

At Your Finger Tips MHSIP Reminders

- The official survey dates are **May 16-20**
- Surveys **SHOULD NOT** be distributed to nor completed by consumers or family members outside the official survey period.
- PDF survey forms will be available on the Program Support Bureau (PSB) –QI website at:
http://psbqi.dmh.lacounty.gov/Survey_Spring_2016.htm
- **DO NOT PHOTOCOPY THE SURVEY – PLEASE PRINT**
- Please use a digital printer with white paper for printing the surveys.
- Children aged 12 and younger are not surveyed; Parents/Caregivers present at the time should complete the YSS-F survey form (YSS-F).
- Surveys may be offered across all age & language groups at every agency
- County Client **IS/PAT-ID (IBHIS)** Number **MUST** be on EVERY Page
 Empty spaces should be preceded with a “0”

0	0	0	1	2	3	4	5	6
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CSI County Client Number
 Must be entered on EVERY page

- The County Code is completed. The County Reporting Unit is Service Area ____ (SA0 ____) and your agency four digit provider number (see examples below)

REQUIRED Information:

County Code:

1	9
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County Reporting Unit:

of 4

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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.
- Use **Black** or **Blue** Pen
- Pencil is OK - if it is **DARK!**
- **Bubble** in responses - **do not** use check marks \checkmark or **"X"**
- **MISTAKES** - To correct a mistake place an "X" mark over the incorrect entry
- The last day to return surveys and Tally Sheets to the SA-1 QIC Liaison is _____ , _____ **2016.**
- Providers must complete a Tally sheet found on the PSBQI website
- **Separate Tally Sheets** are required to indicate the number returned with the refusal code.