



County of Los Angeles Department of Mental Health (LACDMH)

Consumer Perception Surveys Spring 2016 MHSIP Survey Training



Purpose of Performance Outcomes Survey



- LACDMH conducts the Mental Health Statistical Improvement Project (MHSIP) Survey in order to grant 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 (MHBG).
- Requirement of California W&I Code Sections 5600 – 5623.5 (Bronzan–McCorquodale Act).

SAMHSA

Community Mental Health Services

Federal Block Grant

Fiscal Year: 2015 – 2016



- 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

Spring 2016

- A Mental Health & Substance Use Disorder Services **(MHSUDS) Information Notice will be issued** informing the counties of the survey period.
- Short Doyle / Medi-Cal providers have already been **randomly selected to participate** based on Service Area (SA), Directly Operated vs. Contracted Clinics, and the age group oversampling of 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 began **in April 2016**.
- SA QIC Liaisons have been provided with the names of randomly selected Short Doyle / Medi-Cal Providers.
- Prior to **May 16, 2016, SA Liaisons will distribute** survey forms to the selected Short Doyle / Medi-Cal providers.
- PDF survey forms will be available on the Program Support Bureau (PSB) – QI website at:
http://psbqi.dmh.lacounty.gov/Survey_Spring_2016.htm
- Please **DO NOT use survey forms from previous** survey periods.



Survey Time Period

- **The official survey dates are May 16th–20th.** 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, June 2nd, 2016**. Please get them to your liaison before that time or drop them off directly at the QI Division.

Tally Sheets



- Each SA Liaison must complete a SA 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** that were collected from each SA.

Returning Surveys

SA Liaisons are asked to make arrangements in advance to return all surveys and tally sheets to a QID staff member by **Thursday, June 2nd, 2016**.

☎ QID Staff contacts are as follows:

LyNetta Gore, PsyD

lgore@dmh.lacounty.gov

(213) 251-6737

Tonia Jones, RN, PhD

tamosjones@dmh.lacounty.gov

(213) 251-6736



IMPORTANT!

Service Area Liaisons will **return Surveys and Tally sheets by Thursday June 2nd, 2016** to:

Program Support Bureau
Quality Improvement Division
695 South Vermont Street
5th Floor – Suite 500
Los Angeles, CA 90005



Transporting 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 LACDMH 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

May 2016

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	31				

SPRING 2016
SURVEY PERIOD:
May 16th – May 20th

Important Survey Dates

June 2016

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		

SPRING 2016
Return Surveys
to QID:
June 2nd, 2016

MHSIP Survey Instruments



- **ADULT MHSIP** (18–59 years old)
- **OLDER ADULT MHSIP** (60+ years old)
- **YOUTH SERVICES SURVEY** (YSS; 13–17 years old)
- **YOUTH SERVICES SURVEY FAMILY** (YSS-F)
 - Family members of Children & Youth between 0–17 years old



Youth Services Survey Family (YSS-F)

Children aged **12 and younger are not surveyed**; **Parents/Caregivers present at the time of the survey should complete** the YSS-F survey form.



YSS–F (continued)

- 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, grandparent(s), cousin, or family friend).
 - A **compensated caregiver, such as an employee of a group home, 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 grant 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 (English or Spanish, as needed):

“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 six months).



The Three (3) Comments 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?

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

The 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:

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Optional County Questions:

County Question # 1 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10

Data Collection is limited to Face-to-Face Clinic / Outpatient Services ONLY

- Surveys are conducted with consumers who receive Face-to-Face Outpatient Clinic Services.
- 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
 - 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** (i.e., 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 **permissible to use staff who do not provide direct clinical services** to the client.



Survey Administration in Short / Doyle Medi-Cal Clinics (Continued)

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



*Older adults and language barriers

Completing Survey Forms

- MOST questions have only one applicable response.
- The question, “*What is your race?*” is an exception as this question may have multiple applicable responses.
- If a Consumer/Family Member fills in the responses on the form incorrectly, Providers may fill in accordingly.
 - **Changing the answers to questions is NOT allowed.**



Provider Number and Service Area Box

- Surveys are being **distributed annually with pre-printed Provider and Service Areas numbers.**
- 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.

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...

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CSI County Client Number
Must be entered on EVERY page

DHCS 1740 EN (05/13)

Page 1 of 4

34151



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.

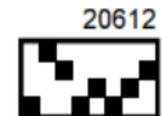
CONTINUED ON NEXT PAGE...



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

CSI County Client Number
Must be entered on EVERY page

Page 2 of 4



For Office Use Only

Thank you for your response to answer...

REQUIRED Information:

County Code

Date of Survey Administration
05 - 00 - 2016

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.

County Reporting Unit: 49167

Reason #1 (mark only one bubble):
03 04 06 07 08 09 10
13 14 16 17 18 19 20

Reason #2 (mark only one bubble):
02 03 04 05 06 07 08 09 10
11 12 13 14 15 16 17 18 19 20

County Reporting Unit #3 (mark only one bubble):
01 03 04 05 06 07 08 09 10
11 12 13 14 15 16 17 18 19 20

6. IS Number

1. Survey Date

2. County Code 19

3. Reason Code

4. Four Digit Provider Number

5. Provider Service Area

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	6	-	2	0	1	6
---	---	---	---	---	---	---	---	---	---

Reason (if applicable):

Ref Imp Lath 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):

<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20

County Question #2 (mark only ONE bubble):

<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20

County Question #3 (mark only ONE bubble):

<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20

County Reporting Unit:

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

49167



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 Form - Writing Instruments



Use Black or Blue Pen



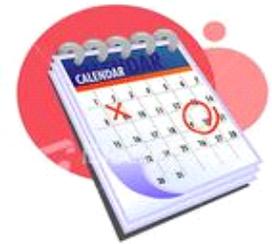
Pencil is ok – if it is dark

- No Markers
- No Crayons
- No Hi-lighters
- No Wite-Out©

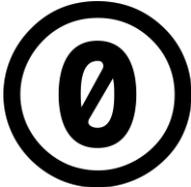


Important Reminders

- Please **print out surveys straight from the PSB website**
- Insert **leading zeros in IS code section (if needed)**
- Use **consistent dates**
- Use **consistent page numbering**
- If client fills in **first TWO questions, do not check refused**
- **Expect to review surveys** that are dropped off



Important Reminders (Continued)

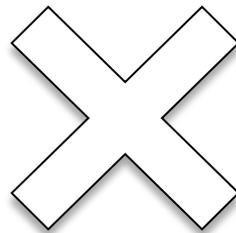
- Do not staple package
- Do not use 
- Surveys are **not limited** to randomized sites or age groups
- Do not submit confidentiality certificates
- Do not photocopy survey, please print
- Bubble in responses, do not use 

Making Corrections



**“What if I made
a mistake?”**

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



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

OLDER ADULT SURVEY
ENGLISH
Without QOL

Child
ADULT SURVEY

Spring 2016

Please help our agency make services better by answering some questions. Your responses 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"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					

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


~~OLDER ADULT SURVEY~~
ENGLISH
Without QOL

Spring 2016

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"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					

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

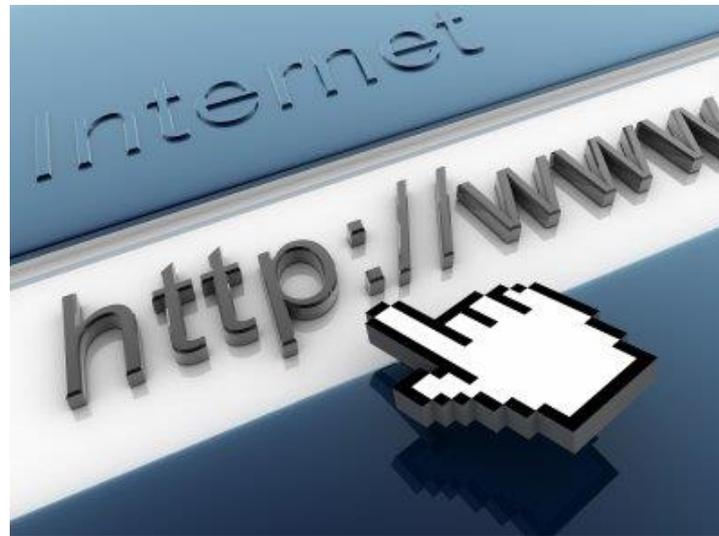
- Survey Forms are PDF Documents.
- **28 forms are available** on the PSBQI website:
 - **Four Survey Types:** Adult (MHSIP), Older Adult (MHSIP), Youth (YSS), & Family (YSS-F)
 - In **7 Languages** (Chinese, English, Hmong, Russian, Spanish, Tagalog, Vietnamese)



Printing MHSIP Survey Forms

LACDMH Internet Website

http://psbqi.dmh.lacounty.gov/Survey_Spring_2016.htm



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_2016.htm

- 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 the LACDMH PSBQI website interface. At the top, there is a navigation bar with links for 'County Directory of Information & Services', 'Public Alerts', 'Public Information', and 'County Contact Information'. Below this is the LACDMH logo and a contact number: 1-800-854-7771, ACCESS Center 24/7 Helpline. The main heading is 'MHSIP Survey - Spring 2016'. 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 four sections: 'Adults', 'Older Adults', 'Family', and 'Youth'. Each section contains a list of language options: English, Spanish, Chinese, Russian, Tagalog, Hmong, and Vietnamese. On the right side, there is a map titled '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, & a link to the Online Survey

The screenshot shows a web browser window with the URL `psbqi.dmh.lacounty.gov/forms_Spring_2016.html`. The page header includes the LAC DMH logo and a contact number: 1-800-854-7771. A navigation bar contains links for Home, Quality Improvement (QI), Data - Geographic Information Systems (GIS), Quality Assurance, and Maps. Below this, a sidebar lists categories: Reports, GIS, Provider Directory, Rates, Data, and Maps. The main content area is titled "Training Slides, Forms & Handouts" and features a "Statements" section with links to Confidentiality Statement, Completed MHSIP Tally Sheet for Providers, and Refused Survey Tally Sheet for SA Liaisons. A "Spring 2016 Survey Training Slides" section includes links to Presentation, Strategies to Improve Survey Return Rate, and Survey FAQ. On the right, a map of Los Angeles County Service Areas (SA 1-8 and Countywide) is displayed.

index.jpg x

psbqi.dmh.lacounty.gov/forms_Spring_2016.html

Apps Commercial Sexu QA QI SharePoint

County Directory of Information & Services | Public Alerts | Public Information | County Contact Information

lacounty.gov

LAC DMH
LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH

Do you need help or support?
1-800-854-7771
ACCESS Center 24/7 Helpline

About DMH | Our Services | For Providers | Contact Opportunities | Press Center | Employment Opportunities

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

Training Slides, Forms & Handouts

Reports

GIS

Provider Directory

Rates

Data

Maps

Statements

[Confidentiality Statement \(English & Spanish\)](#)

[Completed MHSIP Tally Sheet for Providers \(English\)](#)

[Completed MHSIP Tally Sheet for SA Liaisons \(English\)](#)

[Refused Survey Tally Sheet for Providers \(English\)](#)

[Refused Survey Tally Sheet for SA Liaisons \(English\)](#)

Spring 2016 Survey Training Slides

[Presentation](#)

[Strategies to Improve Survey Return Rate](#)

[Survey FAQ](#)

Los Angeles County Service Areas

Select Service Area for more information:

SA 1 SA 5

SA 2 SA 6

SA 3 SA 7

SA 4 SA 8

Countywide

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

REMINDER: MHSIP Tally Sheets

- LACDMH **will not be scanning the surveys** prior to sending them to Hershey Technologies.
 - Hershey Technologies have been 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 LACDMH PSB Website.



QUESTIONS?

Contact your SA Chair or QID Staff:

LyNetta Gore, PsyD
lgore@dmh.lacounty.gov
(213) 251 – 6737

Tonia Jones, RN, PhD
tamosjones@dmh.lacounty.gov
(213) 251 – 6736





County of Los Angeles Department of Mental Health (LACDMH)

Consumer Perception Surveys

Spring 2016

MHSIP Survey Training

Thank you for your attention!

