



Department of Mental Health
Program Support Bureau
Quality Improvement Division
&
Integrated Substance Abuse
Programs - UCLA

**County Performance Outcomes
Survey
FY 2011-2012
Survey Training**

Purpose of Performance Outcomes Survey

- ☑ 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.

MHSIP Data Collection

1. In CY 2008 baseline benchmarks of Performance Outcomes were established for use in future trending.
2. In CY 2009 survey data was collected and trended against baseline benchmarks.
3. In CY 2010 CDMH collected statewide random sample in coordination with counties.

LACDMH Performance Outcome Measures

- Ten Performance Outcomes have been agreed upon and adopted using survey items from the State MHSIP resulting in a brief survey.
- Survey Domains
 - Access to Services (3 Measurement Items)
 - Client Satisfaction (2 Measurement Items)
 - Clinical Effectiveness (5 Measurement Items)

Consumer Satisfaction Surveys FY 2011-2012

- New initiative with Integrated Substance Abuse Program (ISAP) of UCLA using the brief survey.
- Brief survey will measure consumer perception in a more efficient and cost effective process.
- Use of the brief survey will be easier to administer and complete.

Consumer Satisfaction Surveys FY 2011-2012

- Survey data will be made available to each agency for provider level analysis and feedback.
- Results will be tested for statistical reliability.

Consumer Satisfaction Surveys FY 2011-2012

- Formerly only Short Doyle / Medi-Cal outpatient clinics and field-based services were included in the data collection.
- This survey period all outpatient Fee For Service (FFS) Network Providers are also included in the data collection.

Survey Training and Distribution

- January 10 - February 7, 2012, County Performance Outcomes Survey Trainings will be completed.
- Survey packets will be distributed to providers at survey trainings.
- Additional surveys are available from Service Area Liaisons.
- Surveys are also available online at:
http://psbqi.dmh.lacounty.gov/Survey_Feb_2012.htm

Survey Time Period

- The official survey period is Feb. 13 – Feb. 27, 2012.
- Surveys MAY NOT be distributed or completed by consumers or family members before or after the official survey period.

Survey Return

- March 5 is the last day for Short Doyle/Medical Providers to return completed surveys to Service Area Liaisons.
- March 13 is the Last Day for Service Area Liaisons to Return the Survey Packets to the:

Program Support Bureau
Quality Improvement Division
695 S Vermont, 5th Floor

Important Dates

Survey
Period

February
13th through
27th

February 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			

More Important Dates

Survey
Return
March 5 to
SA Liaisons,
March 13
to PSB

March 2012						
Mon	Tue	Wed	Thu	Fri	Sat	
			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	31
						12

Survey Instruments

1. Adult / Older Adult Survey – for adults age 18 years and older.
2. Youth Survey – for youth age 13 - 17 years old.
3. Family Survey – for family members of children and youth age 0 - 17 years old.

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 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!”

Consumer Confidentiality

- The Consumer's confidentiality must be respected and maintained during the entire survey and reporting process.
- The information obtained is confidential and anonymous.
- No names or IDs are collected from the survey respondents.

Surveys Per Location

1. All data will be aggregated by Service Area and Provider Number.
2. Surveys are not to be identified by client ID / MIS Number.
3. It is important that County Provider Number and Service Area Number are included on the Surveys.

FAQ -Can we bill for the surveys?

No. Surveys do not constitute the provision of medically necessary services. The surveys are not clinical instruments. This is an opportunity for consumers and family members to provide feedback on services using the survey process.

Data Collection

For Face to Face Services Only

Examples of Treatment Settings

(Not all inclusive)

- Clinic / Office Outpatient Services
 - Case Management
 - Medication Services
 - Full Service Partnerships
 - Day Treatment
 - Specialized Foster Care
 - Wellness Centers
 - Co-located Offices
- Field Capable Clinical Services
- Field Based Settings



Data Collection Populations Not Included

Do Not Include:

- 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
- Case Consultation



Data Collection Funding Stream FAQ

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

- No -For Short / Doyle Medi-Cal Providers Funding Stream is not a Factor!
- Yes -For FFS Network Providers Only Medi-Cal recipients should return the survey!

Survey Administration in Short Doyle / Medi-Cal Clinics

- ❑ 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 in Short Doyle / Medi-Cal Clinics

👉 The use of
volunteer / peer /
consumer / family
advocates are
recommended.



Survey Administration for FFS Network Providers

- ❑ FFS consumers will return their surveys in a pre-addressed, postage paid envelope provided to them.
- ❑ Surveys will be sent directly to UCLA/ISAP for processing.



Completing Survey Forms

- MOST questions have only one answer (bubble).
- One exception is the race / 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!!!!!!

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

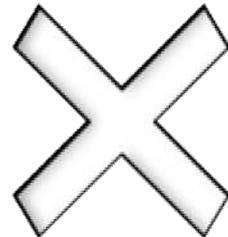
-No Hi-lighters

Making Corrections



**“What if I made
a mistake?”**

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



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

English

County of Los Angeles
Department of Mental Health

Consumer Satisfaction Survey FY 2011 - 12

**Youth Survey
(13 - 17 Years Old)**

X Family X

Draft

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, please fill in the circle that corresponds to your choice. Please fill in the circle completely.

Correct Incorrect

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
1. I felt I had someone to talk to when I was troubled.	<input type="radio"/>					
2. The location of services was convenient for me.	<input type="radio"/>					

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

English

County of Los Angeles
Department of Mental Health
Consumer Satisfaction Survey PI' 2011 -12

Adult / Older Adult

Youth

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, please fill in the circle that corresponds to your choice. Please fill in the circle completely.

	correct	incorrect	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
1. The location of services was convenient (parking, public transportation, distance, etc.).			0	0	0	0	0	0

Internet Downloading of Survey Forms

LACDMH Internet Website

Short Doyle / Medi-Cal Providers

And

FFS Network Providers

http://psbqi.dmh.lacounty.gov/Survey_Feb_2012.htm

Finding the Survey Forms on the LACDMH PSBQI Website

The screenshot shows a Windows Internet Explorer browser window displaying the LACDMH PSBQI website. The browser's address bar shows the URL: http://psbqi.dmh.lacounty.gov/Survey_Feb_2012.htm. The website header includes the Los Angeles County Department of Mental Health logo and a 24/7 hotline number: 1-800-854-7771. The mission statement is: "Our Mission: Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resilience." The navigation menu includes: Home, Quality Improvement (QI), Data - Geographic Information Systems (GIS), Training, Maps, and MHPA (Prop 63). The main content area is titled "February 2012 Surveys" and includes a note: "No. 2 Pencil or dark ink - NO FELT PENS". The survey options are organized into two columns: "SD/MC Providers" and "FFS Providers".

SD/MC Providers	FFS Providers
Adults & Older Adults	Adults & Older Adults
English	English
Spanish	Spanish
Chinese	Family
Russian	English
Tagalog	Spanish
Hmong	Youth
Vietnamese	English
Family	Spanish
English	

On the right side of the page, there is a map titled "Los Angeles County Service Areas" with a legend below it: "Select Service Area for more information". The legend includes buttons for SA 1, SA 2, SA 3, SA 5, SA 6, and SA 7.

Downloading Survey Forms

- Survey Forms are fill-able PDF Documents.
- 21 forms for Short Doyle / Medi-Cal Providers.
 - 3 Survey Types (Adult, Youth, Family)
 - In 7 Languages (Chinese, English, Hmong, Russian, Spanish, Tagalog, Vietnamese)
- 6 forms for FFS Network Providers.
 - 3 Survey Types (Adult, Youth, Family)
 - In 2 Languages (English and Spanish)

Printing Surveys

- Only Print Surveys when the existing printed forms are exhausted.
- Short Doyle Medi-Cal Providers will be able to fill in the Provider ID and Service Area number before printing.
- Fee for Service Network Providers only need to fill in the Service Area number.

Printing Surveys

- 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.

Questions?

Contact your SA Liaison

OR

or QI Division Staff below:

Dr. Vandana Joshi, Ph.D., Program Head

213-251-6723

Dr. Timothy Beyer, Ph.D.

213-251-6737 -for SA 4, 5, 7 and 8

Dr. Marc Borkheim, Ph.D.

213-251-6740 -for SA 1, 2, 3 and 6