County of Los Angeles Department of Mental Health (LACDMH)
Program Support Bureau – Quality Improvement Division (PSB-QID)

Mental Health Consumer Perception Survey Data Collection

Monday, May 15 through Friday, May 19, 2017
SPRING 2017 TRAINING
Purpose

- Opportunity to measure consumer and family satisfaction with mental health services received from LACDMH Outpatient Programs
- Grants consumers and families the opportunity to provide feedback towards quality improvement
- LACDMH is required by the California Department of Health Care Services (DHCS) to administer the Consumer Perception Survey (CPS)
CPS Data Collection Requirement

Submission of CPS data:

1. **Required by** the Substance Abuse and Mental Health Services Administration (SAMHSA)

2. **Outlined in** W&I Code Sections 5898 and 3530.40 of Title 9 - CA Code of Regulations

3. **Receipt of** Community Mental Health Services Block Grant (MHBG) funding is contingent upon CPS data submission
SAMHSA MHBG Funding
Fiscal Year (FY) 16-17

California’s Share - $63 Million
County of Los Angeles’s Share - $24 Million

• The Community Mental Health Services Block Grant (MHBG) program makes funds available to all 50 states to provide community mental health services
• Noncompliance with CPS data collection can negatively impact MHBG funding
• Targeted populations include Children with Serious Emotional Disturbances (SED) and Adults with Serious Mental Illness (SMI)
Participants Included

Consumers and families from Directly Operated (DO) and Contracted Providers that are accessing Outpatient/Clinic-based:

• Face-to-Face MHS
• Case Management
• Medication Services
• Day Treatment
• Wellness Center services
Participants **Not** Included

CPS is **NOT** intended for consumers in:

- Inpatient settings
- Crisis services
- Jail/Juvenile Halls
- Institutional placements (i.e., State Hospitals, Institution for Mental Diseases)
Materials/Measures

There are four types of Consumer Perception Survey (CPS) forms:

1. **ADULT MHSIP Survey** (18-59 years old)
2. **OLDER ADULT MHSIP Survey** (60+ years old)
3. **YOUTH SERVICES SURVEY** (YSS; 13-17 years old)
4. **YOUTH SERVICES SURVEY for FAMILIES** (YSS-F; parents/caregivers of Children/Youth between 0-17 years old)

*Each form is available in English, Spanish, Chinese, Russian Vietnamese, Tagalog, and Hmong*
Materials/Measures (cont’d)

- Surveys are 4 to 5 pages in length and include more than 100 questions
- Includes measures of: access and cultural sensitivity, functioning, outcomes of services, participation in treatment planning, quality, satisfaction, and social connectedness
- Most questions are exactly the same across all surveys, but some differ
  - Some questions are only asked for a particular Age Group (e.g., only Youth/Families are queried on school suspensions and expulsions)
- The longer, optional surveys, for Adults and Older Adults (Lehman’s Quality of Life Questions - QOL) are not required by LACDMH
Youth Services Survey for Families (YSS-F)

• Children younger than 12 years old are not surveyed; Parents/Caregivers present at the time of the survey are administered the YSS-F.

• The YSS-F can be completed by a Child/Youth’s primary caregiver and this includes 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.
Results from Surveys Returned and Completed in spring 2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total SurveysReturned</th>
<th>Percentage of SurveysCompleted &amp; Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>count</td>
<td>percent</td>
</tr>
<tr>
<td>Adults</td>
<td>3,841</td>
<td>44.9%</td>
</tr>
<tr>
<td>Older Adults</td>
<td>511</td>
<td>6.0%</td>
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<tr>
<td>YSS-F</td>
<td>2,847</td>
<td>33.3%</td>
</tr>
<tr>
<td>YSS</td>
<td>1,350</td>
<td>15.8%</td>
</tr>
<tr>
<td>Total</td>
<td>8,549</td>
<td>100.0%</td>
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</table>

A total of 8,549 surveys were returned for all Age Groups that received mental health treatment in LACDMH funded Outpatient and Day Treatment programs during the May 16-20, 2016 survey period.
Surveys Returned by Age Group and Service Area (SA) in Spring 2016

<table>
<thead>
<tr>
<th></th>
<th>SA 1</th>
<th>SA 2</th>
<th>SA 3</th>
<th>SA 4</th>
<th>SA 5</th>
<th>SA 6</th>
<th>SA 7</th>
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<tbody>
<tr>
<td>YSS-F</td>
<td>15.8%</td>
<td>23.0%</td>
<td>9.8%</td>
<td>13.4%</td>
<td>8.8%</td>
<td>10.5%</td>
<td>6.6%</td>
<td>12.1%</td>
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<tr>
<td>YSS</td>
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<td>8.9%</td>
<td>5.1%</td>
<td>9.2%</td>
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<tr>
<td>Adults</td>
<td>3.9%</td>
<td>25.3%</td>
<td>9.6%</td>
<td>14.4%</td>
<td>6.6%</td>
<td>11.8%</td>
<td>17.8%</td>
<td>10.5%</td>
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<tr>
<td>Older Adults</td>
<td>2.0%</td>
<td>30.6%</td>
<td>13.0%</td>
<td>15.0%</td>
<td>15.0%</td>
<td>6.2%</td>
<td>9.4%</td>
<td>8.8%</td>
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SA 2 had the highest number of Surveys Returned from all Age Groups. SA 2 returned 33.8% of YSS forms, 25.8% of Adult surveys, 24.2% of YSS-F forms, and 25.5% of Older Adult surveys.
CPS Data Collection - Procedure

- DHCS issues a Mental Health & Substance Use Disorder Services (MHSUDS) Information Notice informing California’s counties of the survey periods.

- Outpatient Programs are randomly selected by LACDMH based on Service Area (SA), Directly Operated versus Contracted Clinics, and the Age Group with oversampling of Older Adults.

- Training on the Administration of the CPS is mandatory - spring survey trainings are scheduled for each SA in April/May 2017.
CPS Data Collection – Procedure (cont’d)

- SA QIC Liaisons are notified of the names/provider numbers of the randomly selected Outpatient Programs.
- SA QIC Liaisons will distribute survey forms that are pre-printed with Provider and Service Areas numbers, when available.
- Additional Surveys forms can be printed from:
  
  http://psbqi.dmh.lacounty.gov/Survey_Spring_2017.htm
Instructions for CPS Data Collection

- Print .pdf Survey Forms
  - PRINT survey forms directly from the pdf files provided on the PSB-QID website
  - Photocopies cannot be scanned
  - Double-sided is acceptable
  - Staple line indicated in the upper left-hand corner
- Please use a BLACK or DARK BLUE pen
- Do Not make any markings in the box in the lower right-hand corner of the surveys.
Instructions for CPS Data Collection (cont’d)

Be Prepared!

Required Survey Items:

✓ County Code – 19
✓ Date of Survey Administration – 05 # # 2017
✓ Reason for Non-Completion of Survey (if applicable)
✓ CSI County Client Number (IS/IBHIS) – 00________
✓ County Reporting Unit – S A 0________
Reasons for Non Completion of Surveys (if applicable)

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.
Required Survey Items - Example

- COUNTY CODE
- DATE OF SURVEY ADMINISTRATION
- CLIENT NUMBER
- REASON
- COUNTY REPORTING UNIT

**FOR OFFICE USE ONLY:**

REQUIRED Information:

County Code: 19

Date of Survey Administration: 05 - ## - 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***
CPS Data Collection – Funding Stream for Outpatient Programs

Surveys should be administered to all consumers

- visiting an outpatient clinic for outpatient services during the survey period.
- regardless of their funding stream (i.e., Medi-Cal versus Indigent).
CPS Data Collection – Time Period

- The official survey dates are May 15, 2017 through May 19, 2017.
- Surveys should not be distributed to or completed by consumers or family members outside of the official survey period.
CPS - Important Survey Dates

Spring 2017 Survey Period is May 15 - May 19

RETURN Surveys to QID before Friday, June 2

MAY 2017

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JUNE 2017

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RETURN SURVEYS & TALLY SHEETS TO YOUR QIC CHAIRS
CPS Administration at Your Agency

- Billing is not allowed for surveys
  - Surveys do not constitute the provision of medically necessary services.
- 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 for survey administration.
- The use of volunteers / peers / consumers / family advocates is recommended.
Assurance of Confidentiality Statement

Every consumer participating is provided with the “Assurance of Confidentiality” (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!”
Completing Survey Forms

- Consumer / Family participation is voluntary.
- 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 assist in bubbling in their responses accordingly.
Comments Sections on CPS Forms

- All comments should be reviewed by providers before returning survey forms to QI Liaisons
- This section is not scanned in Teleform
Comments Sections on CPS Forms (cont’d)

**YSS & YSS-F**

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.

**Adult & Older Adult**

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!
CONFIDENTIALITY

- Consumer **confidentiality must be respected and maintained** during the entire survey collection process.
- The information obtained is **confidential**.
  - HIPAA requirements for authorizations from consumers **DO NOT** apply.
  - However, Privacy Rules **DO** apply.
- **Survey forms will be destroyed** after they have been scanned and verified (approximately six months).
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.
CPS – Transporting Completed Surveys

All safeguards must be taken to ensure the security of the surveys with 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 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.
Tally Sheets

- Each SA Chair will complete a SA wide tally sheet for:
  - Completed MH CPS Forms
  - Refused MH CPS Forms

- The tally sheets will indicate the number of CPS forms by language and survey type that were collected from each provider.

- Print/download from: http://psbqi.dmh.lacounty.gov/Survey_Spring_2017.htm
Returning Completed Surveys to QID
Deadline: Friday, June 2, 2017

Program Support Bureau – QID
695 South Vermont Avenue
5th Floor – Suite 500
Los Angeles, CA 90005

QID Contacts:
LyNetta Shonibare, PsyD
lgore@dmh.lacounty.gov
(213) 251-6737

Vandana Joshi, PhD
Vjoshi@dmh.lacounty.gov
(213) 251-6723

Please contact your SA Chair before reaching out to QID!
Important Reminders

- Please print surveys directly from the PSB website
- Insert leading zeros in the IS/CSI Number section
- If client fills in at least TWO questions, do not check refused
- Review Consumer Comments - Daily
- Expect to review surveys and Tally forms at Drop-Off
- Do not staple package
- Surveys are not limited to randomized programs or Age Groups
- Do not submit confidentiality statements
- Do not photocopy CPS forms
- Responses should be bubbled in