


LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
CONSUMER PERCEPTION SURVEY

CPS Reminder Tips

- The official survey dates are **Monday, May 13, 2019 through Friday, May 17, 2019**.
- Surveys **SHOULD ONLY** be distributed within the **OFFICIAL** survey dates
- Surveys are **NOT** limited to randomized programs or Age Groups
- There are four survey types:
 - Adult (18-59 years old)
 - Older Adult (60+ years old)
 - Youth Services Survey (YSS; 13-17 years old)
 - Youth Services Survey for Families (YSS-F; parents/caregivers of Children/Youth between 0-17 years old).
- Forms are accessible on the Program Support Bureau Quality Improvement (PSBQI) website http://psbqi.dmh.lacounty.gov/Survey_Spring_2019.htm
- **DO NOT** photocopy the survey
- Print the survey directly from the pdf document. Double-sided forms are acceptable **Do NOT** staple the form below the staple line in the upper left-hand corner
- **DO NOT use pencil** to complete the survey. Use a black or dark blue pen
- **DO NOT make any markings** in the box in the lower right-hand corner of the surveys that contain a black and white geometric pattern (example below). Any markings over this box will cause the survey to be invalid.

- Only “bubble-in” answers. **Do NOT** use ✓ check marks or “X” marks
Corrections are made by placing an “X” mark over the incorrect entry

Prepare Survey Forms

Complete the Required Survey Items Prior to Giving to Consumers/Caregivers:

- CSI County Client Number (IS/IBHIS) must be entered on the bottom of each page
The field is 9 digits long and **must be filled in completely**. Please **add leading zeros** to the CSI Number if the number is less than 9 digits long.

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CSI County Client Number
Must be entered on EVERY page

0	0	8	6	7	5	3	0	9
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Client number must have all spaces filled, leading with “zero(s).”

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- The **County Code** and The **County Reporting Unit** are required information and is the only way to record your data from your agency and return it to you

1	9
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S	A	0	1	1	2	3	4
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Service Area Provider Number

- Reasons (if applicable) for incomplete surveys:
 1. **Refused (Ref):** Client refused to complete the survey. Note: do NOT mark surveys with two marked answers as refused.
 2. **Impaired (Imp):** Client is too impaired (mentally or physically) to complete the survey
 3. **Language (Lan):** Client is unable to complete survey as survey is not in a language the client understands
 4. **Other (Oth):** Any other reason not listed above
- Review surveys daily for open-ended comments and make copies of the comment pages before they are returned to the SA QIC Chair
- Each provider will complete Tally Sheets forms for **each** of the four survey types
- Remove all post-it notes left on surveys
- Return Surveys **WITH** the four types of Tally Sheets to your SA QIC Chair:

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- **NOTE:** Surveys returned through a central Legal Entity or brought directly to the Office of Administrative Operations – Quality Improvement Division must email copies of your completed final Tally Sheets to your SA QIC Chair Liaison. This must be done prior to returning to a central Legal Entity or to the Quality Improvement Division.
 - Date to complete your **Open-ended Comments Report Form** and email the completed form to your SA QIC Chair Liaison:

Reminder: Consumer Perception Surveys are to only be done the week of
Monday, May 13, 2019 through Friday, May 17, 2019