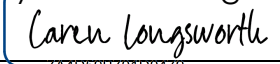
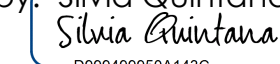




Broward Behavioral Health Coalition, Inc.	
Policy Title: Community Persons Served Satisfaction Survey	
Policy Number: BBHC.0016	Contract Section (s): Contract No. JH343
Effective Date: May 16, 2013	Revision Date: August 30, 2021
Responsible Department: Continuous Quality Improvement (CQI)	
Signature Block	
Approved by: DocuSigned by: Caren Longsworth, Quality Improvement Manager	
Signature: <u></u> <small>7A4D59B701D0479...</small>	Date: <u>9/3/2021</u>
Approved by: DocuSigned by: Silvia Quintana, Chief Executive Officer	
Signature: <u></u> <small>D999499950A143C</small>	Date: <u>9/3/2021</u>

Policy: Broward Behavioral Health Coalition, Inc., (BBHC) has implemented the Community Person Served Satisfaction Survey (CPSSS) requirement and adopts this policy to ensure provider compliance with the administration of the CPSSS pursuant to guidelines set forth by the Florida Department of Children and Families (the Department).

Purpose: Community Persons Served Satisfaction Surveys provide direct person served feedback and input. The purpose of this policy is to ensure that information is collected in a systematic and objective manner. The person served feedback serves to provide relevant information to be utilized by BBHC and the Department in planning for system of care improvements, changes, and development.

Procedure: BBHC shall ensure that subcontracted providers disseminate and collect the information obtained by the Community Persons Served Satisfaction Survey as required by the Department.

1. All BBHC contracted agencies, providers, and programs, except those who are expressly exempt from this requirement as set forth below must disseminate, and/or administer and report to DCF the data collected from the CPSSS via the DCF electronic link. The categories are 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
- Non-client specific services (e.g., prevention)

2. Providers must administer, collect, and submit surveys on a quarterly basis. The fiscal year's (FY) quarters are:
 - Quarter 1 = July, August, and September
 - Quarter 2 = October, November, and December
 - Quarter 3 = January, February, and March
 - Quarter 4 = April, May, and June

Surveys must be completed using the DCF approved electronic submission method via the following link:

https://floridadcf.iad1.qualtrics.com/jfe/form/SV_bmdzwmZQH1cMXSS

In the event the person served is unable to complete the Survey electronically they may submit a paper copy to the provider. The provider will enter the information in the DCF survey link.

Unless waived, all completed surveys are due to DCF by the 30th day of the last month of the quarter being submitted. Q1 surveys would be due on September 30th, Q2 on December 30th, Q3 on March 30th, Quarter 4 on June 30th.

By July 30th of the first quarter of each fiscal year, providers will receive notification of the total minimum number of completed Surveys they are required to submit, per age category and program type for the year.

3. For non-electronic submittals the following data elements on the Survey form

are required and must be included in order for the Survey to be included in the CPSSS data submitted to DCF: the program type; 1) the respondents age; (2) gender identity; (3) race or ethnicity of the person served completing the Survey; (4) person (person served, legal guardian or adult person served) completing the survey.

4. On the electronic version of the survey all the questions must be completed. If completing the paper version, please ensure the person served completes all questions. If a person served is unable to understand a question, the Provider should designate a staff person to assist the person served.
5. Persons served should be provided with privacy in order to complete the survey when at the provider's site, to ensure the reliability and validity of their responses to the survey. In addition, persons served should not be coerced to answer the survey questions in any particular manner. Doing so may result in corrective action being taken by BBHC against the provider, up to and including a fine or termination of their contract.
6. Direct service staff should not review the completed surveys prior to their submittal to the DCF electronic link.
7. A Provider's provision of services to a consumer may not be based upon a person served completing the Survey or conditioned upon how they answer the Survey.
8. As a general rule, Surveys should be completed by the person served, and assistance should be provided only as requested by the person served, and only then by non-direct service staff persons.
9. In the event that the person served is not able to complete the Survey on their own, the provider may designate a staff person to assist the person served by physically completing the Survey on the person served's behalf, but only providing the responses as directed by the person served. This person must complete the survey without bias in order to correctly record the person served's perception of care and services received. This person should be someone with no contact or very little contact with the person served and should not be directly involved in the person served's care.
10. Data that reflect the outcome of correctly submitted Community Persons Served Satisfaction Surveys will be produced on a quarterly and annual basis. The outcomes are separated into seven domains, and an average overall satisfaction score will also be calculated.
11. Inquiries or requests for technical assistance with the CPSSS process may be emailed to the BBHC Quality Improvement Manager

CQIDepartment@bbhcflorida.org. BBHC will monitor Providers with a direct contract with BBHC to ensure the Community Persons Served Satisfaction Surveys are implemented in accordance with this policy. BBHC will generate data and narrative reports that reflect the outcomes of the implemented surveys.

Providers who do not submit the recommended number of Community Persons Served Satisfaction Surveys by the end of the fiscal year must submit a Corrective Action Plan (CAP) to identify the root cause and remedy for the deficit.

REFERENCES: Pamphlet 155-2 Appendix 4 Community Persons Served Satisfaction Survey (CPSSS)

ATTACHMENTS: Community Persons Served Satisfaction Survey Adult and Child DCF Survey Link

DEFINITIONS:

REVISION LOG

REVISION	DATE
Concordia Behavioral Health name changed to Carisk Behavioral Health	4/17/2019
Added Procedures #1-13	3/20/2020
Moved responsibility from Carisk to BBHC	7/1/2020
Added all due dates for each quarter and Survey Monkey links	7/21/2021
Updated with DCF survey link, new submission procedures, and the survey name change to CPSSS	8/30/2021

BBHC's QI Manager and Chief Executive Officer are responsible for the content of this policy.

DCF Survey Link

https://floridacf.iad1.qualtrics.com/jfe/form/SV_bmdzwmZQH1cMXSS



7.1.1 Community Persons Served Satisfaction Survey - ADULT

<p>Individuals Age</p>	<p>Client Race (Select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian <input type="radio"/> Other <input type="radio"/> Alaskan Native <input type="radio"/> Asian <input type="radio"/> Multiracial <input type="radio"/> Pacific Islander 	<p>Hispanic</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>Person Completing Survey</p> <ul style="list-style-type: none"> <input type="radio"/> Individual Receiving Services <input type="radio"/> Parent of Individual Receiving Services <input type="radio"/> Representative of Individual Receiving Services
-------------------------------	--	--	--

NOTE: Age, Gender Identity, Race, and Hispanic Ethnicity refer to the individual receiving services, not person assisting completing the survey.
 This survey is *confidential!* Please do not show it to your caseworker or any other staff after completing it. Please do not allow staff to complete it for you unless you need special assistance.

Pamphlet 155-2 Chapter 5, Version 14.0

Please respond based on your most recent experiences	RATINGS (fill in circles completely)						Comments or Suggestions please explain low ratings of 2 or less (use back of sheet if needed)
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A	
1. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.	0	0	0	0	0	0	
2. Staff listen to me and respect me and my decisions about my treatment and care, enabling me to fulfill my personal goals and address what it would take to complete or exit this program.	0	0	0	0	0	0	
3. Staff offer to help me connect with self-help, peer support, or advocacy groups and programs where I can find role models or mentors, and give me the opportunity to discuss my spiritual needs and interest.	0	0	0	0	0	0	
4. This program offers specific services that fit my unique culture and life experiences.	0	0	0	0	0	0	
5. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	0	0	0	0	0	0	
6. Having a living space has helped to drive my recovery journey, along with employment/vocational opportunities (only if applicable to me) with which staff have assisted me.	0	0	0	0	0	0	
7. I am making good progress on my recovery journey, which has enabled me to be happier with my life.	0	0	0	0	0	0	

Pamphlet 155-2 Chapter 5, Version 14.0

Last Revision Date: 7/12/2021

<p>8. Staff support me in developing, planning, and revisiting my plan to help keep track of the progress I am making towards my personal goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies), exploring other options as they arise or when necessary, and by including people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).</p>	0	0	0	0	0	0	
<p>9. Staff asked me about my interests and things I would like to do in the community and have helped me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies, which enables me to get a lot of support from friends and has helped me to feel I can be part of my community.</p>	0	0	0	0	0	0	
<p>10. I believe that I can make my own positive life decisions regarding things such as where to live, when to work, whom to be friends with, etc.</p>	0	0	0	0	0	0	
<p>11. I believe that I have the ability to manage my own symptoms, which enables me the ability to work with the range of professional people helping me.</p>	0	0	0	0	0	0	



7.1.1 Community Persons Served Satisfaction Survey - CHILD

Individuals Age 	Client Race (Select all that apply) <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian <input type="radio"/> Other <input type="radio"/> Alaskan Native <input type="radio"/> Asian <input type="radio"/> Multiracial <input type="radio"/> Pacific Islander	Hispanic <input type="radio"/> Yes <input type="radio"/> No	Person Completing Survey <input type="radio"/> Individual Receiving Services <input type="radio"/> Parent of Individual Receiving Services <input type="radio"/> Representative of Individual Receiving Services
--------------------------------	--	--	--

NOTE: Age, Gender Identity, Race, and Hispanic Ethnicity refer to the individual receiving services, not person assisting completing the survey.

This survey is *confidential!* Please do not show it to your caseworker or any other staff after completing it. Please do not allow staff to complete it for you unless you need special assistance.

Pamphlet 155-2 Chapter 5, Version 14.0



Please respond based on your most recent experiences	RATINGS (fill in circles completely)						Comments or Suggestions please explain low ratings of 2 or less (use back of sheet if needed)
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A	
	1	2	3	4	5		
1. The physical space of this program (e.g., the lobby, waitingrooms, etc.) feels inviting and dignified.	0	0	0	0	0	0	
2. Staff offer to help me connect with self-help, peer support, or advocacy groups and programs, where I can find role models or mentors, and give me the opportunity to discuss my spiritual needs and interest.	0	0	0	0	0	0	
3. This program offers specific services that fit my unique culture and life experiences.	0	0	0	0	0	0	
4. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	0	0	0	0	0	0	
5. Staff support me in developing, planning, and revising my plan to help keep track of the progress I am making towards my personal goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies), exploring other options as they arise or when necessary, and by including people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).	0	0	0	0	0	0	
6. I believe that I can make my own positive life decisions regarding things such as where to live, when to work, whom to be friends with, etc.	0	0	0	0	0	0	
7. I believe that I have the ability to manage my own symptoms, which enables me the ability to work with the range of professional people helping me.	0	0	0	0	0	0	

Pamphlet 155-2 Chapter 5, Version 14.0

Last Revision Date: 7/12/2021