

Instructions for Consumer Perception Survey (CPS) Data Collection

Spring 2020 Collection Period:
June 22 – June 26, 2020

Quality, Outcomes, and Training Division
Quality Improvement Unit



Watch the CPS webinar from June 10th, 2020

- [https://lacountymediahost.granicus.com/
player/clip/8297](https://lacountymediahost.granicus.com/player/clip/8297)



Consumer Perception Survey (CPS) Data

Los Angeles County– Department of Mental Health (DMH) uses State-mandated CPS for all of its outpatient providers

- CPS forms or survey links are made available to consumers and family members in directly operated (DO) and contracted programs
- Conducted every six months over a one-week period
- Collected on a semi-annual basis for the purpose of service planning and quality improvement



Data Collection Requirement

- State-mandated satisfaction surveys rate consumer and parent/caregiver satisfaction with services and perception of outcomes using a five-point scale
 - W&I Code Sections 5898 and [3530.40 Consumer Perception Semi-Annual Survey](#) of Title 9 - CA Code of Regulations
 - Required by the Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Community Mental Health Services Block Grant (MHBG) funding is contingent upon CPS data submission
 - » Noncompliance with CPS data collection can negatively impact MHBG funding



CPS Forms Overview

- There are four CPS form types: Adult, Older Adult, Youth, and Youth Families
 - Available languages: Arabic, Chinese, Hmong, English, Russian, Spanish, Tagalog, and Vietnamese
 - **New languages (online only):** Armenian, Farsi, Khmer, and Korean
- Youth and Youth Families CPS forms are composed of 29 questions developed by the Mental Health Statistics Improvement Program (MHSIP)
- Adult and Older Adult CPS forms are composed of 36 questions developed by the MHSIP
 - Please note: Los Angeles County **does not use** the Adult and Older Adult forms with the Quality of Life (QOL) questions



Survey Versions

Survey Version	Administer to:
Adult	Consumers ages <u>18 to 59 years old</u>
Older Adult	Consumers <u>ages 60 and over</u>
Youth Services Survey for Youth (YSS)	Consumers <u>ages 13 to 17 years old</u>
Youth Services Survey for Families (YSS-F)	<p>Parent/caregivers when child/youth are <u>17 years and under</u></p> <ul style="list-style-type: none"> • Available family members, foster parents, or helpers who regularly look after the child can participate • Residential (i.e., board and care, group home) or paid staff should not participate



Survey Versions

Consumer Age	Survey Expectations
12 years old and under	One returned YSS-F form
Between 13 and 17 years old	Two returned Youth CPS forms (one YSS and one YSS-F)
Between 18 and 59 years old	One returned Adult MHSIP Consumer Survey form
60 years and over	One returned Older Adult MHSIP Consumer Survey form



Information Gathered

- Survey questions are divided into eight domains:
 1. General Satisfaction
 2. Perception of Access
 3. Perception of Quality and Appropriateness (Adult-only domain)
 4. Participation in Treatment Planning
 5. Cultural Sensitivity (Youth-only domain)
 6. Perception of Outcomes
 7. Perception of Functioning
 8. Perception of Social Connectedness
- CPS forms also gather demographic information (i.e., language, gender, race) and allows for open-ended comments



Impact of COVID-19 on CPS

- DHCS has moved the survey period from May to June ([Information-Notice CPS 20-021](#))
- Likely that the majority of surveys will be submitted electronically as in-person services have substantially decreased



Spring 2020 Collection Methods

1) Telehealth or Telephone services

- Can use electronic survey

2) In-person services

- Can use paper or electronic survey



Data Collection Preparation

- Provide appropriate CPS forms or survey link/QR code to **all consumers and families receiving services** during survey week
 - For in-person services, Assurance of Confidentiality in consumer's preferred language should also be provided
 - For telehealth and telephone services where the consumer will complete the survey, CPS letter that includes Assurance of Confidentiality language **and note about urgent concerns** should be communicated to each consumer



Assurance of Confidentiality Statement

- Presented to consumers or families completing a survey
- Can be posted or sent through electronic means as part of CPS letter
 - Individual copies are not necessary
- Available in English, Spanish, Tagalog, and Russian languages via the QI website
- Note: Surveys are confidential not anonymous

Assurance of Confidentiality Statement

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!



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Consumers not Included

CPS data collection is NOT intended for consumers in:

- One-time assessment services
- Inpatient
- Crisis services
- Jail/Juvenile Halls
- Institutional placements (i.e., State Hospitals and Institution for Mental Diseases)



Declined Reasons (If Applicable)

When a consumer or **caregiver declines to participate and/or provides less than two survey responses**, clearly mark **only one** of the following four reasons in the FOR OFFICE USE ONLY section on the paper version or on the first page of the online version:

1.Refused (Ref): Consumer refused to complete the survey

2.Impaired (Imp): Consumer is mentally or physically unable to complete the survey

3.Language (Lan): Consumer is unable to complete survey as survey is not in a language the consumer understands

4.Other (Oth): Any other reason not listed above



DATA COLLECTION FOR ELECTRONIC SURVEYS



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Electronic Survey Overview

- Electronic survey option created by the California Institute for Behavioral Health Services (CIBHS) for November 2019
 - Available in Arabic, Chinese, Hmong, English, Russian, Spanish, Tagalog, Vietnamese, Armenian, Farsi, Khmer, and Korean
- Consumer needs to be provided with **3** pieces of information
 - County Code (19 – Los Angeles)
 - County Client Number - IBHIS number or, if that is not available, nine zeros (i.e., 000000000) are acceptable for this survey period
 - County Reporting Unit (i.e., Provider Number)

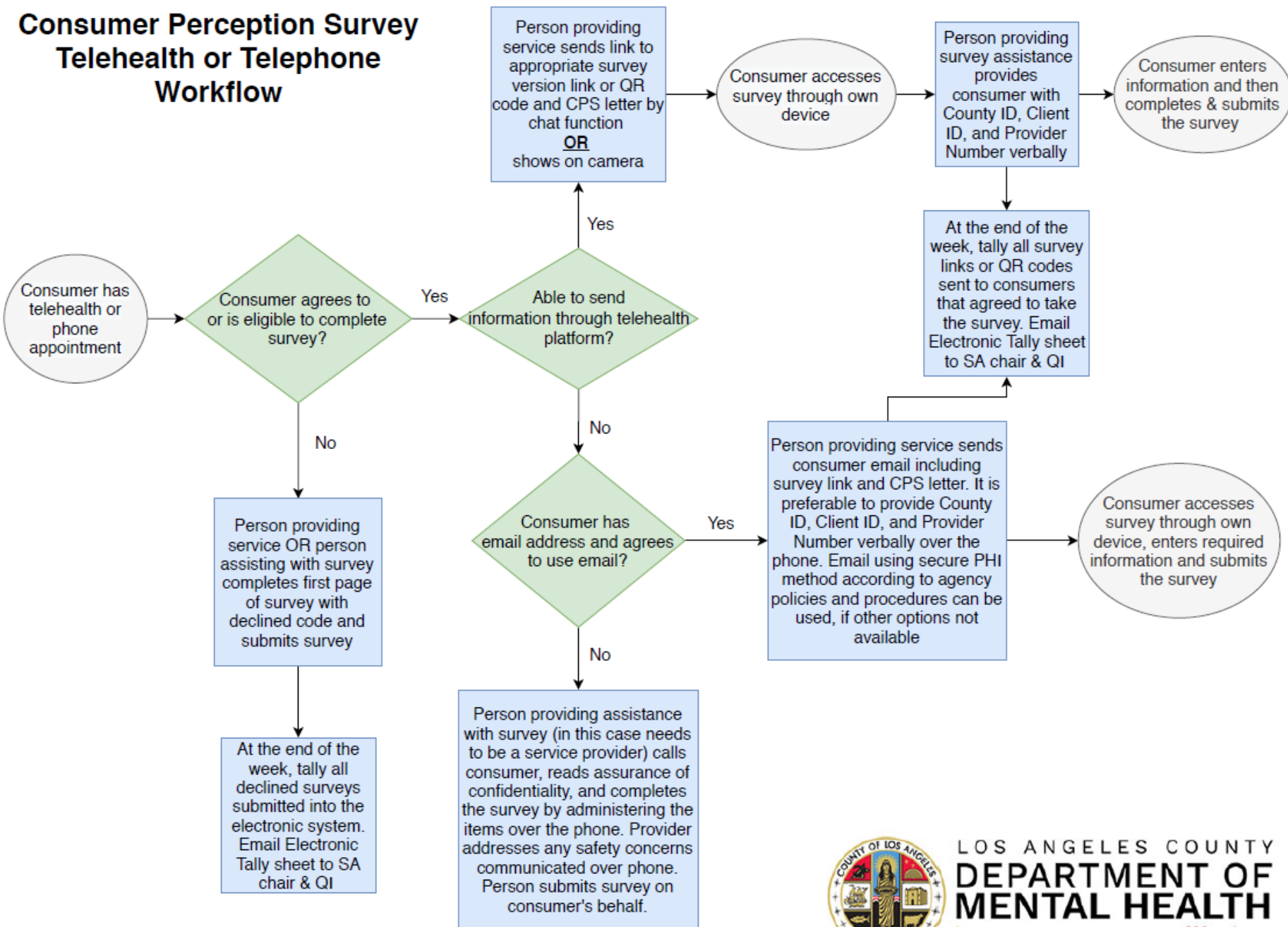


Accessing Electronic Survey

- Active survey links and QR codes will be posted on our website prior to survey week:
<https://www.dmh.lacounty.gov/qid/cps-spring-2020>
- Locate the right version(s) for the consumer based on age
- The link for the survey is not unique and can be sent to the client through multiple methods



Consumer Perception Survey Telehealth or Telephone Workflow



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Language Selection Option

You have accessed this survey in TEST MODE. Your answers will not be recorded

Required Information

Consumer selects preferred language

Please select a language to proceed

العربية

中文 (繁体)

English

Pilipino

Hmoob

русский

Español

--Select--

Việt

CSI County Client Number

Enter your answer in "#####" format where # is number

Date of Survey Administration:

5/25/2020 [mm/dd/yyyy]

<https://survey.sogosurvey.com/r/qhP0L5>



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First Page of Electronic Survey

Questions with * are mandatory. Please answer all mandatory questions to proceed.

This is the Adult Consumer Perception Survey with QOL for Spring 2020.

Information on this page should be entered by the county or provider at the start of the survey.

Questions on the following pages are in the selected language and should be completed by the person receiving services, with help if they need it.

*** County Code**

Consumer selects Los Angeles (19) from drop down menu

19 Los Angeles

*** CSI County Client Number**

Consumer enters CSI County Client Number – has to be 9 numbers! Use leading 00s for shorter numbers (e.g., 001234567) – can also input all zeros (i.e., 000000000) just for this survey period!

Enter your CSI County Client Number in "#####" format where # is number

Date of Survey Administration:

Consumer selects date – field will automatically be at current date

5/26/2020 [mm/dd/yyyy]

County Reporting Unit. Please enter the County Reporting Unit (CRU) number.

Consumer or individual assisting with survey enters County Reporting Unit: 4 character provider number (e.g., 1234 or 19A4) – can be alphanumeric

If consumer agrees to take survey, instruct to scroll to bottom and click next button

Next



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First Page of Electronic Survey

Reason (if applicable):

- ☐ Ref
- ☐ Imp
- ☐ Lan
- ☐ Oth

If consumer declines to take survey, consumer or individual assisting with survey selects reason here. Ref = Refused, Imp = Impaired, Lan = Not available in preferred language, Oth - Other

Optional County Questions:

County Question #1

--Select--

Questions are optional - Ignore for now

County Question #2

--Select--

<https://survey.sogosurvey.com/r/qhP0L5>



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Satisfaction Items

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.

MHSIP Consumer Survey

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.

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, select **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Consumer selects response for satisfaction items

<https://survey.sogosurvey.com/r/qhP0L5>



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Satisfaction Items

For the next four questions, please answer for relationships with persons other than your mental health provider(s).
As a direct result of the services I received:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You have accessed this survey in TEST MODE. Your answers will not be recorded

Back

Clear answers on page

Next

Consumer clicks next button to advance survey

29%

Create Online Surveys powered by [SoGoSurvey](#).

<https://survey.sogosurvey.com/r/qhP0L5>



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Example Past Year & Demographics Items

Please answer the following questions to let us know a little about you.

Approximately, how long have you received services here?

- ☐ This is my first visit here.
- ☐ I have had more than one visit but I have received services for less than one month.
- ☐ 1 - 2 months
- ☐ 3 - 5 months
- ☐ 6 months to 1 year
- ☐ More than 1 year

What is your gender?

- ☐ Female
- ☐ Male
- ☐ Other

Are you of Mexican/Hispanic/Latino origin?

- ☐ Yes
- ☐ No
- ☐ Unknown

What is your race? (Please mark all that apply.)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White/Caucasian
- ☐ Other
- ☐ Unknown

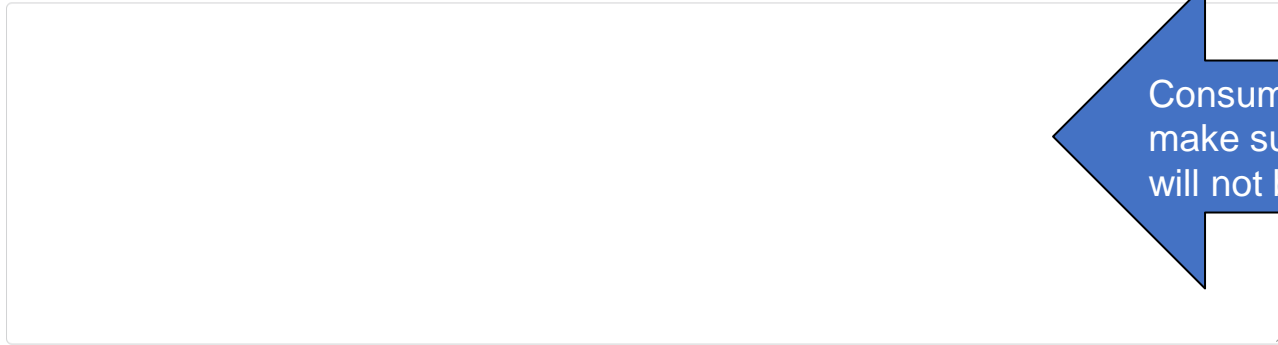
<https://survey.sogosurvey.com/r/qhP0L5>



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Open-Ended Comments Box

Please provide comments here. 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.



Characters Remaining: 2000

You have accessed this survey in TEST MODE. Your answers will not be recorded

Back

Clear answers on page

Submit

100%

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<https://survey.sogosurvey.com/r/qhP0L5>



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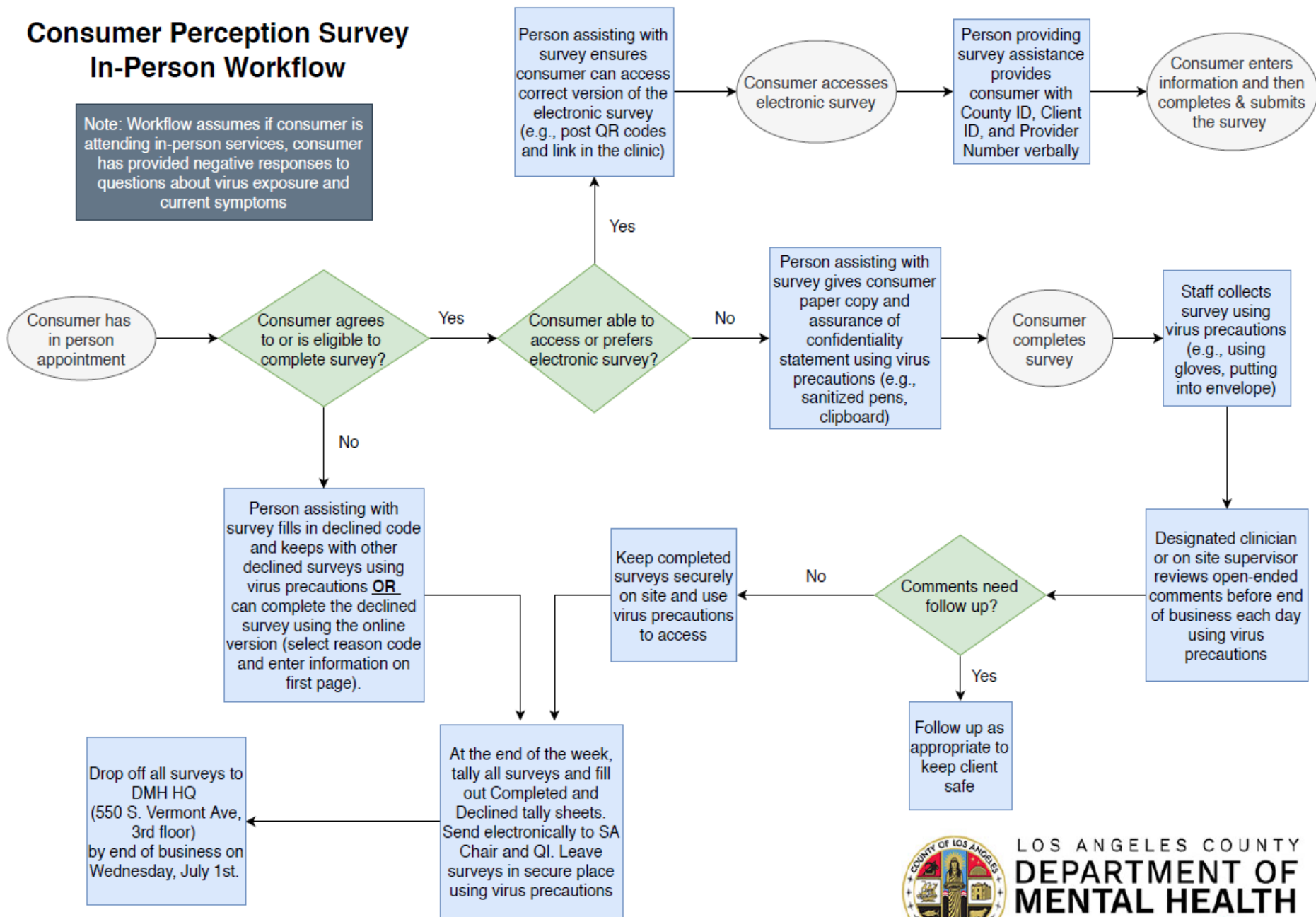
DATA COLLECTION FOR IN-PERSON SURVEYS



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Consumer Perception Survey In-Person Workflow

Note: Workflow assumes if consumer is attending in-person services, consumer has provided negative responses to questions about virus exposure and current symptoms



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Getting Started

- Please make certain the correct form or link is offered to consumers/caregivers during the week of **June 22 – June 26, 2020 only**
- Preparation should begin on or before Friday, June 19, 2020
- Count the number of consumers scheduled for upcoming appointments (excluding intakes)
 - Consumers are asked to rate the LAST SIX MONTHS or provide answers based on the services received so far
- 1. Establish the number and type of CPS forms needed
- 2. If using paper surveys, assign a licensed clinician to review forms and 'comments' sections before the end of each day

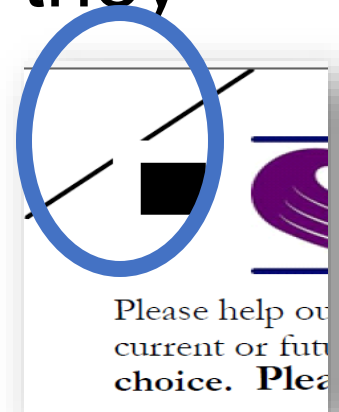


Access and Print pdf CPS Forms

- Print the pdf forms directly from the QI website:

<https://dmh.lacounty.gov/qid/cps-spring-2020/>

- **DO NOT PHOTOCOPY** forms as they cannot be scanned
- Double-sided copies and staples above/across the staple line are acceptable



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CSI County Client Number (CCN)

- The CSI CCN must be completed on the bottom of each page of the survey
 - This number links the pages together during scanning and **without this number, the data will get lost** in the database
 - Field is nine digits long and must be filled in completely
 - CCNs must be all numbers. It is **not acceptable to use nine zeros** on paper versions due to tracking issues

A form for the CSI County Client Number (CCN). It features a small black square icon on the left. To its right is a row of nine empty boxes for entering digits. Below the boxes, the text reads "CSI County Client Number" and "***Must be entered on EVERY page***".



Required Survey Information

FOR OFFICE USE ONLY: REQUIRED Information:

County Code:

1	9
---	---

Date of Survey Administration:

0	6
---	---

 -

2	4
---	---

 -

2	0	2	0
---	---	---	---

Reason (if applicable):

☐ Ref ☐ Imp ☐ Lan ☐ Oth

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

0	0	7	8	9	1	2	3	4
---	---	---	---	---	---	---	---	---

CSI County Client Number

Must be entered on EVERY page

- ✓ County Code
- ✓ Date of Administration
- ✓ Reason (if applicable)
- ✓ CSI CCN
- ✓ County Reporting Unit

County Reporting Unit:





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

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Most Common Errors

-  Surveys are photocopied
-  Post-It notes left on surveys
-  Surveys contain staples
BELOW the staple line
-  CRU is not valid



Different Ways to Assist Consumers

- Offer to read questions and define unknown words
- For paper forms, have ink pens and clip boards on-hand, using virus precautions
- Incentives are okay (stickers, snacks, etc.) if can handle them safely using virus precautions



Important Reminders

- ✓ Print pdf surveys and use survey links/QR codes **directly from the QI website**
- ✓ If **at least TWO questions** are completed in paper form, do not mark as declined/refused
- ✓ Review Comments – Daily (**paper version only**)
- ✓ Do not staple package
- ✓ Survey **all consumers not specific age groups**
- ✓ Do not submit confidentiality statements
- ✓ Responses should be bubbled-in with **blue or black** pen for paper forms



CPS Workflow Considerations

- Billing is not allowed for surveys
 - Surveys do not constitute the provision of medically necessary services
- The use of volunteers, peers, consumers, and/or family advocates is recommended
 - Identify a designated person (and backup) to administer the surveys
 - Consumers who are illiterate may be read the surveys
 - It is best if consumers feel comfortable with the person helping to administer surveys so that they can give honest feedback



Mandatory Tally Sheets

- At least one **TALLY SHEET** is required from each provider number
 - If doing in-person surveys
 - One **Completed CPS Forms Provider** tally sheet
 - One **Declined CPS Forms Provider** tally sheet
 - Indicate the number of CPS forms collected by language and survey type
 - If doing electronic surveys
 - One **Electronic CPS Provider** tally sheet
 - Indicate the number of CPS survey links/codes sent to consumers who agreed to participate and submitted declined surveys by survey type
- Submit completed tally sheets to SA Chair and QI Administration in **electronic** form
- Tally sheets are available online via the QID website



CPS Submission Checklist

- ☐ For in-person paper forms
 - ☐ CPS forms were reviewed and counted
 - ☐ Bubbles were filled in completely with **PEN**
 - ☐ CCNs were filled-in and the same number was reflected on each page
 - ☐ CRU was completed correctly (correct SA and provider number)
- ☐ Appropriate provider tally sheets was forwarded to SA Chair(s) and QI Administration
 - ☐ One **Completed** Paper provider tally sheet per provider number in electronic form, if used paper
 - ☐ One **Declined** Paper provider tally sheet per provider number in electronic form, if used paper
 - ☐ One **Electronic** provider tally sheet per provider number in electronic form, if used electronic survey



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)
- Refer to [DMH Policy/Procedure 508.01](#), Safeguards for Protected Health Information



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.
- Please also follow **safeguards for COVID-19**: limit the individuals coming into contact with the paper surveys, limit the number of places in which surveys are stored, do curbside pickup when dropping off at DMH Headquarters



Spring 2020 Data Collection and Administration

Mark your calendars and save the following dates:

MANDATORY SPRING 2020 CPS TRAININGS
June 2020

SPRING 2020 COLLECTION PERIOD
June 22 – June 26, 2020

SUBMISSION TO QI ADMINISTRATION AT DMH
HEADQUARTERS
(PAPER VERSION ONLY)
Wednesday, July 1, 2020



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Submitting Completed Surveys to QI Administration

Deadline: Wednesday, July 1, 2020

- During or directly after survey week, providers should contact the Quality Improvement representative, Jennifer Regan, to schedule a drop off window during business hours (e.g., July 1 between 12 pm and 4 pm).
- Service Area chairs **will not** collect surveys this period to limit the number of individuals coming into contact with paper surveys – providers should drop paper surveys **directly** to DMH Headquarters at the following address:
QI Administration
550 South Vermont Avenue, 3rd Floor
Los Angeles, CA 90005
- Once on site at DMH Headquarters, call **213-738-2756** and a DMH staff member will pick up the packet curbside.

**To reduce delays, please contact your SA Chair
for questions before contacting QI Liaisons!**



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DMH Contacts

- **Quality Improvement (QI)**

Jennifer Regan, Ph.D.

Clinical Psychologist II

(213) 251-6735

jregan@dmh.lacounty.gov

- QI will also host a Skype call to answer survey questions each day of survey week from 3pm – 3:30pm (info on next slide)



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Skype Calls during Survey Week

Link for all calls: [Join online meeting](#)

Dial-In Option: Phone +1 323-776-6996,
Conference ID: 642982917



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Knowledge Test & Attestation

- Spring 2020 CPS Webinar Knowledge Test & Attestation Statement:
<https://www.surveymonkey.com/r/J7ZC5MG>



- End of Presentation -

Instructions for Consumer Perception Survey Data Collection

Thank you!



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