



COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH

Performance Outcomes
Consumer Perception
Surveys
Fall 2015
Survey Training

PURPOSE OF PERFORMANCE OUTCOMES SURVEY



- ✓ LACDMH conducts the Mental Health Statistical Improvement Project (MHSIP) Survey to provide consumers and family members the opportunity to provide input/feedback on services for Quality Improvement purposes.
- ✓ The MHSIP is a requirement of the Substance Abuse and Mental Health Services Administration (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
FISCAL YEAR 2014-2015



- California's Share - \$62 Million
- County of Los Angeles's Share - \$15 Million
- Funding would be put at risk for noncompliance with collecting data for Consumer Perception MHSIP Surveys.

MHSIP DATA COLLECTION FALL 2015

Tell us what you think!

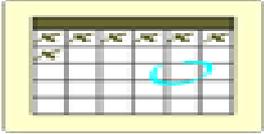


- A MHSUDS Information Notice has been issued informing the counties of the survey period.
- Short Doyle / Medi-Cal providers will be randomly selected to participate based on Service Area, Directly Operated vs. contracted clinics, and age group, with an over-sampling of clinics serving older adults.
- Providers not randomly selected can participate if they choose to do so. However, SA QIC liaisons should separate these surveys from the randomly selected provider surveys.
- LA County is not requiring Adult and Older Adult Survey Forms to include Quality of Life scales.

SERVICE AREA SURVEY TRAINING & DISTRIBUTION



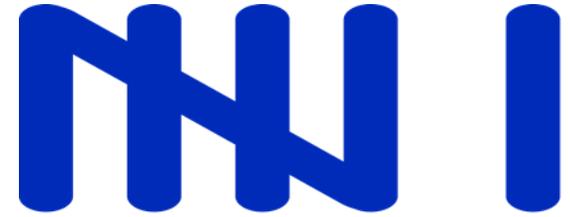
- Survey Trainings will begin in October 2015.
- SA Liaisons will be provided with the names of randomly selected Short Doyle / Medi-Cal Providers.
- Prior to November 20, 2015, SA Liaisons will then distribute survey forms to the selected Short Doyle / Medi-Cal providers.
- PDF survey forms will be available on the Program Support Bureau –QI website at:
http://psbqi.dmh.lacounty.gov/Survey_Fall_2015.htm
- DO NOT use survey forms from previous survey periods.



Survey Time Period

- The official survey dates are **November 16-20, 2015**. Surveys SHOULD NOT be distributed to nor completed by consumers or family members outside the official survey period.
- The last day to return surveys and Tally Sheets to the QI Division is **Thursday, December 3rd, 2015**. Please get them to your liaison before that time or drop them off directly at the QI Division.

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.

RETURNING SURVEYS

SA Liaisons are asked to make arrangements in advance to return all surveys and tally sheets to QID staff member by Thursday, December 3, 2015:

Tonia Jones, RN, PhD

tamosjones@dmh.lacounty.gov

213-251-6736



Important



Service Area Liaisons are to return the surveys with the Tally sheets by

Thursday, December 3, 2015 to:

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

TRANSPORTING THE COMPLETED MHSIP SURVEY FORMS

All safeguards must be taken to ensure the security of the survey Protected Health Information (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.



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.”



IMPORTANT SURVEY DATES

Survey Period
11/16-11/20

November

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					

IMPORTANT SURVEY DATES

Liaisons

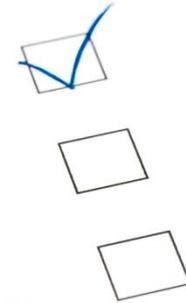
Survey
Forms
back to
PSB-QID

November/December

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 (H)	27 (H)	28
29	30	1	2	3	4	

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)



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.



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, or family friend).
- ✓ Someone who is a compensated caregiver would be an employee of a group home. They should not complete the YSS-F survey form.



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.
- Survey forms will be destroyed after they have been scanned and verified (approximately 6 months).



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:

--	--

Optional County Questions:

County Question # 1 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10

THREE (3) COMMENT SECTIONS ON THE YSS & YSS-F SURVEYS

Do not write people's names from the survey on the survey form.

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.

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.)

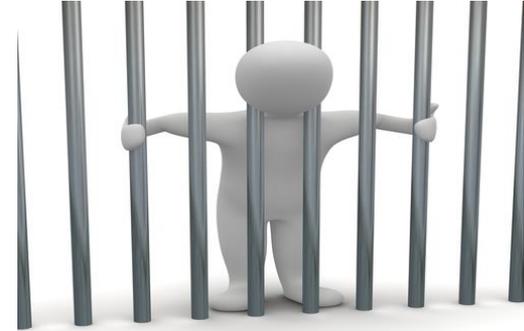
- With one or both parents
 Homeless shelter
 State correctional facility

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



Data Collection Treatment Settings & Populations Not Included



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

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

Important FAQ

- Surveys should be administered to all consumers, regardless of the funding stream such as Medi-cal versus Indigent
- Surveys should be administered to ALL consumers visiting an outpatient clinic for outpatient services during the survey period.



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.



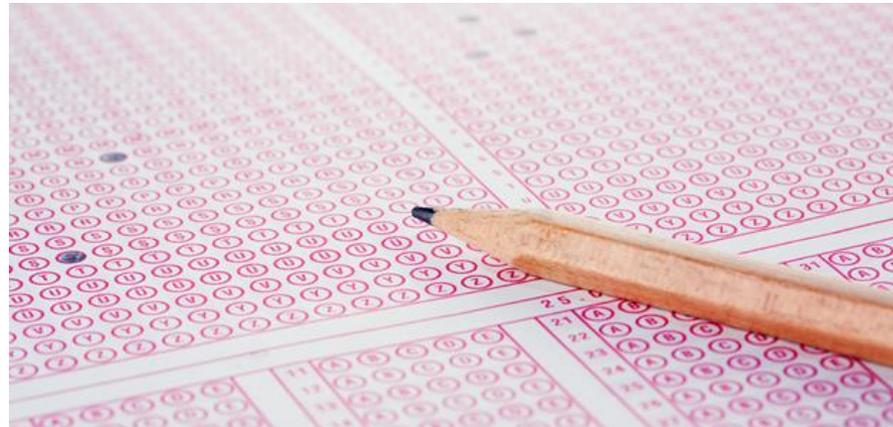
Survey Administration in Short / Doyle Medi-Cal Clinics

👍 The use of
volunteers / peers
/ consumers /
family advocates
is recommended.



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.

County Client IS/PAT-ID (IBHIS) Number **MUST** be on **EVERY** Page

The County Client (IS)/PAT-ID (IBHIS)
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...

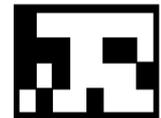
--	--	--	--	--	--	--	--	--	--

CSI County Client Number
Must be entered on EVERY page

DHCS 1740 EN (05/13)

Page 1 of 4

34151



PROVIDER NUMBER AND SERVICE AREA BOX

- Surveys are being distributed this year with Provider Numbers and Service Areas pre-printed.
- For additional surveys printed from the website, please enter the Provider Number and Service Area information. The survey is available as a PDF fillable document, which will allow this to be more easily done.

EXAMPLE OF FILLING CSI (IS) ON THE SURVEY

PAGES 1 AND 2

As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	NOT Applicable
21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>				
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>				

*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...

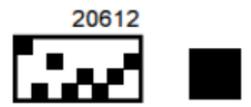


0	0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page

Page 1 of 4

DHCS 1740 EN (05/13)

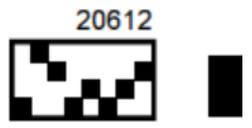




0	0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page

Page 2 of 4



EXAMPLE OF FILLING CSI (IS) ON THE SURVEY

PAGE 3

9. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown

10. What is your race? (Please mark all that apply.)

- American Indian / Alaskan Native Native Hawaiian / Other Pacific Islander Unknown
- Asian White / Caucasian
- Black / African American Other

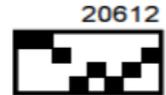
CONTINUED ON NEXT P.



0	0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page

Page 3 of 4



EXAMPLE OF FILLING CSI (IS), SA AND PROVIDER NUMBER ON THE SURVEY

PAGE 4

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

Reason (if applicable):

Ref Imp Lan Oth

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

0	0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---

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:

S	A	0	5	1	2	3	4
---	---	---	---	---	---	---	---

20612



Page 4 of 4

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

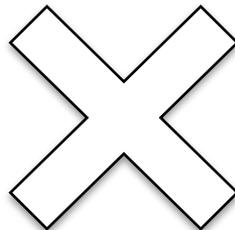


Making Corrections



**“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

Child



~~OLDER ADULT SURVEY~~
Spring 2015

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"/>					

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)



PRINTING MHSIP SURVEY FORMS

LACDMH Internet Website

http://psbqi.dmh.lacounty.gov/Survey_Fall_2015.html



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_Fall_2015.html

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

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.



FINDING THE SURVEY FORMS ON THE LACDMH PSBQI WEBSITE

The screenshot shows a web browser window displaying the LACDMH PSBQI website. The address bar shows the URL: http://psbqi.dmh.lacounty.gov/Survey_Fall_2015.htm. The page header includes the LACDMH logo and a contact number: 1-800-854-7771. The main content area is titled "MHSIP Survey - Fall 2015". On the left, there is a sidebar with buttons for "Reports", "GIS", "Provider Directory", "Rates", "Data", "Maps", and "Training Slides & Forms". The main content area is divided into three sections: "Adults", "Older Adults", and "Family". Each section lists language options: English, Spanish, Chinese, Russian, Tagalog, Hmong, and Vietnamese. On the right, there is a map of Los Angeles County Service Areas with buttons for "SA 1" through "SA 8" and "Countywide".

FINDING TRAINING SLIDES, FAQs, STATEMENT OF CONFIDENTIALITY, STRATEGIES TO IMPROVE SURVEY RETURN RATE, AND A LINK TO THE ONLINE SURVEY

The screenshot shows a web browser window displaying the Los Angeles County Department of Mental Health (LAC DMH) website. The browser address bar shows the URL http://psbqi.dmh.lacounty.gov/forms_Fall_2015.html. The website header includes the LAC DMH logo and a helpline number: 1-800-854-7771, ACCESS Center 24/7 Helpline. A navigation menu lists various services: Home, Quality Improvement (QI), Data - Geographic Information Systems (GIS), Training, Quality Assurance, and Maps. The main content area is titled "Los Angeles County Service Areas" and features a map of the county divided into eight service areas (SA 1 through SA 8) and a "Countywide" option. Below the map, there are buttons for each service area and a "Countywide" button. On the left side of the page, there is a sidebar with a "Training Slides, Forms & Handouts" section. This section includes a "Reports" button and a "Statements" section with links to: Confidentiality Statement (English & Spanish), Completed MHSIP Tally Sheet for Providers (English), Completed MHSIP Tally Sheet for SA Liasons (English), Refused Survey Tally Sheet for Providers (English), and Refused Survey Tally Sheet for SA Liasons (English). Below this, there is a "Fall 2015 Survey Training Slides" section with links to: Presentation, Strategies to Improve Survey Return Rate, and Survey FAQ. The bottom of the screenshot shows the Windows taskbar with the time 9:26 AM and date 10/15/2015.

REMINDER: MHSIP TALLY SHEETS

Module	Defect count	(x five)	Total
1			20
2			30
3		Phase 4	54
4		Phase 2	27
5			40
6		Phase 2	52
7			90
8			35
9		Phase 3	43
10		Phase 2	12
11		Phase 1	31
12		Phase 3	53

- LACDMH will not be scanning the surveys prior to sending them to Hershey Technologies, who is contracted to scan the surveys this year.
- 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 shall prepare SA wide Tally Sheets indicating total surveys returned from each Service Area.

RETRIEVING YOUR SURVEY DATA

- Survey results will be made available as soon as possible through the LAC-DMH Website.



QUESTIONS?

Contact your SA Liaison or QID Staff:

Tonia Jones, RN, PhD

tamosjones@dmh.lacounty.gov

213-251-6736

