



Behavioral Health Research & Evaluation

Instructions for Consumer Perception Survey Data Collection

The Consumer Perception Survey may be administered via paper copies or online surveys. Consumers may complete a paper survey or an online survey but should not fill out both. Instructions for Paper Surveys and Electronic Surveys are below.

Paper Surveys

[Jump to Electronic Surveys](#)

1. Access .pdf Survey Forms:

Survey forms are now available under the [Consumer Perception Survey](#) link on the DBH website.

There are Four Form Types:

- 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)
- Youth Services Survey for Families (for parents/caregivers of youth under age 18)

Please Note: San Bernardino County uses the Adult and Older Adult Survey forms with Quality of Life Questions.

Available languages: All twelve threshold languages.

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 a 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 contains a black and white geometric pattern (example below). Any markings over this box will cause the survey to be invalid.



5. Prepare 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 CCN, if the number is less than 9 digits long.** For example, a CCN "1234" should appear as "000001234."

- **County Code:** This item is found in the "For Office Use Only" section of the form. The County of San Bernardino 2-digit county code is 36. **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 R&E. The choices are "Refused" (Ref), "Impairment" (Imp), "Language not available" (Lan), and "Other Reason" (Oth). Receiving surveys that are not completed allow us to determine the rate of completion, which is a reporting requirement.
- **County Reporting Unit:** County reporting unit number is required so that data can be associated with a particular program.

Optional Survey Items:

- **Optional County Questions:** Please do not use these fields.
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 survey period. Please ask respondents to use a black or dark blue pen – **NO PENCIL, please.**
 7. **Complete Clinic Tracking Log:** All surveys must be entered on the Clinic Tracking Log. Enter Reporting Unit, Program Name, CSI County Client Number (CCN), Type of Survey, Language, and Mode (Select ***Paper***) for each survey. Save original electronic MS Excel Clinic Tracking Log with list of all completed surveys and keep for 3 months. Include a paper copy of the Clinic Tracking Log with the paper surveys.
 8. **Electronic Tracking Log Encryption:** When the survey period is over, securely transmit the electronic MS Excel Clinic Tracking Log file containing Protected Health Information via encrypted email to **Research and Evaluation** ***within 3 business days from the end of the survey period.***
 - *DBH Clinic and Programs:*
Submit the electronic MS Excel Clinic Tracking Log via their county email addressed to research@dbh.sbcounty.gov.
 - *Contracted Agencies (non-county emails):*
Submit the electronic MS Excel Clinic Tracking Log via **encrypted** email addressed to research@dbh.sbcounty.gov.

9. **Package and Send Completed Forms to Research and Evaluation within 3 business days from the end of the survey period:** Once Survey forms are completed, please compile them into large envelopes or boxes and send or hand deliver to R&E. 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 cannot be processed.
10. In order to comply with Health Insurance Portability and Accountability Act (HIPAA) and other privacy laws, steps must be taken to ensure secured shipping of surveys to DBH – Research & Evaluation. When shipping surveys to DBH - Research & Evaluation 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.

Note: Envelopes with metal clasps are subject to be returned. Do not use envelopes with metal clasps, or cover the metal clasp with tape.

County of San Bernardino
Department of Behavioral Health
303 East Vanderbilt Way,
San Bernardino, CA 92415-0026
Attn: Research & Evaluation – Consumer Perception Survey

Please contact R&E if you have any questions:

DBH - Research & Evaluation
(909) 388-0977 / (909) 388-0978
research@dbh.sbcounty.gov

Electronic Surveys

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1. **Access Electronic Survey Forms:**

The electronic survey form link can be found under the [Consumer Perception Survey](#) link on the DBH or UCLA website. Electronic survey links will be posted prior to the survey period.

There are Four Form Types:

- 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)
- Youth Services Survey for Families (for parents/caregivers of youth under age 18)

Please Note: San Bernardino County uses the Adult and Older Adult Survey forms with Quality of Life Questions.

Available languages: All twelve-threshold languages.

The Online Survey links are unique and will be posted for dissemination prior to the data collection period. They will only be active during the data collection period. Surveys can be accessed by computer, tablet, or smartphone.

Each link type, Older Adult + QOL for example, will ask the respondent which language they prefer as part of the survey; there are no language-specific links. You will need to determine which group is appropriate for the consumer. Responses entered into the online survey during the survey period are confidential and sent directly to the UCLA project team.

2. **Required Data:** **Clients should be prepared with this information prior to taking the survey.**

- a. County Name
- b. CSI County Client Number (CCN)
- c. County Reporting Unit Number (Provider Number)

3. **Completing the Online Survey:**

Electronic surveys may be completed in 2 ways:

1. Send the survey link to consumers.
 - a. Staff will find the survey link for the appropriate age group.
 - i. Preferred language will be asked in the survey; there are no language-specific links.
 - b. Staff will ensure the consumer knows what to enter in the required questions: County Name (San Bernardino), CSI County Client Number, and Reporting Unit. Do not email PHI; consider providing this information verbally.
2. Complete the survey with consumers over the phone.
 - a. Staff will click on the appropriate survey link.
 - b. Staff will ask the survey questions to consumers and record their answers.
 - c. At the end of the survey, indicate that the consumer received help to complete the survey.
 - d. Note: Staff other than direct service providers should ask the survey questions.

Components of the survey are below:

- a. Page 1: Select Language
- b. Page 2: Select County Name- San Bernardino (found at the bottom of the list – sorted alphabetically from top to bottom, not left to right)
- c. Page 3: CSI County Client Number
- d. Page 4: County Reporting Unit
- e. Adult/Older Adult Questions with QOL:
 - i. Questions 1-36: Domain Survey Questions
 - ii. Questions 1-12C: Quality of Life Questions
 - iii. Questions 1-7: How are you doing?
 - iv. Questions 8-16 Demographic Questions
 - v. Questions 1-3: County Questions (if any)
- f. Youth/Families Questions:
 - i. Questions 1-29: Domain Survey Questions
 - ii. Questions 1-16: How are you doing?
 - iii. Questions 17-24: Demographic Questions
 - iv. Questions 1-3: County Questions (if any)

4. **Provide Survey Links to Consumers/Caregivers:** Please provide the appropriate online survey links to all consumers/caregivers receiving outpatient services during the survey period. Consumers receiving remote/telehealth services due to COVID-19 restrictions can be offered the survey link.
If the survey link is sent to consumers, make sure they know how to fill out that information by providing the required data. Consider providing the required data over the phone. **If emailing the survey link, do not email the CSI County Client Number.**
5. **Reason Code:** The Reason Code for not participating in the survey is not available on the UCLA Online survey at this time. If the patient declines to participate in the survey, staff MUST complete a Reason Code on a paper copy of the survey and submit it to Research & Evaluation, who will send it to UCLA via FedEx. Only print the last page of the survey. Follow the [Paper Survey Instructions](#). Alternatively, staff can submit the refusal with the online link at the UCLA site.
6. **Complete Clinic Tracking Log:** All surveys must be entered on the Clinic Tracking Log. Enter Reporting Unit, Program Name, CSI County Client Number (CCN), Type of Survey, Language, and Mode (Select **Electronic**) for each survey. Save original electronic MS Excel Clinic Tracking Log with list of all completed surveys and keep for 3 months.
7. **Electronic Tracking Log Encryption:** When the survey period is over, securely transmit the electronic MS Excel Clinic Tracking Log file containing Protected Health Information **via encrypted email to Research and Evaluation within 3 business days from the end of the survey period.**

DBH Clinic and Programs:

Submit the electronic MS Excel Clinic Tracking Log via their county email addressed to research@dbh.sbcounty.gov.

Contracted Agencies (non-county emails):

Submit the electronic MS Excel Clinic Tracking Log via **encrypted** email addressed to research@dbh.sbcounty.gov.

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