

# Mental Health Consumer Perception Survey (CPS)

Spring 2024

UCLA-ISAP

March 19, 2024

**UCLA**

David Geffen School of Medicine

**Integrated Substance Abuse Programs**

- ▶ Please mute yourself during the duration of the webinar. We have allocated 20 minutes after the webinar for questions and answers.
- ▶ Please enter your name and your county name in chat box during the training.
- ▶ How to submit questions?
  - ▶ Type your questions in the chat box.
  - ▶ Our Program Coordinator (Marylou Gilbert) will be monitoring the questions. We will address all the questions after the presentation. Marylou is also the coordinator of the Treatment Perceptions Surveys (TPS) for DMC-ODS counties. Since many provider locations may be participating in both CPS and TPS surveys, please address any questions about the TPS directly to her.
- ▶ This webinar is being recorded and will be posted on UCLA-ISAP website. You can use this recording for any planned training for your providers.

## Some Housekeeping Notes

# Purpose of the Mental Health Consumer Perception Survey (CPS)

- ▶ Fulfills a requirement of the Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services Block Grant (MHBG).
- ▶ Fulfills counties' requirement to conduct the survey and submit data per §3530.40 of Title 9 of the California Code of Regulations. Section 3530.40 of the California Code of Regulations.
- ▶ Gives consumers and family members the **opportunity to provide input/feedback on services** for Quality Improvement purposes.
- ▶ Requirement of California W&I Code Sections 5600 - 5623.5 (Bronzan-McCorquodale Act.)

# Survey Data Collection Dates

Only collect data during the official survey period

May 2024						
Sun	Mon	Tue	Wed	Thu	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	28	29	30	31	

# CPS Data Collection Spring 2024

## May 20-24, 2024

- ▶ Behavioral Health Information Notice (24-009) has been issued and uploaded to UCLA CPS Website.
- ▶ Short Doyle / Medi-Cal providers providing outpatient mental health services are required to participate.
- ▶ The data collection is a convenience sample. This means all patients receiving outpatient mental health services, via telehealth or in-person during the five days should be surveyed.
- ▶ Surveys are available in 12 languages.
- ▶ There are 4 Survey Types:
  1. Adult: Ages 18-59
  2. Older Adult: Ages 60+
  3. Youth (YSS): Ages 13-17
  4. Families of Youth Ages 0-17 (YSS-F)
- ▶ There are 2 data collection options.
  - ▶ Paper survey forms
  - ▶ Online survey
- ▶ Counties can choose to collect data using both the online and paper surveys. UCLA will merge all data to create the final data set, which counties can download through the UCLA Box platform and the DHCS application portal.

# CPS Data Collection

## Spring 2024

### May 20-24

- ▶ UCLA-ISAP is coordinating the CPS data collection on behalf of DHCS, including scanning paper survey forms.
- ▶ Online data collection tool is available via the UCLA online survey portal.
- ▶ The survey is administered once each year in Spring.
- ▶ Counties will be able to access survey results as aggregated county-level reports available via the UCLA Health Sciences Box platform.
  - ▶ UCLA will provide access credentials for Box folder to each county's CPS coordinator or designated person.
  - ▶ Please ensure you have designated a CPS contact for your county who will access the UCLA Box folder for reports. For questions on accessing the Box folder please contact Celine Tsoi at [SzeYiCelineTsoi@mednet.ucla.edu](mailto:SzeYiCelineTsoi@mednet.ucla.edu)



Surveys are conducted with consumers who receive **Outpatient Mental Health** Clinical Services: in-person, field based or telehealth.

Examples of Settings (Not all inclusive):

- ▶ Mental Health Services
- ▶ Case Management
- ▶ Medication Services
- ▶ MHSA
- ▶ Day Treatment
- ▶ Telehealth
- ▶ Wellness Centers
- ▶ Field based outpatient services

Data Collection  
is Limited to  
Mental Health  
Outpatient  
Services **ONLY**



# Data Collection Treatment Settings & Populations Not Included

- ▶ Inpatient Settings
- ▶ Jail / Jail Hospital Settings
- ▶ PMRT (Crisis Stabilization) Psychiatric Emergency
- ▶ One-Time Psych Testing or Assessment
- ▶ Residential or Institutional Placements



# Survey Administration by Short Doyle / Medi-Cal Providers

Surveys should be administered to ALL consumers regardless of the funding stream (i.e., Medi-Cal versus Indigent).

Do not use clinical or service delivery staff for survey administration.

Surveys should be administered to ALL consumers receiving outpatient services during the survey period.

It is permissible to use staff who do not provide direct clinical services to the client.

Survey Administration in Short Doyle/ Medi-Cal Clinics

The use of volunteers / peers / consumers / family advocates is highly recommended.

# Safeguarding Consumer PHI

- ▶ The [CPS] contains PHI information that should be protected.
- ▶ HIPAA Policy 500.21 Safeguards for PHI
  - ▶ All counties must implement appropriate administrative, technical and physical safeguards which will protect PHI from any intentional, unintentional or incidental disclosure that is in violation of the Department's Privacy Policies or the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This requirement applies to all types of PHI in any form - oral, on paper or electronic.

# Consumer Confidentiality



- ▶ The Consumer's **confidentiality must be respected and maintained** during the entire survey and reporting process.
- ▶ The information obtained is **confidential**.
- ▶ Consumer / Family **participation is voluntary**.

# CPS Paper Forms



# CPS Paper Forms

- ▶ Counties have the option of using Adult and Older Adult Survey forms **with or without Quality-of-Life Questions.**
- ▶ Forms are available in **11 threshold languages in addition to English** (Arabic, Armenian (Eastern), Chinese (Traditional), Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, Vietnamese)
- ▶ Use black or dark blue pen.
- ▶ Do not make any marking in the box in the lower right-hand corner of the forms that contains a black and white geometric pattern. Any markings over this box will cause the survey to be invalid.

of the Center for Mental Health Services.

2155



# Youth Services Survey Family (YSS-F)

## Who is Surveyed?

- ▶ Children aged 12 and younger are not surveyed.
- ▶ The YSS-F can be completed by a child's or youth's primary caregiver or any person who is not compensated for providing care (i.e., aunt, uncle, grandparent(s), cousin, or family friend).
  - ▶ A compensated caregiver, such as an employee of a group home, should not complete the YSS-F survey form.
  - ▶ Parents/Caregivers accompanying the child/children receiving outpatient services during the survey period should complete the YSS-F survey form

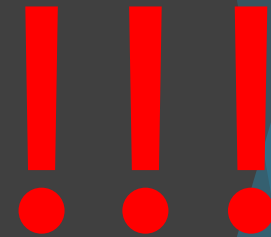


# Printing CPS Forms

- ▶ Forms are available for download at the UCLA-ISAP CPS website:

<https://www.uclaisap.org/mh-consumer-perception-survey.html#paperSurvey>

- ▶ Survey Forms are PDF fillable documents for the administrative section only.
  - ▶ When you enter County Client Number (CCN) on page 1 in the pdf survey form, the same CCN # is auto-populated on pages 2,3 and 4.
- ▶ **Print the forms directly from the pdf files.**
  - ▶ Please use a digital printer with white paper for printing the surveys.
  - ▶ **DO NOT PHOTOCOPY THE SURVEY FORMS.**
    - ▶ All copiers resize images slightly and will make the forms unreadable.





# Preparation of Paper Survey Forms

## Required and Optional Items



### Required Items

**CSI County Client Number (CCN)** at the bottom of each page must be completed on **each page of the survey form**.

**County Code:** Must be completed. Can be pre-filled by providers.

**Date of Survey Administration:** Must be completed. Can be pre-filled by providers.

**Reason for Non-participation in Survey data collection:**

Must be completed by providers for consumers who do not wish to participate in the survey. UCLA provides an online link to record data on reasons for not completing the survey.



### Optional Items

**Reporting Unit:** Providers can enter their unique provider number in this field. This will allow counties to conduct provider-level data analysis after receiving the data back from the DHCS data portal.

# SPECIFIC ITEMS To Pre-Fill




**Thank you for taking the time to answer these questions!**

## FOR OFFICE USE ONLY

**County Code:**

**Date of Survey Administration:**

**County Reporting Unit (optional):**



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0	5	/		
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2	0	2	4
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**Code for not completing the survey (if applicable):**

-   Refused    Impaired    Language    Other

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

**\* CSI County Client Number**



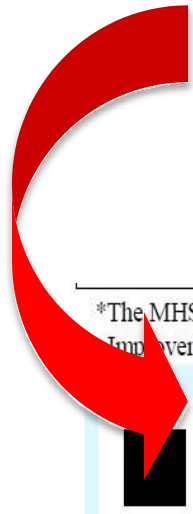
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**\*\*\*Must be entered on EVERY page\*\*\***

19889



# County Client Number (CCN) Number **MUST** be on **EVERY** Page



\*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.

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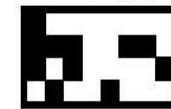
CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*

Page 1 of 4

**CONTINUED ON NEXT PAGE...**

DHCS 1740 EN (05/13)

34151



# Additional County Questions

- ▶ Some county coordinators have inquired if they can ask additional questions using the MHSIP survey.
  - ▶ The general response is YES, with a few caveats.
    - ▶ The full MHSIP survey should be administered to consumers. Questions in addition to the MHSIP survey may be collected by counties.
    - ▶ UCLA will only scan survey items on the MHSIP survey and prepare county level reports using ONLY MHSIP survey items.
    - ▶ Counties are responsible for analyzing data from the additional questions they may collect.

# Reasons for Not Completing Survey

- ▶ The reason for a consumer not completing the survey (using either a paper form or [survey link](#)) should be documented using the UCLA's online form. <https://uclahs.fyi/Reasons>. More information on this in later slides.
- ▶ If this data is collected using the paper forms, these should be sent to UCLA along with the completed paper surveys.
  - ▶ **Refused (Ref)**: Client refused to complete the survey.
  - ▶ **Impaired (Imp)**: Client is too impaired (mentally or physically) to complete the survey.
  - ▶ **Language (Lan)**: Client is unable to complete survey as survey is not in a language the client understands.
  - ▶ **Other (Oth)**: Any other reason not listed above.

**Reason (if applicable):**

Ref    Imp    Lan    Oth

# What's NEW in 2024?

- ▶ County questions have been replaced with three Telehealth questions
- ▶ Question on language has been consolidated into one question
- ▶ Questions on Gender Identity have been expanded to six categories
- ▶ Questions on Sexual Orientation have been added
- ▶ Data field called “Surveycollect” has been added to the county’s data download from the DHCS data portal. This data field provides information on which survey was collected as paper versus online
- ▶ UCLA will provide Fed Ex shipping labels for mailing paper surveys to UCLA
- ▶ Qualitative analysis using a Word Cloud has been added to county level reports

# Three NEW Telehealth Questions

14. Now thinking about the services you received, how much of it was by telehealth?

*by telephone or video-conferencing*

None    Very little    About half    Almost all    All

15. How helpful were your telehealth visits compared to traditional in-person visits?

Much worse    Somewhat worse    About the same    Somewhat better    Much better    Not applicable

16. I would prefer to receive more of my mental health treatment at this program by telehealth.

Strongly Disagree    Disagree    I am Neutral    Agree    Strongly Agree    Not Applicable





# Questions on Gender Identity and Sexual Orientation (SOGI)



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

8. What is your gender?  
*Please select all that apply*
- Male
  - Female
  - Non-Binary
  - Transgender: Female to Male
  - Transgender: Male to Female
  - Another Gender Identity
9. Do you think of yourself as:  
*Please select all that apply*
- Straight/Heterosexual
  - Gay or Lesbian
  - Bisexual
  - Another sexual orientation
  - Unknown
  - Prefer not to answer

**Please Note: Sexual orientation questions are not asked in the Family Survey**

# Placement of Arrest History Questions:

Questions have been placed side by side for ease of filling in the responses

<p>Please answer questions #2-4 if you have been receiving mental health services for <b>ONE YEAR OR LESS</b></p> 	<p>Please answer questions #5-7 if you have been receiving mental health services for <b>MORE THAN ONE YEAR</b></p> 
<p>2. Were you arrested since you began to receive mental health services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Were you arrested during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4. Since you began to receive mental health services, have your encounters with the police...</p> <ul style="list-style-type: none"><li><input type="radio"/> Been reduced <i>For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program</i></li><li><input type="radio"/> Stayed the same</li><li><input type="radio"/> Increased</li><li><input type="radio"/> Not applicable <i>I had no police encounters this year or last year</i></li></ul>	<p>5. Were you arrested during the last 12 months? <input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Were you arrested during the 12 months prior to that? <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. Over the last year, have your encounters with the police...</p> <ul style="list-style-type: none"><li><input type="radio"/> Been reduced <i>For example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program</i></li><li><input type="radio"/> Stayed the same</li><li><input type="radio"/> Increased</li><li><input type="radio"/> Not applicable <i>I had no police encounters this year or last year</i></li></ul>

# Printing Instruction added to top of survey:

Please do not photocopy surveys, print from PDFs



Print PDF as needed. *Do not photocopy!*



## MHSIP Consumer Survey - ADULT Spring 2024

English

- Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please fill in the circle that corresponds to your choice.
- 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.

• Please fill in the circle completely. Correct ● Incorrect ⊙ ⊗ ✓

Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
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- ▶ In 2024 counties must use FED EX to ship the paper surveys to UCLA.
  - ▶ Pre-paid Fed Ex shipping labels will be provided by UCLA
- ▶ If some counties such as those in Southern California would like to personally drop off survey boxes, it can be arranged. Please contact us and make an appointment to drop off the surveys.
- ▶ Please complete and send UCLA a shipping form so a label can be created and returned to county coordinator. Each shipment should include a cover sheet inside the packaging.
- ▶ The shipment(s) of paper surveys can be dropped off at a Fed Ex office or coordinators can arrange for a pick-up.
- ▶ Each shipment must include a UCLA-provided, pre-paid label addressed to:

Attn: Vandana Joshi

Integrated Substance Abuse Programs - UCLA

10911 Weyburn Avenue, Suite 200

Los Angeles, CA 90024

- ▶ For additional questions on shipping surveys via Fed Ex and labels please contact Marylou Gilbert at [MarylouGilbert@mednet.ucla.edu](mailto:MarylouGilbert@mednet.ucla.edu)

## **NEW!!** Sending Paper Surveys to UCLA for Scanning



# CPS 2024 Shipment Form

## CONSUMER PERCEPTION SURVEY (CPS 2024)

### Paper Surveys Shipment Form – For CPS County Coordinator Use Only

In order for us to create a FED EX label for your shipment, please complete fully and email this form to Marylou Gilbert ([MarylouGilbert@mednet.ucla.edu](mailto:MarylouGilbert@mednet.ucla.edu)).

CPS County coordinator or Sender:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of boxes/envelopes/padded paks you will ship, including the size (small, medium, or large) and approximate weight of each box/envelope:

- Small box; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Medium box; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Large box; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Small envelope; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Med envelope; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Large envelope; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Small pak; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Med pak; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Large pak; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- We will use our own packaging; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.

Additional shipping info: \_\_\_\_\_

FedEx Pick up or Drop off - Please indicate your preference:

We will be scheduling a FedEx pick up on this date: \_\_\_\_\_  
TO SCHEDULE A PICK UP PLEASE CALL/ARRANGE WITH FED EX DIRECTLY  
AT: 800-463-3339

We will drop off the box(es)/package(s) at a FedEx facility/drop off on this date:  
\_\_\_\_\_

# CPS 2024 Cover Sheet for mailing surveys

## COVER SHEET 2024

UCLA

Consumer Perception Survey (CPS)  
Forms Submission to UCLA ISAP

FOR CPS COUNTY COORDINATOR/STAFF USE ONLY

Please complete this form and include it with your submission to UCLA.

County: \_\_\_\_\_

Contact person in charge of Consumer Perception Survey (CPS) administration for this county:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person(s) to receive CPS Reports and raw data files: (This person will receive user-specific access to the county's Box folder containing CPS reports and data files along with instructions to access Box.)

Check if same as above, and/or provide the information below.

Individuals who should be given access to your county folder in Box:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of forms sent to UCLA: Adult: \_\_\_\_\_ Youth: \_\_\_\_\_

Total number of boxes/envelopes sent to UCLA: \_\_\_\_\_

Include a copy of this completed cover sheet inside each box/envelope being sent to UCLA ISAP.

Use the FED EX label(s) provided by UCLA to send survey boxes/envelopes with completed surveys and cover sheet(s) to:  
UCLA Integrated Substance Abuse Programs  
Attention: Vandana Joshi, CPS Director  
10911 Weyburn Avenue, Suite 200  
Los Angeles, CA 90024  
310-801-2524

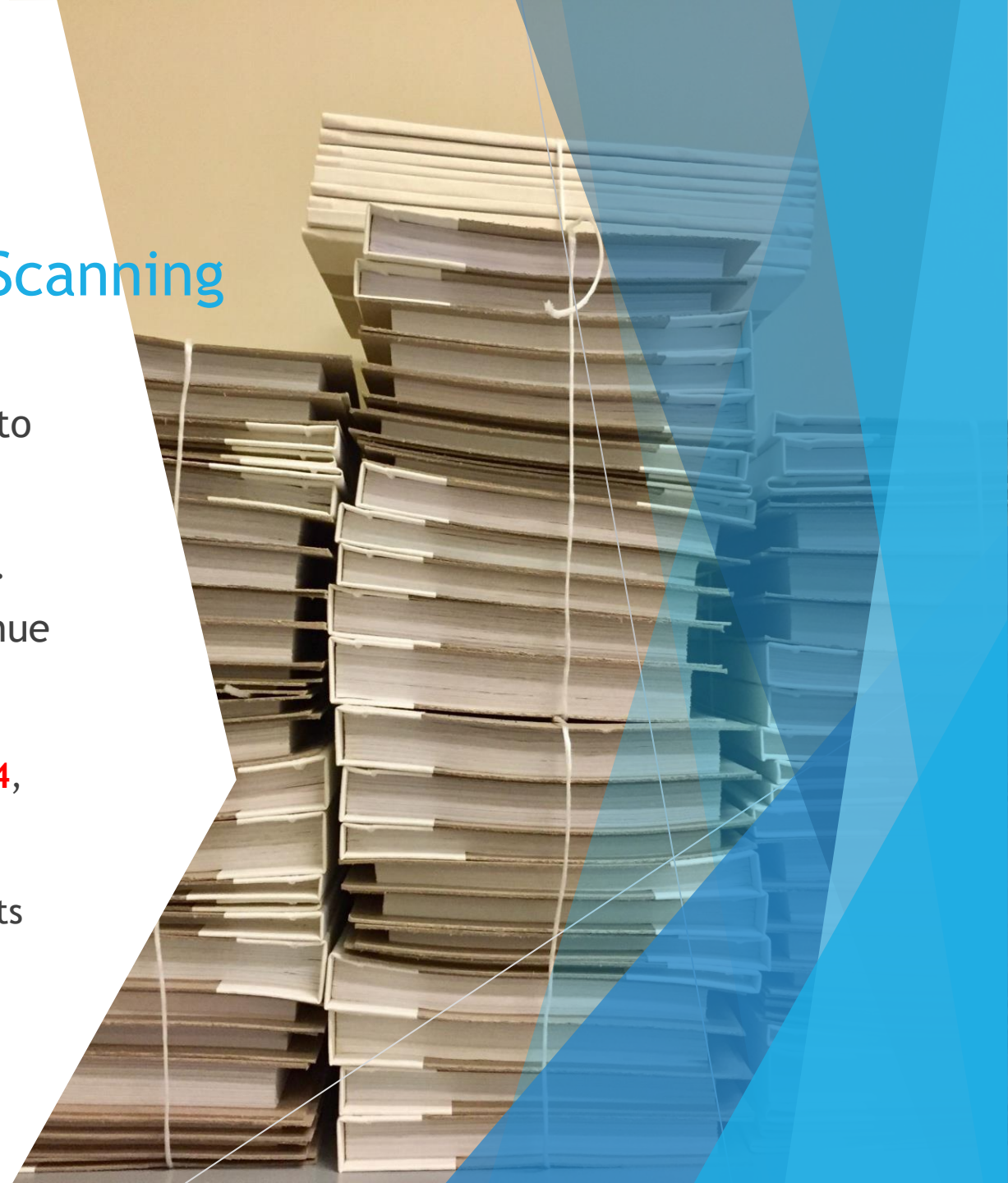
Please direct any survey questions or concerns to Marylou Gilbert, at [MarylouGilbert@mednet.ucla.edu](mailto:MarylouGilbert@mednet.ucla.edu)



# Important Dates:

## Processing Forms Locally or Submitting Paper Forms to UCLA for Scanning

- ▶ Counties can collect paper surveys and submit them to UCLA for processing.
  - ▶ UCLA-ISAP must receive the paper forms via FedEx by **June 17, 2024**, for timely processing of data for DHCS.
- ▶ Counties that process/scan their own data can continue to do so and submit electronic data files directly to UCLA via the UCLA Health Sciences Box.
  - ▶ UCLA-ISAP must receive the data files by **July 22, 2024**, for timely processing of data for DHCS.
  - ▶ Each county will have access to its own UCLA-ISAP Box folder to upload data and download county-level reports prepared by UCLA.





Important Survey Date: **June 17, 2024**  
Return Paper Surveys to UCLA via FedEx

June 2024						
Sun	Mon	Tue	Wed	Thu	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	28	29
30						

# Important Survey Date: **July 22, 2024** Upload Electronic Survey Data to UCLA

July 2024						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	<b>22</b>	23	24	25	26	27
28	29	30	31			

# Online CPS



# Accessing Online Surveys

- ▶ Six unique survey links for each of the six survey types (Adult with and without QOL, Older Adult with and without QOL, Youth, and Families of Youth) are available on the UCLA Website.
- ▶ The online survey is available in the 11 threshold languages and English.
- ▶ Counties/Providers can use the Online CPS Survey link to practice data collection during the survey period.
- ▶ Please share with providers to ensure access to the survey link platform and no firewalls are blocking access etc.
- ▶ UCLA has provided QR codes for each of the six unique survey links to assist in disseminating the links to consumers.
- ▶ Download the survey flyer templates for QR codes from the UCLA CPS website.
  - ▶ The survey flyers are available in English, Spanish, Chinese, Farsi and Vietnamese. We will consider other threshold languages per request.



# Flyers with QR Codes (available for download)

## Consumer Perception Survey (CPS)

For Adults

May 20-24, 2024

Tell us what you think about the services you are receiving at this program.

Complete a voluntary, anonymous, and confidential survey.

Choose how you want to participate:

- **Secure online survey link for this program:**

**ADULT**

<https://uclahs.fyi/Adult>



**ADULT (+QOL)**

<https://uclahs.fyi/AdultQOL>



- Paper survey form (ask program staff for a form)

Ask program staff if you have questions or would like assistance with the survey!

*Thank you for participating in this important survey!*

## Consumer Perception Survey (CPS)

For Youth and Families

May 20-24, 2024

Tell us what you think about the services you are receiving at this program.

Complete a voluntary, anonymous, and confidential survey.

Choose how you want to participate:

- **Secure online survey link for this program:**

**YOUTH**

<https://uclahs.fyi/Youth>



**FAMILIES OF YOUTH**

<https://uclahs.fyi/Family>



- Paper survey form (ask program staff for a form)

Ask program staff if you have questions or would like assistance with the survey!

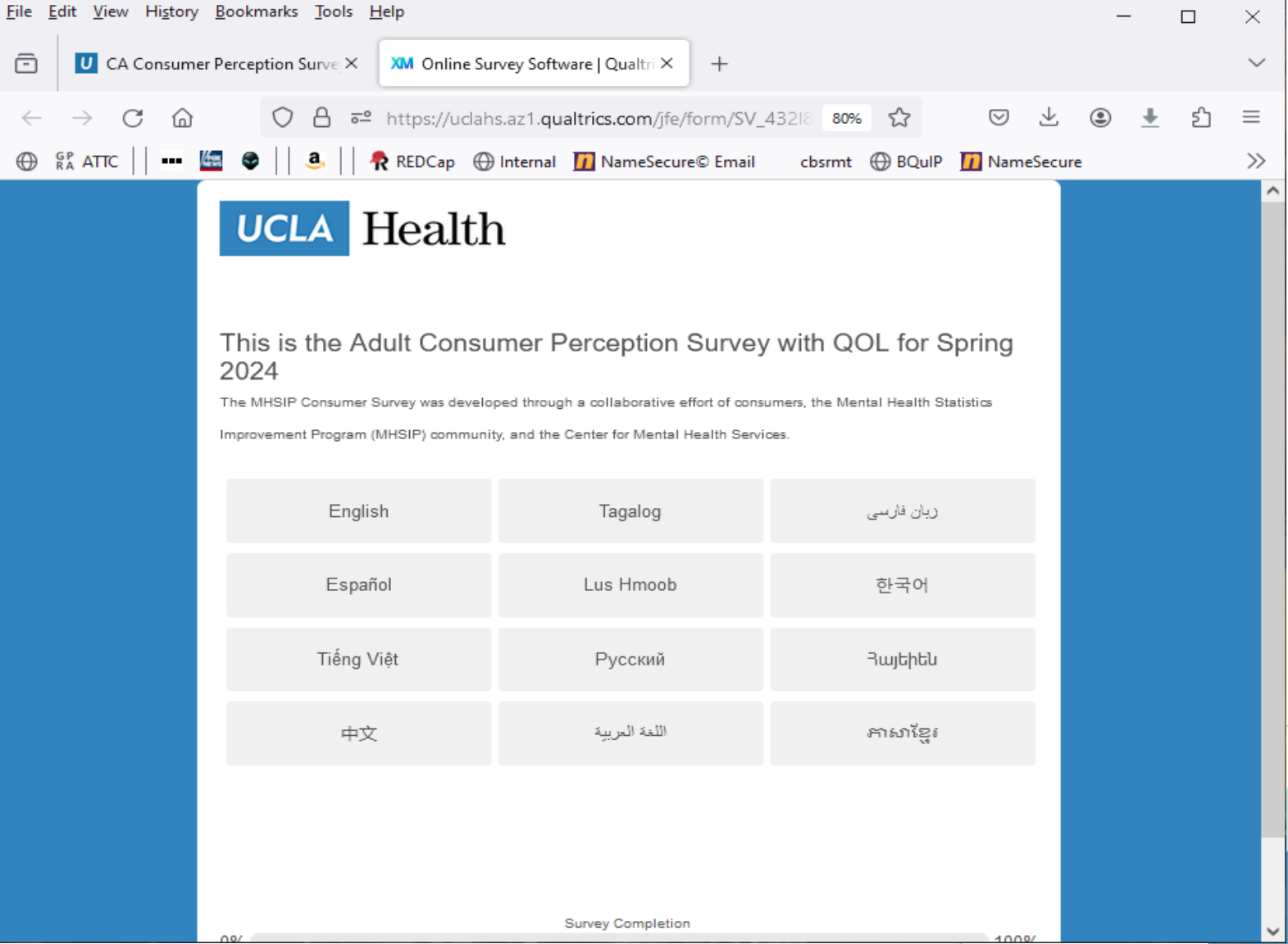
*Thank you for participating in this important survey!*

A hand in a white glove points towards a digital screen displaying a line graph with a red trend line. The background is a dark blue gradient with geometric shapes.

## Accessing Online Surveys, continued

- ▶ Clients can access the online survey by scanning the QR code that is relevant to them.
- ▶ Surveys can be accessed via computer, tablet, or smartphone.
- ▶ Providers offering services via telehealth during the survey period can forward the survey link/show QR code
- ▶ Only surveys completed during the survey period (May 20-24, 2024) will be included in the final data set.
- ▶ Counties can create their own online survey and upload data to the county specific UCLA Box folder.
  - ▶ Counties collecting data via their own online survey link **MUST** submit data in the format specified in the codebooks.
  - ▶ This data must be received by UCLA no later than July 22, 2024.

# All surveys available online in California's 11 threshold languages, and English





# Online survey - County Client Number

- Valid CCNs should be entered in the online survey.
- Since consumers may not know their CCN, providers and clinicians can provide this information to the consumers.
- County Client Number (CCN) and Reporting Unit Number has been moved to the beginning of the survey.
  - This will help administrative staff to pre-fill this information before requesting the consumer to complete the survey.
  - However, this can only be done for an in-person survey in a clinic.
  - Providers cannot pre-fill this information, save the link and email the link to the consumer receiving Telehealth services.
- **CCN IS A REQUIRED FIELD**
  - If consumers can not obtain their CCN, please enter a number that is unique to your county such as 1912345 with first two digits indicating county code.

UCLA Health

CSI County Client Number/CSI  
Please enter up to 9 alphanumeric characters representing your CSI County Client Number.  
If you do not know your CSI County Client Number, you may enter all 0s in this field.

123456789

← Back Next →

0% Survey Completion 100%

Powered by Qualtrics

# Recording Reason Code Online Form

The method to record Reason Codes for consumers who choose not to complete the Online Survey is the same as for those completing the Paper Survey.

This link is: <https://uclahs.fyi/Reasons>.

UCLA Health

CPS Surveys 2024 - For Office Use Only  
Reason code for survey non-participation

CPS Consumer Survey Type

MHSIP Adult   MHSIP Adult+QOL   MHSIP Older   MHSIP Older+QOL   YSS Youth   YSS-F Parent/Family

Was this consumer offered an online or paper survey?

Online   Paper

County Code (2 digits)

Date of survey administration (MM/DD/YYYY)

CSI County Client Number

County Reporting Unit \*

\* Optional

## UCLA Health

Your responses have been recorded. Click below to enter additional survey reason codes.

[Enter New Reason Code](#)

Adult	5
Adult + QOL	1
Older	0
Older + QOL	0
Youth	0
Parent/Family	0
TOTAL	6



UCLA Health

# Receiving Daily Survey Counts from UCLA



- ▶ For counties using the UCLA online survey portal for data collection, UCLA will continue to provide a daily count of surveys by reporting unit during the survey week, by the end of each day and or next morning.
- ▶ The daily reports will be sent to your County Box Folder.
  - ▶ UCLA will send an invitation to county contacts to set up a free UCLA Box account to access 2024 CPS data.
  - ▶ Please verify with UCLA your county contacts who will need access to your CPS data reports, as soon as possible.

# Consent for Follow-up from online survey consumers

- ▶ This year we have added a question for consent to be contacted for a Follow-up survey from online survey consumers.
- ▶ This will only be asked from consumers in English and Spanish language
- ▶ This is part of future BH Connect efforts to better understand consumer needs
- ▶ Although consumer information such as name and contact information (email and or phone) will be gathered by UCLA, this information will not be shared with the counties. Therefore, no linkages of consumer information received via consent to a Follow-up survey will be made to the CPS survey.

# Lessons Learned from 2023

- Counties scanning their own paper surveys or using their own online survey portal must ensure the database uploaded to UCLA Box folder contains data fields that follow the codebook exactly.
  - Otherwise it adds additional time for data cleaning.
- County-level reports are prepared by each Form Type. However, due to HIPAA Ns < 11 are suppressed in the data tables. For some counties, if the number of surveys collected was too small for a Form Type, the data was combined.
  - For example, in some reports Youth surveys were combined with Family surveys and Adult surveys were combined with Older Adult surveys.

# Access to Survey Data and Summary Reports





# Retrieving Your Survey Data

County level survey results will be made available as soon as possible through the UCLA Health Sciences Box, a HIPAA-compliant file sharing platform.

- UCLA will send an invitation to county contacts to set up a free UCLA Box account to access 2024 CPS data.

The 2024 CPS data with identifiers will be available from the DHCS portal at <https://portal.dhcs.ca.gov/>

By December 2024/January 2025  
(available for a limited time)

UCLA will prepare aggregate reports for each county and make them available for download in county-specific UCLA Box folders by December 2024/January 2025.

# What's New in the County Level Aggregated Survey Report

In 2023 UCLA included Word Cloud and some qualitative analysis of comments in the Statewide report

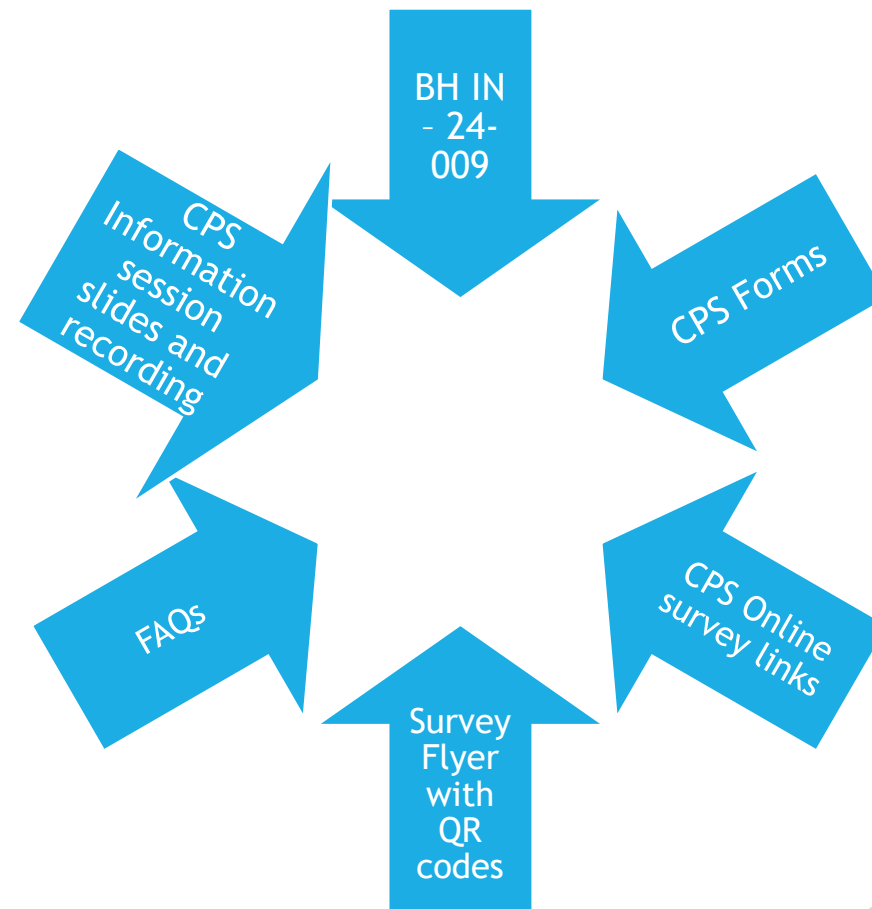
Counties receive online survey comments during the survey week via the UCLA Box folder and images of comments from the paper surveys, once they are scanned.

UCLA can provide technical assistance on how counties can create their own word clouds at the provider level.

# What's Available at UCLA CPS Website

<http://www.uclaisap.org/mh-consumer-perception-survey.html>

\*It is important to refresh your browser upon each visit to the website to find new updates\*



# CPS INQUIRIES

Send general inquiries via email to

[CPSInfoUCLA@mednet.ucla.edu](mailto:CPSInfoUCLA@mednet.ucla.edu)

# For Any Other Additional Questions



Vandana Joshi: [vjoshi@mednet.ucla.edu](mailto:vjoshi@mednet.ucla.edu)

Marylou Gilbert: [marylougilbert@mednet.ucla.edu](mailto:marylougilbert@mednet.ucla.edu)

Celine Tsoi: [szeyicelinetsoi@mednet.ucla.edu](mailto:szeyicelinetsoi@mednet.ucla.edu)

Please email all three email addresses to ensure the quickest response