



County of Los Angeles Department of Mental Health

Performance Outcomes
Consumer Perception Surveys
Spring 2014
Survey Training



Purpose of Performance Outcomes Survey

- ✓ LACDMH conducts the MHSIP Survey to 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 2011–12 - \$54 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 Outcomes survey in Feb. & collected MHSIP surveys from randomly selected providers in August.
- In CY 2013 LACDMH collected MSHIP survey data from randomly selected providers in August.

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MHSIP Data Collection Spring 2014



- MHSUDS Information Notice No: 14-007 was issued March 3, 2014 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.
- LA County is not requiring Adult and Older Adult Survey Forms to include Quality of Life scales.

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Service Area Survey Training & Distribution



- Survey Trainings will occur from April 8- April 24, 2014 .
- SA Liaisons have been provided with the names of randomly selected Short Doyle / Medi-Cal Providers.
- Prior to April 28, 2014, Service Area Liaisons will distribute survey forms to the selected Short Doyle / Medi-Cal providers.
- PDF survey forms are available on the Program Support Bureau –QI website at:
http://psbqi.dmh.lacounty.gov/Survey_Spring_2014.htm
- DO NOT use survey forms from previous survey periods.

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Survey Time Period



- The official survey period is April 28- May 2, 2014. Surveys SHOULD NOT be distributed to nor completed by consumers or family members outside the official survey period.
- May 9 is the last day for Short Doyle / Medi-Cal participating providers to return completed surveys and their Tally Sheets to the Service Area Liaisons.

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Tally Sheets



Each provider must complete a tally sheet for:

1. Completed MHSIP Survey Forms
2. Refused MHSIP Survey Forms

The tally sheets will indicate the number and language of each form returned.

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Tally Sheets



Each Service Area Liaison must then complete a Service Area wide tally sheet for:

1. Completed MHSIP Survey Forms
2. Refused MHSIP Survey Forms

The tally sheets will indicate the number and language of MHSIP Survey forms returned from each Service Area.

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Returning Surveys



SA Liaisons are asked to make arrangements in advance to return the completed surveys and tally sheets with QID staff:

Tim Beyer (SA 4, 5, 7, and 8)
213-251-6737

Mary Crosby (SA 1, 2, 3, and 6)
213-251-6736

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Important



May 15th - 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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Transporting the Completed MHSIP Survey Forms



All safeguards must be taken to ensure the security of the survey PHI. When transporting the completed surveys: "travel strictly from Point A to Point B with no stops prior to drop off", has been quoted as a practice advised by our HIPAA privacy officer in order to reduce risk for unauthorized access when paper records are left in the car during any stops on the way to Point B or in the car at home overnight.

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HIPAA Policy 500.21 Safeguards for PHI



“3.2 LAC-DMH will implement appropriate administrative, technical and physical safeguards which will protect PHI from any intentional, unintentional or incidental use or disclosure that is in violation of the Department’s Privacy Policies or the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This requirement applies to all types of PHI in any form, i.e., oral, paper or electronic.”

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HIPAA Policy 500.21 Safeguards for PHI



- “4.1.5 Mail: PHI should be mailed within the County’s departments in sealed envelopes. PHI mailed outside the County should be sent via first class and should be concealed.”
- “4.2.1.3 Paper records and clinical records that are removed from LAC-DMH premises must not be left unattended in places where unauthorized persons can gain access. Paper records and clinical records must not be left in unlocked automobiles or in view of passers-by.”

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Important Survey Dates



Survey Period
April 28 – May 2

Survey Period		April / May				
	Tue	Wed	Thu	Fri	Sat	
	1	2	3	4	5	
6	8	9	10	11	12	
13	15	16	17	18	19	
20	21	22	23	24	25	
26	27	28	29	30	1	
				2	3	

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Important Survey Dates



May						
Sun	Mon	Tue	Wed	Thu	Fri	
				1	2	
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

Providers
Surveys & Feedback Forms to Service Area Liaisons

Liaisons
Survey Forms back to PSB-QID

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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 children & youth)

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YSS-F



✓ Although Children age 12 or younger are not surveyed, parents or caregivers present at the time of the survey should complete the YSS-F survey form.



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YSS-F



- ✓ The YSS-F can be completed by a child's or youth'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

Include the Client IS Number on each page.
Put your provider number, and the Service Area in the County Reporting Unit spaces .



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 Lam Oth

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

CSI County Client Number

Optional Information:

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:

Page 4 of 4

Insert County Code 19

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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.
- Survey forms will be destroyed after they have been scanned and verified. (approximately 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. Areas where 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.

Red oval highlighting the comment section area.

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Optional County Questions:

County Question # 1 (mark only ONE bubble):

Q 01 Q 02 Q 03 Q 04 Q 05 Q 06 Q 07 Q 08 Q 09 Q 10

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Horizontal lines for notes.

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

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

Text input box for question 27.

28. What would improve the services here?

Text input box for question 28.

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

Text input box for question 29.

Please answer the following questions to let us know how you are doing.

1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.)

- With one or both parents
- Homeless shelter
- State correctional facility

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Horizontal lines for notes.

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



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Horizontal lines for notes.

**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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**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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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

The MCHSP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Services Board, the Statewide Program (MCHSP) committee, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

34151

CSI County Client Number
has to be entered on EVERY page

DHCS-1740 EN (05/13)

Page 1 of 4

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Office Use Only

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:

Optional County Questions:

Question #1 (mark only ONE bubble):
 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:

41874

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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



~~OLDER ADULT SURVEY~~ Spring 2014 **ADULT 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"/>					

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



~~OLDER ADULT SURVEY~~ Spring 2014

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 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



LACDMH Internet Website

http://psbqi.dmh.lacounty.gov/Survey_Spring_2014.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 PSBQI website at:

http://psbqi.dmh.lacounty.gov/Survey_Spring_2014.htm

- Only Print Surveys when the existing printed forms are exhausted.

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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

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

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REMINDER: MHSIP TALLY SHEETS

- LACDMH will not be scanning the surveys prior to sending them to the state.
- Providers must complete a Tally sheet indicating the number of survey forms completed and returned to the SA Liaison.
- Separate Tally Sheets are required to indicate the number returned with the refusal code.
- SA Liaisons will prepare SA wide Tally Sheets indicating total surveys returned from each Service Area.

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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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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

Dr. Vandana Joshi
213-251-6723

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