



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 2, 2023
Responsible Department: Continuous Quality Improvement (CQI)	
Approved by: Caren Longworth, Director of Quality Improvement	
Signature: <small>DocuSigned by:</small> <i>Caren Longworth</i> <small>7A4D59B701D0479...</small>	Date: <u>8/6/2023</u>
Approved by: Silvia Quintana, Chief Executive Officer	
Signature: <small>DocuSigned by:</small> <i>Silvia Quintana</i> <small>D999499950A143C...</small>	Date: <u>8/6/2023</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. This policy ensures that information is collected systematically and objectively. The person served feedback provides relevant information to be used 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 (Department of Children &

Families) 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 quarterly. 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 FY 2023-2024 DCF approved electronic submission method via the following link and QR Code:

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

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. On the electronic version of the survey all the questions must be completed. When 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.
4. Persons served should be provided with privacy 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.
5. Direct service staff should not review the completed surveys prior to their submittal to the DCF electronic link.
6. 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.
7. Generally, 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.
8. If 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 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.
9. Data reflecting the outcome of correctly submitted Community Persons Served Satisfaction Surveys will be produced quarterly.
10. 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 Youth Surveys

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
Updated with FY 2022-2023 DCF survey link and QR code and the updated manual survey was added to the appendix.	7/27/2022
Reviewed, updated with FY 2023-2024 DCF survey link, minor grammatical changes made.	8/2/2023

BBHC's Director of Quality Improvement and Chief Executive Officer are responsible for this policy's content.

Community Person Served Satisfaction – Adult Survey

Introduction: 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.

Person Completing Survey

- Individual receiving services
- Parent of individual receiving services
- Representative of individual receiving services

Gender Identity

- Male
- Female
- Transgender- Male to Female
- Prefer not to say
- Transgender- Female to Male

County *

Race

- American Indian/Alaskan Native
- Asian
- Black/African America
- Native Hawaiian/Pacific Islander
- White/ Caucasian
- Multi- Racial

Service Provider Name

Hispanic

- Yes
- No
- Prefer not to say

Program Area

Is the person receiving services 18 or older?

- Yes
- No

Program Name *

Please type any comments you might have.

*Questions excluded from some CPSSS.

Please respond based on your most recent experiences	RATINGS (fill in circles completely)				
	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
1. Staff helped connect me with friends, family, and/or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff helped me to make better decisions. (e.g., where to live, when to work, with whom to be friends, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The services I received have helped me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff asked me about my culture and beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff use language that empowers me and is not judgmental.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have been linked to services and supports needed to maintain my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels welcoming, and comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff asked me about my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I helped choose my services and treatment plan goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff listened to me and respected my decisions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Person Served Satisfaction – Youth Survey

Introduction: 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.

Person Completing Survey

- Individual receiving services
- Parent of individual receiving services
- Representative of individual receiving services

Gender Identity

- Male
- Female
- Transgender- Male to Female
- Prefer not to say
- Transgender- Female to Male

County *

Race

- American Indian/Alaskan Native
- Asian
- Black/African America
- Native Hawaiian/Pacific Islander
- White/ Caucasian
- Multi- Racial

Service Provider Name

Hispanic

- Yes
- No
- Prefer not to say

Program Area

Is the person receiving services 18 or older?

- Yes
- No

Program Name *

Please type any comments you might have.

*Questions excluded from some CPSSS.

Please respond based on your most recent experiences	RATINGS (fill in circles completely)				
	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
1. Staff helped connect me with friends, family, and/or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The services I received have helped me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have been linked to services and supports needed to maintain my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff asked me about my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I helped choose my services and treatment plan goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff listened to me and respected my decisions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff helped me do my best in school and/or where I learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>