

County of Los Angeles Department of Mental Health



Performance Outcomes
Consumer Perception
Surveys

August 2012

Survey Training

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).

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.

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.

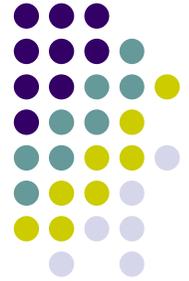
MHSIP Data Collection

August 2012



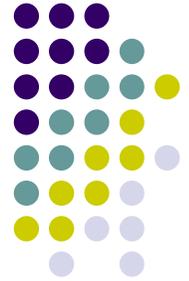
- CDMH Information Notice No: 12-03 issued on May 8, 2012, modified the MHSIP Survey Data Collection time periods.
- Modifications shortened the survey time period to 1 week during August of 2012.
- CDMH approved LACDMH to use random sampling of Short Doyle / Medi-Cal providers based on size, age group,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

Service Area Survey Training & Distribution



- July 10th - August 7th 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.

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 31st is the last day for participating providers to return completed surveys to Service Area Liaisons.

Important



September 7th 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**

Important Survey Dates

Survey
Period

August
20 - 24th

August 2012

	Mon	Tue	Wed	Thu	Fri	Sat
			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

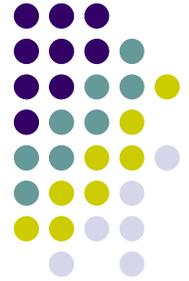
Surveys &
Feedback
Forms to
Service Area
Liaisons

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)

YSS-F

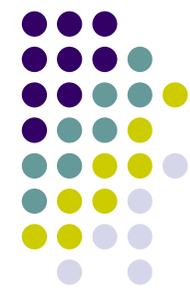


- Children age 12 or younger are not surveyed.
- ✓ If a parent or caregiver of a child who is age 12 or younger is present at the time of the survey the parent or caregiver, should complete the YSS-F survey form.

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.



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:

 - -

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
Must be entered on EVERY page

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):

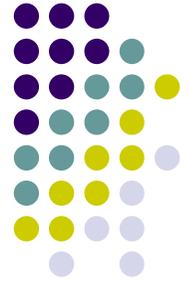
01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Reporting Unit:



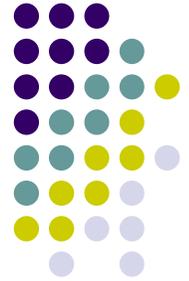
12378

Billing is not allowed for surveys!



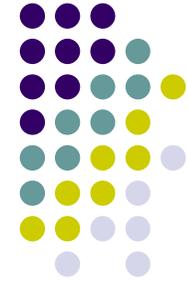
- Surveys do not constitute the provision of medically necessary services.
- The surveys are not clinical instruments.
- Surveys provide consumers and family members the opportunity to provide input/feedback on services for Quality Improvement purposes.

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.

Assurance of Confidentiality Statement

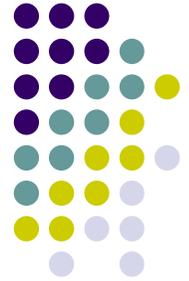


Every consumer participating is provided with the “Assurance of Confidentiality” statement below in English or Spanish, as appropriate:

“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!”

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.

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 both positive and negative 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:

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
Must be entered on EVERY page

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:

12378



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.

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.

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



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



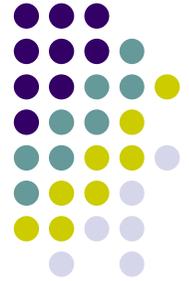
Survey Administration



- 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.



Survey Administration



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



Completing Survey Forms



- MOST questions have only one answer (bubble).
- Exceptions include race and reason code questions which may have multiple answers.

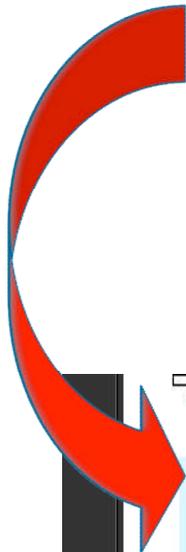


If Consumer/Family Member fills incorrectly, Providers can fill In properly. Don't change the Consumer/Family Member answers!!!!!!

County Client MIS Number MUST be on EVERY Page



The County Client (MIS) Number Must
Be On EVERY Page



*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE..



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CSI County Client Number
Must be entered on EVERY page

Page 1 of 4



Mismatched County Client (MIS) Numbers



is written on all four pages of this survey.

0	0	0	0	0	0	1	2	5
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page

is written on all four pages of this survey.

0	0	0	0	0	0	1	2	3
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page

pages of this survey.

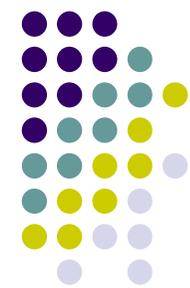
0	0	0	0	0	0	1	2	3
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page

is written on all four pages of this survey.

0	0	0	0	0	0	1	2	5
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page



For Office Use Only

1. Survey Date

2. Reason Codes

4. Four Digit Provider Number

5. Provider Service Area

REQUIRED Information:

County Code:

Date of Survey Administration:
 -

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
Must be entered on EVERY page

3. Client MIS Number

Thank you for your time and answers to these questions!

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

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

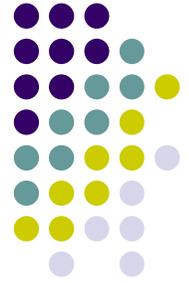
County Question # 3 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Reporting Unit:

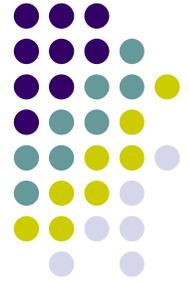


Reasons for Not Completing Survey



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.

Survey Writing Instruments



👍 Use Black or Blue Pen

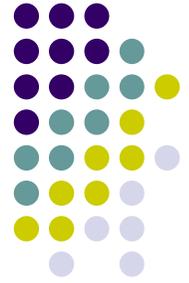
👍 Pencil is ok -if it is dark

-No Markers

-No Crayons

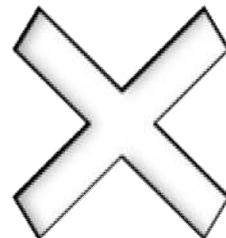
-No Hi-lighters

Making Corrections

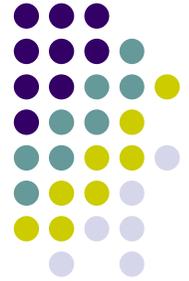


**“What if I made
a mistake?”**

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

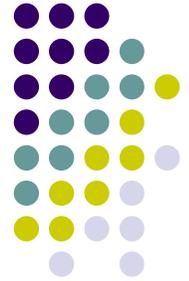


Printing MHSIP Survey Forms



- 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)

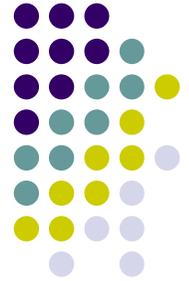
Printing MHSIP Survey Forms



LACDMH Internet Website

http://psbqi.dmh.lacounty.gov/Survey_Aug_2012.htm

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.

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.

Finding the Survey Forms on the LACDMH PSBQI Website



index.jpg - Windows Internet Explorer
 http://psbqi.dmh.lacounty.gov/survey_aug_2012.htm

DMH Internet Site | County Directory of Information & Services | Public Alerts | Public Information | County Contact Information

Los Angeles County Department of Mental Health
 24/7 HOTLINE: 1-800-854-7771
 Our Mission: Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resilience.

Home | Quality Improvement (QI) | Data - Geographic Information Systems (GIS) | Training | Quality Assurance | Maps

August 2012 Surveys

Please print survey forms single-sided.
 No. 2 Pencil or dark ink - NO FELT PENS

Reports	Adult	YSS
GIS	English	English
	Spanish	Spanish
	Chinese	Chinese
	Russian	Russian
	Tagalog	Tagalog
Provider Directory	Hmong	Hmong
	Vietnamese	Vietnamese
	Rates	
	Older Adult	YSS-F
	English	English
	Spanish	Spanish

Los Angeles County Service Areas

Select Service Area for more information

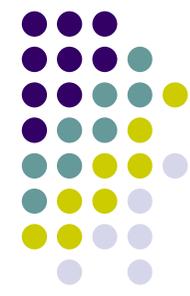
SA 1 SA 2 SA 3 SA 4 SA 5 SA 6 SA 7 SA 8

Start | Inbox - Microsoft Ou... | RE: QI Eval report O... | Request Form for SA... | RE: Survey Website ~... | R:\DATA\MHSIP Surv... | Microsoft PowerPoint... | index.jpg - Windo... | 2:35 PM

Finding Training Slides, FAQs, Statement of Confidentiality and Strategies to Improve Survey Return Rate



The screenshot shows a Windows Internet Explorer browser window displaying the Los Angeles County Department of Mental Health website. The address bar shows the URL: http://psbqi.dmh.lacounty.gov/forms_2012.htm. The website header includes the Los Angeles County seal and the text: "Los Angeles County Department of Mental Health" and "24/7 HOTLINE: 1-800-854-7771". Below the header is a navigation menu with links for Home, Quality Improvement (QI), Data - Geographic Information Systems (GIS), Training, Quality Assurance, and Maps. The main content area is titled "Forms & Training Slides" and features a sidebar with buttons for Reports, GIS, Provider Directory, Rates, Data, Maps, and Surveys. The "Forms" section includes links for "Confidentiality Statement (English)" and "Confidentiality Statement (Spanish)". The "February 2012 Survey Training Slides" section includes links for "Handout", "Presentation", "Strategies to Improve Survey Return Rate", and "Survey FAQ". On the right side, there is a map of Los Angeles County Service Areas (SA 1-8) and a "Select Service Area for more information" section with buttons for SA 1, SA 2, SA 3, SA 4, SA 5, SA 6, SA 7, SA 8, and Countywide. The Windows taskbar at the bottom shows the Start button, several open applications, and the system clock displaying 4:09 PM on 8/2/2012.



When Stapling together the Surveys

Survey Dates:
August 2012

CALIFORNIA DEPARTMENT OF
 Mental Health

ENGLISH
Adult Survey

ADULT SURVEY

Please help our agency provide 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 circles completely. EXAMPLE: Correct ● Incorrect ✕ ✓

CSIP Consumer Survey*:

Please answer the following questions based on the services you have received. If you have not received services for 6 months, just give answers based on the services you received. For each item, choose one response: Agree, Neutral, Disagree, or Strongly Disagree. If Not Applicable to indicate that the item does not apply to you, fill in the circle for Not Applicable.

Disagree	Strongly Disagree	Not Applicable
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Staple MUST be above this diagonal line

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