



**OASAS**  
Improving Lives.

NEW YORK STATE  
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES  
*Addiction Services for Prevention, Treatment, Recovery*

# Perception of Care

## Survey System Implementation and User Guidelines



# **Perception of Care Survey Implementation Topics**

## **Perception of Care Survey (PoC)**

- **Introduction and Managing Users**
- **Survey Management and Setting Targets**
- **Survey Forms**
- **Reports and Data Analysis**



# Enrolling Staff in Survey System

- Each staff member using the Perception of Care (PoC) system must be enrolled:
- If prior to 5/3/2013 you were a user of other OASAS applications, such as the Client Data System, you will use the same user ID and Password:
- Participation in the PoC Survey System requires an agency to designate a Provider Administrator Role:
  - An agency may have more than one person in the Provider Administrator Role.
- Access to Survey System functions is based on your role:
- The Provider Administrator will determine what roles to assign to various staff members:



# Enrolling Staff

## Roles in the Survey System

- Provider Administrator
- Program Administrator
- Program Staff



# Perception of Care Roles

## Provider Administrators manage their agency's

Perception of Care surveys  
Which staff can access the Survey System  
What roles staff are assigned

Provider Administrator

## Program Administrator

Able to generate reports for their assigned program(s)  
Review which staff members are enrolled  
Has all the functions of the Program Staff

Program Administrator

Program Administrator

## Program Staff

Able to obtain versions of the survey form (PDF file)  
Able to enter survey data  
Can see how many surveys have been entered into the Survey System

Program Staff

Program Staff

Program Staff



# Enrolling Staff

## Provider Administrator Role

### *As Provider-Level Administrator*

- Responsible for one or more program(s) [PRUs]
- Controls access to the system by assigning roles for other staff members
  - Program Administrator and Program Staff
- Ability to set annual and quarterly data collection targets for each participating program
  - (Data cannot be entered for a program unless you specify a survey target for the program)
- In addition will have all the functions of the Program Administrator Role



# Program Administrator Role

## *As Program-Level Administrator*

- Will be able to generate reports for their assigned program(s) [PRUs]
- See and review which staff members have been enrolled as users for your program
- In addition will have all the functions of the Program Staff Role



# Program Staff Role

## *As Program Staff*

- Will be able to obtain and print versions of the Perception of Care survey form (PDF file)
- Will be able to enter survey data for their assigned program
  - i.e., survey forms completed by participants/clients
- Can see how many surveys have already been entered into the Perception of Care Survey System



# Enrollment Process

- All provider staff in NYS OASAS' applications system will initially be assigned the Provider Administrator Role for their program(s) [PRUs] in the Perception of Care system.
- The person(s) who will perform the Provider Administrator function will then re-assign roles for each staff person based on the survey management plan.
- It is important that assigned staff are familiar with these guidelines and participates in an orientation session before any data is entered into the Perception of Care system.



# Logging into the Survey System

- Using your Internet browser enter the URL address for the Perception of Care Survey System
  - <https://www.oasas.ny.gov/poc/index.cfm>
- At the Log In screen:
  - If prior to 5/3/2013 you were a user of other OASAS applications you will use the same user ID and Password  
[or]
  - You will use the OASAS App ID provided on your enrollment form (IRM-15) and your Password
  - When completing the IRM-15 application you must select  Other in the SYSTEM TO BE ACCESSED section and write-in Perception of Care

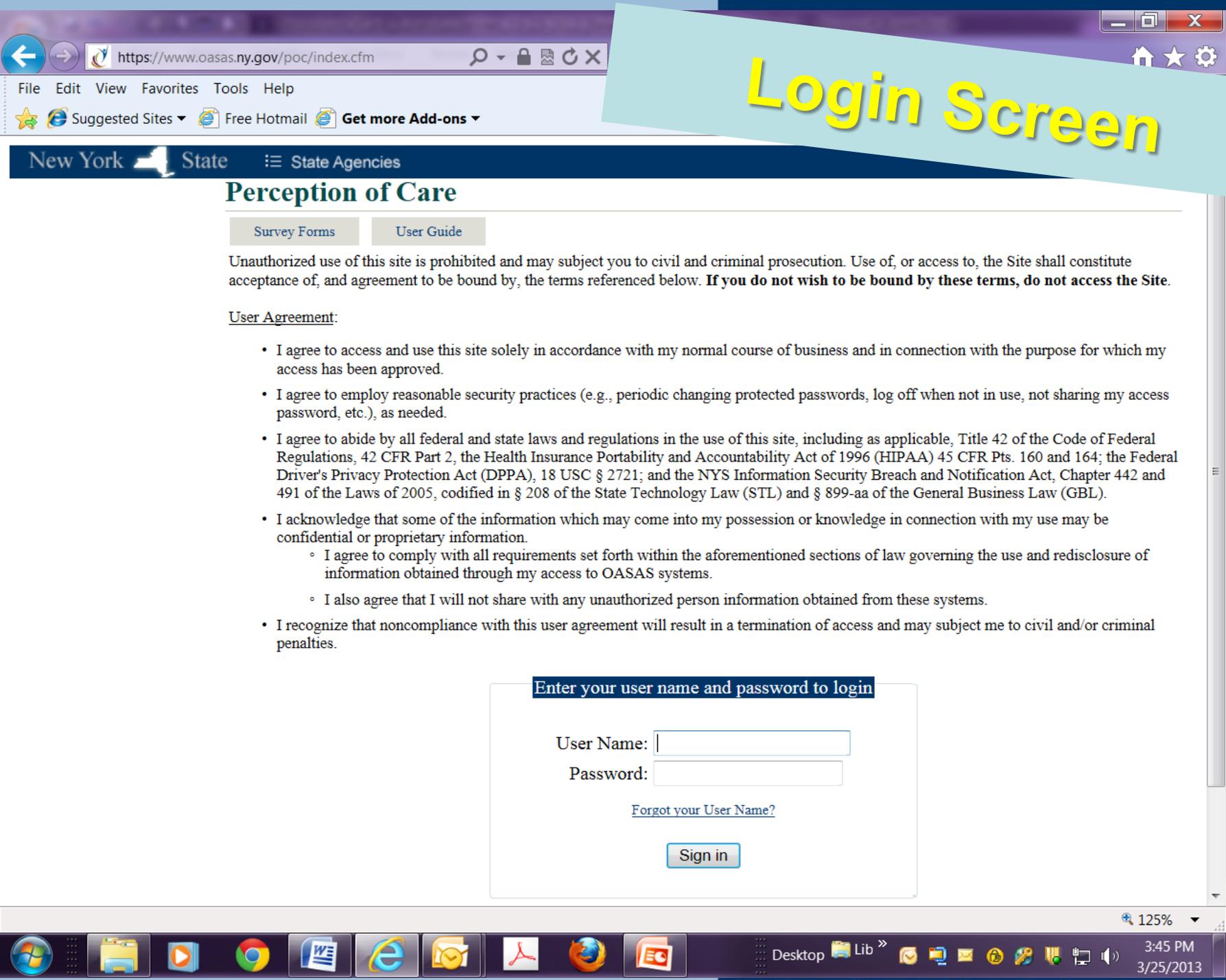


# Perception of Care User Agreement

- By logging into the Survey System you are signing the User Agreement which governs, among other things, the confidentiality of responses to the survey
- All survey data either in the online system or on paper forms should be treated confidentially
- Although participant/client data stored in the Perception of Care Survey System is anonymous, demographic survey data and/or open-ended comments entered into the system, combined with staff knowledge, may identify an individual



# Login Screen



## Perception of Care

Survey Forms

User Guide

Unauthorized use of this site is prohibited and may subject you to civil and criminal prosecution. Use of, or access to, the Site shall constitute acceptance of, and agreement to be bound by, the terms referenced below. **If you do not wish to be bound by these terms, do not access the Site.**

### User Agreement:

- I agree to access and use this site solely in accordance with my normal course of business and in connection with the purpose for which my access has been approved.
- I agree to employ reasonable security practices (e.g., periodic changing protected passwords, log off when not in use, not sharing my access password, etc.), as needed.
- I agree to abide by all federal and state laws and regulations in the use of this site, including as applicable, Title 42 of the Code of Federal Regulations, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Pts. 160 and 164; the Federal Driver's Privacy Protection Act (DPPA), 18 USC § 2721; and the NYS Information Security Breach and Notification Act, Chapter 442 and 491 of the Laws of 2005, codified in § 208 of the State Technology Law (STL) and § 899-aa of the General Business Law (GBL).
- I acknowledge that some of the information which may come into my possession or knowledge in connection with my use may be confidential or proprietary information.
  - I agree to comply with all requirements set forth within the aforementioned sections of law governing the use and redisclosure of information obtained through my access to OASAS systems.
  - I also agree that I will not share with any unauthorized person information obtained from these systems.
- I recognize that noncompliance with this user agreement will result in a termination of access and may subject me to civil and/or criminal penalties.

Enter your user name and password to login

User Name:

Password:

[Forgot your User Name?](#)

Sign in

# Selecting Your Role

https://www.oasas.ny.gov/poc/index.cfm/home/switch Perception of Care

New York State State Agencies Search all of NY.gov

## Perception of Care

Survey Forms User Guide

### Switch Roles

Select Your Organization and Role

Organization Name	ID	Organization Type	Role
<input checked="" type="radio"/> OASAS	0	System	Administrator
<input type="radio"/> Better Health, Inc.	99998	Provider	Administrator

Assume Role

[TOP](#)

Comments or Questions? Send us an email:  
[PoC@oasas.ny.gov](mailto:PoC@oasas.ny.gov)

- After you log in you will see the Select Role screen.
- Your functions depend on the role assigned by your *Provider Administrator*.
- As a *Program Administrator* you will see a row for each program you are assigned; and rows for the Program Staff Role for each program.
- Choose the specific role and program & click the “Assume Role” button to be directed to the Main Menu.

# Main Menu Navigation

https://www.oasas.ny.gov/poc/index.cfm/menu/index

Perception of Care

File Edit View Favorites Tools Help

Suggested Sites Free Hotmail Get more Add-ons

OASAS Home

Survey Forms

Main Menu

Select Role

Manage Oversight Agencies

Manage Outside Providers

Manage Outside Programs

Manage Outside Program Categories

Manage Questions

Manage Sub-Questions

Manage Answers

User Guide

FAQs

LogOut

**Perception of Care**

Welcome to the Perception of Care Survey

You are currently logged in as:  
Henri Williams  
Administrator  
OASAS (0)

**Main Menu**

**System Management (Used by System Administrators Only)**

[Manage Oversight Agencies](#)

[Manage Outside Providers](#)

[Manage Outside Programs](#)

[Manage Outside Program Categories](#)

[Manage Questions](#)

[Manage Sub-Questions](#)

[Manage Answers](#)

[Manage Labels](#)

[Program Enrollment Monitoring](#)  
How many programs have enrolled in Perception of Care?

**Survey Management**

[Manage Users](#)

[Staff Enrolled in System](#)  
Who is enrolled in Perception of Care?

[Data Collection Monitoring](#)  
How many surveys have been submitted?

**Reports and Data Analysis**

[Report for Survey Quarter](#)  
A review of data by percentages.

[Filtered Report for Survey Quarter](#)  
Filters producing standard reports of subpopulations

[Quarter Comparison Report](#)  
Comparing program performance over time

[Export Data to Spreadsheet](#)  
Export data, including responses to open ended questions, for further analysis.

- The Main Menu can be accessed from the left margin menu.
- You can see your name, role and program or agency.
- You can switch roles by clicking on the “Select Role” button in the left margin menu and what you see depends on the role you have selected or been assigned.
- If you are in the *Program Staff* role you will see “Enter Survey Responses” and “Data Collection Monitoring.” You will not be able to run reports or data analysis functions.

80%

11:45 AM  
3/26/2013

# Survey Management: Provider Administrator

- Logged in as the *Provider Administrator* you will see “Manage Users” as the first choice under the Survey Management section.
- Provider Administrators are responsible for managing their agency’s.
  - [1] Perception of Care surveys [2] Which staff can access the Survey System and [3] What roles staff are assigned.
- Provider Administrator is listed only once for an individual since this role provides access to all the provider’s programs.
- Your agency should typically have at least two Provider Administrators to assure continuity and system access.



# Survey Management: Program Administrator

## *As Program-Level Administrator Role*

- Will be able to generate reports for their assigned program(s).
- See and review which staff members have been enrolled as users in your program.
- Has all the functions of the Program Staff Role.



# Survey Management: Program Staff

## *As Program Staff Role*

- Will be able to obtain the print versions of the PoC survey form (PDF file).
- Will be able to enter survey data for their assigned program:
  - survey forms completed by clients/participants
- Can view how many surveys have already been entered into the Perception of Care survey system.



# Survey Management: Manage Users

- Choosing “Manage Users” you will see a table with separate rows for each assigned role(s):
  - Provider Administrator is listed only once since this role provides access to all of the provider’s programs
- The “Organization Type” column will show either Provider or Program
- The “Role” column will show either Administrator or Staff



# Survey Management

https://www.oasas.ny.gov/poc/index.cfm/users/index Perception of Care

File Edit View Favorites Tools Help

Suggested Sites Free Hotmail Get more Add-ons

New York State State Agencies Search all of NY.gov

## Perception of Care

### Manage Users

Filter by Provider: System Administrators

Apply Filter

[+ Add New User](#)

User Name	Name	Organization Type	Role	Org ID	
brandas	Susan Brandau	System	Administrator 0		<a href="#">Edit Roles</a> <a href="#">Delete</a>
gallatr	Robert Gallati	System	Administrator 0		<a href="#">Edit Roles</a> <a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	System	Administrator 0		<a href="#">Edit Roles</a> <a href="#">Delete</a>
millr18	Bernie Miller	System	Administrator 0		<a href="#">Edit Roles</a> <a href="#">Delete</a>
cfuser01	Userone Testone	Provider	Administrator 0		<a href="#">Edit Roles</a> <a href="#">Delete</a>

[▲TOP](#)

Comments or Questions? Send us an email: [PoC@oasas.ny.gov](mailto:PoC@oasas.ny.gov)

125% 11:26 AM 3/27/2013



# Manage Users

## Perception of Care

### Manage Users

[+ Add New User](#)

User Name	Name	Organization Type	Role	Org ID		
brandas	Susan Brandau	Provider	Administrator	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
gallatr	Robert Gallati	Provider	Administrator	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	Provider	Administrator	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
millier18	Bernie Miller	Provider	Administrator	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
brandas	Susan Brandau	Program	Administrator	60405	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
brandas	Susan Brandau	Program	Administrator	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
brandas	Susan Brandau	Program	Administrator	60404	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
brandas	Susan Brandau	Program	Administrator	60405	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
brandas	Susan Brandau	Program	Staff	60404	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
brandas	Susan Brandau	Program	Staff	60405	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
brandas	Susan Brandau	Program	Staff	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
gallatr	Robert Gallati	Program	Administrator	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
gallatr	Robert Gallati	Program	Staff	60404	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
gallatr	Robert Gallati	Program	Staff	60405	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
gallatr	Robert Gallati	Program	Staff	60406	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
gallatr	Robert Gallati	Program	Staff	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	Program	Administrator	60404	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	Program	Administrator	60405	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	Program	Administrator	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	Program	Staff	60404	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	Program	Staff	60405	<a href="#">Edit Roles</a>	<a href="#">Delete</a>
lamberd	Dawn Lambert-Wacey	Program	Staff	60403	<a href="#">Edit Roles</a>	<a href="#">Delete</a>

[OASAS Home](#)

[Survey Forms](#)

[Main Menu](#)

[Select Role](#)

[Set Survey Targets](#)

[User Guide](#)

[FAQs](#)

[LogOut](#)

# Survey Management

## Manage Users (continued)

- If a staff member is currently enrolled in OASAS Applications but not in the PoC Survey System, you can add them by choosing “Add New User”
  - (You will need to know his or her OASAS APP user name)
- If a staff member is not currently enrolled in Applications, s/he must first complete an IRM 15 application
  - When completing the IRM-15 application you must select  Other in the SYSTEM TO BE ACCESSED section and write-in Perception of Care
- You can also delete or edit (change) a specific role for a specific staff member and program



NEW YORK STATE  
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
**OASAS EXTERNAL USER ACCESS REQUEST**

**PART A – TO BE COMPLETED BY THE PERSON TO BE GIVEN ACCESS** – Please Print Clearly To Avoid Delays in Processing the Form. Accurate Logons are Dependent Upon the Clear Spelling of the User's Name.

**1. NAME OF PERSON TO HAVE ACCESS**

Last Name			First			MI					
Security I.D. (e.g. Mother's Maiden Name or other keyword)						Work E-Mail Address					

I understand that OASAS systems contain confidential data, use of which is restricted by and subject to the regulations of Title 42 of the Code of Federal Regulations, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Pts. 160 and 164, the Federal Driver's Privacy Protection Act (DPPA), 18 USC § 2721; and the NYS Information Security Breach and Notification Act, Chapter 442 and 491 of the Laws of 2005, codified in § 205 of the State Technology Law (STL) and § 899-aa of the General Business Law (GBL). I agree to comply with all requirements set forth within the aforementioned sections of law governing the use and re-disclosure of information obtained through my access to OASAS systems; I also agree that I will neither share my access code with any other person nor share with any unauthorized person information obtained from these systems. My use of information obtained through OASAS systems is solely in accordance with my normal course of business and in connection with the purpose for which my access to these systems has been approved. Misuse and abuse of information that is obtained from OASAS systems will result in a termination of access and may subject me to civil and/or criminal penalties.

User Telephone No. \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

**2. AGENCY REQUESTING ACCESS (Select and Complete One Choice Only)**

Service Provider Name \_\_\_\_\_ OASAS Provider No. (OASAS Certified Only) \_\_\_\_\_

LGU / County Name \_\_\_\_\_ County Code \_\_\_\_\_

**3. ADDRESS (Street, City, State, Zip Code)**

\_\_\_\_\_

4. SYSTEM TO BE ACCESSED (See Descriptions on Page 2)	5. OPTIONS/LEVELS OF ACCESS		
	Providers	LGU	OTHER
<input type="checkbox"/> Client Management	On-Line Reporting Options: <input type="checkbox"/> Data Entry <u>or</u> <input type="checkbox"/> File Transfer <u>or</u> <input type="checkbox"/> Inquiry	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Workscope/Objective Attainment (WPR)	<input type="checkbox"/> Data Entry <u>or</u> <input type="checkbox"/> Inquiry	<input type="checkbox"/> Data Entry	
<input type="checkbox"/> Gambling	<input type="checkbox"/> Data Entry <u>or</u> <input type="checkbox"/> Inquiry		
<input type="checkbox"/> Provider Directory System	<input type="checkbox"/> Data Entry		
<input type="checkbox"/> Strengthening Treatment Access and Retention – Quality Improvement (STAR-QI)	<input type="checkbox"/> Data Entry <u>or</u> <input type="checkbox"/> Inquiry	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Impaired Driver System	<input type="checkbox"/> Clinical Data Entry <u>or</u> <input type="checkbox"/> Clinical Inquiry <u>or</u> <input type="checkbox"/> DDP Data Entry <u>or</u> <input type="checkbox"/> DDP Inquiry		<input type="checkbox"/> DMV Inquiry
<input type="checkbox"/> Impaired Driver Classroom	<input type="checkbox"/> DDP Data Entry <u>or</u> <input type="checkbox"/> DDP Inquiry		<input type="checkbox"/> DMV Data Entry <u>or</u> <input type="checkbox"/> DMV Inquiry
<input type="checkbox"/> County Planning System			
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Data Entry <u>or</u> <input type="checkbox"/> Inquiry	<input type="checkbox"/> Inquiry	<input type="checkbox"/> N/A (e.g. Training Catalog)

**PART B – TO BE COMPLETED BY THE AGENCY CONTACT PERSON AND SENT DIRECTLY TO OASAS AS INSTRUCTED ON PAGE 2**

NAME OF AGENCY CONTACT PERSON (Print Last, First, MI)	Telephone No. ( ) _____	Fax No. ( ) _____
WORK E-MAIL ADDRESS _____		
I hereby authorize the employee identified in Part A to obtain access to the system indicated in conjunction with his/her official duties. I will contact OASAS immediately when the individual no longer requires such access.		
Signature _____	Date _____	

**FOR USE BY BUREAU OF INFORMATION TECHNOLOGY SERVICES**

LOG-ON	USER NO.	SYSTEM ACCOUNT ADDED	APPLICATION ACCESS GRANTED	USER NOTIFIED
		Initials Date	Initials Date	Initials Date
ADDITIONAL COMMENTS/INSTRUCTIONS				

REFER ANY QUESTIONS TO OASAS HELP DESK AT (518) 485-2379

# Survey Targets

## Setting Survey Targets

- The setting of survey targets is designed principally to assist Provider Administrators and survey coordinators in monitoring and managing the survey process
- For each of your programs, the Survey System will show how many surveys, by year and quarter, have been entered into the system
- Interpreting this report requires an understanding of how many surveys should be entered, as per the survey targets that were set (Target Sample Size)



# You Must Set Survey Targets

- The Survey System is designed to produce reports and analyses by calendar year and quarter
- For each calendar year and quarter, the Provider Administrator will determine whether a program will administer a Perception of Care Survey
- This is done by setting survey targets for the indicated year and quarter
- **No client or participant data can be entered into the Survey System until a survey target has been set for the year and quarter that is being surveyed**



# Survey Targets by Calendar Year & Quarter

- Calendar Years and Quarters are not determined by when the client or participant completed the Perception of Care survey, or when survey data is entered
- The conducting or timing of surveys is solely determined by the provider based on their quality improvement plan
  - As a recommendation, surveys should be conducted over just a few weeks so that it represents a point in time
- When doing data entry the calendar year and quarter are entered before entering client/participants' responses
- The date that clients/participants completed the survey is also entered as a separate data item
  - This date is not used in generating any PoC reports



# Expected Number of Clients Enrolled

- . . . is Provider Administrator's estimate or projection of the number of participants/clients who will be eligible to complete the Perception of Care survey
- Most programs will conduct their Perception of Care survey on a cross-section of participants/clients
- The survey and its analyses should not be based only on those who are/were served during a survey week
- The program should have a strategy to administer surveys to those individuals who do not show up for a particular survey session
  - Responses of individuals less engaged in the program may be very important for improving participant/client engagement



# Target Sample Size

- . . . is the goal the *Provider Administrator* sets and compares against the actual number and percent of completed surveys entered into the Survey System
- Selecting “Data Collection Monitoring” at the Main Menu allows the Provider and Program Administrators to determine survey progress
  - Program Staff can also see their progress related to the entering of data into the Survey System
- Programs with very large enrollments or with high volumes of admissions/discharges may consider random sampling
- **We recommended that providers should try to obtain responses from at least 90% of eligible participants to assure that their data is representative of those who attend the program**



# Expected Client Enrollment Target Sample Size

## Perception of Care

### Expected Client Enrollment & Target Sample Size

[+ Add New Row](#)

Program	Program Name	Year	Quarter	<u>Expected Clients Enrolled</u>	<u>Target Sample Size</u>	
60403	BH ARC Outpatient(60403)	1999	1	100	90	<a href="#">Edit</a> <a href="#">Delete</a>
60403	BH ARC Outpatient(60403)	2012	1	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60403	BH ARC Outpatient(60403)	2012	2	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60404	BH ARC Community Residence(60404)	2012	1	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60404	BH ARC Community Residence(60404)	2012	2	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60405	BH ARC Intensive Residential(60405)	2012	1	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60405	BH ARC Intensive Residential(60405)	2012	2	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60406	BH ARC Inpatient Rehab(60406)	2012	1	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60406	BH ARC Inpatient Rehab(60406)	2012	2	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60408	BH ARC Crisis Residential(60408)	2012	1	20	18	<a href="#">Edit</a> <a href="#">Delete</a>
60408	BH ARC Crisis Residential(60408)	2012	2	20	18	<a href="#">Edit</a> <a href="#">Delete</a>

- OASAS Home
- Survey Forms
- Main Menu
- Select Role
- Set Survey Targets
- User Guide
- FAQs
- LogOut

# Choosing a Different Sample Definition

- Programs may choose a different sample definition
- Short-term inpatient or residential programs with typical lengths of stay of  $\leq 30$  days
  - Can decide to conduct the survey after clients have completed 3 weeks
  - Can decide to conduct the survey as part of discharge process
- In this case the Provider Administrator should enter the number of participants/clients they expect to retain in 3 weeks; or will be discharged during this timeframe (e.g., calendar quarter) rather than the expected enrollment



# Staff Enrolled in System

- At the Main Menu *Provider/Program Administrators* can click on “Staff Enrolled in System” to see which staff are currently assigned roles in the Survey System; and when a staff member last logged into the PoC System
- This confirms the enrollment process and enables a review of edits/changes made under “Manage Users”
- All persons in this table have “permission” to perform the functions corresponding to their role(s)
- If you have more than one program, you can select which program to display using the filter drop-down menu and clicking “Apply Filter.” You can also “filter” by region or county



# Staff Enrolled in System

New York State State Agencies Search all of NY.gov

OASAS Home  
Survey Forms  
Main Menu  
Select Role  
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LogOut

## Perception of Care

### Staff Enrolled in System

Filter by Program  Filter by county  Filter by Region

There are a total of **43** enrollments Statewide.  
 There are **26** enrollments in Better Health, Inc..  
 There are **13** enrollments in BH ARC Outpatient.

As of Today: 01/07/2013

Organization ID	Organization Name	Staff Name	Organization Type	Role	Last Login
60403	BH ARC Outpatient	Miller, Bernie	Program	Administrator	2013-01-04 11:03:00.0
60403	Better Health, Inc.	Miller, Bernie	Provider	Administrator	2013-01-04 11:03:00.0
60403	BH ARC Outpatient	Lambert-Wacey, Dawn	Program	Administrator	
60403	Better Health, Inc.	Lambert-Wacey, Dawn	Provider	Administrator	2012-09-12 12:54:00.0
60403	BH ARC Outpatient	Gallati, Robert	Program	Administrator	2013-01-07 18:02:00.0
60403	Better Health, Inc.	Gallati, Robert	Provider	Administrator	2013-01-07 18:02:00.0
60403	BH ARC Outpatient	Brandau, Susan	Program	Administrator	2012-12-31 14:08:00.0
60403	Better Health, Inc.	Brandau, Susan	Provider	Administrator	2012-12-31 14:08:00.0
60403	BH ARC Outpatient	Miller, Bernie	Program	Staff	2013-01-04 11:03:00.0
60403	BH ARC Outpatient	Lambert-Wacey, Dawn	Program	Staff	2012-09-12 12:54:00.0
60403	BH ARC Outpatient	Williams, Henri	Program	Staff	2012-11-07 12:26:00.0



# Printing Survey Forms

Please do not make changes to the form

- Perception of Care forms are available in English/Spanish by clicking the “Survey Forms” button in left margin menu
- Survey forms can be copied double-sided or single-sided and are PDF documents
- We recommend to avoid errors that you type/write in your agency, program number & client/participant type; as well as the calendar year & quarter prior to duplicating forms
- Calendar year and quarter are critical because they identify the cycle of your surveys: (and you will generate all reports by calendar year, quarter and participant type)
- If you have more than one program you may consider putting a distinguishing program name on the form; and designating the “Participant Type”



# Survey Forms

- You can access the “Online Survey Form” in English or Spanish by selecting “Survey Forms” in the left menu. This format is provided so you can view what the online survey data screen looks like without entering data
- **Do not print this form for individuals to fill out**
- The Online and Paper Survey includes an instructional box on the first page which describes the purpose of the survey and the confidentiality policies
- It is strongly recommended that the text in this box be read to participants and clients before they start completing the survey
  - This represents a contract between the participant/client and the program



# Survey Form Management

- Completed paper forms are the property of your agency
- Completed and entered Perception of Care surveys should be maintained according to your agency's retention and confidentiality policies
- If your program chooses to have participants/clients complete the survey online in lieu of paper forms:
  - You will still need paper copies for your reference
  - You should also have available paper survey forms for participants/clients who are unable or uncomfortable with using a computer to complete the survey



# Perception of Care Survey Forms

The screenshot shows a web application interface for the New York State Office of Alcoholism & Substance Abuse Services (OASAS). The top navigation bar includes 'New York State' with a map icon and 'State Agencies' with a menu icon. The main content area is titled 'Perception of Care Survey Forms' and contains two sections:

- Print only for interviews.**
  - [Survey Form English](#) 
  - [Survey Form Spanish](#) 
- Preview only. Please do not print these forms.**
  - [Online Survey Form English](#) 
  - [Online Survey Form Spanish](#) 

A left-hand sidebar menu contains the following items: OASAS Home, Select Role, Main Menu, Survey Forms, Set Survey Targets, User Guide, FAQs, and LogOut.



# Entering Survey Responses

- At the main menu click on “Enter Survey Responses”
- From the drop-down menus you must select: **Client/Participant Type, Program, Year, and Quarter** to enter your survey data
- If entering more than one completed survey form you will not need to re-enter this information because it will be automatically filled each time
- It is important to keep survey forms from **different: programs & client types**; and **different: calendar year & quarters** in separate batches
- Date Survey Conducted is the date the participant/client entered on the survey form. Clicking in this box will open a calendar from which you can select that specific date



# Entering Survey Responses

New York State State Agencies Search all of NY.gov

OASAS Home  
Survey Forms  
Main Menu  
Select Role  
Set Survey Targets  
User Guide  
FAQs  
LogOut

## Perception of Care

[Español](#)

### PERCEPTION OF CARE SURVEY

#### What do you think about the services you have received?

Thank you for completing this voluntary survey. You can stop the survey at any time. Your services in this program will not be affected by whether or not you complete this survey.  
Your answers to this survey are confidential. They will not be linked to you or affect your participation in this program.  
Your answers will be added with other client's answers to give program managers a picture of how the program is doing.  
Please note that the 3 open-ended questions at the end of the survey are for you to complete if there are other issues, things you see and/or concerns that you feel are not covered in the survey but want program managers to know about.

Client/Participant Type

Treatment  Recovery  Access To Recovery/SOARS  Mental Health  Other

Date Survey Conducted:

Select Program:

Select Year:

Select Quarter:

1. About how long have you been in this program?

---

14. What is this program doing right?

15. What could be done to improve this program?

16. Is there anything else about this program that you would like to say?

Submit Survey Clear Survey Cancel



# Survey Management

- **Submit Survey:** No data that has been entered will be stored in the data base until you click “Submit Survey”
  - If a survey respondent skipped a question then you should also skip the question by not clicking a response
  - Prior to submitting the survey data you can change anything on the data entry screen by scrolling back and re-entering it
  - ***There is no way to change or delete data for a survey once it is submitted***
- **Clear Survey:**
  - For most survey items the data entry screen does not let you uncheck a response
  - If you need to undo an entry click “Clear Survey” which erases all the survey responses and enables starting over at the top of the data entry screen
- **Cancel:** If you need to stop data entry click “Cancel”



# Can Participants or Clients Enter Their Own Responses?

- Program Staff enrolled in the Survey System can prepare the system so that a Participant or Client can directly enter survey responses on a computer or tablet
- Program Staff will need to enter the  participant type  
 program identifier  calendar year and  
 the respective quarter at the beginning of the survey
- See [Suggestions Regarding Data Entry](#) in the Perception of Care “User Guide”



# Data Collection Monitoring

- At the Main Menu click “Data Collection Monitoring” to see how many surveys have been entered for each calendar year and quarter
- You will see that the table shows the number of “Surveys Entered” for each program by calendar year and quarter
- You can select from the drop-down menus a specific program and/or calendar year and quarter
  - Then click “Apply Filter”
- You can also filter or stratify the data by region or county
- This table also shows the “Expected Clients Enrolled” and the “Target Sample Size” that was set by your *Provider Administrator*



# Data Collection Monitoring

New York State
☰ State Agencies

[OASAS Home](#)  
[Survey Forms](#)  
[Main Menu](#)  
[Select Role](#)  
[Set Survey Targets](#)  
[User Guide](#)  
[FAQs](#)  
[LogOut](#)

## Perception of Care

### Data Collection Monitoring

Filter by Program

Filter by Year-Quarter 

All ▲  
 2012-1 (≡)  
 2012-2 ▼

Filter by County

Filter by Region

There are a total of **140** submissions Statewide.

There are **140** submissions in Better Health, Inc..

#### Survey Data Collection Status Report

PRU	Program Name	Time Frame		Expected Clients Enrolled	Target Sample Size	Surveys Entered	% of Target
		Quarter	Year				
60403	BH ARC Outpatient	1	2012	20	18	25	138%
60403	BH ARC Outpatient	2	2012	20	18	22	122%
60404	BH ARC Community Residence	1	2012	20	18	27	150%
60404	BH ARC Community Residence	2	2012	20	18	28	155%
60405	BH ARC Intensive Residential	1	2012	20	18	9	50%
60405	BH ARC Intensive Residential	2	2012	20	18	11	61%
60406	BH ARC Inpatient Rehab	1	2012	20	18	9	50%
60406	BH ARC Inpatient Rehab	2	2012	20	18	9	50%
60408	BH ARC Crisis Residential	1	2012	20	18	0	0%
60408	BH ARC Crisis Residential	2	2012	20	18	0	0%



# **REPORTS AND DATA ANALYSIS**



# Report for Survey Quarter

- At the Main Menu *Provider or Program Administrators* can click on “Report for Survey Quarter” to generate the basic report.
- To generate a report you must use the drop-down menus to select the specific program; as well as the calendar year quarter, and participant type. Then click “Generate Report”

New York State State Agencies

## Perception of Care

### Perception of Care Reports

**Program Level Performance**  
Better Health, Inc. (99998)

Participant Type  
 Treatment  Recovery  Access To Recovery/SOARS  Mental Health  Other

Program:

Quarter:

Year:

OASAS Home  
Survey Forms  
Main Menu  
Select Role  
Set Survey Targets  
User Guide  
FAQs  
LogOut

# Survey Reports

- The Survey System will compile a report based on the most current data; and includes the date on which the report was generated
- Reports can be generated at any time during or after data collection
  - It is important to ensure that interim reports do not get confused with final reports after all data collection is complete
- Perception of Care reports have tabulations and graphics for each survey item / survey question
- Refer to the User Guide section “Interpreting Reports” for examples of reports and tabulations



# Non-Responses on the Survey Form

- By default non-responses are included in tabulations and graphic charts
  - To exclude non-responses go to the top of the report where it indicates “Include Non-Responses” and click “No” then click “Go”
  - Tabulations and charts will then be re-calculated excluding the non-responses
- It is recommended that you initially review tabulations and graphs with non-responses included. This enables seeing the percentage of participants or clients that did not respond to specific survey questions
  - Rating scales are typically most informative when non-responses are included

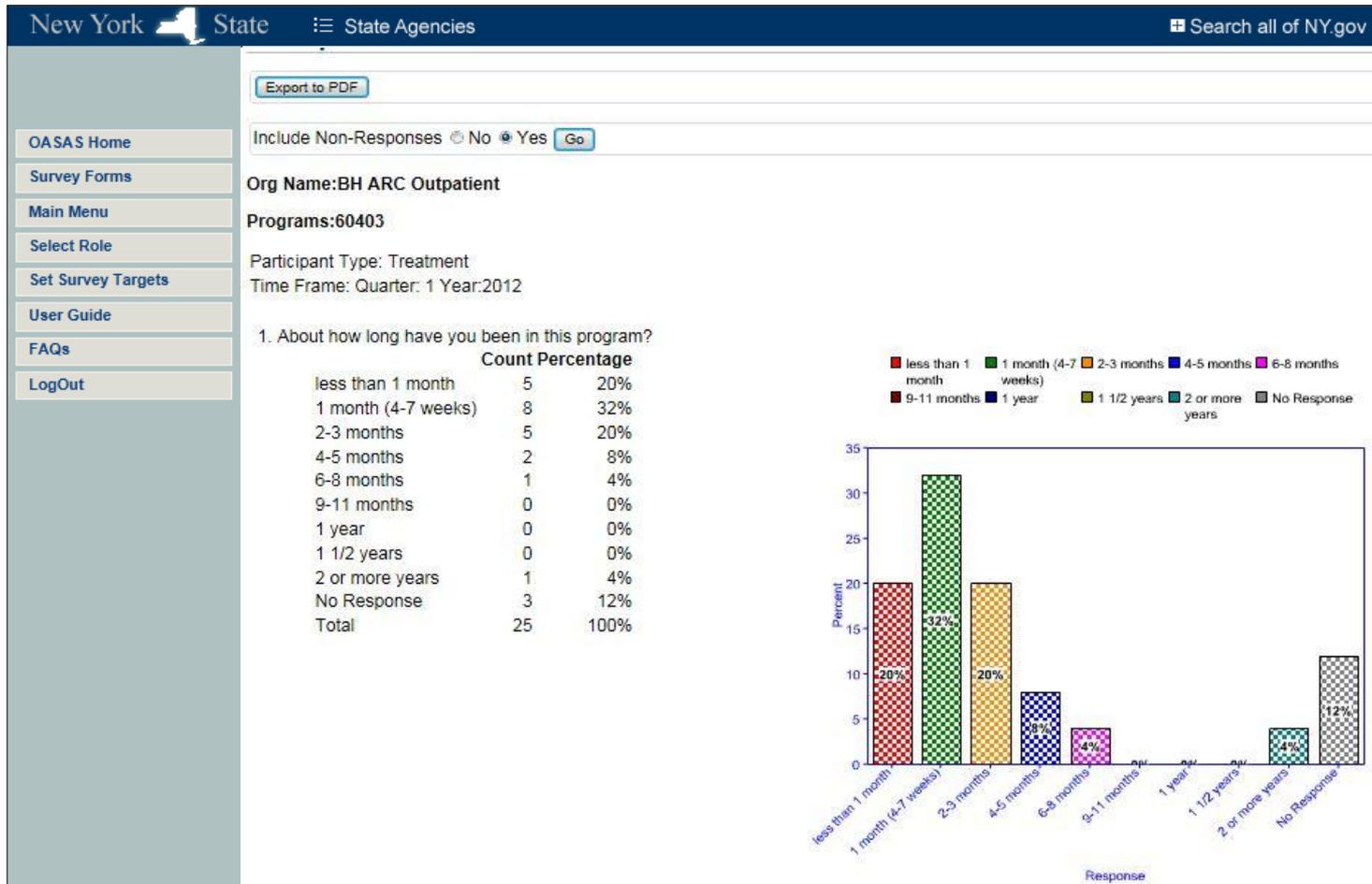


# Copying Tabulations and Graphics in other documents

- **To copy or print a narrative report and graphic chart first select the PDF version of the report**
- To copy the report narrative:
  - Using your cursor, hold down the “left-button” to copy the narrative report and then paste into a different document
  - You can then edit and format the report
- To copy the graphic chart:
  - Place your cursor directly over the selected chart and “click” the “left-button” to highlight the graphic display
  - Using your “right-button” choose either “Copy Image” or “Save Image As”
  - Paste the chart into a different document
- This picture can be formatted but cannot be edited



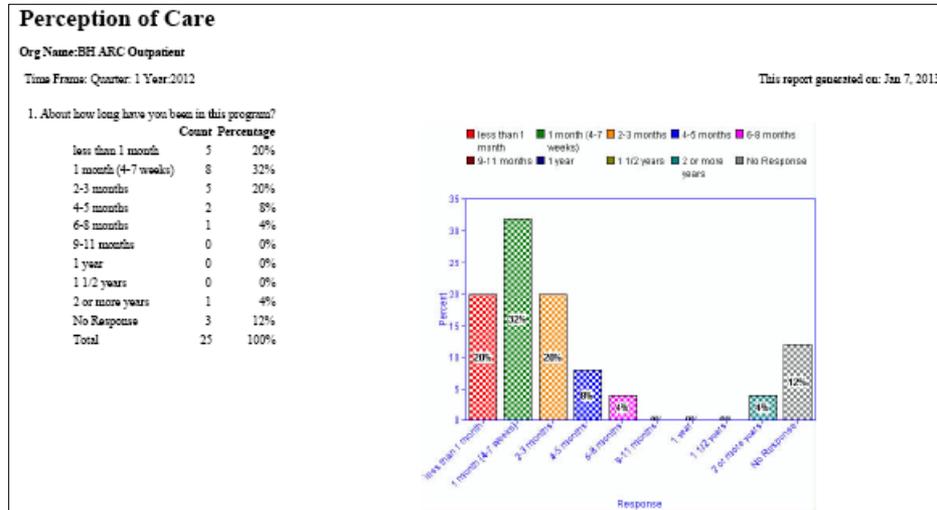
# Standard Report



# PERCEPTION OF CARE REPORTS



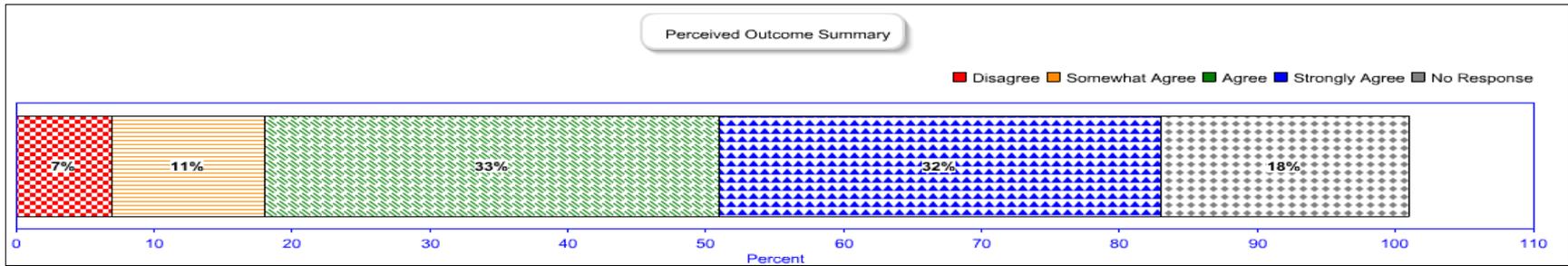
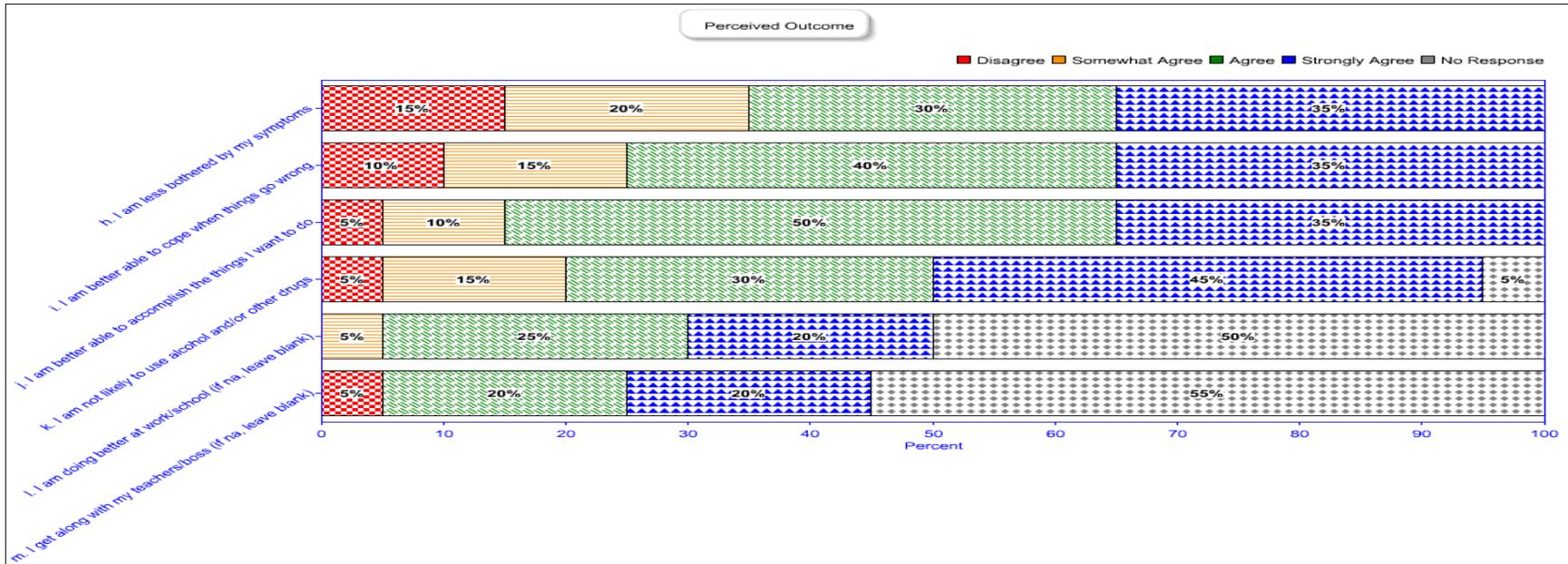
# Interpreting a Standard Report



Perceived Outcome												
	Disagree		Somewhat Agree		Agree		Strongly Agree		No Response		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
h. I am less bothered by my symptoms	3	15%	4	20%	6	30%	7	35%	0	0%	20	100%
i. I am better able to cope when things go wrong	2	10%	3	15%	8	40%	7	35%	0	0%	20	100%
j. I am better able to accomplish the things I want to do	1	5%	2	10%	10	50%	7	35%	0	0%	20	100%
k. I am not likely to use alcohol and/or other drugs	1	5%	3	15%	6	30%	9	45%	1	5%	20	100%
l. I am doing better at work/school (if na, leave blank)	0	0%	1	5%	5	25%	4	20%	10	50%	20	100%
m. I get along with my teachers/boss (if na, leave blank)	1	5%	0	0%	4	20%	4	20%	11	55%	20	100%
Sum of Responses	8	7%	13	11%	39	33%	38	32%	22	18%	120	100%

Footnote: in order for a client to be included in this table/these table(s) he or she must have responded to at least one of the scale items.





# Filtered Report for Survey Quarter

## Perception of Care Reports

Performance Factors

Filter Graphical Reports by Subpopulation.

Better Health, Inc. (99998)

Participant Type

Treatment  Recovery  Access To Recovery/SOARS  Mental Health  Other

Program:

Quarter:

Year:

About how long have you been in this program?

less than 1 month  
1 month (4-7 weeks)  
2-3 months  
4-5 months  
6-8 months

add >>

<< remove

How old are you?

17 or younger  
18-20  
21-24  
25-34  
35-44

add >>

<< remove

Gender:

Male  
Female

add >>

<< remove

Are you Hispanic or Latino/a

No  
Yes

# Quarter Comparison Report

## Perception of Care Reports

### Quarter Comparison Report Form

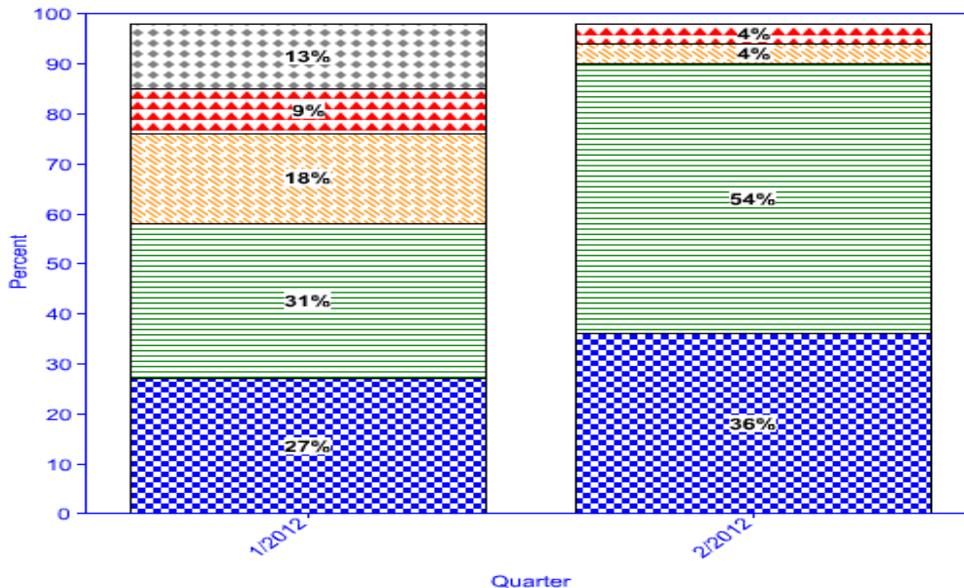
Better Health, Inc. (60403)

Program:  Period 1:  Period 2:

e) The people I went to for services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).

2	Disagree	1	Disagree
4	Somewhat Agree	1	Somewhat Agree
7	Agree	12	Agree
6	Strongly Agree	8	Strongly Agree
3	No Response	0	No Response
22	Total	22	Total

■ Strongly Agree
 ■ Agree
 ■ Somewhat Agree
 ■ Disagree
 ■ No Response



# Export Data to Spreadsheet

## Perception of Care Reports

Program Level Performance

The following is coded or text data compiled by program. This data is in csv format and may be downloaded.

Better Health, Inc. (60403)

A total of 5 programs associated with this provider.

PRU	Program Name	Export	
		<a href="#">Code Values</a>	<a href="#">Text Values</a>
	All Programs	<a href="#">Code Values</a>	<a href="#">Text Values</a>
60403	BH ARC Outpatient	<a href="#">Code Values</a>	<a href="#">Text Values</a>
60404	BH ARC Community Residence	<a href="#">Code Values</a>	<a href="#">Text Values</a>
60405	BH ARC Intensive Residential	<a href="#">Code Values</a>	<a href="#">Text Values</a>
60406	BH ARC Inpatient Rehab	<a href="#">Code Values</a>	<a href="#">Text Values</a>
60408	BH ARC Crisis Residential	<a href="#">Code Values</a>	<a href="#">Text Values</a>

At the left-hand menu select “Survey Forms”  
to find the table of Code Values



# Perception of Care Technical Assistance Information

- Perception of Care
  - [PoC@oasas.ny.gov](mailto:PoC@oasas.ny.gov)
- Susan Brandau: (518)457-6129
  - ❖ [SusanBrandau@oasas.ny.gov](mailto:SusanBrandau@oasas.ny.gov)
- Henri Williams: (518) 485-0504
  - ❖ [HenriWilliams@oasas.ny.gov](mailto:HenriWilliams@oasas.ny.gov)
- Bob Gallati: (518) 526-5953
  - ❖ [rjgallati@oasas.ny.gov](mailto:rjgallati@oasas.ny.gov)

