



# County of Los Angeles Department of Mental Health

Performance Outcomes  
Consumer Perception Surveys  
May 2009 Survey Training

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## Important

- April 17<sup>th</sup>, 2009 through April 28<sup>th</sup>, 2009 Performance Outcomes Survey Trainings scheduled and survey packets provided to participating Providers in attendance and to Service Area Survey Liaisons.
- Prior to the start of the survey period, May 4<sup>th</sup> 2009, Service Area Survey Liaisons should provide survey packets to participating provider sites not in attendance at the above trainings.
- DO NOT use blank surveys from previous survey periods.

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## Important

- The official survey period is May 4<sup>th</sup>, 2009 through May 15<sup>th</sup>, 2009. Surveys MAY NOT be distributed or completed by consumers or family members outside the official survey period.
- May 29<sup>th</sup> is the last day for participating providers to return completed Provider Feedback Forms and surveys to Service Area Survey Liaisons.

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## Important

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### FAQ

Can either the entire State Outcomes Surveys or the County Field / School Based Only Surveys be conducted at any time?

- **No**, providers are to use either the State Outcome Surveys or the County Field/School Based Only Surveys for those consumers/family members receiving services **ONLY** during the Survey period.

- June 5<sup>th</sup> is the Last Day for **Service Area Survey Liaisons** to Return the Survey Packets to the

**Program Support Bureau  
Quality Improvement Division / Data Unit  
695 S Vermont, 15th Floor**

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## Important Dates for May 2009 Survey

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Survey  
Period

May 4<sup>th</sup>  
through  
15<sup>th</sup>

May 2009

**Providers**

Surveys &  
Feedback  
Forms to  
Service Area  
Liaisons

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
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## Purpose of Performance Outcomes Surveys

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- Requirement of SAMHSA Community Mental Health Services Block Grant.
- Requirement of California Code W&I Code Sections 5600 - 5623.5 (Bronzan-McCorquodale Act).
- Requirement of LACDMH Performance Outcomes in compliance with the Board of Supervisors directive.
- The Mental Health Services System partners with Consumers and Family Members to focus on desired outcomes and improved quality of care.

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**SAMHSA**  
Community Mental Health Services  
Federal Block Grant

California FY 2008-2009 -\$54 million.

LA County FY 2008-2009 - \$14 million.

\$14 million may be placed at risk for non-compliance with Performance Outcome Surveys.

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**Instruments**

Performance Outcomes Surveys

1. Adult Mental Health Statistical Improvement Project (MHSIP) - (18 through 59 Years Old).
2. Older Adult MHSIP (60+ Years Old).
3. Youth Services Survey (YSS) - (Children 13 through 17 Years Old).
4. Youth Services Survey - Families (YSS-F) - (Family Members of Children 0 through 17 Years Old).

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**Instruments**

Performance Outcomes Surveys  
FAQ's

Are children age 12 or younger to be surveyed?

- **No**, children age 12 and younger do not need to be surveyed. However, if a parent(s) of a child who is age 12 or younger is (are) present at the time of the survey they, i.e. the parent(s), should be requested to complete the survey using the YSS-F form.

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### Instruments

#### Performance Outcomes Surveys FAQ's

Should a child who is age 12 or younger and receiving services at a school site at the time of the survey be surveyed? If not, will the child be included in the results?

- **No.** a child age 12 or younger should not be surveyed. The number of such children will be included by the survey results as 12 years of age or younger. There are no adverse consequences associated with not surveying children age 12 and younger.

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### Instruments

#### Performance Outcomes Surveys FAQ's

Can the YSS-F Survey be completed by someone other than the child's biological parents?

- **Yes.** The YSS-F can be completed by a child's primary caregiver. A caregiver is a person who is not compensated for their care of the child (i.e. aunt, uncle, grandparents, cousin, or family friend). A foster parent would also qualify because they receive monies for the care of the child, not a salary for being a foster parent.

An example of someone who would NOT qualify as an uncompensated caregiver would be an employee of a group home where the child resides. The employee does receive compensation for providing caregiver services to the child.

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### Performance Outcomes Surveys

These surveys are mandated by California State DMH in compliance with Federal SAMHSA Community Mental Health Block Grant requirements

- Completion of the Performance Outcomes Surveys is THE priority during the survey period.

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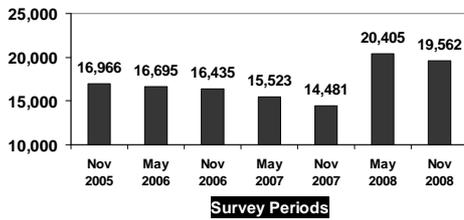
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## LAC Survey Return Trends

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### Submitted Surveys To State DMH




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## Client Counts Per Location of Services

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IS information is used to determine unique client counts per location of services.

It is important that the County Client Number and the County Reporting Unit is entered.

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## Can we bill for the surveys?

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**NO**

1. Surveys do not constitute the provision of medically necessary services. The surveys are not clinical instruments.
2. Consumers and family members have the opportunity to provide feedback on services using survey process.

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## HIPAA & Confidentiality

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- State Law (W&I code sec. 5610) requires the collection of performance outcome data.
- HIPAA requirements for authorizations from consumers DO NOT APPLY!
- Rest of Privacy Rules do apply.

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## Consumer Confidentiality

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The Consumer's confidentiality must be respected and maintained during the entire survey and reporting process.

The information obtained is confidential, but not anonymous.

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## Assurance of Confidentiality Statement

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Every consumer participating is provided with an "Assurance of Confidentiality" statement (English or Spanish as appropriate) as stated below:

"This is to assure you as a consumer receiving mental health services through the Los Angeles County Department of Mental Health that the consumer perception survey that you are about to complete is confidential. Your therapist will not see this and your responses will in no way affect your right to services. Because the Department will use the results to improve the quality of services, we are interested in your honest opinions, whether they are positive and/or negative. Thank you for your cooperation and help in improving our services to you.

If you have any issues or concerns that are serious and sensitive, please discuss/report these concerns immediately to the program manager who will assist you!"

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## “Comments” Section

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The “Comments” section of the survey is intended for use in quality improvement processes, and it continues to be part of the survey. With regard to the comments section, it is the responsibility of the on-site quality improvement staff/administrative staff to review the surveys for any information that requires immediate response before submitting the surveys (such as information about abuse/neglect etc. that necessitates mandated reporting on the part of the county staff to the local police or sheriff’s department, county probation department - if designated by the county to receive mandated report, or county welfare department, e.g. Child Protective, Adult Protective Agencies).

Please note: LACDMH will not be entering, nor compiling information from the comment sections of the surveys.

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## Comments Section on the Adult & Older Adults Surveys

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A member of my family helped me.  Someone else helped me. Who?: \_\_\_\_\_

16. Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback. If there are areas which were not covered by this questionnaire, please let us know. You should have been able to write them here. Thank you for your time and cooperation in completing this questionnaire.

Thank you for taking the time to answer these questions!

### FOR OFFICE USE ONLY:

#### REQUIRED Information:

County Code:

Date of Survey Administration:

-   -

Reason (if applicable):

Ref  Imp  Lit  Oth

Make sure the same CSI County Class Number

#### Optional County Questions:

County Question #1 (mark only ONE bubble):

01  02  03  04  05  06  07  08  09  10

11  12  13  14  15  16  17  18  19  20

County Question #2 (mark only ONE bubble):

01  02  03  04  05  06  07  08  09  10

11  12  13  14  15  16  17  18  19  20

County Question #3 (mark only ONE bubble):

01  02  03  04  05  06  07  08  09  10

11  12  13  14  15  16  17  18  19  20

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## Three (3) Comment Sections on the YSS & YSS-F Surveys

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my problem(s).

25. In a crisis, I would have the support I need from family or friends.

26. I have people with whom I can do enjoyable things.

27. What has been the most helpful thing about the services you received over the last 6 months?

28. What would improve the services here?

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

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## Data Collection Methodology For Face to Face Services

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### Examples of Treatment Settings (Not All Inclusive)

- Clinic / Office Based Outpatient Services
- Case Management
- Group Homes
- Residential Treatment
- TBS
- Specialized Foster Care
- Wellness Centers
- Medication Services
- Full Services Partnerships
- Day Treatment
- Community Outreach Services



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## Data Collection Methodology For Face to Face Services FAQ

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Are the surveys to be administered for only Medi-Cal recipients?

- No. All consumers and their family members can participate in the surveys.

FUNDING STREAM IS NOT A FACTOR!

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## Data Collection Methodology Target Population

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### Excluded:

- \* Inpatient Settings (Acute Hospitals/PHF)
- \* Jail/ Jail Hospital Settings
- \* Crisis (Intervention, Stabilization, & Residential), Psychiatric Emergency
- \* One Time Psych Testing or Assessment, No Face to Face Follow-up
- \* Long-term Residential or Institutional Placements (IMD/SNF/Board & Care/State Hospitals)
- \* Telephone Contact
- \* Case Consultation
- \* Collateral Sessions



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### Survey Administration

- **Should not** use clinical or service delivery staff.
- It is possible to utilize staff who do not provide services to the client (i.e. *Child providers/staff administering the Adult Surveys and Adult providers/staff administering the Child Surveys*).




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### Survey Administration

- The use of volunteer / peer / consumer / family advocates is recommended by LAC-DMH and California Mental Health Planning Council (April 2003).
- Non staff may need Business Associate Agreement (HIPAA).




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### Marking Survey Forms

- **THINK BUBBLES!**
  - MOST questions have only one answer (bubble).
  - Only exception is ethnicity question, which may have multiple answers.



If Consumer/Family Member fills incorrectly, Providers can fill in properly. Don't change the Consumer/Family Member answers!!!!

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## Reasons For Not Completing Form 31

There are 4 Refusal Reason Codes:

Refusal Type	Refusal Explanation
1. Refused (Ref)	Client refused to complete survey.
2. Impaired (Imp)	Client too impaired (mentally or physically) to complete survey.
3. Language (Lan)	Client not able to complete survey because survey is not in a language the client understands (includes illiterate).
4. Other (Oth)	Anything other than the 3 above reasons.

Mark ONLY ONE Refusal Reason Code!

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## Survey Writing Instruments 32

- Dark Pen (Black or Blue).
- Dark Pencil (like No. 2).
- KEYWORD IS **DARK**.

### **Avoid:**

- Markers (tend to bleed onto other pages).
- Crayons (tend to cause scanner problems).
- Hi-liters (not dark enough).

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## Making Corrections 33



**“What if I made a mistake?”**

Correct mistakes by drawing an “X” over the incorrect entry

Strongly Agree

Agree

I am Neutral



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Adding a word to survey type title <sup>34</sup>  
**DOES NOT** change the type of survey

Survey Dates: May 12 - 23, 2008

Mental Health

ENGLISH Adult Survey

~~Child~~ ADULT SURVEY

Please help our agency make services better by answering the following questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. *EXAMPLE* Correct  Incorrect

MHSIP Consumer Survey\*:

Please answer the following questions based on the LAST 6 MONTHS OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
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Deleting a word to survey type title <sup>35</sup>  
**DOES NOT** change the type of survey

Survey Dates: May 12 - 23, 2008

Mental Health

ENGLISH Older Adult Survey

~~ADULT~~ SURVEY

Please help our agency make services better by answering the following questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. *EXAMPLE* Correct  Incorrect

MHSIP Consumer Survey\*:

Please answer the following questions based on the LAST 6 MONTHS OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
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Internet Downloading and Printing <sup>36</sup>

LACDMH Internet Website

<http://dmh.lacounty.gov/Forms.asp>

- Survey Forms
- Feedback Forms

You need Adobe Acrobat Reader on your computer to print these forms.

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## Provider Feedback Forms

Summary of May 2009  
State Outcomes Implementation  
Open Ended Comments

Provider Number: \_\_\_\_\_  
Provider Name: \_\_\_\_\_

1. What were the areas of concern/issues that were expressed by the commenters at your clinics?  
Specify the area and general theme-Access, Satisfaction, Cultural Sensitivity, Treatment Options, Participation in Treatment Planning
2. What was done at your clinic(s) in response to these comments?  
Explain. What would be your goal for QI based on these comments?
3. If no action was taken explain the reasons.

Please return this completed form to the Service Area Survey Liaison by May 29<sup>th</sup>, 2009 along with your datafile.

Returned by agency to Service Area Survey Liaison by May 29<sup>th</sup>, 2009

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## Performance Outcomes Surveys

- Surveys Forms are available as PDF Files - There will be 28 Files -
  - 4 Surveys Type - (1) Adult (MHSIP), (2) Older Adult (MHSIP), (3) Youth (YSS), And (4) Family (YSS-F)
  - 7 Languages - English, Spanish, Chinese, Tagalog, Hmong, Vietnamese, & Russian

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## Finding the Survey Forms on the LACDMH Internet Website



<http://dmh.lacounty.gov>

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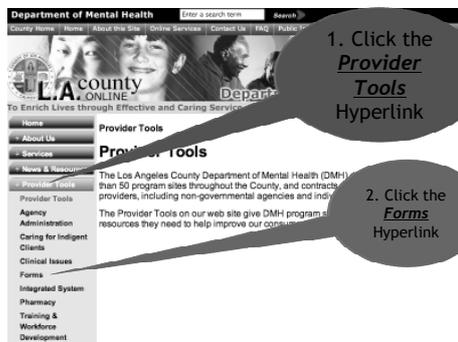
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## Finding the Survey Forms on the LACDMH Internet Website <sup>40</sup>



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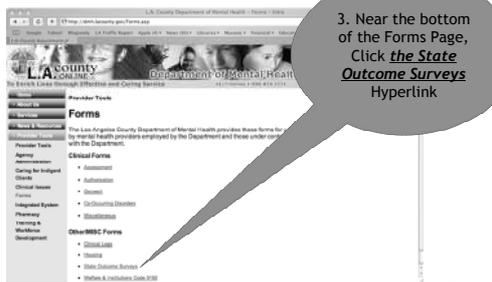
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## Finding the Survey Forms on the LACDMH Internet Website <sup>41</sup>



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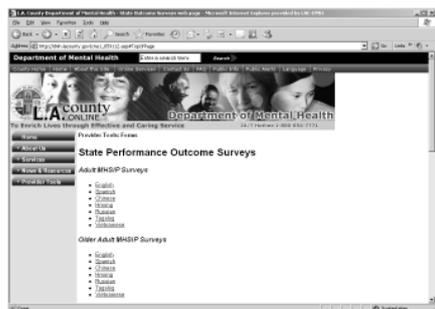
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## Finding the Survey Forms on the LACDMH Internet Website <sup>42</sup>



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## Printing Surveys FAQ

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Does it matter if we print the Survey form on both sides of a page in order to save paper?

- **Yes.** The survey forms are not to be copied back-to-back on the same page.

The survey forms are automatically, not manually, scanned and the scanner would not pick up the opposite side of the page that is being scanned.

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## Print Surveys to Full Size of the Page

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With Adobe Acrobat, this is done in 1 of 2 ways:

- Version 5 - **UNCHECK** box “Shrink oversized pages to paper size”  
OR
- Versions 6 thru 8 - Page scaling box shows ‘None’.

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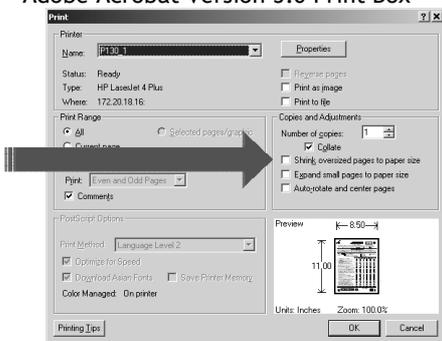
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## Printing Instructions for Clinic- Based Surveys Adobe Acrobat Version 5.0 Print Box

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LA County Adopts Performance Outcomes

On March 14, 2006, the Los Angeles County Board of Supervisors approved the County's Strategic Plan Guiding Coalition's recommendation to improve the effectiveness of services delivered by social service contractors. In order to accomplish this goal, the Board instructed County social service departments to convert to performance-based contracting by December 31<sup>st</sup>, 2007.

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LACDMH Adopts Performance Outcomes

Ten Performance Outcomes were agreed upon with a consensus process by a workgroup, composed of LACDMH personnel, Provider Representatives, and Auditor / Controller during CY 2007.

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51

Three Performance Outcome Domains & Ten Performance Measurements Selected

The process led to identification of the ten selected Performance Outcome Measurements within three selected domains for both contracted and directly operated providers effective January 1, 2008.

Domains

- Access to Services (3 Measurement Items)
- Client Satisfaction (2 Measurement Items)
- Clinical Effectiveness (5 Measurement Items)

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## Data Collection

It was the goal in CY2008 to:

1. Accumulate Baseline Performance Outcomes Only.
2. Refine Performance Outcomes and Percentages.
3. Adjust for Future Implementation Based Upon Data Collection and Data Analysis.
4. Plan for Steps to be Taken in CY 2009.

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## Data Collection

There are ten County Performance Outcomes. Seven of the ten originate from the three domains of Access, Client Satisfaction, & Clinical Effectiveness which are developed from the MHSIP, YSS, and YSS-F Survey Data. The remaining three Performance Outcomes are derived from the DMH IS (Integrated System).

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## Field/School Based Only Survey Comments

Field/School Based Only Surveys

Do Not Have a  
Comments Section.

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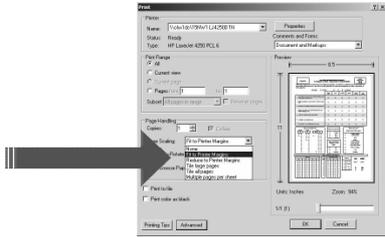
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Printing Instructions for Field/School Based Survey 58

Adobe Acrobat Version 6 - 8 Print Box



Page Scaling Set to "None"

If there is a problem, try Page Scaling Set to "Fit to Printer Margins".

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FAQ

59

Can field-based and/or school-based providers use the entire State Outcomes Survey instead of the one page Field/School Based Only Surveys?

- **NO.** The one page Field/School Based Surveys were created to assist the Field/School Based providers.

The State Outcomes Survey forms should be used for the clinic setting and the Field/School Based Survey form for field or school-based settings.

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FAQ

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Is it alright to return consumer/family member Surveys by U.S. Postal Service mail?

- **No.** Please do not have consumers/family members return the Surveys by U.S. Postal Service mail, because of the Survey submission deadline. Data for late submissions will not be processed.

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### Data Analysis for the Survey Report

- The report is prepared in two sections.
- In the first section only data from the clinic-based surveys are reported.
  - Data analysis for this section includes:
    - Calculate Completion Rate for the Surveys.
    - Compute Response Rates.
    - Test reliability and validity of the eight domains.
    - Compute the scales.
    - Statistical tests such as F-test and chi-square to test for significant differences by Service Area (SA) and demographic characteristics for each of the domains.

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### Data Analysis for the Survey Report

- The second section reports on data for both clinic and field/school based surveys for the County Performance Outcomes.
- Data analysis for this section includes:
  - Calculate Completion Rate for the surveys.
  - Compute Response Rate.
  - Apply Chi-square tests for each of the seven questions to test for differences by SA and demographic characteristics.

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### Calculating Completion and Response Rate

- Completion Rate
  - Surveys with valid Provider Number and/or SA Number AND with no Refusal code/Number of Surveys Received.
- Response Rate
  - Response Rate = Completed Surveys/Consumers who received a face-to-face service during the survey period X 100.
  - Response Rates are calculated separately for each age-group by gender, ethnicity and SA.

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**LACDMH**  
**Quality Improvement Division**

For Questions, Please Call:

**Vandana Joshi**  
Phone: (213) 251-6886  
Email: [VJoshi@dmh.lacounty.gov](mailto:VJoshi@dmh.lacounty.gov)

or

**Rashied Jibri**  
Phone: (213) 251-6884  
Email: [RJibri@dmh.lacounty.gov](mailto:RJibri@dmh.lacounty.gov)

or

**Nya Tapscott**  
Phone: (213) 251-6809  
Email: [NTapscott@dmh.lacounty.gov](mailto:NTapscott@dmh.lacounty.gov)

or

Your Service Area Survey Liaison

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