Los Angeles County Department of Mental Health (LACDMH)
Office of Administrative Operations – Quality Improvement Division (OAO-QID)

Mental Health Consumer Perception Survey Data Collection

*Monday, May 14, 2018 through Friday, May 18, 2018*

SPRING 2018 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
California’s Share - $74 Million
County of Los Angeles’s Share - $17 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
- 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 May 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Surveys Returned</th>
<th>Percentage of Surveys Completed &amp; Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>count</td>
<td>percent</td>
</tr>
<tr>
<td>Adults</td>
<td>5,224</td>
<td>45.1%</td>
</tr>
<tr>
<td>Older Adults</td>
<td>804</td>
<td>6.9%</td>
</tr>
<tr>
<td>YSS-F</td>
<td>3,621</td>
<td>31.3%</td>
</tr>
<tr>
<td>YSS</td>
<td>1,925</td>
<td>16.6%</td>
</tr>
<tr>
<td>Total</td>
<td>11,574</td>
<td>100.0%</td>
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</table>

A total of 11,574 surveys were returned for all Age Groups that received face-to-face mental health services in LACDMH funded Clinic Outpatient and Day Treatment Programs during the May 15-19, 2017 survey period.
### Surveys Returned by Age Group and Service Area (SA) in May 2017

<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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<th>Total</th>
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<tbody>
<tr>
<td>YSS-F</td>
<td>6.0%</td>
<td>57.9%</td>
<td>8.0%</td>
<td>6.5%</td>
<td>5.2%</td>
<td>0.7%</td>
<td>11.0%</td>
<td>4.7%</td>
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<tr>
<td>YSS</td>
<td>5.2%</td>
<td>45.6%</td>
<td>10.8%</td>
<td>6.3%</td>
<td>3.1%</td>
<td>1.0%</td>
<td>13.6%</td>
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<tr>
<td>Adults</td>
<td>9.7%</td>
<td>50.0%</td>
<td>8.0%</td>
<td>7.3%</td>
<td>4.2%</td>
<td>0.2%</td>
<td>11.2%</td>
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<tr>
<td>Older Adults</td>
<td>2.2%</td>
<td>37.3%</td>
<td>9.7%</td>
<td>14.9%</td>
<td>5.2%</td>
<td>5.2%</td>
<td>20.9%</td>
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SA 2 had the highest number of Surveys Returned for YSS-F (57.9%) and YSS surveys (45.6%). SA 2 returned 50.0% of Adult surveys and 37.3% 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
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 Area numbers, when available

Additional Survey forms can be printed from:

Spring 2018 MHSIP Survey
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 DO NOT STAPLE OUTSIDE THIS LINE.**

• 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 – **05-14-2018**
✓ Reason for Non-Completion of Survey (if applicable)
✓ CSI County Client Number (IS/IBHIS) – **001234567**
✓ County Reporting Unit – **SA051234**
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**

**REQUIRED Information:**

**County Code:** 19

**Date of Survey Administration:**

- - -

**Reason (if applicable):**

- Ref
- Imp
- Lan
- Oth

**CLIENT NUMBER**

**LEADING**

**ZEROS**

**PRE-FILLED**

**Optional County Questions:**

**County Question #1 (mark only ONE bubble):**

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
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- 16
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- 18
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**County Question #2 (mark only ONE bubble):**

- 01
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**County Question #3 (mark only ONE bubble):**

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- 19
- 20

**County Reporting Unit:**

**SA051234**

**DATE OF SURVEY ADMINISTRATION**

**TYPE MMDDYYYY (NO SPACE)**

**COUNTY REPORTING UNIT**

**SA AND LEADING ZERO PRE-FILLED**

**REASON**

**SELECT ONLY ONE**

**COUNTY CODE**

**PRE-FILLED**

**CLIENT NUMBER**

**LEADING**

**ZEROS**

**PRE-FILLED**

**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 14, 2018 through May 18, 2018.

- Surveys **should not** be distributed to or completed by consumers or family members **outside of the official survey period**.
CPS - Important Survey Dates

Spring 2018 Survey Period is May 14 - May 18, 2018

RETURN Surveys to CIOB before Tuesday, June 5, 2018

MAY 2018

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JUNE 2018

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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: [Spring 2018 MHSIP Tally Sheets](#)
May 2018 Consumer Perception Survey - Open Ended Comments Report

Instructions to complete this report:

• The QI Lead for each program should work on this report collaboratively with the Quality Improvement Committee (QIC) for their program and the Program Manager/Director.

A. Please copy the pages of the surveys which have the comments section before returning the surveys to your SA QIC Chair.
B. Remove/white out all client identifying information in these copies to ensure confidentiality of the survey. Please review comments provided on the copies of the surveys for your program site (Provider Number) with your program’s QIC members and Program Manager/Director. Provide responses to the questions on the survey form.
May 2018 Consumer Perception Survey - Open Ended Comments Report (Contd.)

• Print/download Open Ended Comments survey form from the link below:
  
  Spring MHSIP 2018 Open Ended Comments

C. Following review of the surveys, please complete the questions on the survey form. Please email the completed report on this survey form to your SA QIC Chair no later than Monday, July 16th, 2018.
Returning Completed Surveys to CIOB
Deadline: Tuesday, June 5, 2018

Chief Information Office Bureau (CIOB)
695 South Vermont Avenue
6th Floor – South-East Door
Los Angeles, CA 90005

CIOB Contacts:
Moses Adegbola
MAdegbola@dmh.lacounty.gov
(213) 251-6729

Zosima Mar
ZMar@dmh.lacounty.gov
(213) 251-6748

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

- Please print surveys directly from the PSBQI website
- If client fills in at least TWO questions, do not check refused
- Review Consumer Comments - Daily
- SA QIC Chairs should review surveys and Tally forms before Drop-Off to CIOB
- Do not staple package for the Service Area/Provider
- Surveys are not limited to randomized programs or Age Groups
- Do not insert any sticky notes on survey forms returned
- Do not submit confidentiality statements
- Do not photocopy CPS forms except for the open ended comments section
- Responses should be bubbled in