

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

SPRING 2019 CONSUMER PERCEPTION SURVEYS
TRAINING: ADMINISTRATION, COLLECTION, AND SUBMISSION
MAY 13 - MAY 17, 2019

Presented by: Daiya Cunnane, PsyD & LyNetta Shonibare, PsyD





**The biggest room in the
world is the room for
improvement.**

Helmut Schmidt

INTRODUCTIONS

➤ **Selected Providers**

- Directly involved in the administration of surveys
- One to two staff per provider number

➤ **Quality Improvement Division (QID)**

- DMH Quality Improvement (QI) Liaisons
 - Dr. Cunnane for Service Areas (SAs): 3, 4, 6, & 7
 - Dr. Shonibare for SAs: 1, 2, 5, & 8

➤ **Chief Information Office Bureau (CIOB)**

- Chief Research Analyst
 - Moses Adegbola, PhD, MPH
- Research Analyst II
 - Zosima Mar, MPA

TRAINING OBJECTIVES

1. To review the purpose and benefits of collecting consumer satisfaction data
2. To understand the Consumer Perception Survey (CPS) data collection requirements for Los Angeles County
3. To gain skills in identifying who should participate and which CPS form(s) apply
4. To learn more about CPS data transport, review, and submission
5. To understand the process of reviewing Open-Ended Comments (OEC) and submitting the Report form to QID
6. To gain information about the November 2018 CPS submission rates by SA and CPS form

PURPOSE

- Grants consumers and families the opportunity to provide **open-ended feedback towards quality improvement**
- Information and comments from the surveys **provide valuable insights and help initiate any needed changes** to the mental health system (i.e., aggregated national outcomes data)

CPS DATA COLLECTION REQUIREMENT

Submission of CPS data:

California's Department of Health Care Services (DHCS) has been **mandated to collect performance outcome data** on county Mental Health Programs (MHPs) since the early 1990s

Outlined in 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)

The receipt of Community Mental Health Services Block Grant (MHBG) funding is contingent upon CPS data submission

SAMHSA COMMUNITY MHBG FUNDING

FISCAL YEAR (FY) 18-19

California's Share - **\$95 Million**

County of Los Angeles's Share - **\$22.9 Million**

- The **Community MHBG** program makes funds available to all 50 states to provide comprehensive community mental health services
- Targeted populations include Children with Serious Emotional Disturbances (SED) and Adults with Serious Mental Illness (SMI)
- Noncompliance with CPS data collection can negatively impact MHBG funding

TYPES OF CPS FORMS

The Mental Health (MH) CPS forms are administered according to the consumers' age:

1. Youth Forms

- **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)**

2. Adult MHSIP* Consumer Survey (18-59 years old)

3. Older Adult MHSIP* Consumer Survey (60+ years old)

Each form is available in Chinese, Hmong, English, Russian, Spanish, Tagalog, and Vietnamese.

**This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.*

CONSUMERS INCLUDED

Consumers and families from **Directly Operated (DO) and Contracted Providers** accessing the following Face-to-Face/clinic-based outpatient services:

- Mental Health (i.e., Full Service Partnership; Recovery, Resilience, and Reintegration)
- Case Management
- Medication Support
- Day Treatment
- Wellness Center

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CONSUMERS INCLUDED

Surveys should be administered to all consumers visiting an outpatient clinic for services and **regardless of their funding** stream (i.e., Medi-Cal and Indigent).



WHO COMPLETES THE YSS-F

- Parents/caregivers present at the time of the survey are administered the YSS-F
 - Children who are **12 years old and younger** are not surveyed
- The YSS-F can be completed by the consumer's primary caregiver and would include **any person who is not compensated for providing care** (i.e., aunt, uncle, grandparent(s), older sibling, cousin, foster parent, or family friend)
 - A compensated caregiver, such as an employee of a group home, should not complete a YSS-F survey form

CONSUMERS NOT INCLUDED

CPS collection is **NOT** intended for consumers in:

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

CPS ADMINISTRATION

1. LACDMH outpatient programs are randomly selected by **SA, DO versus Contracted Providers, and age groups**
 - Providers are encouraged to administer surveys to **all age groups**
 - Older Adult providers are oversampled
2. QID reviewed the [Mental Health & Substance Use Disorder Services \(MHSUDS\) Information Notice](#) posted by the Department of Health Care Services (DHCS)
3. QID conducts **mandatory trainings** on CPS collection
4. All **CPS forms and supporting documents** are made available online

MANDATED TIME FRAME

- The official survey dates are

Monday, May 13 - Friday, May 17 2019

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

CPS FORMS: REQUIRED PROVIDER INFORMATION - EXAMPLE

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

Page 4 of 4

County Reporting Unit:

COUNTY CODE
(Pre-filled)

DATE OF SURVEY ADMIN
INSERT
MMDDYYYY
(NO SPACE)

REASON
(SELECT ONLY ONE)

CLIENT NUMBER
LEADING ZEROS (Pre-filled)

COUNTY REPORTING UNIT SA & LEADING ZEROS (Pre-filled)

CPS FORMS: REQUIRED PROVIDER INFORMATION

Required Survey Items:

- ✓ County Code – **1 9**
- ✓ Date of Survey Administration – **0 5- 1 - 2 0 1 9**
- ✓ Reason for Non-Completion of Survey (if applicable)
- ✓ CSI County Client Number (IS/IBHIS) – **0 0** _ _ _ _ _
- ✓ County Reporting Unit – **S A** _ _ _ _ _
- ✓ If a site has more than one provider number, use the one providing the services for the consumer completing the survey form

All CPS Forms are available online at:

http://psbqi.dmh.lacounty.gov/Survey_Spring_2019.htm

REASONS (IF APPLICABLE)

All “Refused” surveys should have one of four reasons clearly marked in the ***FOR OFFICE USE ONLY*** section.

Please make certain to indicate which of the following applies, when a consumer has completed less than two questions:

1. **Refused**: Consumer refused to complete the survey
2. **Impaired**: Consumer is mentally or physically unable to complete the survey
3. **Language**: Consumer is unable to complete survey as survey is not in a language the consumer understands
4. **Other**: Any other reason not listed above

CPS FORMS: PREPARATION

1. Review the clinic's appointment schedule to estimate the number of survey forms needed for the day
2. Print the approximate number of **pdf** survey forms for the day
 - a) Please **PRINT** survey forms directly from the pdf files provided on the PSBQI website. Photocopies cannot be scanned
 - b) Double-sided is acceptable, multiple surveys can be printed at one time
 - c) Note the staple line indicated in the upper left-hand corner. **PLEASE DO NOT STAPLE BELOW THIS LINE**



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CPS FORMS: PREPARATION



3. Have **BLACK** or **DARK BLUE** pens available
4. Have a **copy of the Assurance of Confidentiality Statement** available in English and Spanish
3. Identify a Licensed Clinician to **review completed surveys** before the end of the day

ASSURANCE OF CONFIDENTIALITY STATEMENT

Consumers should be **presented with the following statement*** when being offered a survey:

“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!”

**English and Spanish versions are available online*

CPS FORMS: ADMINISTRATION

- **Billing is not allowed** for surveys
 - Surveys **do not constitute the provision of medically** necessary services
- The **use of volunteers/peers/consumers/family advocates** is recommended
 - Identify a designated person (and backup) to administer the surveys
 - Consumers who are illiterate may be read the surveys
- **Do not use clinical or service delivery staff** for survey administration



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 **LACDMH Policy/Procedure 508.01**, Safeguards For Protected Health Information

ADDITIONAL NOTES

REGARDING CPS ADMINISTRATION

- 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 with bubbling in responses

CPS Submission

- **Two Tally sheets** are required for each provider
 - One Completed CPS Forms Tally sheet
 - One Refused CPS Forms Tally sheet
 - Indicate the number of CPS forms collected by language and survey type
- Locate and submit the completed Tally sheets (*Provider Version*) to your SA Chair
- Electronic copies of the Tally sheets are available online

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CPS Submission

- Before submitting to CIOB, surveys will be reviewed by SA QIC Chairs for the following:
 - Bubbles are filled in completely
 - CSI County Client Numbers are filled in and are the same number on each page
 - An electronic copy of each of the Tally sheets is received by the SA QIC Chair regardless of the numbers tallied and delivery arrangements to CIOB

IMPORTANT DATES

CPS Data collection:

MONDAY, MAY 13 – FRIDAY, MAY 17, 2019

Deadline to submit Surveys & Tally Sheets to QIC Chairs:

THURSDAY, MAY 23, 2019

Deadline to submit Surveys & Tally Sheets to CIOB:

THURSDAY, MAY 30, 2019

QIC
CHAIRS TO
RETURN
SURVEYS
& TALLY
SHEETS
TO CIOB

MAY 2019						
SUN	MON	TUES	WED	THUR	FRI	SAT
			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 HOLIDAY	28	29	30	31	

RETURN
SURVEYS &
TALLY SHEETS
TO YOUR QIC
CHAIRS

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.

OPEN-ENDED COMMENTS

- All comments should be **reviewed by a licensed clinician daily** and prior to returning survey forms to QI Liaisons
- This section is not scanned in Teleform



COMMENTS SECTIONS (ACTUAL)

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!

OPEN-ENDED COMMENTS REPORT FORM

The QI Lead for each program should work on this report collaboratively with their internal QIC and/or Program Manager/Director.

1. Review comments with your program's QIC members and Manager/Director
2. Provide responses to the questions on the Open-ended Comments (OEC) Report Form
3. Please email the completed OEC Report to your SA QIC Chair no later than **Monday, June 10, 2019**
 - a) An OEC Report is required even if no comments are received (see Question 1)

OEC IMPORTANT REMINDERS

- Please **send your agency's top three themes** when summarizing your consumers' comments
- The General/Recommendations' section is for the **consumers' recommendations** – NOT provider recommendations
- Please **only submit the completed OEC** Report Form
 - Hardcopies of your consumers' comment sections are not required

IMPORTANT REMINDERS

- ✓ Print surveys **directly from the PSBQI website**
- ✓ If **at least TWO questions** are completed, do not check refused
- ✓ **Review Consumer Comments - Daily**
- ✓ Do not staple package
- ✓ Surveys **are not limited to randomized programs** or age groups
- ✓ Do not submit confidentiality statements
- ✓ Responses should be bubbled in
- ✓ Ask consumers to not make any additional marks on the survey forms

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IMPORTANT REMINDERS

- ✓ Turn in Refused surveys
- ✓ Provider-level data is limited to providers that submit greater than 15 completed surveys
- ✓ Most frequent mistakes:
 - ✓ Surveys are **COPIED**
 - ✓ **Post-It notes** left on surveys
 - ✓ Surveys are **stapled BELOW the staple line**

PERCENT OF SUBMITTED SURVEYS

AGE GROUP AND SERVICE AREA (SA)

FALL 2018

MH CPS Form	SA 1	SA 2	SA 3	SA 4	SA 5	SA 6	SA 7	SA 8
YSS-F	4.3%	33.8%	14.1%	11.1%	5.1%	7.9%	12.8%	10.9%
YSS	3.4%	38.5%	12.5%	13.2%	3.7%	8.7%	9.1%	10.7%
Adult	8.9%	25.1%	9.7%	18.8%	6.4%	11.4%	9.4%	10.2%
Older Adult	4.5%	24.1%	4.1%	19.5%	6.7%	12.7%	7.8%	20.5%

Note: The highest percentage for each SA are in bold. The highest percentage for each CPS form are italicized.

ANALYZING CPS DATA

Domain	Sample Statement
Access	<i>The location of services was convenient.</i>
Participation in Treatment Planning	<i>I, not staff, decided my treatment goals</i>
Quality and Appropriateness	<i>Staff helped me obtain the information I needed so I could take charge of managing my illness.</i>
Social Connectedness	<i>I am happy with the friendships I have.</i>
Functioning	<i>I do things that are more meaningful to me.</i>
Outcomes	<i>I deal more effectively with daily problems.</i>
General Satisfaction	<i>I like the services that I received here.</i>

ANALYZING YSS-F/CPS DATA

Domain	Sample Statement
Access	The location of services was convenient for us.
Participation in Treatment Planning	I helped choose my child's services.
Cultural Sensitivity	Staff respected my family's religious/spiritual beliefs.
Social Connectedness	I have people that I am comfortable talking with about my child's problems.
Functioning	My child gets along better with family members.
Outcomes	My child is better at handling daily life.
General Satisfaction	Overall, I am satisfied with the services my child received.



Office of Administrative Operations – Quality Improvement Division

Daiya Cunnane, PsyD

Clinical Psychologist II

(213) 251-6736

dcunnane@dmh.lacounty.gov

LyNetta Shonibare, PsyD

Supervising Psychologist

(213) 251-6737

lshonibare@dmh.lacounty.gov

