2018 MHSA Consumer Perception of Care Survey

Survey Administration Guidelines for Providers

Survey Administration Period: May 7, 2018 through June 5, 2018

For consistency in survey administration, please follow all guidelines below. Contact your LME-MCO Perception of Care Survey Coordinator, ***April Corder*** *at 704-884-2591 with any questions or concerns.*

1. Invite every Mental Health or Substance Use services client who receives a service during the survey administration period to complete the survey, until the required number of completed surveys is obtained. It is important not to pick and choose, but to invite *every client who receives a service*.
2. Whenever possible, clinical staff should not distribute or collect surveys. Better alternatives include clerical or quality assurance staff, consumer/peer assistants, or advocate volunteers. Clinical staff should not have contact with clients while they are completing the surveys.
3. Offer each client the appropriate survey:
   - **ADULT SURVEY**—clients ages 18 years and older
   - **YOUTH SURVEY**—clients ages 12 through 17 years
   - **PARENT/FAMILY SURVEY**—parents, family members, or guardians of clients ages 11 years and younger
   - **ENGLISH AND SPANISH LANGUAGE SURVEYS**—Adult, Youth, and Parent/Family Surveys are available in English and in Spanish. Please contact your LME-MCO if additional copies are needed.
4. The provider should complete **LME-MCO Client Number**, **LME-MCO Facility Code (13141)**, and 10-digit **Provider NPI** at the top of the survey. For scanning purposes, please do not write outside the boxes.
5. Surveys are designed with scanning software and will be read into a database using a high-speed scanner. Please DO NOT use photocopied survey forms. Please DO NOT fold, bend, or staple forms.
6. Provide clients with the following information and reminders:
   - The purpose of the survey is to help the state and the LME-MCO learn what you think about the quality of the services you have received, and to identify areas where services may be improved.
   - The survey is voluntary. Your responses and decision to participate will not affect your services in any way.
   - Your answers are completely confidential. Your personal information and identity will not be disclosed or used in any way.
   - We are interested in your honest opinions to help improve services. There are no right or wrong answers.
   - Please **DO** shade bubbles completely (e.g., not with X or check mark) to indicate your responses.
7. Provide a private area to complete the survey and a pen with black or blue ink or a #2 pencil.
8. Provide all needed assistance to individuals who have difficulty reading or require help for any reason. Assistance should be provided by an advocate volunteer whenever possible.
9. Do not ask clients to return completed surveys directly to staff. Instead, provide a locked box or other secure method or receptacle for depositing completed surveys.
10. Maintain security of completed surveys by ensuring only authorized staff have access.
11. Maintain the confidentiality of consumer responses. *No one* from the provider agency should read clients' survey responses.