

County of Los Angeles Department of Mental Health



Performance Outcomes
Consumer Perception Surveys
August 2013
Survey Training

Purpose of Performance Outcomes Survey



- ✓ LACDMH annually conducts Consumers and Family Members Satisfaction Surveys improve the quality of care.
- ✓ The Mental Health Statistics Improvement Program (MHSIP) is a requirement of 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



- California FY 2012–13 - \$57 Million
- County of Los Angeles FY 2011–12 -\$14 Million
- Funding would be put at risk for noncompliance with collecting data for Consumer Perception MHSIP Surveys.

MHSIP Survey Data Collection



- In CY 2008 baseline benchmarks of Performance Outcomes were established for use in future trending.
- In CY 2009 survey data was collected and trended against baseline benchmarks.
- In CY 2010 CDMH collected statewide random sample in coordination with counties.
- In CY 2012 LACDMH collaborated with UCLA for County Performance Outcome Surveys in February and collected MHSIP survey data in August.

MHSIP Data Collection

August 2013



- MHSIP Information Notice No: 13-14 was issued July 18, 2013 informing the counties of the survey period.
- Short Doyle / Medi-Cal providers have been randomly selected to participate based on Service Area, Directly Operated vs. contracted clinics, and age group.
- Providers not selected can participate if they choose to do so.
- Fee For Service (FFS) Network Providers are also included in the data collection. FFS Consumers mail their surveys back.
- **Modifications:** Adult and Older Adult Survey Forms no longer include the Quality of Life scale items.
- An online version of the MHSIP survey is available in English for all age groups. This data collection methodology is a pilot test in the County of Los Angeles.

Service Area Survey Training & Distribution



- August 12- August 23 Survey Trainings will occur.
- SA Liaisons have been provided with the names of randomly selected Short Doyle / Medi-Cal Providers.
- Prior to August 26, 2013, Service Area Liaisons can distribute survey forms to the selected Short Doyle / Medi-Cal providers.
- PDF fillable survey forms are available on the Program Support Bureau –QI website at: <http://psbqi.dmh.lacounty.gov>
- DO NOT use survey forms from previous survey periods.

Survey Time Period



- The official survey period is August 26-30, 2013. Surveys MAY NOT be distributed or completed by consumers or family members outside the official survey period.
- September 6 is the last day for Short Doyle / Medi-Cal participating providers to return completed surveys to the Service Area Liaisons.

Important



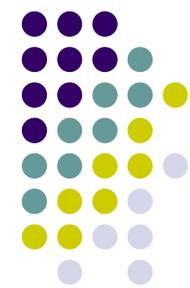
September 11th - the Last Day for Service Area Liaisons to Return the completed forms to:

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

Important Survey Dates



August							
<u>Survey Period</u>		Mon	Tue	Wed	Thu	Fri	Sat
Aug. 26 - 30					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	



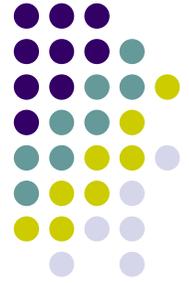
Important Survey Dates

September						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	
		17	18	19	20	
	23	24	25	26	27	
	30					

Liaisons
Survey
Forms
back to
PSB-QID

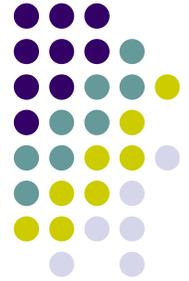
Providers
Surveys &
Feedback
Forms to
Service Area
Liaisons

MHSIP Survey Instruments



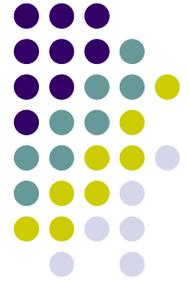
1. Adult MHSIP (18-59 years old)
2. Older Adult MHSIP (60+ years old)
3. Youth Services Survey (YSS) (13-17 years old)
4. Youth Services Survey Family (YSS-F)
(family members of 0-17 year old youth)

YSS-F



- Children age 12 or younger are not surveyed.
- ✓ If a parent or caregiver of a child who is age 12 or younger is present at the time of the survey the parent or caregiver, should complete the YSS-F survey form.

YSS-F



- ✓ The YSS-F can be completed by a child's primary caregiver; any person who is not compensated for providing care (i.e. aunt, uncle, grandparents, cousin, family friend, or foster parent.)
- ✓ Someone who is a compensated caregiver would be an employee of a group home. They should not complete the YSS-F survey form.



Provider Client Count

It is important that the County Client Number, the Provider number, and the Service Area are complete.

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

1	9
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Date of Survey Administration:

0	8	-			-	2	0	1	3
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Reason (if applicable):

Ref Imp Lan Oth

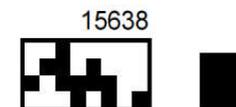
Make sure the same CSI County Client Number is written on all pages of this survey.

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CSI County Client Number

Must be entered on EVERY page

Provider Number	Service Area					
<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td></tr></table>	

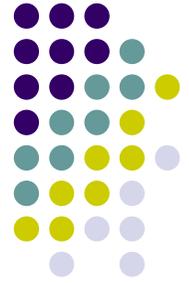


Billing is not allowed for surveys!



- 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 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:

Date of Survey Administration:

- -

Reason (if applicable):

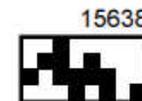
Ref Imp Lan Oth

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

Provider Number

Service Area



Three (3) Comment Sections on the YSS & YSS-F Surveys



my problem(s).

25. In a crisis, I would have the support I need from family or friends

26. I have people with whom I can do enjoyable things.

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.

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
- Co-located Clinics



Data Collection Treatment Settings & Populations Not Included



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



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

Important FAQ

- For Short / Doyle Medi-Cal Providers Funding Stream is not a Factor.
- Surveys should be administered to all consumers.

Data Collection Funding Stream for FFS Providers Important FAQ

- Only Medi-Cal recipients should return the survey.

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
are recommended.



Survey Administration for FFS Network Providers

- ❑ FFS consumers will return their surveys in a pre-addressed, postage paid envelope provided to them.
- ❑ Surveys will be sent directly to UCLA/ISAP for processing.



Completing Survey Forms

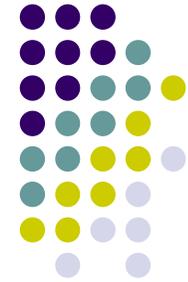


- MOST questions have only one answer (bubble).
- Exceptions include: what is your race? -which may have multiple answers.

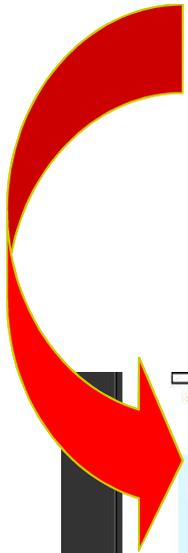


If Consumer/Family Member fills incorrectly, Providers can fill In properly. Don't change the Consumer/Family Member answers!!!!!!

County Client IS Number MUST be on EVERY Page



The County Client (IS) 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.

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CSI County Client Number
Must be entered on EVERY page

Page 1 of 4



For Office Use Only



1. Survey Date

2. Reason Codes

4. Four Digit Provider Number

5. Provider Service Area

The following questions!

OFFICE USE ONLY:

REQUIRED

County Code:

Date of Survey Administration:
 - -

Reason (if applicable):
 Ref Imp Lan Oth

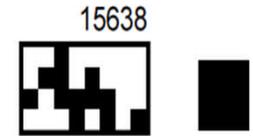
Make sure the same CSI County Client Number is written on all pages of this survey.

CSI County Client Number
Must be entered on EVERY page

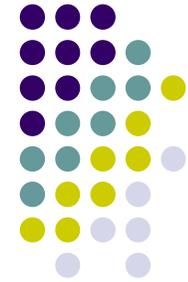
Provider Number:

Service Area:

3. Client IS Number



For Office Use Only



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	8
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 -

2	0	1	3
---	---	---	---

Reason (if applicable):

Ref Imp Lan Oth

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

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CSI County Client Number

Must be entered on EVERY page

NPI ID:

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6. FFS Providers will enter NPI Numbers

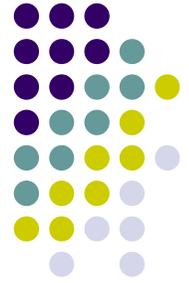


Reasons for Not Completing Survey



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

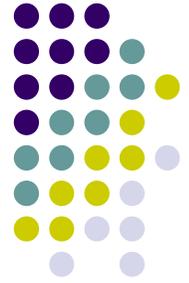
👍 Pencil is ok -if it is dark

-No Markers

-No Crayons

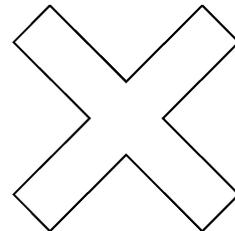
-No Hi-lighters

Making Corrections



**“What if I made
a mistake?”**

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



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



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"/>					

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




~~OLDER ADULT SURVEY~~
ENGLISH
Without QOL

August 2013

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*:

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	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 fill-able 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)
- QID will send an IS blast to remind providers.

Printing MHSIP Survey Forms for FFS Providers



- Managed Care Division is coordinating FFS Survey Administration with QID.
- 28 PDF fillable forms are available on 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)
- Preprinted return envelopes are available for FFS consumers to return the completed surveys.
- QID will send an IS blast to remind providers.

Printing MHSIP Survey Forms



LACDMH Internet Website

http://psbqi.dmh.lacounty.gov/Survey_Aug_2013.htm

Printing MHSIP Survey Forms



- DO NOT DOWNLOAD SURVEY FORMS FROM THE STATE WEBSITE!
- Surveys can be downloaded and printed from the QI website at <http://psbqi.dmh.lacounty.gov>
- Only Print Surveys when the existing printed forms are exhausted.
- You will be able to fill in the Provider Number and Service Area number before printing.

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



DMH Internet Site | County Directory of Information & Services | Public Alerts | Public Information | County Contact Information

Los Angeles County Department of Mental Health 24/7 HOTLINE: 1-800-854-7771
 Our Mission: Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resilience.

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

August 2013 Surveys

No. 2 Pencil or dark ink - NO FELT PENS

	SD/MC Providers	FFS Providers
Reports	Adults & Older Adults	Adults & Older Adults
GIS	English	English
Provider Directory	Spanish	Spanish
Rates	Chinese	Chinese
Data	Russian	Russian
	Tagalog	Tagalog
	Hmong	Hmong
	Vietnamese	Vietnamese
		Family
		English
		Spanish

Los Angeles County Service Areas

Select Service Area for more information

- SA 1
- SA 2
- SA 3
- SA 4
- SA 5
- SA 6
- SA 7
- SA 8
- Countywide

Finding Training Slides, FAQs, Statement of Confidentiality, Strategies to Improve Survey Return Rate, and a link to the Online Survey



DMH Internet Site | County Directory of Information & Services | Public Alerts | Public Information | County Contact Information

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Forms & Training Slides

Reports | **Forms**
[Confidentiality Statement \(English\)](#)
[Confidentiality Statement \(Spanish\)](#)

GIS

Provider Directory

Rates

Data | **August 2013 Survey Training Slides**

Maps | [Handout](#)
[Presentation](#)
[Strategies to Improve Survey Return Rate](#)
[Survey FAQ](#)

Surveys

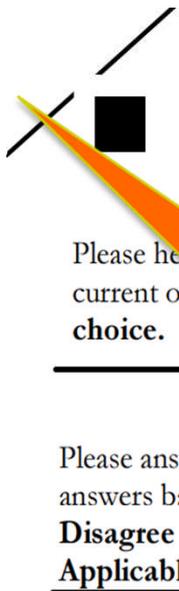
Los Angeles County Service Areas

Select Service Area for more information

SA 1 | SA 5
 SA 2 | SA 6
 SA 3 | SA 7
 SA 4 | SA 8
 Countywide



When Stapling together the Surveys



**ADULT SURVEY
August 2013**

**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 ✗ ✓

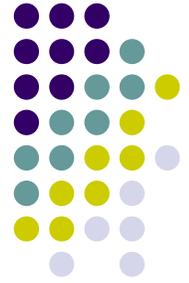
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	Disagree	Strongly Disagree	Not Applicable
1. I like the services I receive from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would choose services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to my family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staple MUST be above this diagonal line

Retrieving Your Survey Data



- Survey results will be made available by provider number and service area as soon as possible through the LACDMH Website.

Pilot Test Online Survey



- Available only in English
- County of Los Angeles Pilot Test
- Computer with internet access to be in “kiosk mode” w/ staff to guide consumers
- Live Demonstration

Questions?

Contact your SA Liaison or QID Staff:

Dr. Timothy Beyer (SA 4, 5, 7, and 8)

213-251-6737

Mary Crosby RN, CNS (SA 1, 2, 3, and 6)

213-251-6736

FFS Providers Contact Madonna Waters

213-639-6363

Dr. Vandana Joshi

213-251-6723

