

Instructions for Consumer Perception Survey Data Collection

Spring 2016 Survey Period: May 16 – May 20, 2016

1. **Access pdf Survey Forms:** Survey forms for the Spring 2016 survey period will be available by April 4, 2016 on the CIBHS website at <http://www.cibhs.org/consumer-perception-surveys>. There are four types of forms: Adult (for ages 18-59), Older Adult (for age 60+), Youth Services Survey (for ages 13-17 and transition-age youth who still receive services in child system), and Youth Services Survey for Families (for parents/caregivers of youth under age 18). Each of these forms is available in seven languages (English, Spanish, Chinese, Russian, Vietnamese, Tagalog, and Hmong). **Please Note:** Counties have the option of using Adult and Older Adult Survey forms *with or without Quality of Life Questions*. Both types of surveys are available on the website.
2. **Print pdf Survey Forms:** Please **PRINT the forms** directly from the pdf files. **DO NOT PHOTOCOPY** forms. Photocopies cannot be scanned into the data system, and will therefore not be used. You may print the surveys double-sided; and, you may staple surveys in the upper left-hand corner where the staple line is indicated.
3. Please **DO NOT use pencil** to complete the survey. Please use a black or dark blue pen.
4. Please **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.



5. Prepare Survey Forms Prior to Giving to Consumers/Caregivers:

Required Survey Items

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

This is the same number that is reported to the DHCS Client and Services Information (CSI) System. This number links the pages together during scanning. Without this number, the data will not get to the database.

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.**

County Code: This item is found in the “For Office Use Only” section of the form. Each county has a 2-digit county code. **This must be completed.** It is the only way data from each county can be identified in the database, and is how we will be able to return data to you.

Date of Survey Administration: This item is found in the “For Office Use Only” section. Please write in the correct day.

Reason for Non-Completion of Survey: If a consumer/caregiver refuses or cannot complete the survey, please complete the “Reason” section, and send the form to CIBHS. The choices are “Refused” (Ref); “Impairment” (Imp); “Language not available” (Lan); and “Other Reason” (Oth). Receiving surveys that are not completed allows us to determine the rate of completion which is a reporting requirement.

Optional Survey Items

Optional County Questions: There are three response fields available for counties to use for internal purposes, if desired. Counties can ask any questions they choose for these three fields, and each has 20 possible response options available. Counties do not need to use these items and they may be left blank. Please contact Cricket Mitchell at CIBHS if you wish to use these fields and require any assistance.

County Reporting Unit: Counties may want to include a reporting unit number so that data can be associated with a particular program. This may be of interest to counties in examining their data that is returned to them. This is not a required field.

6. Provide Survey Forms to Consumers/Caregivers: Please provide the appropriate survey forms to all consumers/caregivers receiving services through your county/providers during the week of May 16 – May 20, 2016. Please ask respondents to use a black or dark blue pen – NO PENCIL, please.

All data should be collected May 16 – May 20, 2016.

7. ***f* Package and Send Completed Forms to CIBHS by 5:00pm, Monday, June 6, 2016**: Once survey forms are completed, please compile them, put into large envelopes or boxes and send to CIBHS. The forms will be scanned and entered into the database in Sacramento. Please ***DO NOT tri-fold surveys or put in individual envelopes***; they do not need to be packaged individually, as long as they are in a secure box. Forms received after the deadline may not be processed.

8. ***f*n order to comply with Health Insurance Portability and Accountability Act and other privacy laws, steps must be taken to ensure secured shipping of surveys to CIBHS. When shipping surveys to CIBHS please package the surveys in a way that will safeguard personally identifiable information. The use of new boxes is encouraged rather than previously used boxes. Also, be sure to tape the box around the lid and base as this helps prevent damage during shipping. This also applies to envelopes. Damage to a box or an envelope during shipping can result in a breach of client confidentiality. An instructional video on how to package boxes and envelopes for shipping is posted on the CIBHS website at <http://www.cibhs.org/consumer-perception-surveys>.**

**California Institute for Behavioral Health Solutions
2125 19th Street, 2nd Floor
Sacramento, CA 95818
Attn: Rikke Addis**

The forms will be sent back to the county once they are scanned. Please ensure that the return address is a valid address to receive the forms back, or enclose a letter or memo that indicates where and to whom the forms should be returned.

Entered, raw data will also be available to counties; the method of accessing these data will be through the DHCS ITWS.

9. ***f*Access to Teleform Form Definition Files for May 2016 survey period**: Two versions of Teleform form definition files (Version 8.2 and Version 10.6) are available for those counties who have Teleform software and wish to pre-populate fields and print forms directly from the Teleform Designer software. These files have been zipped and are available on the CIBHS website below the pdf versions of the forms. (When opening/downloading the .zip files, it may take a little time for the files to open.)

10. **Alternative Data File Upload**: Counties, who choose to collect, scan/enter, and aggregate data locally, should compile data according to the Data Dictionaries available on the DHCS ITWS.

The Data Dictionaries include the Quality of Life Survey items for the adult and older adult survey forms. If counties use the forms without the Quality of Life items, the quality of life items should nevertheless be included in the data files as blanks. Counties should upload the resulting data files to their DHCS ITWS folders no later than **5:00 pm, Monday, June 13, 2016**. Data received after that time cannot be utilized in statewide reporting which DHCS is currently in the process of developing. Please notify one of the CIBHS staff below if your county plans to use this method.

Please contact the following staff at CIBHS if you have questions:

Rikke Addis
Program Manager
raddis@cibhs.org
(916) 420-5181

Candice Medina
Program Support
cmedina@cibhs.org
(916) 379-5360