. Smaller proportions identified as Multi-racial (4%), Another race (2%), Asian (2%), American Indian/Alaska Native (1%), and Native Hawaiian/Other Pacific Islander (1%).

*Race/ethnicity was unavailable for 137 respondents.

Emergency Department Follow-Up and Referral Information

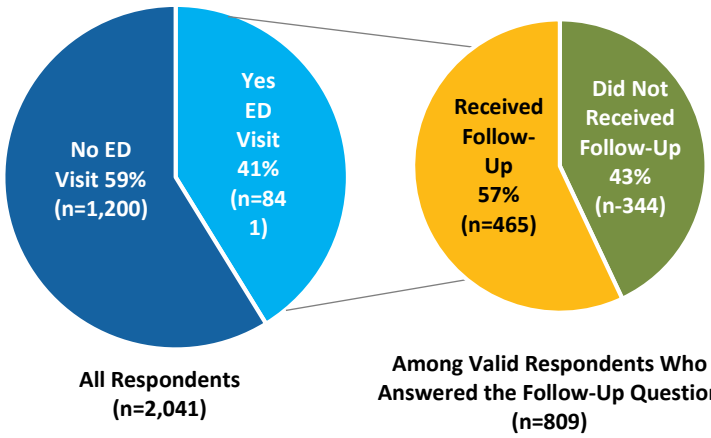
Respondents were first asked whether they had ever gone to the emergency department for an alcohol- or other substance use-related emergency. Among respondents who answered the question (n=2,041), 41% (841 clients) reported having experienced a substance use-related emergency department visit.

Respondents who reported an emergency department visit were then asked whether they were advised to follow up with a substance use treatment provider within 30 days. Among respondents who answered the follow-up question (n=809), 57% (465 clients) reported receiving a follow-up recommendation with a treatment provider, while 43% (344 clients) reported that they did not receive a recommendation.

Respondents who reported receiving a follow-up recommendation were subsequently asked whether they received referral information for a substance use treatment provider during or shortly after their emergency department visit. Among respondents who answered the referral question (n=458), 77% (352 clients) reported receiving referral information, while 23% (106 clients) did not.

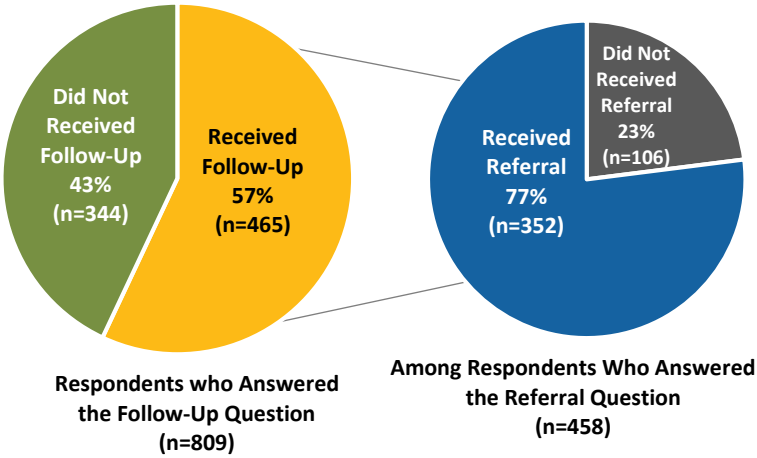
Overall, these findings demonstrate that most respondents who received a recommendation to follow up with treatment also received referral information for a SUD treatment provider, reflecting successful efforts to connect individuals with appropriate treatment resources following an emergency department visit. Continued efforts to expand these practices may further strengthen connections to ongoing SUD treatment and improve continuity of care following an emergency department visit.

Fig. 4 Emergency Department Follow-Up*



*The follow-up question was asked only of respondents who reported an emergency department visit. Percentages are based on valid responses. Missing responses were excluded (Emergency Department n=100; Follow-up n=1,332).

Fig. 5 Referral After a Follow-Up Recommendation*



*The referral question was asked only of respondents who reported a Follow-Up recommendation. Percentages are based on valid responses. Missing responses were excluded (Follow-up n=1,332; Referral n=1683).

Peer Support Specialist (PSS) Service Utilization

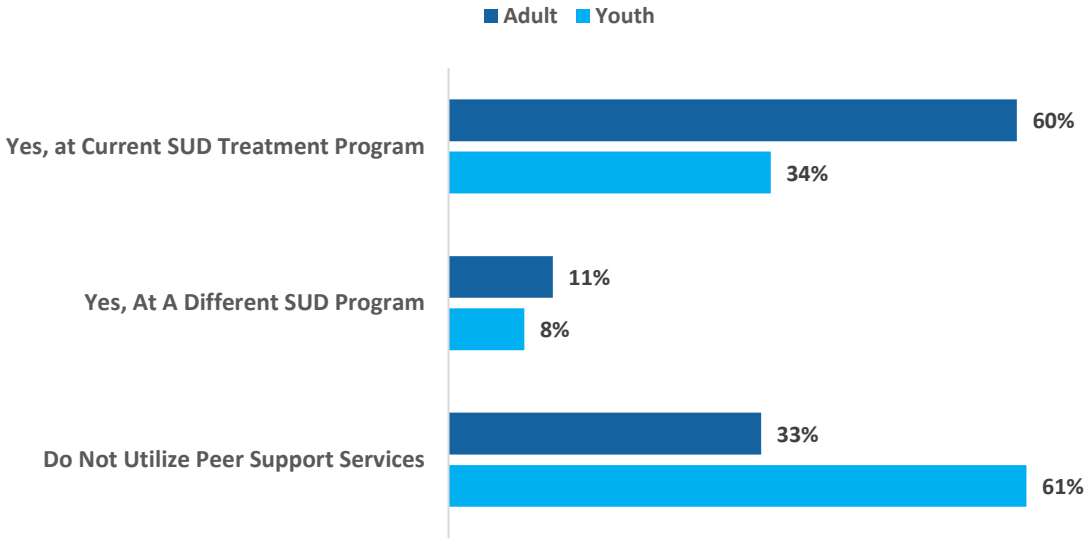
Respondents were also asked whether they had ever received services from a peer support specialist during their SUD treatment. Peer support specialists were described in the survey as individuals with lived experience of substance use challenges who are trained to provide guidance and encouragement.

Among adults who answered the question (n=1,875), 60% reported receiving support from a peer support specialist at their current SUD treatment program and 11% reported receiving support at a different treatment program. Similarly, among youth respondents (n=93), 34% reported receiving peer support at their current treatment program, while 8% reported receiving support at a different treatment program.

Interest in receiving peer support services was reported by nearly three in ten adults (29%) who had not previously received support from a peer support specialist and by approximately one in five youth respondents (20%) who had not received peer support services.

Overall, these findings suggest that peer support services are reaching a substantial proportion of clients receiving SUD treatment. Additionally, reported interest in peer support among respondents who had not previously received these services, suggests there may be opportunities to expand access to PSS for clients who are interested in receiving them in the future.

Fig. 6 Peer Support Specialist Service Utilization*



**Respondents could select more than one response; therefore, percentages do not sum to 100%. Percentages are based on valid responses and exclude missing responses for each category.*

Client Experiences with Peer Support Specialists

Among respondents who received services from a peer support specialist, the majority reported positive experiences across all measured domains. More than four-fifths of respondents agreed or strongly agreed that their PSS helped them openly discuss concerns (85%), understood their experiences and was someone they would recommend to others (84%). Similarly, 83% agreed or strongly agreed that their PSS helped them feel less alone and supported progress toward their recovery goals. More than three-quarters also agreed or strongly agreed that their PSS improved their overall treatment experience (81%) and quality of life (80%), connected them to resources and supports (79%), helped them navigate the SUD service system (79%), and enabled them to better manage daily activities and responsibilities (77%) (see Figure 7).

Open-ended responses provided additional insights into why respondents viewed peer support services positively. When asked what they found most valuable about their experience with a peer support specialist, many respondents highlighted the value of working with someone who had lived experience with substance use and recovery. Clients frequently

described peer support specialists as individuals who had “been there” and could relate to their experiences in ways that fostered trust, connection, and credibility. These findings align with the high levels of agreement observed for statements related to feeling understood, discussing concerns, and feeling less alone.

Fig. 7 Client Experience with Peer Support Specialist Services* (n=2,141)

**Percentages represent the combined percentage of respondents who select “Agree” or “Strongly Agree” for each statement. Percentages are based on valid responses; missing responses were excluded.*

Respondents also emphasized the emotional support provided by peer support specialists. Many described feeling heard, respected, accepted, and supported throughout their recovery journey. Several clients noted that peer support specialists created a nonjudgmental environment where they felt comfortable discussing personal challenges and receiving encouragement during difficult periods of recovery.

In addition to emotional support, clients frequently described the practical assistance provided by peer support specialists. Respondents reported receiving help accessing housing, employment, transportation, appointments, benefits, and other community resources. These experiences are consistent with the high levels of agreement observed for statements related to navigating the SUD treatment system and connecting clients to needed resources and supports.

Client Feedback on Peer Support Specialists and Opportunities for Improvement

Perception of Peer Support Specialists

When invited to share additional feedback about their experience with peer support specialists, clients overwhelmingly described positive relationships with peer staff. Common themes included feeling understood, accepted, and supported by individuals who genuinely cared about their recovery and well-being.

Many respondents emphasized that peer support specialists provided an important source of support because of their lived experience with substance use and recovery. Clients reported that this shared experience helped build trust, strengthened engagement in treatment, and made them feel less alone. Respondents also highlighted the role of peer support specialists in helping them navigate recovery and resources, including appointment assistance, transportation, employment, documentation, housing, and other supports that contributed to both recovery and daily functioning. Among youth respondents, many comments focused on personal qualities of peer support specialists, describing them as kind, approachable, and supportive individuals who influenced their treatment experience.

Table 1. Key Themes from Peer Support Services Open-Ended Responses

Key Theme	Description	Examples from Respondents
Positive Relationships with Peer Support Specialists	Respondents described PSSs as kind, caring, and approachable individuals who listened without judgment and genuinely supported their recovery and overall well-being. Many felt understood, accepted, and less alone.	"It was amazing I felt connected and safe to talk about anything"
Shared Lived Experience Relatability	Clients valued PSSs because they had personal experience with substance use and recovery. This shared experience built trust, strengthened engagement in treatment, and made respondents feel understood.	"I feel that a peer support specialist understands the path I am on much better than someone who might otherwise not understand what I have been going through on many different levels, most of all there is an honesty that seems to be present at all times."
Resource Navigation and Practical Assistance	Many respondents reported receiving help accessing resources and services that supported both recovery and daily life, including housing, transportation, employment, benefits, appointments, and legal or documentation needs.	"My peer support specialist also has helped many of my friends who come to the facility, she helped them to get off the street into housing and has helped us to cherish our health."

Magic Wand: Opportunities to Improve SUD Treatment

When asked, "If you had a magic wand, what would you add, enhance, or change about the services that you are receiving from this SUD treatment program?" respondents generally focused on opportunities to expand support rather than express concerns with existing services. Adult respondents emphasized the importance of stronger discharge planning, community resource connections, and continued support after treatment. Additionally, adult clients expressed a desire for increased access to individualized services, including more one-on-one support, additional peer support staff, more frequent check-ins, and greater availability of services tailored to individual needs and recovery goals.

Differences also emerged between adult and youth respondents regarding opportunities to improve peer support services. Adults commonly requested additional assistance with housing, employment, transportation, and financial stability, whereas youth frequently requested more engaging group activities, outings, and opportunities for social connection.

Overall, both adult and youth respondents identified opportunities to improve service accessibility and enhance the overall treatment experience. At the same time, many respondents reported that they would not change anything about their current program, suggesting a high level of satisfaction with services they received.

Table 2. Key Themes from Magic Wand Open-Ended Responses

Key Theme	Description	Examples from Respondents
Adults vs. Youth Common Requests	Adults most commonly requested additional support with housing, employment, transportation, financial stability, and more individualized support. In contrast, youth most frequently requested additionally recreational activities, such as outings, group sessions, incentives, and opportunities for social engagement.	"More individual group sessions, smaller size groups that are non-clinical, nighttime groups." – *Adult Respondent* "More groups, shorter individuals." – *Youth Respondent*

Key Findings

Survey Participation

- A total of 2,141 clients who received services from DMC-ODS providers during the week of October 20-24, 2025, responded to at least one question on the TPS 2025 Supplemental survey.
- The majority of respondents (60%) were between 26 and 45 years of age.
- Most respondents identified as male (63% of adults and 67% of youth).
- The racial/ethnic groups that respondents most often identified with were Latinx (48%) and White (34%).
- Most respondents who completed the supplemental survey were adults (95%), while youth respondents represented approximately 5% of respondents.

Emergency Department Follow-Up and Referral Information

- Among respondents who answered the question, 41% reported that they had experienced an alcohol- or substance use-related emergency department visit.
- Among respondents who reported an emergency department visit, 57% indicated that they were advised to follow up with a substance use treatment provider within 30 days, while 43% reported that they did not receive a follow-up recommendation.
- Among respondents who answered the referral question, 77% reported receiving referral information for a substance use treatment providers during or shortly after their emergency department visit, while 23% reported that they did not.

Peer Support Specialist Service Utilization

- Among adults who answered the question, 60% reported receiving support from a PSS at their current treatment program, and an additional 11% reported receiving peer support at a different treatment program.
- Among youth respondents, 34% reported receiving peer support at their current treatment program and 8% reported receiving peer support at a different treatment program.
- Among respondents who had not previously received peer support services, 29% of adults and 20% of youth expressed interest in receiving support from a PSS.

Client Experiences with Peer Support Specialists

- More than half of respondents agreed or strongly agreed that PSSs helped them achieve recovery goals, discuss concerns, feel understood, feel less alone, navigate the treatment system, and connect to resources and supports.
- A large majority of respondents (84%) reported that they would recommend PSS services to others in recovery.
- Open-ended responses highlighted several factors that contributed to positive perceptions of PSS, including:
    1. Shared lived experience and relatability,
    2. Emotional support, encouragement and nonjudgmental listening,
    3. Assistance navigating treatment and recovery services, and connection to practical resources such as housing, transportation, employment, benefits, and appointments.
- When invited to share additional feedback about their experiences, lived experience was perceived as a valuable aspect of services that helped build trust and reduce feelings of isolation.

Magic Wand: Opportunities to Improve SUD Treatment

- When asked what changes they would like to see in services, respondents generally focused on expanding supports rather than concerns with existing services.
- Difference in improvement recommendations between adult and youth respondents:
    - Adults most frequently requested additional individualized support, housing, employment, transportation, and financial stability.
    - Youth most frequently requested more group sessions, fun activities, outings, incentives, and opportunities for social engagement.