

## Adult and Older Adult Mental Health Consumer Perception Survey Instructions

The California Department of Health Care Services (DHCS) Mental Health Consumer Perception Survey will take place over one week twice a year. Please survey every client who receives face-to-face services during this one-week survey period. Client feedback helps us improve quality of care and client experiences at Behavioral Health Services.

Read through all instructions in order to successfully prepare and conduct surveys.

### 1) Programs are to print their own surveys.

#### a) Go to the following links to download surveys:

[https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/AOA\\_CYFSurveys.asp](https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/AOA_CYFSurveys.asp)

- **Adult:** For ages 18-59
- **Older Adult:** For ages 60+

#### b) Surveys are available in English, Arabic, Chinese, Hmong, Russian, Spanish, Tagalog, and Vietnamese.

#### c) Follow these guidelines to print surveys so that our scanner will recognize your forms:

##### Print surveys:

- 1) Directly from the PDF using Adobe Reader, "actual size."
- 2) In black and white or the original color
- 3) With a high quality printer – preferably a laser printer, **not** ink jet.
- 4) Double-sided if possible

##### DO NOT create printed surveys that are:

- 1) Reduced in size by clicking "fit" as a print option in the Adobe PDF
- 2) Cut off at the bottom or top of the page
- 3) Faded
- 4) Photocopies

##### Finish preparing surveys by:

- 1) Stapling only above the diagonal line / at the top left corner of the form. Do NOT staple **on** the line.
- 2) Writing in the needed items specified in section 3.

##### DO NOT prepare surveys by:

- Using labels to stick over the RU field to fill out RU numbers

#### d) For help with printing, contact:

Edmund Carnecer, [edmund.carnecer@sfdph.org](mailto:edmund.carnecer@sfdph.org) or 415-255-3434

### 2) Who to survey

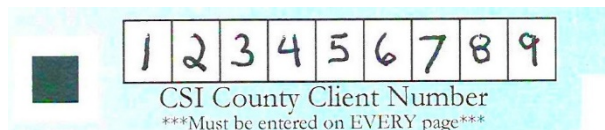
- a) **Target population:** Clients receiving face-to-face mental health services from county-operated or contract providers during the sample period should be included in the survey process.
- b) **For clients seen outside the office:** Clients should fill out a survey and seal it in an envelope (provided by staff). Staff should deposit the envelope into the survey collection box when they return to the office.
- c) **Not included in target population:** Clients served in the following settings should be EXCLUDED from the survey process:
  - Hospitals
  - Crisis (stabilization, residential and intervention)
  - Jail and jail hospital settings
  - Long-term care institutional placements (e.g., State hospitals, Institute for Mental Disease)

**3) Programs are to fill out the client BIS numbers, reporting unit, and date on each survey before handing surveys to clients**

Note: Follow these guidelines to fill out fields so that our scanner will recognize your forms. Computer entry using SFDPH-BHS supplied PDF forms is preferred.

- a) **CSI Number:** The CSI number is the client BIS number and must be pre-entered or written on each page of the survey, for every survey. You will find the field at the bottom of every page (example below). You can pre-enter the CSI number by following the bulk entry instructions attached to this email, typing directly into the PDF before printing, or hand-writing in each number. Only forms supplied by SFDPH QM have been modified for typing in or bulk entry of CSI number and program code (RU).

Note: For clients without a BIS number, please make up a number. You can use 999 plus a number unique to the client such as 99901. For the next client use 99902, and so forth. Every survey form needs to have a unique number, and that number must be on each page.



- b) **County Reporting Unit:** The County Reporting Unit is a code that all programs have already been assigned. Please fill in the correct reporting unit on the last page of every survey in the labeled field by using bulk entry, typing it into the PDF directly, or writing it in by hand.
- c) **Date of Survey Administration:** This item is located in the "For Office Use Only" section on the last page. Please write in the correct day.
- d) There is no need to fill in the county code.

#### 4) Coordinating the survey

- a) **Prepare your staff:** Review instructions and the staff fact sheet (attached to the email) with relevant administrative staff.
- b) **Provide survey forms to clients:** Provide the appropriate survey forms (by age group and language) to all clients receiving services during the week.
- c) **Set up the needed survey materials:** Have clients use only a black or dark blue ball point pen - **No pencil, please**. Post the client fact sheet (available at this link: <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CFS.asp>) in a visible spot for clients. Provide a sealed box with a slit in it for surveys (creating a reusable box is recommended).
- d) **If a client refuses to complete the survey:** Fill in the reason (if applicable) in the "For Office Use Only" section on the last page.
  - Refused (Ref)
  - Impairment (Imp)
  - Language not available (Lan)

Note: Do not use, "Other Reason (Oth)" because it is important for us to understand the reason clients do not want to fill out surveys for reporting purposes.

Reason (if applicable):

Ref    Imp    Lan    ~~Oth~~

- e) Clients should not mark or destroy the geometric box located at the bottom right-hand corner of every page or else the survey will become invalid.



- f) **Package and deliver completed forms** to 1380 Howard on drop off days indicated via email announcement. Forms received after the deadline may not be processed.
  - a) Survey forms are to be kept in the collection boxes.
  - b) Make sure to complete a cover sheet (attached to email) for each box for submission.

Thank you for making this effort a success!

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