



County of Los Angeles Department of Mental Health

Performance Outcomes
Consumer Perception Surveys
August 2013
Survey Training



Purpose of Performance Outcomes Survey

- ✓ LACDMH annually conducts Consumers and Family Members Satisfaction Surveys improve the quality of care.
- ✓ The Mental Health Statistics Improvement Program (MHSIP) 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 2012–13 - \$57 Million
- County of Los Angeles FY 2011–12 -\$14 Million
- Funding would be put at risk for noncompliance with collecting data for Consumer Perception MHSIP Surveys.

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MHSIP 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 for County Performance Outcome Surveys in February and collected MHSIP survey data in August.

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MHSIP Data Collection August 2013



- MHSIP Information Notice No: 13-14 was issued July 18, 2013 informing the counties of the survey period.
- Short Doyle / Medi-Cal providers have been randomly selected to participate based on Service Area, Directly Operated vs. contracted clinics, and age group.
- Providers not selected can participate if they choose to do so.
- Fee For Service (FFS) Network Providers are also included in the data collection. FFS Consumers mail their surveys back.
- **Modifications:** Adult and Older Adult Survey Forms no longer include the Quality of Life scale items.
- An online version of the MHSIP survey is available in English for all age groups. This data collection methodology is a pilot test in the County of Los Angeles.

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Service Area Survey Training & Distribution



- August 12- August 23 Survey Trainings will occur.
- SA Liaisons have been provided with the names of randomly selected Short Doyle / Medi-Cal Providers.
- Prior to August 26, 2013, Service Area Liaisons can distribute survey forms to the selected Short Doyle / Medi-Cal providers.
- PDF fillable survey forms are available on the Program Support Bureau –QI website at: <http://psbqi.dmh.lacounty.gov>
- DO NOT use survey forms from previous survey periods.

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Survey Time Period



- The official survey period is August 26-30, 2013. Surveys **MAY NOT** be distributed or completed by consumers or family members outside the official survey period.
- September 6 is the last day for Short Doyle / Medi-Cal participating providers to return completed surveys to the Service Area Liaisons.

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Important

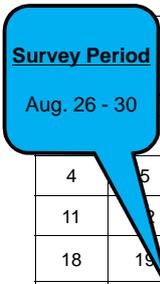


September 11th - the Last Day for Service Area Liaisons to Return the completed forms to:

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

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Important Survey Dates



August						
Survey Period	Mon	Tue	Wed	Thu	Fri	Sat
Aug. 26 - 30				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		

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Important Survey Dates



September						
Sun	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					

Liaisons
Survey Forms back to PSB-QID

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.

Provider Client Count



It is important that the County Client Number, the Provider number, and the Service Area 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



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.

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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.
- Survey forms will be destroyed after 6 months.

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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 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: 1 9

Date of Survey Administration:

Month: [] Day: [] Year: []

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

Provider Number

Service Area

15638

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

25. In a crisis, I would have the support I need from family or friends. 1 2 3 4 5

26. I have people with whom I can do enjoyable things. 1 2 3 4 5

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

- For Consumers who receive Face-to-Face Outpatient Clinic Services during the survey period: Examples of Settings -(Not all inclusive)

- Mental Health Services
- Case Management
- Medication Services
- MHSA – FSP, PEI, ISM, and FCCS –(if provided in the clinic)
- 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



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**Data Collection Funding Stream for Short /
Doyle Medi-Cal Providers**
Important FAQ

- For Short / Doyle Medi-Cal Providers
Funding Stream is not a Factor.
- Surveys should be administered to all
consumers.

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**Data Collection Funding Stream for FFS
Providers**
Important FAQ

- Only Medi-Cal recipients should
return the survey.

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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.



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Survey Administration in Short / Doyle Medi-Cal Clinics



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



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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.



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Completing Survey Forms

- MOST questions have only one answer (bubble).
- Exceptions include: what is your race? -which may have multiple answers.

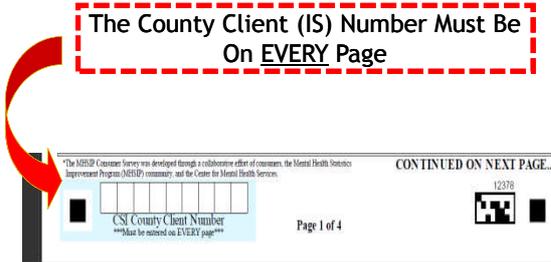


If Consumer/Family Member fills incorrectly, Providers can fill in properly. Don't change the Consumer/Family Member answers!!!!

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County Client IS Number MUST be on EVERY Page

The County Client (IS) Number Must Be On **EVERY** Page



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For Office Use Only

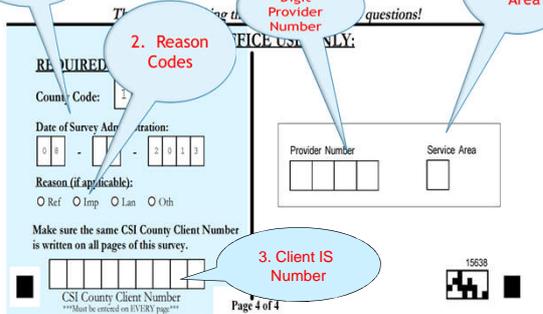
1. Survey Date

2. Reason Codes

3. Client IS Number

4. Four Digit Provider Number

5. Provider Service Area



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For Office Use Only

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code: 1 9

Date of Survey Administration:
0 8 - - 2 0 1 3

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

NPLID:

6. FFS Providers will enter NPI Numbers

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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.

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



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



ENGLISH Without QOL

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

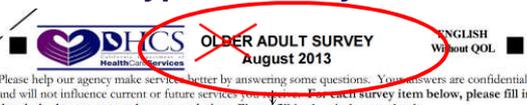
MHSIP Consumer Survey*:

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"/>					

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



ENGLISH Without QOL

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"/>					

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Printing MHSIP Survey Forms for Short / Doyle Medi-Cal Providers



- Survey Forms are fill-able PDF Documents.
- 28 forms are available on the PSBQI website:
 - 4 Survey Types: Adult (MHSIP), Older Adult (MHSIP), Youth (YSS), Family (YSS-F)
 - In 7 Languages (Chinese, English, Hmong, Russian, Spanish, Tagalog, Vietnamese)
- QID will send an IS blast to remind providers.

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Printing MHSIP Survey Forms for FFS Providers



- Managed Care Division is coordinating FFS Survey Administration with QID.
- 28 PDF fillable forms are available on PSBQI website:
 - 4 Survey Types: Adult (MHSIP), Older Adult (MHSIP), Youth (YSS), Family (YSS-F)
 - In 7 Languages (Chinese, English, Hmong, Russian, Spanish, Tagalog, Vietnamese)
- Preprinted return envelopes are available for FFS consumers to return the completed surveys.
- QID will send an IS blast to remind providers.

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Printing MHSIP Survey Forms



LACDMH Internet Website

http://psbqi.dmh.lacounty.gov/Survey_Aug_2013.htm

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Printing MHSIP Survey Forms

- DO NOT DOWNLOAD SURVEY FORMS FROM THE STATE WEBSITE!
- Surveys can be downloaded and printed from the QI website at <http://psbqi.dmh.lacounty.gov>
- Only Print Surveys when the existing printed forms are exhausted.
- You will be able to fill in the Provider Number 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 digital printer with white paper for printing the surveys.

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Finding the Survey Forms on the LACDMH PSBQI Website

Los Angeles County Department of Mental Health

24/7 HOTLINE: 1-800-854-7773

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

August 2013 Surveys

1-2 Pages or less (in PDF FILE FOLDER)

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

Los Angeles County Service Areas

Service Area	Service Area
SA 1	SA 6
SA 2	SA 7
SA 3	SA 8
SA 4	SA 9
Countywide	

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Finding Training Slides, FAQs, Statement of Confidentiality, Strategies to Improve Survey Return Rate, and a link to the Online Survey

Los Angeles County Department of Mental Health

24/7 HOTLINE: 1-800-854-2773

Forms & Training Slides

- Forms
 - Confidentiality Statement (English)
 - Confidentiality Statement (Spanish)
- August 2013 Survey Training Slides

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When Stapling together the Surveys

ADULT SURVEY August 2013

ENGLISH Without QOL

Staple MUST be above this diagonal line

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 received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item

	Disagree	Strongly Disagree	Not Applicable
1. I like the services I receive from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would choose services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to my family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Retrieving Your Survey Data

- Survey results will be made available by provider number and service area as soon as possible through the LACDMH Website.

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Pilot Test Online Survey



- Available only in English
- County of Los Angeles Pilot Test
- Computer with internet access to be in “kiosk mode” w/ staff to guide consumers
- Live Demonstration

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Questions?



Contact your SA Liaison or QID Staff:

Dr. Timothy Beyer (SA 4, 5, 7, and 8)
213-251-6737
Mary Crosby RN, CNS (SA 1, 2, 3, and 6)
213-251-6736

FFS Providers Contact Madonna Waters
213-639-6363

Dr. Vandana Joshi
213-251-6723

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