



OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION

CONSUMER PERCEPTION SURVEY OPEN-ENDED COMMENTS SUMMARY REPORT

May 2018

Introduction

The Los Angeles County of Department of Mental Health (LACDMH), Office of Administrative Operations (OAO) – Quality Improvement Division (QID) shares responsibility with providers to maintain and improve the quality of services and delivery infrastructure. In addition to being required by State and Federal mandates, a regular assessment of our consumers' experience of services provided and their providers is essential to improvement and innovation within LACDMH.

The QID is responsible for the formal reporting on annual measurement of consumer perception of satisfaction in six areas, namely: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness. The Mental Health Consumer Perception Survey (CPS) forms were designed to assess each of these specific domains. CPS data is gathered twice a year in May and November.

Consumer Perception Survey (CPS) Forms Overview

CPS forms were developed for each age group. The Youth Services Survey (YSS) form is administered to consumers ages 13 to 17 years. The Youth Services Survey for Families (YSS-F) form is administered to family/caregivers of consumers aged 0 to 17 years. The Adult Mental Health Statistics Improvement Program (MHSIP) Consumer Survey form is administered to consumers aged 18 to 64 years and the Older Adult MHSIP Consumer Survey form is administered to consumers aged 65 years and older.

The YSS and YSS-F forms instruct the consumer's caregiver/parent/family member to rate their perception of the youth's treatment over the last six months. All four CPS forms offer the consumer or caregiver/family member an opportunity to provide open-ended comments on what may improve their services and positive or negative experiences. The California Institute for Behavioral Health Solutions (CIBHS) does not analyze the comment portion of the CPS forms. In order to collect and evaluate this valuable information provided by consumers, the QID requests that Open-Ended Comments (OEC) Report forms (refer to *Attachment 1*) be completed by each surveying provider. These forms guide providers through the process of evaluating the OEC received from consumers who completed a CPS form(s).

Submission Process for Open-ended Comment (OEC) Report Forms

The selected timeframe for the Spring 2018 survey period was from Monday, May 14, 2018 to Friday, May 18, 2018. Surveys were collected and submitted by Service Area (SA) Quality Improvement Committee (QIC) liaisons and delivered to the LACDMH Chief Office of Information Bureau (CIOB) for submission to the CIBHS. All completed OEC forms were forwarded to QID. The report forms were reviewed by internal QI staff and the findings are summarized in the following.

Methodology

The May 2018 OEC Report form was three pages long (see Attachment 1). Providers were instructed to work collaboratively on their OEC Report with the QIC and Program Managers/Directors for their respective programs. The OEC Report form prompted providers to include the following information:

- Service Area
- Provider Number
- Whether or not consumers provided open-ended feedback on their May 2018 CPS forms
- Number of surveys reviewed
- Description of common positive themes reported by consumers
- Description of common negative themes reported by consumers
- Description of general comments or recommendations by consumers
- An action plan created by the provider to address consumer concerns
- Whether or not the provider has received provider-level results from their SA QIC Chair
- If past results were received, were the survey results shared during the provider's staff or internal QIC meetings

OEC Report forms were submitted to the QID on or around July 16, 2018. Providers were asked to submit copies of the comment sections they reviewed and organized into themes, or frequent similar comments. Protected Health Information (PHI) was removed/redacted.

Table 1 presents the overall number of CPS forms reviewed for OEC by SA.

**Table 1: Number of Surveys
Reviewed for Open-Ended Comments
May 2018**

SA	Number of Surveys Reviewed
SA 1	421
SA 2	1,927
SA 3	486
SA 4	786
SA 5	554
SA 6	0
SA 7	351
SA 8	884
Total	5,409
Data Source: Completed OEC Report Forms, May 2018	

Open-ended Comments (OEC) Report Forms Received in May 2018

Providers were asked to review the OEC for their site and provide a summary of the common positive and negative themes and recommendations noted by consumers. The information summarized by the providers is described below according to their respective SA.

Service Area 1

SA 1 service providers reviewed open-ended comments for approximately 421 surveys.

The positive themes identified by consumers were: having a reduction in symptoms, feeling staff were supportive and nonjudgmental, and being pleased with the services available to them.

Negative themes included: feeling wait times for psychiatry were lengthy; negative interactions with staff, such as experiencing staff as “rude”, not listening, and being spoken to unprofessionally; and limited availability of clinicians who identify as African American.

Recommendations made by consumers on how to improve services were: hiring a new psychiatrist and increasing the number of appointments.

Service Area 2

SA 2 service providers reviewed open-ended comments for approximately 1,927 surveys. Of all the SAs, SA 2 had the highest OEC response rate.

Common positive themes noted by consumers were: feeling well supported by staff, satisfaction with services available to consumers, and feeling treatment was successful.

Negative themes noted by consumers were: facility issues such as limited parking and difficulty accessing services. Consumers further reported limited availability of psychotherapy and psychiatry appointments, inconvenient hours of operation, and a limited number of staff due to turnover.

The consumers' recommendations for improvement included: increasing appointment availability by extending hours of operation; providing services on Saturdays or opening additional sites; increasing the length and frequency of psychotherapy sessions; and offering academic support such as tutoring services, educational materials, and additional groups for children during school vacations.

Service Area 3

SA 3 service providers reviewed the open-ended comments for approximately 486 surveys.

Common positive themes noted by consumers were: experiences with staff displays of kindness and flexibility, being appreciative of available services, and seeing positive effects from treatment.

Negative themes noted in the open-ended comments included: concerns related to staff turnover, number of available SA 3 providers, and limited access to services in their preferred language, such as Spanish. Several consumers reported being offered appointment times that were not convenient or were frequently changed by staff.

Recommendations for improvement from consumers included: increasing the number of Spanish-speaking staff, male psychotherapists, and psychologists; increasing communication with and in support of families; and increasing the number of appointments. A family-oriented approach involving additional groups, parenting classes, and family sessions was also encouraged by SA 3 consumers.

Service Area 4

SA 4 service providers reviewed open-ended comments for approximately 786 surveys.

Positive themes identified by consumers included: being pleased with the number of services available, feeling supported by staff, and feeling treatment was effective.

Negative themes identified by consumers included: difficult-to-reach treatment teams, a history of not being notified of appointment cancellations, and difficulties related to transportation such as accessibility of clinics and limited parking.

The consumers' recommendations included: extending hours of operation to evenings and Saturdays, increasing resources for caregivers such as housing assistance and parenting groups, and improving access to parking.

Service Area 5

SA 5 service providers reviewed the open-ended comments for approximately 554 surveys.

Positive themes reported by consumers were: feeling grateful for the support and safe environment provided by staff, feeling pleased with available services, and receiving services that were easily accessible.

Negative themes included: facility issues like limited parking, inoperable elevators, and noise interrupting therapy sessions; wait times for psychiatry appointments are lengthy; and poor communication between treatment teams, caregivers, and schools.

Recommendations for improvement from consumers were: having access to vending machines for food and drinks; increasing groups and activities; and extending hours of operation to include evenings and weekends.

Service Area 6

OEC Report forms were not received from SA 6 during the May 2018 survey period.

Service Area 7

SA 7 service providers reviewed open-ended comments for approximately 351 surveys.

Consumers reported feeling staff were: supportive to both caregivers and children, feeling pleased with services, and experiencing positive treatment outcomes.

Negative themes noted by consumers included: concerns about staff turnover disrupting services, limited appointment availability, and unpleasant interactions with front office staff. Reportedly, consumers have witnessed front office staff being unprofessional and speaking loudly about private information.

Recommendations from consumers included: hiring additional staff in order to increase the availability of appointments, expanding hours of operation to include evenings and weekends, and expanding locations; facility improvements such increasing parking, access to snacks, having a television in the waiting room; and managing noise in the waiting area.

Service Area 8

SA 8 service providers reviewed open-ended comments for approximately 884 surveys.

Positive themes noted by consumers were: feeling supported by staff and treatment was helpful. According to consumers, their treatment team collaborated with schools and provided psychoeducation to caregivers.

Negative themes were: concerns related to poor communication between the treatment team and caregivers, feeling staff was unprofessional and inexperienced, and that parking was limited.

Consumer recommendations included: updating facilities with access to food, increased parking, comfortable seating in waiting rooms, having toys for infants, playing music, having Wi-Fi available, and offering areas designated for studying; increase access to services by expanding hours of operation to evenings and weekends, expanding locations, and hiring more staff including male, bilingual, and Tagalog-speaking psychotherapists; and giving weekly reports to caregivers.

Countywide Themes

There were a number of reoccurring themes and recommendations observed in the OEC Report forms for all eight SAs. Table 2 provides a summary of the positive and negative themes and recommendations reported by consumers throughout Los Angeles County.

Consumers appeared pleased with the support they received from their providers. They felt they were cared for and well-respected. Consumers tended to report feeling pleased with the available services and were generally seeing positive outcomes as a result of their treatment.

Despite many positive experiences, consumers had concerns related to the general availability of staff, staff turnover, understaffing, and limited bilingual and male staff. They also reported experiencing difficulties making appointments due to limited scheduling availability and wait times. Consumers reported that parking was an issue at many facilities.

Consumers recommended increasing appointment availability by providing evening and weekend hours and increasing staff, particularly Spanish-speaking, bilingual, psychiatry providers, and male psychotherapists. A number of recommendations were related to the improvement of facilities: increase parking, spacing and seating, entertainment for children, accessibility of food, and creating an environment to promote learning and completion of homework.

**Table 2: Themes by Service Area (SA)
May 2018**

SA	Positive Themes			Negative Themes			Recommendations		
	Pleased with support	Pleased with services	Positive treatment outcomes	Limited availability of staff	Limited availability of appointments	Parking issues	Expanding hours	Facility improvements	Increase staff
SA 1	X	X	X	X	X				X
SA 2	X	X	X	X	X	X	X	X	
SA 3		X	X	X	X				X
SA 4	X	X	X	X	X	X	X	X	
SA 5	X	X	X		X	X	X	X	
SA 6	-	-	-	-	-	-	-	-	-
SA 7	X	X	X	X	X		X	X	X
SA 8	X		X			X	X	X	X

Data Source: Completed OEC Report Forms, May 2018

Action Plans

Action plans were created by providers to address concerns, issues, and recommendations for improvement identified by consumers who completed the OEC portion of their CPS forms. The plans were individualized and site-specific. Examples of action plans included sharing consumer feedback with staff and management teams, plans to address the most urgent or significant concerns, and a deadline for meeting the plan.

Below are examples of action plans from four sites:

- Site 1:
 - Clinicians will review treatment options with all consumers, including frequency of services to ensure agreement about services.
 - Supervisors will ensure consumers understand differences in intensity of services based on the level of care assignment/program to ensure agreement with program placement. Supervisors will continue to work with clinicians in regularly reviewing consumer participation in treatment to ensure that there is continuity of care. Supervisors will be responsible to reach out to caregivers when there are significant lapses in treatment.

- Site 2:
 - The agency is working to enhance the telepsychiatry program.
 - The agency is continuing to encourage clinicians and emphasize the importance of regular discussions of needs, goals, and progress with families. Weekly supervisions are used to discuss appropriate level of treatment.
 - The agency is working on retention of clinicians. Salary was adjusted and pay was enhanced for the performance program.
 - The Outpatient program is working to expedite intakes and management will continue to work with the Referral Team to identify acuity and need in order to provide intakes as soon as possible. The Referral Team will continue to communicate with families and gain updates while they are waiting for services.

- Site 3:
 - Incredible Years parent groups are offered on site.
 - The Outreach Specialist is creating more brochures in both English and Spanish and will have them available in our lobby.
 - Clinicians have the ability to schedule clients at times - including the weekend - that meet family needs. Clinicians work with children at school sites with whom we have Memorandum of Understandings (MOUs) in SA 3; however, the provider does not.

- Site 4:
 - The agency has an entirely new staff operating the front desk. They have attended customer service training, Mental Health 101 training, and our Staff Assistant monitors and mentors their interactions with the clients at least two to three days a week.

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Receipt and Sharing of Provider-Level Consumer Perception Survey (CPS) Results

The OEC Report form prompted providers to report on the receipt of provider-level CPS data. Table 2 presents the providers' responses to the question, "Have you received the Provider Level survey results from your SA QIC Chair for the past survey periods?"

**Table 2: Provider Reported Receipt of Consumer Perception Survey (CPS) Data by Service Area
May 2018**

SA	Number of Providers that reported "Yes"	Number of Providers that reported "No"	Total Responses
SA 1	5	4	9
SA 2	16	13	29
SA 3	5	6	11
SA 4	12	10	22
SA 5	14	0	14
SA 6	0	0	0
SA 7	6	4	10
SA 8	11	5	6
Total	69	42	111

Data Source: Completed OEC Report forms, May 2018

A total of 111 providers responded to the question of whether or not they had received CPS results from their SA QIC Chair. Approximately 62% (N=69) of the providers reported they had received past CPS data and the remaining 38% (N=42) of the providers had not received past data.

The OEC Report form prompted providers to report on the dissemination of provider-level CPS data within their agency. Table 3 presents the providers' responses to the question, "If yes, did you share the survey results during your program's staff meetings or QIC meetings?"

**Table 3: Provider Reported Dissemination of Provider-Level Data by Service Area
May 2018**

Service Area (SA)	Number of Providers who reported "Yes"	Number of Providers who reported "No"	Total Responses
SA 1	4	3	7
SA 2	15	2	17
SA 3	5	1	6
SA 4	13	3	16
SA 5	14	1	15
SA 6	0	0	0
SA 7	7	0	7
SA 8	12	0	12
Total	70	10	80

Data Source: Completed OEC Report forms, May 2018

A total of 80 providers responded to the question of whether or not they shared past survey data in staff or QIC meetings. Reportedly, 87.5% (N=70) of providers disseminated the data. Conversely, 12.5% (N=10) indicated they had not shared the data.

Fifty-percent of the participating providers reported they had received provider-level CPS data. Providers also shared the data with their staff or during internal QIC meetings (87.5%). Some providers indicated not having received past survey data, yet marked they had disseminated the information within their agency.

Conclusion

The CPS was designed to assess General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, Perception of Outcomes of Services, Perception of Functioning, and Perception of Social Connectedness, on a biannual basis. The OEC Report forms facilitate the review of consumer experiences of Youth, Youth family/caregiver, Adult, and Older Adult populations. The OEC Report form is completed to assess qualitative feedback collected from consumers in the form of positive and negative comments, general comments, and recommendations. A summary report is drafted by QID and distributed to participating providers to assist with further development and improvement to services provided to consumers throughout Los Angeles County.

Recommendations

- Outcomes from the Summary OEC Report should be reviewed at the provider-level and with each site's QIC and leadership team.
- Outcomes should be reviewed with clinical and support staff for the purpose of staff education and collective involvement in improving service delivery for consumers.
- Action plans should be created by each site's QI, management team, and Program Managers to target individualized areas for improvement.
- Outcomes of the OEC Summary Report may be shared with State and/or national level QIC programs to better improve overall quality of care.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION

May 2018 Consumer Perception Survey
Open Ended Comments Report

SA:

Provider Number:

Thanks for your participation in the May 2018 Consumer Perception Survey (CPS) data collection. For this survey period, the Los Angeles County Department of Mental Health, Office of Administrative Operations – Quality Improvement Division is interested in gathering information related to QI efforts focusing on the open ended comments on the CPS forms. Your assistance with completing a report per the instructions below has been requested.

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 Chairs.**
- 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 your program site (Provider Number) collected with your program’s QIC members and Program Manager/Director. Provide responses to the questions below.
- C. **Following review of the surveys, please complete the following questions. Please email the completed report on this template/form to your SA QIC Chair no later than Monday, July 16th, 2018.**

Questions:

1. Did you receive any comments on the surveys completed for the May 2018 survey period?
 - a. Yes No
 - b. If Yes, how many surveys were reviewed
(Please enter the number of surveys that were review).

2. What were the themes from these comments that you can report (please describe themes in one or more sentences)

a. Positive:

A large, solid gray rectangular area intended for the user to describe positive themes from the comments.

b. Negative:

A large, solid gray rectangular area intended for the user to describe negative themes from the comments.

c. General/Recommendations:

A large, solid gray rectangular area intended for the user to provide general recommendations or other themes.

3. What are your plans to address some of the Negative comments and recommendations (please describe in one or more sentences – please include timelines for implementing any changes or action plans).



4. Have you received the Provider Level survey results from your SA QIC Chair for the past survey periods? (Note: Only Providers who returned at least 15 completed surveys would have received survey results for their program).

- a. Yes No N/A*

*Your program did not submit at least 15 completed surveys and therefore, you did not receive survey results.

- b. If yes, did you share the survey results during your program's staff meetings or QIC meetings?
 Yes No

Thank you.