



## County of Los Angeles Department of Mental Health



Performance Outcomes  
Consumer Perception  
Surveys  
August 2012  
Survey Training

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### Purpose of Performance Outcomes Survey



- ✓ LACDMH partners with Consumers and Family Members to focus on desired outcomes and to improve the quality of care.
- ✓ Survey is a requirement of SAMHSA Community Mental Health Services Block Grant.
- ✓ Requirement of California W&I Code Sections 5600 -5623.5 (Bronzan-McCorquodale Act).

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### SAMHSA Community Mental Health Services Federal Block Grant



- California FY 2011–12 - \$54 Million
- County of Los Angeles FY 2011–12 -\$14 Million
- \$14 Million could be placed at risk for noncompliance with Performance Outcomes Surveys.

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## Performance Outcomes Survey Data Collection



- In CY 2008 baseline benchmarks of Performance Outcomes were established for use in future trending.
- In CY 2009 survey data was collected and trended against baseline benchmarks.
- In CY 2010 CDMH collected statewide random sample in coordination with counties.
- In CY 2012 LACDMH collaborated with UCLA to conduct county performance outcome surveys.

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## MHSIP Data Collection August 2012



- CDMH Information Notice No: 12-03 issued on May 8, 2012, modified the MHSIP Survey Data Collection time periods.
- Modifications shortened the survey time period to 1 week during August of 2012.
- CDMH approved LACDMH to use random sampling of Short Doyle / Medi-Cal providers based on size, age group, and location.

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## Service Area Survey Training & Distribution



- July 10<sup>th</sup> - August 7<sup>th</sup> Survey Trainings will occur.
- SA Liaisons have been provided with the names of randomly selected providers.
- Prior to August 20, 2012, Service Area Liaisons should ensure survey packets are distributed to randomly selected providers.
- DO NOT use survey forms from previous survey periods.

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## Survey Time Period



- The official survey period is August 20-24, 2012. Surveys **MAY NOT** be distributed or completed by consumers or family members outside the official survey period.
- August 31<sup>st</sup> is the last day for participating providers to return completed surveys to Service Area Liaisons.

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## Important



**September 7<sup>th</sup> is the Last Day for Service Area Liaisons to Return the Surveys to:**

Program Support Bureau  
Quality Improvement Division  
695 S. Vermont, 5th Floor  
Suite 500  
Los Angeles, CA 90005

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## Important Survey Dates

Survey Period  
August 20 - 24<sup>th</sup>

August 2012						
Mon	Tue	Wed	Thu	Fr	Sa	Su
		1	2	3	4	
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	31	

**Providers**  
Surveys & Feedback Forms to Service Area Liaisons

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## MHSIP Survey Instruments



1. Adult MHSIP (18-59 years old)
2. Older Adult MHSIP (60+ years old)
3. Youth Services Survey (YSS) (13-17 years old)
4. Youth Services Survey Family (YSS-F)  
(family members of 0-17 year old youth)

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## YSS-F



- o Children age 12 or younger are not surveyed.
- ✓ If a parent or caregiver of a child who is age 12 or younger is present at the time of the survey the parent or caregiver, should complete the YSS-F survey form.

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## YSS-F



- ✓ The YSS-F can be completed by a child's primary caregiver; any person who is not compensated for providing care (i.e. aunt, uncle, grandparents, cousin, family friend, or foster parent.)
- ✓ Someone who is a compensated caregiver would be an employee of a group home. They should not complete the YSS-F survey form.

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## Provider Client Count



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

Thank you for taking the time to answer these questions!

### FOR OFFICE USE ONLY:

#### REQUIRED Information:

County Code:

Date of Survey Administration:

0  8 -  -  2  0  1  2

#### Reason (if applicable):

Ref  Imp  Lan  Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

CSI County Client 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

County Reporting Unit:

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## Billing is not allowed for surveys!



- Surveys do not constitute the provision of medically necessary services.
- The surveys are not clinical instruments.
- Surveys provide consumers and family members the opportunity to provide input/feedback on services for Quality Improvement purposes.

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## HIPAA & Confidentiality



- 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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## Assurance of Confidentiality Statement



Every consumer participating is provided with the "Assurance of Confidentiality" statement below in English or Spanish, as appropriate:

"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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## Consumer Confidentiality



- The Consumer's confidentiality must be respected and maintained during the entire survey and reporting process.
- The information obtained is confidential.
- Consumer / Family participation is voluntary.

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## Comment Section on the Adult and Older Adult Survey Forms



16. Please provide comments here and/or on the back of this form, if needed. We are interested in constructive and helpful feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please 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  Em  Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

CSI County Client Number  
\*\*\*When the number is 11/11/11/11/11\*\*\*

#### Optional County Questions:

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

County Reporting Unit:

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



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.

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 for Face to Face Clinic / Outpatient Services Only



- Administer Surveys for all Clinic Outpatient Services Provided: (Not all inclusive)
  - Mental Health Services
  - Case Management
  - Medication Services
  - MHSA
  - Day Treatment
  - Specialized Foster Care
  - Wellness Centers
  - Co-located Clinics




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## Data Collection Treatment Settings & Populations Not Included



- Inpatient Settings
- Jail / Jail Hospital Settings
- Residential
- PMRT (Crisis Stabilization) Psychiatric Emergency
- One Time Psych Testing or Assessment, No Face to Face Follow-up
- Long Term Residential or Institutional Placements
- Telephone Contact Only
- Case Consultation Only




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## Survey Administration



❑ Do not use clinical or service delivery staff for survey administration.

❑ It is possible to use staff who do not provide direct clinical services to the client.



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## Survey Administration



👉 The use of volunteers / peers / consumers / family advocates are recommended.



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## Completing Survey Forms



•MOST questions have only one answer (bubble).

•Exceptions include race and reason code questions 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 Survey



1. Refused: Client refused to complete the survey.
2. Impaired: Client is too impaired (mentally or physically) to complete the survey.
3. Language: Client is unable to complete survey as survey is not in a language the client understands.
4. Other: Any other reason not listed above.

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### Survey Writing Instruments



- 👉 Use Black or Blue Pen
- 👉 Pencil is ok -if it is dark
  
- No Markers
- No Crayons
- No Hi-lighters

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### Making Corrections



**“What if I made a mistake?”**

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



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## Adding a word to survey type title DOES NOT change the type of survey



Survey Date: August 2012

**ADULT SURVEY**

ENGLISH Adult Survey

Please help our agency make services better by answering some 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
1. I like the services that I received here.	<input type="radio"/>					
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>					
6. Staff returned my calls within 24 hours.	<input type="radio"/>					

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## Deleting a word to survey type title DOES NOT change the type of survey



Survey Date: August 2012

**OLDER ADULT SURVEY**

ENGLISH Older Adult Survey

Please help our agency make services better by answering some 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
1. I like the services that I received here.	<input type="radio"/>					
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>					
6. Staff returned my calls within 24 hours.	<input type="radio"/>					

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## Printing MHSIP Survey Forms



- Survey Forms are fill-able PDF Documents.
- 28 forms available:
  - 4 Survey Types: Adult (MHSIP), Older Adult (MHSIP), Youth (YSS), Family (YSS-F)
  - In 7 Languages (Chinese, English, Hmong, Russian, Spanish, Tagalog, Vietnamese)

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## Printing MHSIP Survey Forms



LACDMH Internet Website

[http://psbqi.dmh.lacounty.gov/Survey\\_Aug\\_2012.htm](http://psbqi.dmh.lacounty.gov/Survey_Aug_2012.htm)

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## Printing MHSIP Survey Forms



- DO NOT DOWNLOAD SURVEY FORMS FROM THE STATE WEBSITE!
- Only Print Surveys when the existing printed forms are exhausted.
- You will be able to fill in the Provider ID and Service Area number before printing.

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## Printing MHSIP Survey Forms



- You may print as many forms as you need.
- Do not photocopy the survey forms. All copiers resize images slightly and will make the forms unreadable.
- Please use a laser printer with white paper for printing the surveys.

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## Questions?



Contact your SA Liaison or QID Staff:

Dr. Timothy Beyer (SA 4, 5, 7, and 8)  
213-251-6737

or

Dr. Marc Borkheim (SA 1, 2, 3, and 6)  
213-251-6740

or

Dr. Vandana Joshi  
213-251-6723

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