

BBHC/DCF Consumer Satisfaction Survey (CSS) Procedure

- All BBHC contracted Agencies/Providers/Programs, except those who are exempt (see definition below) must administer, collect, and submit the DCF Consumer Satisfaction Survey (CSS) by Age Category and Program Type, as follows:
 - Adult Mental Health
 - Children Mental Health
 - Adult Substance Abuse
 - Children Substance Abuse

EXEMPTION: Short-term programs with less than 30 days length of stay are exempt from doing the survey. These programs include, but are not limited to the following: detoxification-only, CSU-only, assessment-only services or non-client specific services (e.g., prevention)-*DCF Pamphlet 155-2*

- Providers must administer, collect and submit surveys on a quarterly basis. The fiscal year (FY) quarters are: Q1=July, August, and September; Q2=October, November, and December; Q3=January, February, and March; and Q4=April, May, and June. Paper or scanned copy of the completed surveys are due to Carisk by the 30th of the last month of the quarter being submitted. Therefore, Q1 surveys would be due on September 30th, Q2 on December 30th, etc. During the first quarter of each fiscal year, providers receive notification of the total minimum number of surveys required per age category and program type for the year. The Managing Entity (ME) is responsible for reporting results to DCF on a quarterly basis.
- On each survey, a Provider ID is required; providers can use their Tax ID or NPI. Please ensure that all surveys have this same number in the required field (see red arrow below).

Date Survey Completed (required):		Provider ID Number (required):		
Program Type (select only one):	<input type="checkbox"/> Adult or Child Mental Health	<input type="checkbox"/> Adult or Child Substance Abuse	County:	
Purpose of Survey:	<input type="checkbox"/> Discharge	<input type="checkbox"/> Annual	<input type="checkbox"/> Other	<input type="checkbox"/> Consumer Declined
Type of Person Completing the Survey:	<input type="checkbox"/> Consumer	<input type="checkbox"/> Legal Guardian of adult consumer	Consumer ID (required):	

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4. Each Provider will be responsible to select a unique identification number for each consumer that could be tracked back to said consumer if necessary. The number can be any unique ID number utilized or assigned by the Provider; please avoid using the consumer's social security number (see blue arrow above).
5. The following data elements on the survey form are required and must be completed in order for the survey to be processed and included in the CSS data submitted to DCF: Date Survey Completed, Provider ID Number, Program Type, Gender, Race/Ethnicity, and Consumer ID. Optional fields are Purpose of Survey, Type of Person completing, and Age.
6. Consumers must complete at least two-thirds of the questions in order for the survey to be processed and included in the CSS data submitted to DCF. Please ensure the Consumer is aware that the questions continue onto page 2 or the back of page one.
7. Consumers should be provided with privacy when completing the survey at the Provider's site to ensure the reliability and validity of the survey. In addition, consumers should not be coerced to answer the survey questions in a certain manner.
8. Direct service staff should not ask to review the surveys before they are submitted to Carisk or the Managing Entity.
9. Provision of services must never be based upon a consumer completing a survey or how they answer a survey.
10. As a general rule, surveys should be completed by the consumer, and assistance should be provided only as needed by non-direct service staff persons.
11. In the event that the consumer is not able to complete the survey on his/her own, the Provider Survey Coordinator can designate a staff person to complete the survey on the consumer's behalf. This person must complete the survey without bias in order to correctly record the consumer's perception of care and services received. This person should be someone with no or very little contact with the consumer and should not be directly involved in the consumer's care.
12. Data and narrative reports that reflect the outcome of correctly-submitted Consumer Satisfaction Surveys will be produced on a quarterly and annual basis. The outcomes are separated into seven domains, and an average overall satisfaction score is also provided. If a Provider's overall satisfaction score is not equal to or greater than 75%, the Provider will need to submit a corrective action plan (CAP).

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13. Inquiries or requests for technical assistance with the CSS process can be emailed to advocacy.bbhc@concordiabh.com. Hard copies of the surveys should be submitted to by mail to:

Carisk Behavioral Health
Attention: Quality Department (BBHC CSS)
10685 North Kendall Drive
Miami, Florida 33176