

# Performance Outcomes Data Collection and Submission

California Department of Mental Health  
Performance Outcome & Quality Improvement Unit  
(POQI)  
*May 2008*

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## Welcome From the POQI Unit



From left: Brenda, Traci, Minerva, Marti, Alice and Candace,

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## Overview of Training

- Purpose of Consumer Perception Survey
- Review Upgrades to Teleform
- Data collection methodology
- Confidentiality issues
- Collecting the data
- Data submission options
- Getting data back to counties

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## Training Manual

- Available on line at  
POQI documents page
- Download copies for  
users
- Check it first before  
calling us!



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## Purpose Of Data Collection

- Accountability
- Solicit consumers input
- Required by AB 188 (Bronzan)  
commonly known as Realignment
- SAMHSA requires accountability indicators

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## Upgrades to Teleform

- Affects Online Key entry and Scan & Verify Options
- Scanning Software on DMH website, not on local computer
- Less problems w/local installations
- More batch information available to users
- Verifying unchanged

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## Instrumentation Background

- Assistance from Performance Outcomes Steering Committee
- SAMHSA Requirements
- CMHDA
- County staff

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## National Accountability indicators

- SAMHSA gives \$\$ and requires data in return
- Committees appointed by SAMHSA identified areas or 'domains' of interest to SAMHSA
- MHSIP & California QOL & YSS meet national reporting requirements
- Ongoing process (more changes will occur)

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## 7 Domains Surveyed

- ⇒ Domains:
  - General Satisfaction
  - Access
  - Quality/Appropriateness of care
  - Outcomes
  - Social Connectedness
  - Client Functioning
  - Criminal Justice

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## No New Questions

- ⇒ Questions remain the same
- ⇒ **NEW** forms specific to May 08



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# DATA COLLECTION METHODOLOGY

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## Target Population

⇒ Face-to-face services:



Case Management

Day Treatment

Meds only

(Funding source doesn't  
matter)

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## Data Collection Methodology Target Population

- ⇒ **Exclude:**
  - Hospitalized
  - Jailed
  - Crisis
  - Long-term Residential
  - Individual/group contract managed-care network providers



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## Data Collection Methodology

- ⇒ “Snap-shot” or “Point-in-time” approach
- ⇒ New sample every time (twice a year)
- ⇒ Two week data collection period



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## 3 Data Submission Options

- Option 1: Upgraded On-line key/mouse data entry (Key Entry)
- Option 2: Upgraded Web-based scanning & data verification (Scan & Verify)
- Option 3: ITWS Web-based text data upload (ITWS)

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## Instrumentation



- Adult Survey
- Older Adult Survey
- Youth Services Survey (YSS)
- Youth Services Survey for Families (YSS-F)

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## HIPAA & Confidentiality

- State Law (W&I code sec. 5610) requires the collection of performance outcome data
- HIPAA requirements for authorizations from consumers **DO NOT APPLY!**
- Rest of Privacy Rules **do** apply

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## COUNTY STAFF PREPARATION

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## County Staff Preparation

- ⇒ Survey form characteristics
- ⇒ Form Preparation
- ⇒ Printing forms
- ⇒ Preparing forms
- ⇒ Administering the survey
- ⇒ Staff authorization
- ⇒ Confidentiality



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## New Forms Each Period

- ⇒ Do **NOT** use forms from previous surveys
- ⇒ Must use DMH Forms for Scan&Verify Option
- ⇒ Key Entry and ITWS users may use DMH forms
- ⇒ Do **NOT** use forms from previous surveys
- ⇒ DIY must follow data dictionaries  
<http://www.dmh.ca.gov/POQI/documents.asp>

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## Age Appropriate Forms

- ⇒ Older Adults age 60 + get Older Adult Form
  - \*May 2005 24% older adults were under 60 (Wrong form or Wrong age?)
  - \* Nov 2004 over 18% Older Adult forms wrong
- ⇒ Youth age 13-17 and Transitional Aged Youth get the Youth Survey
- ⇒ Adults age 18-59 get Adult Survey

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## DMH Survey Form Characteristics

- ⇒ Teleform system characteristics
  - 'Posts' for Teleform reader
  - Unique Key
  - Bubble Forms
  - Page linking number (CCN) on all Pages
  - Survey Period on First page
- ⇒ Staff must understand these characteristics

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# Example of Survey Form

Survey Dates:  
May 1-12, 2006



**ADULT SURVEY**

ENGLISH  
Adult Survey

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. *EXAMPLE* Correct ● Incorrect ✕ ✓

**MHSIP Consumer Survey\*:**

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

**START** → Approximately, how long have you received services here?  
**HERE**  This is my first visit here.  1 - 2 Months  More than 1 year  
 I have had more than one visit but I have received services for less than one month.  3 - 5 Months  6 months to 1 year

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>					
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					

# Second Example Of Survey Form

17. I, not staff, decided my treatment goals.

18. Staff were sensitive to my cultural background (race, religion, language, etc.).

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).

\*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

**CONTINUED ON NEXT PAGE...**

A - EN

59605

CSI County Client Number Page 1 of 4

\*\*\*Must be entered on EVERY page\*\*\*

# Downloading Forms

The screenshot shows a Microsoft Internet Explorer browser window displaying the California Department of Mental Health website. The address bar shows the URL: <http://www.dmh.ca.gov/POQJ/Documents.asp>. The page title is "POQJ: System Documents - Microsoft Internet Explorer". The website header includes the CA.GOV logo and navigation links: Home, News & Publications, Jobs, Services, Laws, Providers & Partners, Prop 63. A secondary navigation bar includes: About DMH, Director's Page, Organization, Links, Mental Health Resources, Contact Us. The main content area is titled "System Documents" and lists several categories: Manual, Data Dictionary, Consumer Perception Surveys, and Survey Domains & Scoring Instructions. Under "Consumer Perception Surveys", there is a link for "May 2008 Consumer Perception Surveys" which is highlighted by a yellow arrow. Other links include "Performance Outcomes Data Collection and Submission Training Manual", "Performance Outcomes Data Dictionaries", "YSS / YSS-F", and "MHSIP".

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# Downloading Forms cont.

The screenshot shows the California Department of Mental Health website at the URL: [http://www.dmh.ca.gov/POQJ/Consumer\\_Perception\\_Surveys.asp](http://www.dmh.ca.gov/POQJ/Consumer_Perception_Surveys.asp). The page title is "Performance Outcomes and Quality Improvement (POQI) Perception Surveys". The main content area is titled "MAY 2008 CONSUMER PERCEPTION SURVEYS - 04/01/08". It lists two survey types: "Youth Services Survey for Youth (YSS)" and "Youth Services Survey for Families (YSS-F)". Under the "Youth Services Survey for Youth (YSS)" section, there is a list of language options: English, Spanish, Chinese, Hindi, Russian, Tagalog, and Vietnamese. A yellow arrow points to the "Spanish" link. Under the "Youth Services Survey for Families (YSS-F)" section, there is a list of language options: English and Spanish.

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## Finish Downloading

- Save the survey forms to hard drive or to a disk



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## Image Quality Critical For Scan & Verify

- Scan & verify technology demands good image quality
- Copies are **NEVER** as sharp as originals
- Print each survey form needed directly from Adobe file. Do not make copies
- Can take disk to copy shop & have forms printed from file
- Poor copies produce scanning problems

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## More Printing Instructions

- ➔ Before downloading
  - UNCHECK** box “Shrink oversized pages to paper size” (Acrobat 5)
  - OR
  - Page scaling box shows ‘None’ (Acrobat 6 & 7)

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## Adobe Acrobat Print Box 5.0

Print

Printer Name: HP LaserJet 4 Plus

Status: Ready

Type: HP LaserJet 4 Plus

Where: 172.20.18.16

Print Range

All  Selected pages/graphic

Current page

Pages from: 1 to: 1

Print:  Even and Odd Pages

Comments

Copies and Adjustments

Number of copies: 1

Collate

Shrink oversized pages to paper size

Expand small pages to paper size

Auto-rotate and center pages

PostScript Options

Print Method: Language Level 2

Optimize for Speed

Download Asian Fonts  Save Printer Memory

Color Managed: On printer

Preview

Units: Inches Zoom: 100.0%

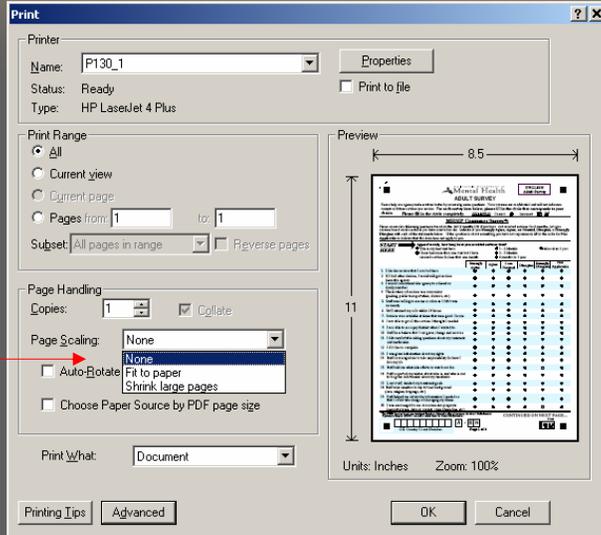
Printing Tips

OK Cancel

Make sure these boxes are NOT CHECKED

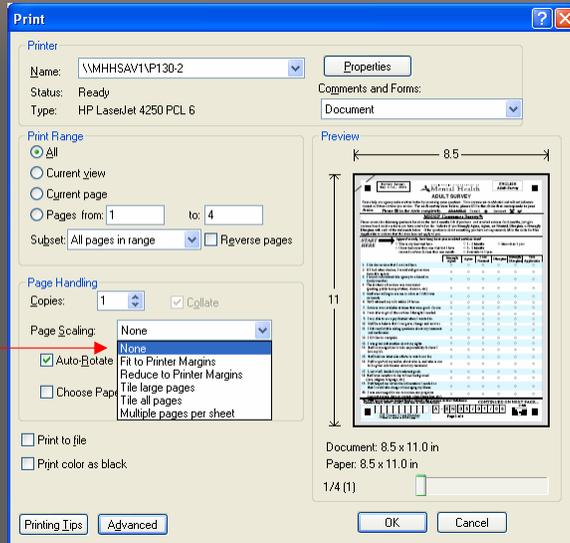
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# Adobe Acrobat Print Box 6.0



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# Adobe Acrobat Print Box 7



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# Collate & Staple

Survey Dates:  
May 1-12, 2006


**CALIFORNIA DEPARTMENT OF  
Mental Health**

ENGLISH  
Adult Survey

**ADULT SURVEY**

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. **Please fill in the circle completely.** *EXAMPLE:* Correct ● Incorrect ✕ ✓

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**MHSIP Consumer Survey\*:**

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

**START HERE** → Approximately, how long have you received services here?

This is my first visit here.       1 - 2 Months       More than 1 year  
 I have had more than one visit but I have received services for less than one month.       3 - 5 Months  
 6 months to 1 year

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>					
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					

# DATA COLLECTION

## Survey Administration

- ⇒ Use volunteer/peer advocate
- ⇒ Do **NOT** use clinical or service delivery staff
- ⇒ Need to understand importance of consumer input
- ⇒ Non staff may need Business Associate Agreement (HIPAA)



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## Good Data Come from Well Trained Staff

- ⇒ Train the staff who will prepare the forms
- ⇒ Train the staff who will collect the data
- ⇒ Train about form type (right age, right language)
- ⇒ Train to review form when turned in
- ⇒ Give them a **Training Manual** (Go to POQI Documents page)



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## How to Mark Teleform Surveys

- Staff need to know correct way to mark forms
  1. To help consumers complete survey forms
  2. “For Office Use Only” section on each form

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## Marking Survey Form

- THINK BUBBLES!
- Only one answer (bubble) for most questions



Correct ● Incorrect ✕ ✓

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## Making Corrections

Xxxxxx

xxxxxx

- ⇒ Think X'S !!
- ⇒ Correct mistakes by drawing an "X" over the incorrect entry

Male  Female  Other

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## County Completed Items

- ⇒ CSI County Client Number (CCN)
- ⇒ County code
- ⇒ Date of survey
- ⇒ When applicable, why consumer did not complete form
- ⇒ Optional County Questions

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## Reasons For Not Completing Form

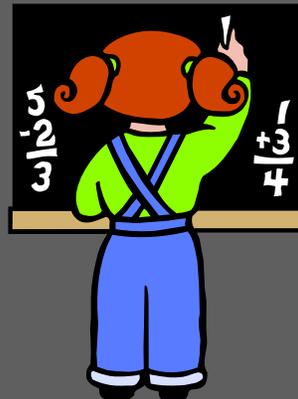


- ⇒ Dog ate form (NOT a choice!)
  
- ⇒ 4 REASONS
  1. Refused
  2. Impaired
  3. Language
  4. Other

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## Completion Rates Important

- ⇒ Required for Federal Block Grant (SAMHSA)
- ⇒ Completion rates = surveys completed / surveys administered



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# County Client Number Again

*Thank you for taking the time to answer these questions!*

**FOR OFFICE USE ONLY:**

<p><b>REQUIRED Information:</b></p> <p>Country Code: <input type="text"/></p> <p>Date of Survey Administration:  <input type="text"/> <input type="text"/> 5 - <input type="text"/> - <input type="text"/> 2 0 0 7</p> <p>Reason (if applicable):  <input type="radio"/> Ref <input type="radio"/> Imp <input type="radio"/> Lan <input type="radio"/> Oth</p> <p>Make sure the same CSI County Client Number is written on all four pages of this survey.</p> <p><input type="text"/></p> <p>CSI County Client Number  <small>***Must be entered on EVERY page***</small></p>	<p><b>Optional County Questions:</b></p> <p>Country Question #1 (mark only ONE bubble):  <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10  <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>Country Question #2 (mark only ONE bubble):  <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10  <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>Country Question #3 (mark only ONE bubble):  <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10  <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>County Reporting Unit:          36070  <input type="text"/></p>
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Page 5 of 5



# Optional County Questions

- ⇒ 4 Optional county questions
- ⇒ Last page of every form
- ⇒ 3 are available for county use & definition
- ⇒ One is county reporting unit

*Thank you for taking the time to answer these questions!*

**FOR OFFICE USE ONLY:**

<p>7</p> <p>ent Number          rvey:</p> <p><input type="text"/></p> <p>Page 5 of 5</p>	<p><b>Optional County Questions:</b></p> <p>Country Question #1 (mark only ONE bubble):  <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10  <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>Country Question #2 (mark only ONE bubble):  <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10  <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>Country Question #3 (mark only ONE bubble):  <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10  <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>County Reporting Unit:          36070  <input type="text"/></p>
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## Confidentiality of Data

- State laws provide consumers with privacy rights
- HIPAA provides protection and prison sentences
- Data are confidential and must be protected
- After surveys turned in, handle in confidential manner

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## DATA SUBMISSION

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## 3 Data Submission Options

- ➔ Option 1: Upgraded On-line key/mouse data entry (Key Entry)
- ➔ Option 2: Upgraded Web-Based scanning & verification (Scan & Verify)
- ➔ Option 3: ITWS Web-based text data upload (ITWS)

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## Authorization

### ➔ 2 DIFFERENT Authorization Processes

1. POQI Authorization for Key entry & Scan & Verify option
2. ITWS Authorization (this is how you get data back)

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## POQI System Authorization

- ⇒ Every county has an ‘Approver’
- ⇒ Names of Approvers on file w/ITWS
- ⇒ ‘Approver’ submits list of people to be authorized
- ⇒ Must **RENEW** every data collection period

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## POQI Authorization

- ⇒ For people accessing key entry system
- ⇒ For people Scanning documents
- ⇒ For people Verifying documents
- ⇒ List of people sent by Approver to [poqi.support@dmh.ca.gov](mailto:poqi.support@dmh.ca.gov)
- ⇒ Must include name, email address, tel number

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## ITWS Authorization

- Limit number of people authorized
- **Only** those who will upload & download should have ITWS authorization (NOT everybody needs to be authorized)
- Go to: <https://mhhitws.cahwnet.gov/> choose 'Enroll' and follow instructions

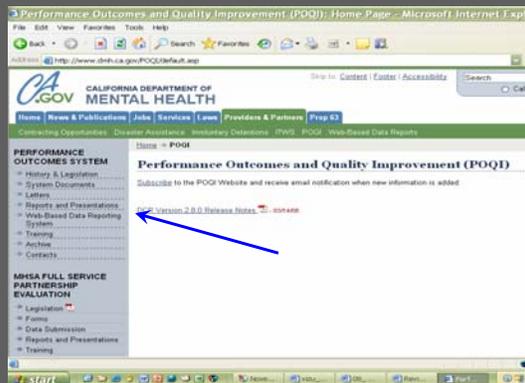
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## Option 1: Online Key-Mouse Data Entry

- Use web browser Explorer 6.0
- Go to Main DMH webpage at [www.dmh.ca.gov](http://www.dmh.ca.gov)
- On left side of the page, select the link to the **Performance Outcome & Quality Improvement** Page

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# Option 1: POQI Main Page



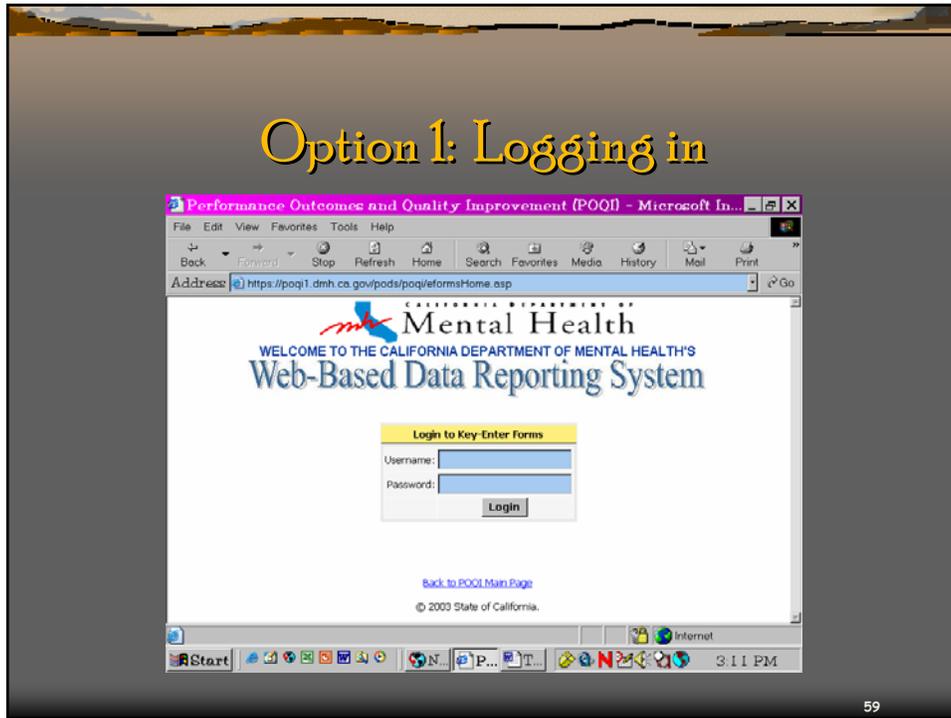
57

# Option 1: Web-Based Data Reporting System



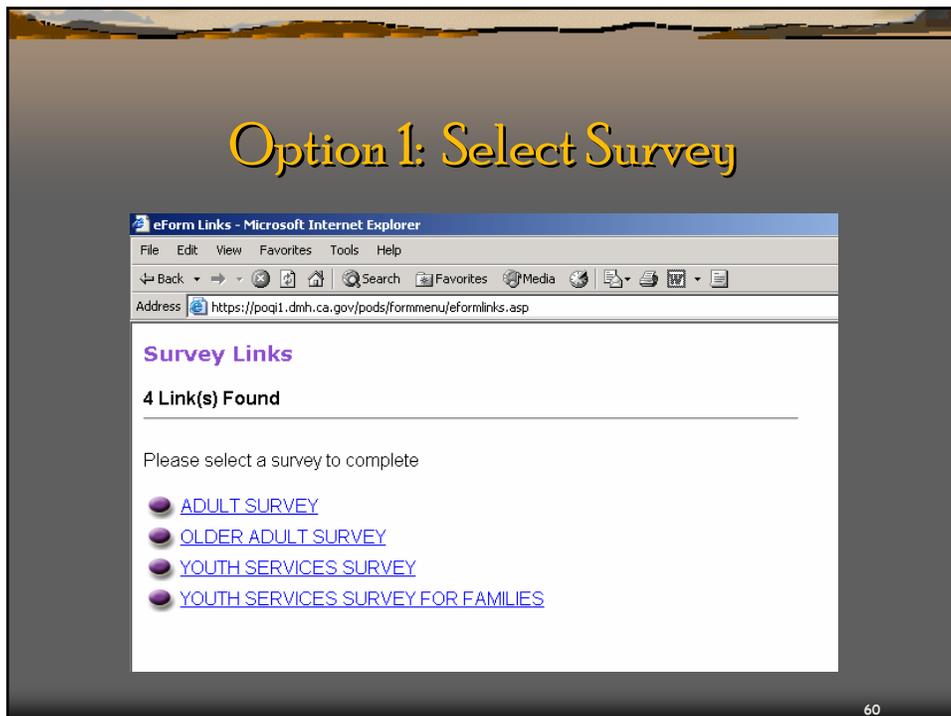
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## Option 1: Logging in



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## Option 1: Select Survey



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## Option 1: Entering Data

BHSIP\_Q01\_Adult\_IJO - Microsoft Internet Explorer

https://pop3.dnrh.ca.gov:8443/Server/A462P\_Q01\_ADULT

**MHSIP Consumer Survey**

Please answer the following questions based on the LAST 6 MONTHS. If you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that the issue does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>					
2. If I had other choices, I would not get services from the agency.	<input type="radio"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					
4. The location of services was convenient (parking, public transportation, distance, etc).	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>					
6. Staff returned my calls within 24 hours.	<input type="radio"/>					
7. Services were available at times that were good for me.	<input type="radio"/>					
8. I was able to get all the services I thought I needed.	<input type="radio"/>					
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>					
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>					
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>					
12. I feel that my...	<input type="radio"/>					

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## Option 1: Office Use Only Section

BHSIP\_Q01\_Adult\_IJO - Microsoft Internet Explorer

https://pop3.dnrh.ca.gov:8443/Server/A462P\_Q01\_ADULT

**negative feedback.** Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

For County use only CDMs does not collect this information.

Thank you for taking the time to answer these questions.

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:  Farm Language:

Date of Survey Administration:

Reason (if applicable):

194819482  
CSI County Client Number

**Optional County Questions:**

County Question #1 (county only) (CSI):  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20

County Question #2 (county only) (CSI):  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20

County Question #3 (county only) (CSI):  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20

County Reporting Unit:

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Submit

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# Option 1: Form Language

AHSP\_QOL\_Adult\_IO - Microsoft Internet Explorer

https://p0011.dmh.ca.gov:9443/fserver/M4SP\_QOL\_Adult

negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

For County use only DMH does not collect this information.

Thank you for taking the time to answer these questions:

**FOR OFFICE USE ONLY:**

REQUIRED Information:	Optional County Questions:
County Code: <input type="text" value="57"/>	County Question #1 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Form Language: <input type="text" value="Hmong"/>	County Question #2 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Date of Survey Administration: <input type="text" value="05/14/2008"/>	County Question #3 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Reason (if applicable): <input type="checkbox"/> Ref <input type="checkbox"/> Imp <input type="checkbox"/> Lan <input type="checkbox"/> Oth	County Reporting Unit: <input type="text"/>
<input type="checkbox"/> 194619462 CSI County Client Number	Page 5 of 5

Submit

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# Option 1: Survey Date

AHSP\_QOL\_Adult\_IO - Microsoft Internet Explorer

https://p0011.dmh.ca.gov:9443/fserver/M4SP\_QOL\_Adult

negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

For County use only DMH does not collect this information.

Thank you for taking the time to answer these questions:

**FOR OFFICE USE ONLY:**

REQUIRED Information:	Optional County Questions:
County Code: <input type="text" value="57"/>	County Question #1 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Form Language: <input type="text" value="Hmong"/>	County Question #2 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Date of Survey Administration: <input type="text" value="05/14/2008"/>	County Question #3 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Reason (if applicable): <input type="checkbox"/> Ref <input type="checkbox"/> Imp <input type="checkbox"/> Lan <input type="checkbox"/> Oth	County Reporting Unit: <input type="text"/>
<input type="checkbox"/> 194619462 CSI County Client Number	Page 5 of 5

Submit

64

# Option 1: Refusals

AHSP\_QOL\_Adult\_IO - Microsoft Internet Explorer

https://pooq1.dmh.ca.gov:9443/fserver/M46SP\_QOL\_Adult

negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

For County use only DMH does not collect this information.

Thank you for taking the time to answer these questions:

**FOR OFFICE USE ONLY:**

<b>REQUIRED Information:</b>	<b>Optional County Questions:</b>
County Code: 57	County Question #1 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Form Language: Hmong	County Question #2 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Date of Survey Administration: 05/14/2008	County Question #3 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Reason (if applicable): <input type="checkbox"/> Ref <input type="checkbox"/> Imp <input type="checkbox"/> Lan <input type="checkbox"/> Oth	County Reporting Unit: <input type="text"/>
194619462 CSI County Client Number	Page 5 of 5

Submit Go

# Option 1: CCN Number

AHSP\_QOL\_Adult\_IO - Microsoft Internet Explorer

https://pooq1.dmh.ca.gov:9443/fserver/M46SP\_QOL\_Adult

negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

For County use only DMH does not collect this information.

Thank you for taking the time to answer these questions:

**FOR OFFICE USE ONLY:**

<b>REQUIRED Information:</b>	<b>Optional County Questions:</b>
County Code: 57	County Question #1 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Form Language: Hmong	County Question #2 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Date of Survey Administration: 05/14/2008	County Question #3 (mark only ONE bubble): <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
Reason (if applicable): <input type="checkbox"/> Ref <input type="checkbox"/> Imp <input type="checkbox"/> Lan <input type="checkbox"/> Oth	County Reporting Unit: <input type="text"/>
194619462 CSI County Client Number	Page 5 of 5

Submit Go

# Option 1: County Questions

OPTION\_001\_Adult\_1.0 - Microsoft Internet Explorer

Thank you for taking the time to answer these questions.

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:  Firm Language:

Date of Survey Administration:

Reason (if applicable):  Ref  Imp  Len  Oth

CSI County Client Number

Page 4 of 5

**Optional County Questions:**

County Question #1 (ask only ONR bubble)  
County Question #2 (ask only ONR bubble)  
County Question #3 (ask only ONR bubble)

County Reporting Unit:

Submit

# Option 1: Submit or Not

OPTION\_001\_Adult\_1.0 - Microsoft Internet Explorer

Thank you for taking the time to answer these questions.

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:  Firm Language:

Date of Survey Administration:

Reason (if applicable):  Ref  Imp  Len  Oth

CSI County Client Number

Page 5 of 5

**Optional County Questions:**

County Question #1 (ask only ONR bubble)  
County Question #2 (ask only ONR bubble)  
County Question #3 (ask only ONR bubble)

County Reporting Unit:

Submit

## Option 1: Submit



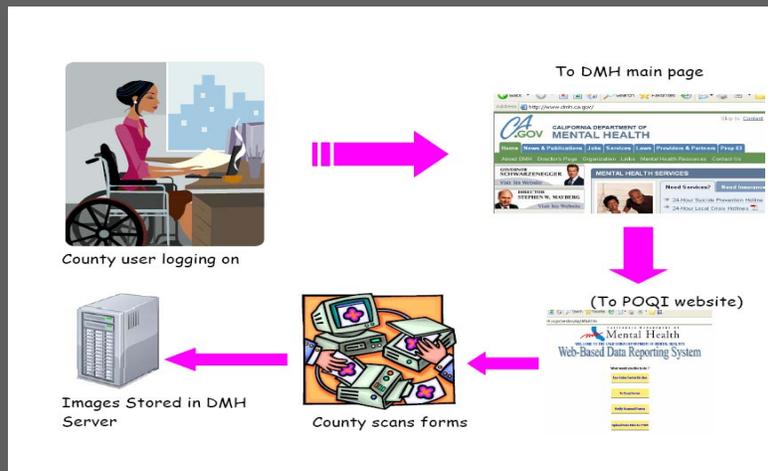
69

## Option 2: Scan & Verify

- ➔ Counties need Fujitsu scanner W/TWAIN driver
- ➔ Use Web browser Internet Explorer 6.0 (Firefox won't work) to connect to scanner software
- ➔ Not using ImageNet for scanning

70

## Option 2: Overview



71

## Web-Based Scanning

- Scanning software has moved!
- Now resides on DMH Website (no longer on local computers)
- Must access the internet to start and run scanner



72

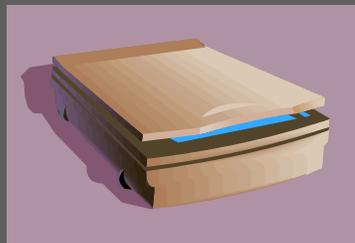
## Form Preparation

- ⇒ Cut staples off , not corner 'Posts'
- ⇒ No dog-ears
- ⇒ CCN = page linking number = same on each page (Make sure!!)
- ⇒ Keep pages of one form together in one batch

73

## Option 2: More Preparation

- ⇒ No more than 50 pages in feeder at one time
- ⇒ If processor <Pentium IV, scan smaller batches
- ⇒ Put batch of surveys face down, top of page entering first (Fan them)



74

## Option 2: Log-In

- ➔ Same Procedure as for Option 1
- ➔ Go to Main DMH Page
- ➔ Select POQI page
- ➔ At POQI main page, select “Web Based Data Reporting”

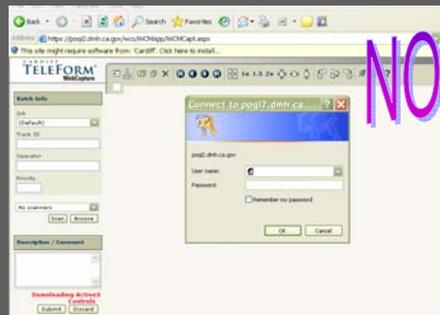
75

## Option 2: Button Field



76

## Option 2: Log In Box



NO! NO! NO!

77

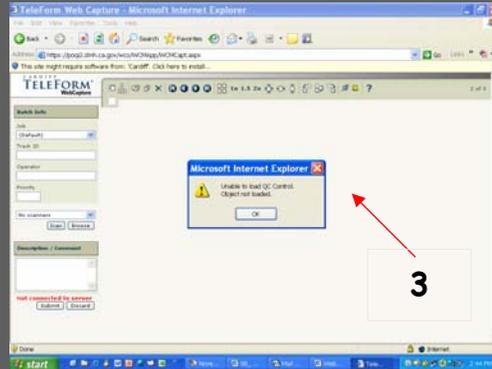
## Option 2: Install Active-X

- ➔ Only need to do this once
- ➔ May need Administrative Rights to computer (i.e., your IT may have to do this)



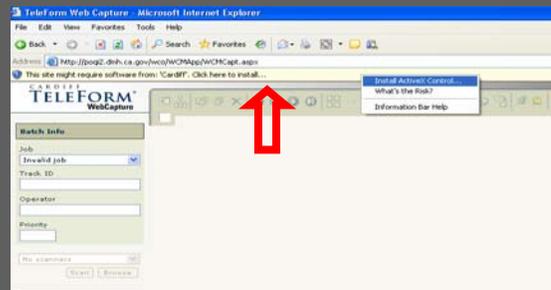
78

## Option 2: Error Messages



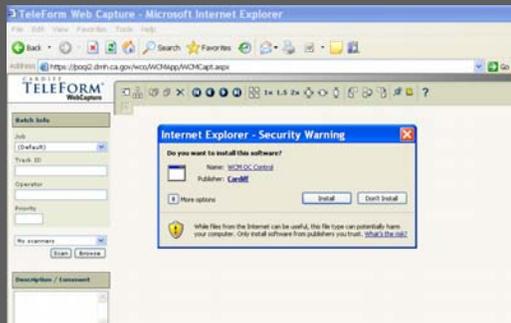
79

## Option 2: Active X Control



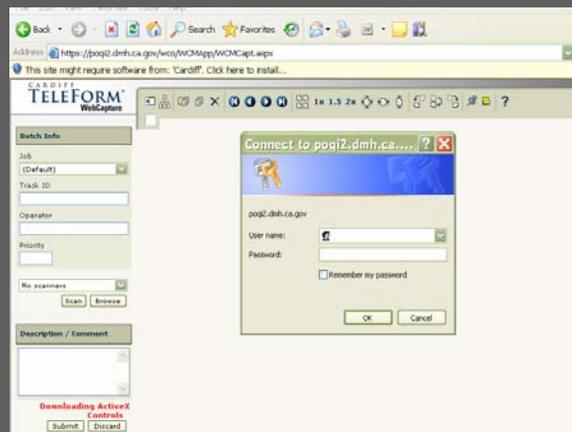
80

## Option 2: Installing Active X



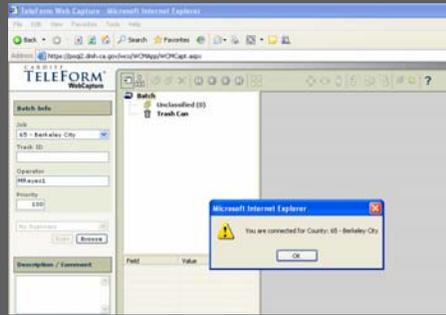
81

## Option 2: Log-in



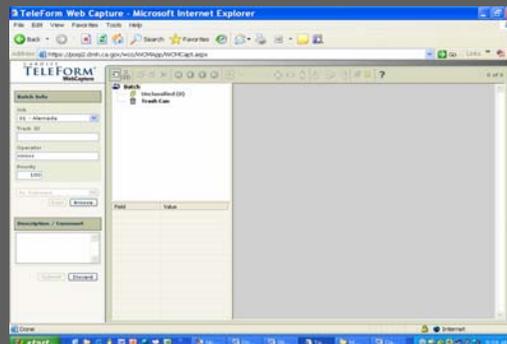
82

## Option 2: County Code



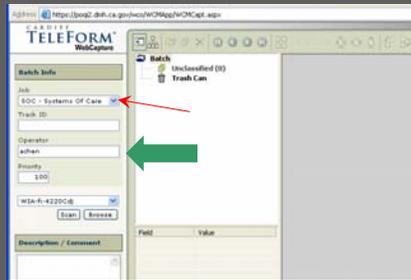
83

## Option 2: New Scan Page



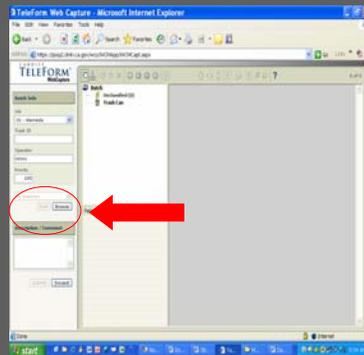
84

## Option 2: ID'S



85

## Option 2: Not Ready



86

## Option 2: Ready to Scan

Address: <https://poq2.dnh.ca.gov/woc/WCMApp/WCMCapt.aspx>

**TELEFORM**  
WebCapture

**Batch Info**

Job: SOC - Systems Of Care

Track ID:

Operator: sphen

Priority: 100

WIA-fi-4220c8

Scan Browse

Description / Comment

Field	Value
-------	-------

87

Address: <https://poq2.dnh.ca.gov/woc/WCMApp/WCMCapt.aspx>

**TELEFORM**  
WebCapture

**Batch Info**

Job: 20- Madera

Track ID:

Operator: sphen

Priority: 100

WIA-fi-4220c8

Scan Browse

Description / Comment

Submit Discard

**Batch**

Unclassified (0)

Trash Can

Field	Value
-------	-------

88

## Option 2: Rescan Bad Forms

- After delete image, rescan original page
- 'Discard' button discards entire batch
- Cannot retrieve discarded batches



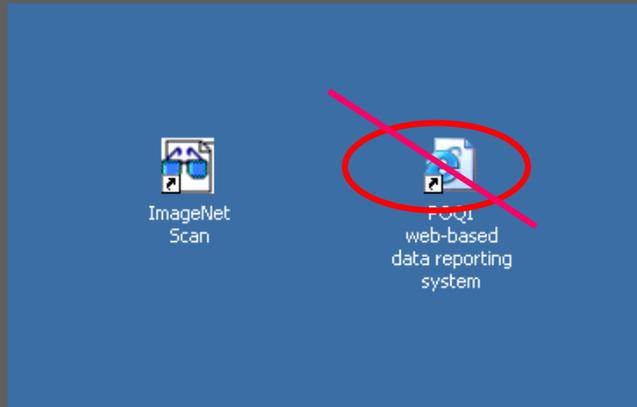
89

## Option 2: Submitting Batches

- Review complete, click 'Submit' button
- Submit button left side of screen (below the scan button).
- Clicking 'Submit' send images of data to DMH Teleform readers

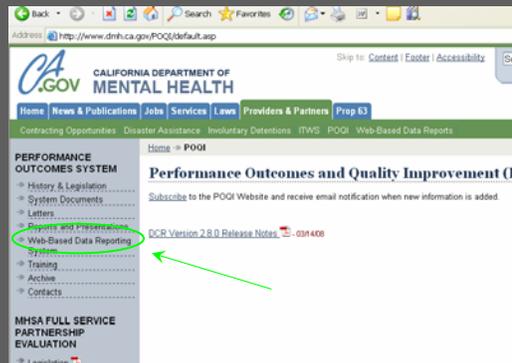
90

## Verifying: Delete Shortcuts



91

## Verifying: Upgrading Citrix



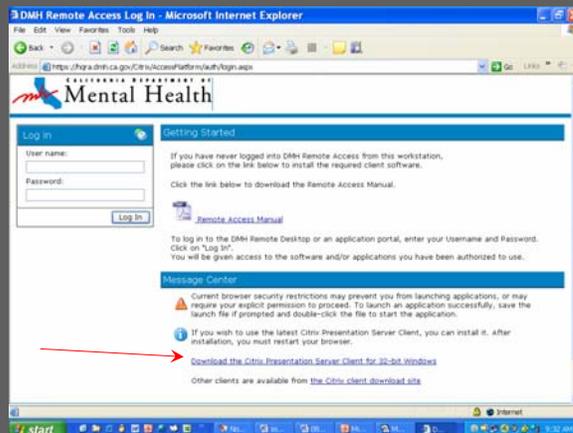
92

## Verifying: Button Page

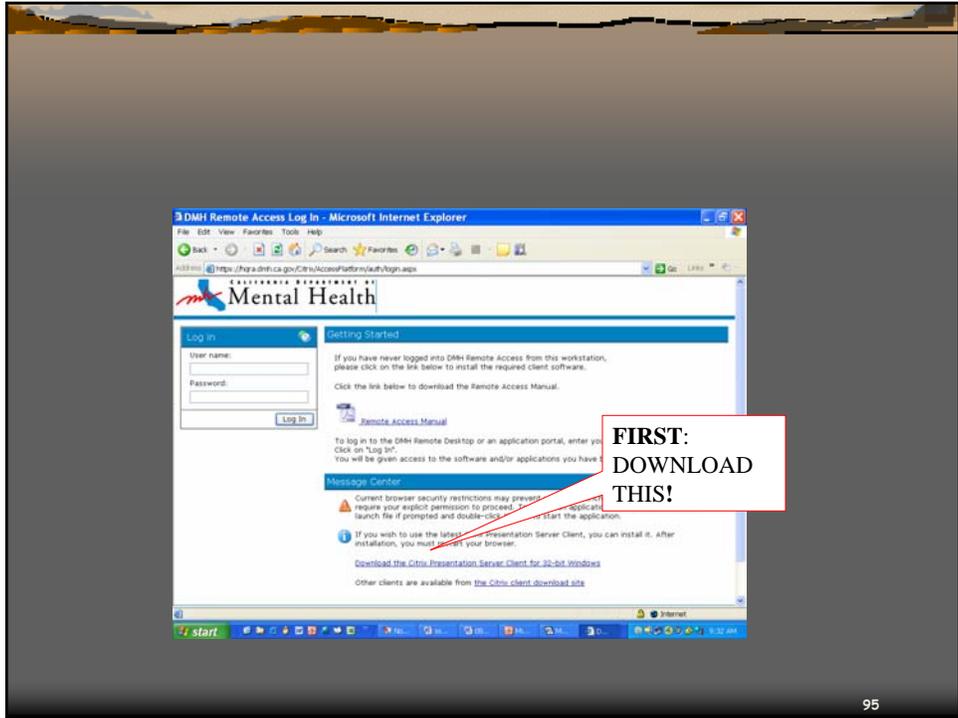


93

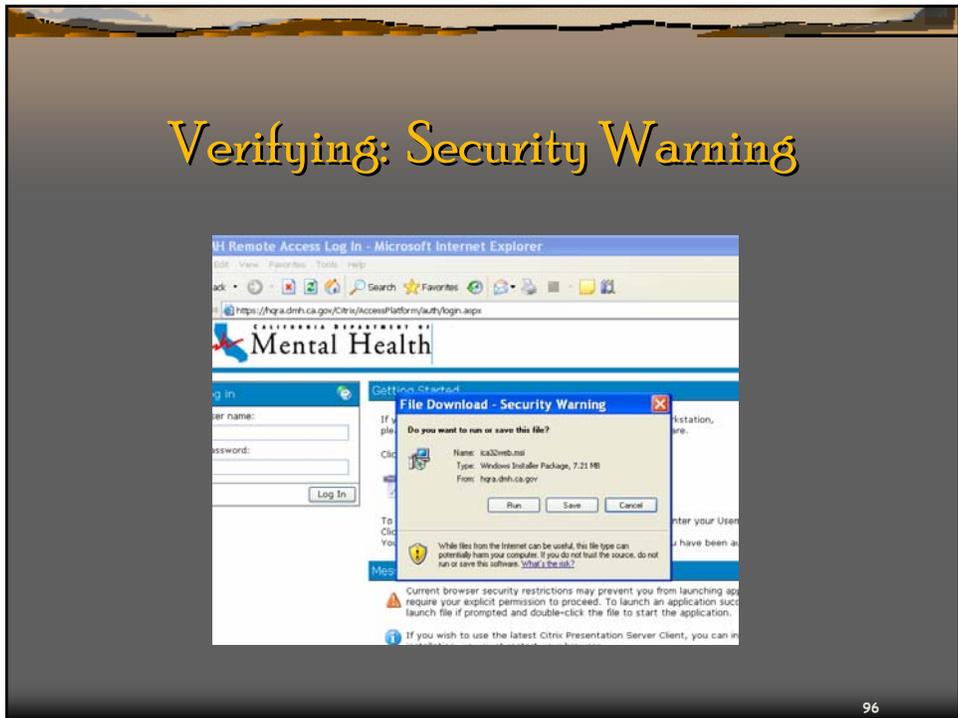
## Verifying: UpGraded Citrix



94



95



96

## Verifying: Installing Citrix



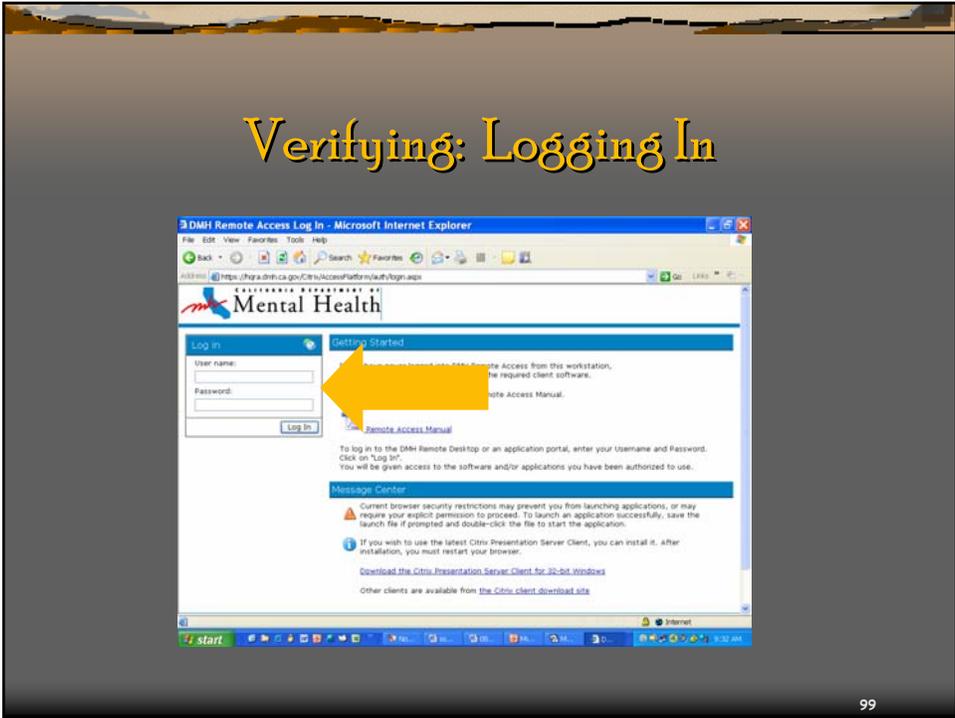
97

## Verifying: Completed



98

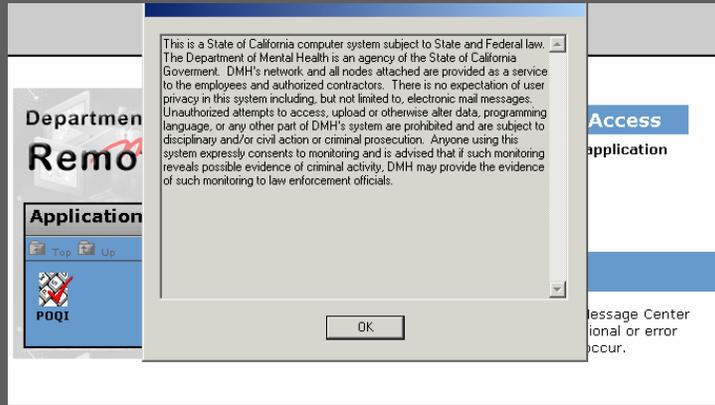
# Verifying: Logging In



# Verifying: Connecting...

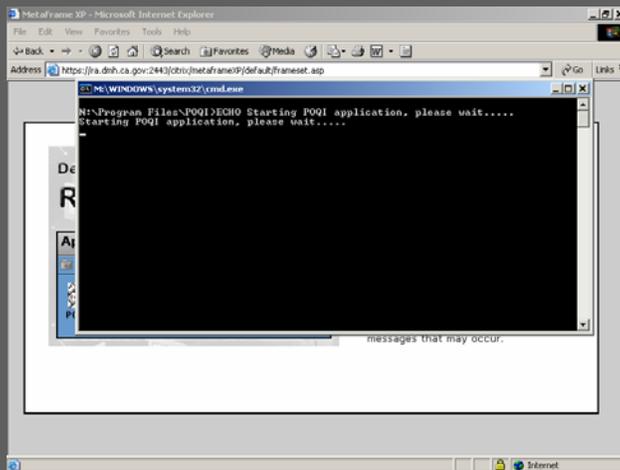


# Verifying: Security Warning



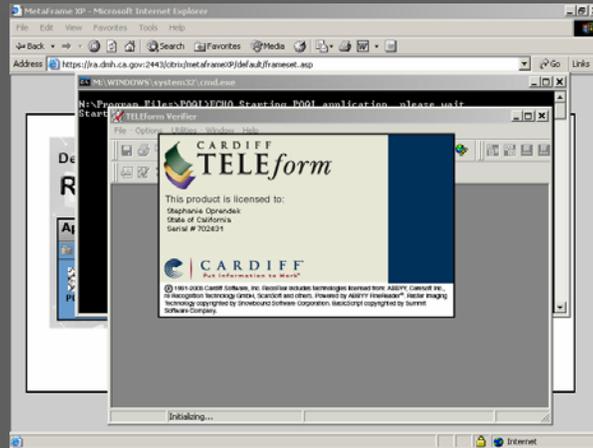
101

# Verifying: DOS Screen



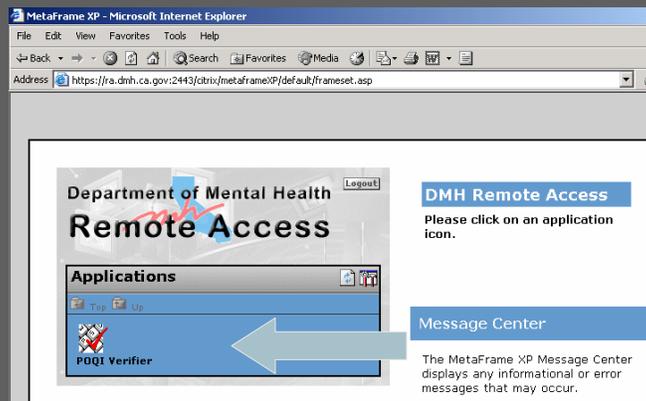
102

## Verifying: Still connecting...



103

## Verifying: POQI Verifier



104

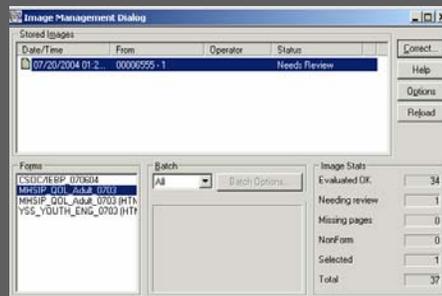
## Verifying: Log in to Verifier



A dialog box titled "TELEform Login" with a close button (X) in the top right corner. It contains two text input fields: "Name" with the text "USERID" and "Password" with a masked password "xxxxxxxx". At the bottom right, there are two buttons: "OK" and "Cancel".

105

## Verifying: No Changes!



An "Image Management Dialog" window showing a table of stored images and a summary of image states.

Date/Time	From	Operator	Status	
07/20/2004 01:2...	00000555-1		Needs Review	

Form	Batch	Image State
ISSOLR6SP_070304		Evaluated OK 34
MHSTIP_001_AUG_0403	All	Needing review 1
MHSTIP_001_AUG_0703_011N		Missing pages 0
YSS_YOUTH_Env_0703_011N		NonForm 0
		Selected 1
		Total 37

106

# Verifying: Two Methods to Verify

➤ Your choice:

1. Batch Management

2. Image Management



107

# Verifying: Getting to Batch Management

The screenshot shows the 'Batch Management Dialog' window in the TELEform Verifier application. The window has a menu bar (File, Options, Utilities, Window, Help) and a toolbar. A tree view on the left shows a hierarchy of items: Batch, NonBatch Im, Pylsearch, and several numbered items (00006681 to 00006700). A context menu is open over the 'Batch' item, listing options like 'NonForm Data Entry...', 'Debug Script', 'Security', 'Log In', 'Log Off', 'Change Password', 'Customize', and 'Configuration'. The main area contains a table with columns: Need..., Eval..., Nonfo..., Priority, Status, Track..., Owner, Job, and Process. The table lists various batch items with their respective values and statuses. On the right side of the dialog, there are buttons for 'Auto-Assign', 'Batch Options', 'Refresh', 'Options', and 'Help'.

Need ...	Eval ...	Nonfo...	Priority	Status	Track...	Owner	Job	Process
0	0	0	100	Ready for correction				
0	0	0	100	Ready for correction				
1	10	0	100	Missing Page(s)	RTAB...	01	01	
40	0	0	100	Ready for correction	RTAB...	01	01	
2	0	0	100	Missing Page(s)	RTAB...	01	01	
16	0	0	100	Ready for correction	RTAB...	01	01	
0	1	0	100	Batch is complete	RTAB...	14	14	
0	1	0	100	Batch is complete	RTAB...	48	48	
2	0	2	100	Ready for correction	RTAB...	01	01	
4	4	4	0	100	Ready for correction	RTAB...	01	01

108

## Verifying: Batch Management Screen

The screenshot shows the TEL Form Verifier Batch Management screen. The table displays the following data:

Batch	Scan	Eval	Need Review	Eval OK	Normam	Priority	Status	Tracking ID	Done	Job
Non-Batch Images			0	14	0	100	Ready for correction			
Research			0	0	0	100	Ready for correction			
00000559	4	4	1	0	0	100	Ready for correction	RTABC00000344	ClassTest	ClassTest
00000560	4	4	1	0	0	100	Ready for correction	RTABC00000345	ClassTest	ClassTest
00000565	4	4	1	0	0	100	Ready for correction	RTABC00000346	ClassTest	ClassTest
00000565	2	2	2	0	0	100	Ready for correction	RTABC00000349	ClassTest	ClassTest

109

## Verifying: Batch Management Status of Batches

- ➔ Ready for Correction
- ➔ Missing pages
- ➔ Ready to be Committed
- ➔ Ready for Evaluation (BAD!!)
- ➔ Batch is Completed (Yea!)

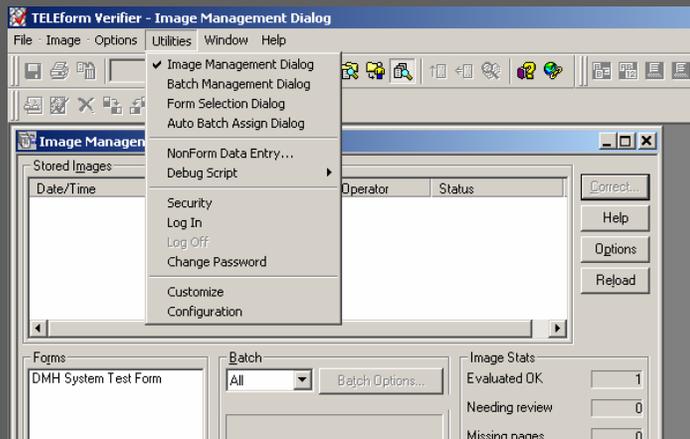
110

## Batch Management Verifying

- ➔ Select a batch that is “ready for correction” by clicking on it
- ➔ Batch Management will bring up pages for review until no pages remain in that batch
- ➔ Quickest way to verify

111

## Verifying: Getting to Image Management



112

## Verifying: Image Management Screen

Date/Time	From	Operator	Status
10/01/2004 12:29:43 PM	00006700 - 2		Missing Page(s)
10/01/2004 12:29:44 PM	00006700 - 3		Missing Page(s)
10/01/2004 12:29:45 PM	00006700 - 4		Missing Page(s)
09/28/2004 11:10:49 AM	00006681 - 2		Evaluated OK
09/28/2004 11:10:50 AM	00006681 - 5		Evaluated OK
09/28/2004 11:10:55 AM	00006681 - 9		Evaluated OK
09/28/2004 11:10:59 AM	00006681 - 13		Evaluated OK
09/28/2004 11:11:02 AM	00006681 - 17		Evaluated OK
09/28/2004 11:11:06 AM	00006681 - 21		Evaluated OK
09/28/2004 11:11:12 AM	00006681 - 27		Evaluated OK
09/28/2004 11:11:16 AM	00006681 - 32		Evaluated OK
09/28/2004 11:11:16 AM	00006681 - 33		Evaluated OK
09/28/2004 11:11:23 AM	00006681 - 40		Evaluated OK
09/29/2004 11:13:27 AM	00006682 - 5		Export complete
09/29/2004 11:13:40 AM	00006682 - 5		Export complete

Forms: (Data System, Test Form, MHSIP, QOL, Ad, EN, 0804, NONFORM)

Batch: All

Image Stats:

Evaluated OK	47
Needing review	0
Missing pages	65
Non-Form	2
Selected	3
Total	114

113

## Verifying: Image Management Survey Status

- Needs Review
- Missing Page
- Evaluated OK (but not ok!)
- Export Complete (Yea!)

114

# Verifying: Correcting in Image Management

⇒ 2 Ways to review & correct



1. Multiple Surveys

2. Individual Survey

115

# Verifying: Image Management Multiple Review

The screenshot shows the TELForm Verifier - [Image Management Dialog] window. It features a menu bar (File, Image, Options, Utilities, Window, Help), a toolbar, and a main area with a table of stored images. The table has columns for Date/Time, Form, Operator, and Status. Below the table are sections for Forms, Batch, and Image Stats.

Date/Time	Form	Operator	Status
09/28/2004 11:11:03 AM	00006801 - 18		Missing Page(s)
09/28/2004 11:16:24 AM	00006803 - 2		Missing Page(s)
09/28/2004 11:16:25 AM	00006803 - 2		Missing Page(s)
09/28/2004 11:16:26 AM	00006803 - 3		Missing Page(s)
09/28/2004 11:16:27 AM	00006803 - 4		Missing Page(s)
09/28/2004 11:16:28 AM	00006803 - 5		Missing Page(s)
09/28/2004 11:16:29 AM	00006803 - 6		Missing Page(s)
09/28/2004 11:16:30 AM	00006803 - 7		Missing Page(s)
09/28/2004 11:16:31 AM	00006803 - 8		Missing Page(s)
09/28/2004 11:16:32 AM	00006803 - 9		Missing Page(s)
09/28/2004 11:16:33 AM	00006803 - 10		Missing Page(s)
09/28/2004 11:16:34 AM	00006803 - 11		Missing Page(s)
09/28/2004 11:16:34 AM	00006803 - 12		Missing Page(s)
09/28/2004 11:16:35 AM	00006803 - 13		Missing Page(s)
09/28/2004 11:16:36 AM	00006803 - 14		Missing Page(s)

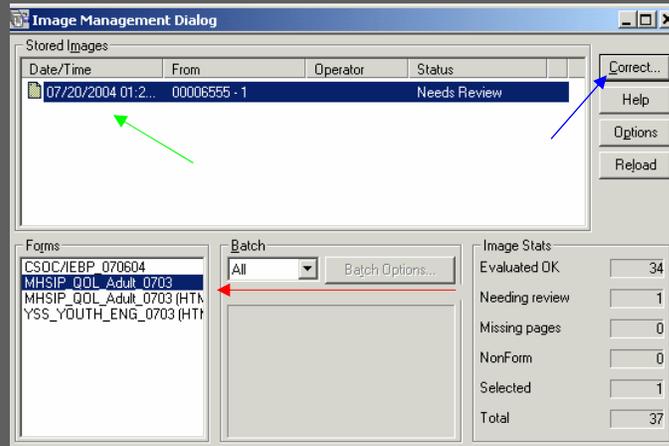
**Forms:** CMH System Test Form, MISFORM, NONFORM

**Batch:** All

**Image Stats:** Evaluated OK: 47, Needing review: 0, Missing pages: 65, NonForm: 2, Selected: 65, Total: 114

116

## Verifying: Image Management Individual Review



117

## Verifying Forms in Teleform Verifier

- ⇒ Teleform only presents fields that need review
- ⇒ Teleform will make a 'best guess' about what is correct response
- ⇒ Up to person doing the verifying to make final determination
- ⇒ Use Tab key, Space Bar, Enter key, Arrow keys to navigate thru fields

118

# Verifying: Entry Fields

Field Y...

opi	1
howlong	6
leaves	1
choices	1
recovered	2
location	2
staffall	2
retail	2
timegood	2
getall	2
seeDoc	2
recover	2
confquest	3
complain	3
rights	3
tolerance	3
sdeft	3
respect	3
goals	3
culture	4
remanage	4
selfhelp	4

7. Services were available at times that were good for me.

8. I was able to get all the services I thought I needed.

9. I was able to see a psychiatrist when I wanted to.

10. Staff has helped me to get my life back on track.

11. I feel comfortable asking questions about my treatment and medication.

12. I feel free to complain.

13. I was given information about my rights.

14. Staff encouraged me to take responsibility for how I feel my life.

15. Staff told me what side effects to watch out for.

16. Staff respected my wishes about who is, and who is not to be given information about my treatment.

17. I, or my staff, decided my treatment goals.

18. Staff was sensitive to my cultural background (race, religion, language, etc.).

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.

20. I was encouraged to use consumer run programs.

21. I was encouraged to use consumer run programs.

CONTINUED ON NEXT PAGE...

1000000018

1000000018

36 Remaining [cm] Evaluated OK [Evaluated OK] admin

# Verifying: Correcting Entry Fields With Unrecognizable Entries

1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 ~ 1

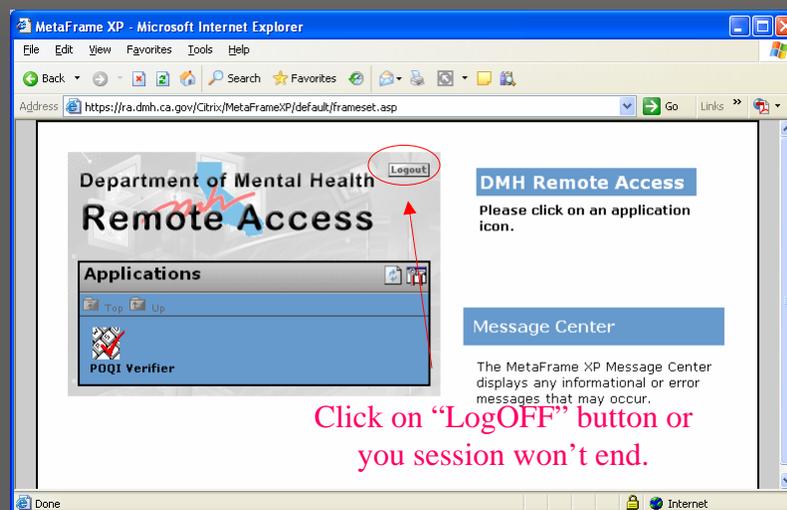
Unrecognized character [Unrecognized character] County



## Exiting Teleform

- To close the Teleform Verifier click File>Exit
- To exit Teleform Verifier in middle of correcting, click File>Exit and a prompt will ask you if you want to save completed correction, click 'OK'
- Once you have scanned and then verified all of your batches, you are done! Your data are safely stored in DMH's servers. Celebrate!

123



124

## Option 3: ITWS

- Web-based text data upload
- **Authorized** user accesses the POQI web-based data reporting website same way
- Go to DMH Main page, Select POQI link, select 'Web-Based Data Collection' and at 'Button Page' select "Upload Data Files to ITWS"

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## Accessing ITWS

Information Technology Web Services - Microsoft Internet Explorer

Address <https://nhhltws.cah.wnet.gov/>

Information Technology Web Services

System Messages

**Important Notice for Microsoft Windows XP Service Pack 2 Users**  
Created: 10/6/2004 3:41:00 PM

If you have installed the Windows XP Service Pack 2 (SP2), or, are considering installing it, please read the following notice.

XP SP2's new security features do not restrict the functionality of the ITWS. However, certain functions will require additional confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding the ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please [click here](#), to renew the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"

For any questions or problems, please contact the [ITWS Administration](#) at 916-654-3117.

This site is best viewed with Internet Explorer version 5.5 and above.

©2004 California Department of Mental Health, Information Technology

For Security Information, click on the padlock

ITWS Login

Username:

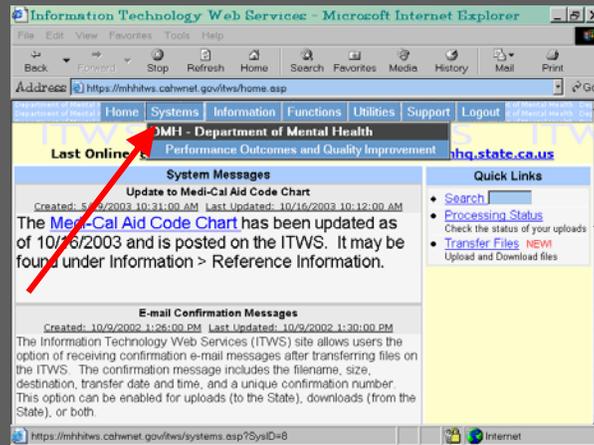
Password:

Login Enroll

Start Novel Micro Infor... 9:54 AM

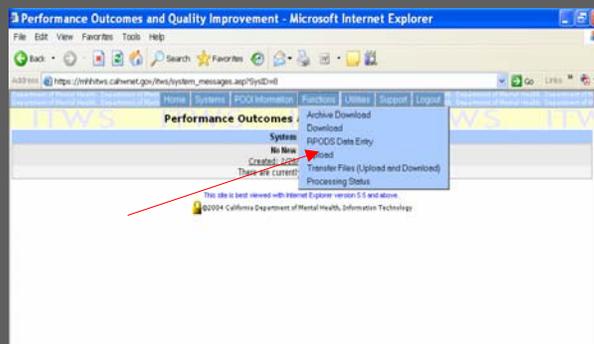
126

# Accessing System



127

# Select "Functions And Transfer Files"



128

# Security Warning

The screenshot shows a web browser window with the address bar displaying `https://itwbs.cahnet.gov/ibe/transfer.asp?SysID=8`. The page title is "Transfer Files" and it features a navigation menu with items like "Home", "Systems", "POQI Information", "Functions", "Utilities", "Support", and "Logout". A table of files is visible in the background, with columns for "Name" and "Size". Overlaid on this is a "File Download" dialog box with the question "Do you want to open or save this file?". The dialog shows the file name "POQSI200702V4.zip", type "WinZip File, 111 bytes", and source "itwbs.cahnet.gov". Below the dialog, a security warning states: "While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?"

129

# Security Warning

The screenshot shows a web browser window with the address bar displaying `Department of Mental Health, Department of Health`. The page title is "Applet Permissions" and it features a navigation menu with items like "Home", "Systems", "POQI Information", "Functions", "Utilities", "Support", and "Logout". The main content area contains the following text: "You must say yes on the security warning for Perisits Software. If you said no then you must close your browser and login back into ITWS before you will be prompted again for the security warning. Please make sure and hit 'Yes' on it." Below this, it says: "If you do not wish to use the Java Multi-File upload then the old HTML Single-File upload is available by changing your Upload Preference in [User Preferences](#)."

OOPS!

130

# POQI Transfer File Screen

The screenshot shows the 'Transfer Files' interface. On the left, there is a 'DOWNLOAD' section with a table of files. On the right, there is an 'UPLOAD' section with a dialog box for selecting files to upload. A red arrow points to the 'Add...' button in the upload dialog, and another red arrow points to the 'Upload' button at the bottom of the dialog.

Name	Size	Modified
IFBP2002		DIR 11/18/2003 3:01:54 PM
POQSI200001E.rsp	562	3/1/2006 2:33:04 PM
POQSI200001R.rsp	55,300	3/1/2006 2:33:04 PM
POQSI200001V.rsp	54,480	3/1/2006 2:33:04 PM
POQSI200002E.rsp	562	4/13/2006 2:56:48 PM
POQSI200002R.rsp	55,300	4/13/2006 2:56:48 PM
POQSI200002V.rsp	54,480	4/13/2006 2:56:48 PM
POQSI200003E.rsp	708	8/23/2006 10:45:51 AM
POQSI200003R.rsp	54,961	8/23/2006 10:45:50 AM
POQSI200003V.rsp	54,077	8/23/2006 10:45:50 AM
POQSI200004E.rsp	562	2/13/2007 6:14:20 PM
POQSI200004R.rsp	51,075	2/13/2007 6:14:20 PM
POQSI200004V.rsp	50,521	2/13/2007 6:14:20 PM

131

# Find File to Upload

The screenshot shows the 'Transfer Files' interface with a 'Select file(s) to Upload' dialog box open. The dialog box displays a list of files in the local file system. A red arrow points to the file list, and a green arrow points to the 'OK' button. The file list includes:

Name	Size	Modified
APQSI27000011SUBMITTAL.rsp	1,295	3/1/2006 2:33:04 PM
CPQSI27000011SUBMITTAL.rsp	1,295	4/13/2006 2:56:48 PM
IPQSI27000011SUBMITTAL.rsp	1,263	4/13/2006 2:56:48 PM
	602	8/23/2006 10:45:51 AM
	1,172	8/23/2006 10:45:51 AM
	1,150	8/23/2006 10:45:51 AM
	562	2/13/2007 6:14:20 PM
	1,029	2/13/2007 6:14:20 PM
	1,008	2/13/2007 6:14:20 PM

132

## Option 3: Uploading

The screenshot shows a web application interface for file management. At the top, there is a navigation menu with links: Home, Systems, POOI Information, Functions, Utilities, Support, and Logout. Below the menu is a header area with the text 'Transfer Files' and a sub-header 'Display archive download area'. A dropdown menu for 'Choose a System' is set to 'POOI'. A table lists files with columns for 'Size' and 'Modified'. A 'Microsoft Internet Explorer' dialog box is open in the foreground, displaying a question mark icon and the text 'Do you really want to upload these files?'. The dialog has 'OK' and 'Cancel' buttons. Below the dialog, there are buttons for 'Add...', 'Remove', 'Remove All', and 'Upload'.

File Name	Size	Modified
5,102	10/26/2006 9:06:40 AM	
562	3/1/2006 2:33:16 PM	
9,157	3/1/2006 2:33:16 PM	
9,004	3/1/2006 2:33:16 PM	
562	4/13/2006	
9,157	4/13/2006	
9,004	4/13/2006	
562	8/23/2006	
8,284	8/23/2006	
8,121	8/23/2006	
562	2/13/2007	
7,833	2/13/2007 6:14:52 PM	
7,385	2/13/2007 6:14:32 PM	

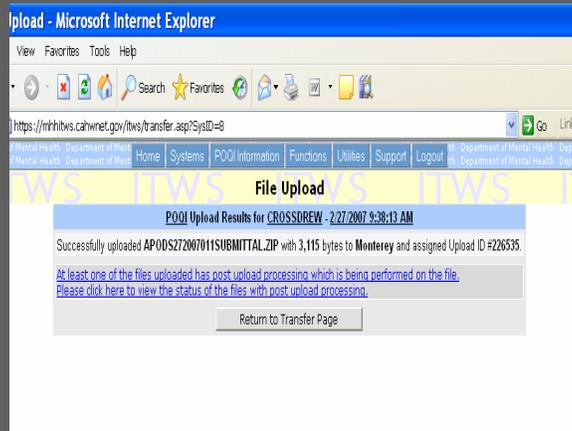
133

## Option 3: Bad News (Red)

The screenshot shows a Microsoft Internet Explorer browser window. The address bar contains the URL 'http://mhhitwvs.cahwnet.gov/twvs/transfer.asp?sysID=0'. The page title is 'File Upload'. The main content area displays 'POOI Upload Results for CROSSBREW - 2/27/2007 9:25:59 AM' and a red error message: 'Error saving file APODS272004011SUBMITTAL.ZIP to PODS-DATA-CURRENT-CNTYZI/. File already exists in the database logs!'. A 'Return to Transfer Page' button is visible below the error message.

134

## Good news (Black)



135

## Getting Your Data Back

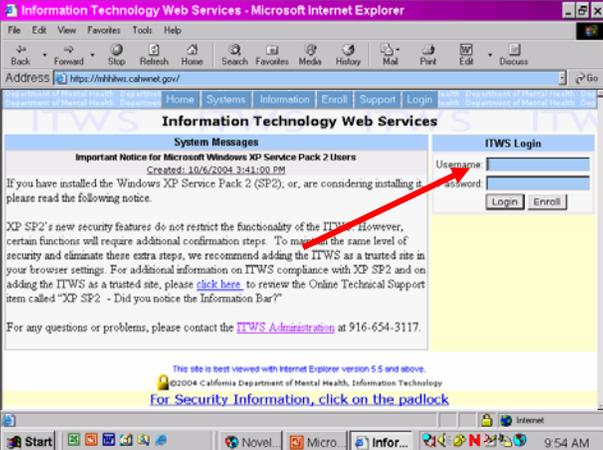
136

## Getting Data Back

- ➔ All counties must have completed data submission by a given date (Usually 2+ months )
- ➔ To Get data Back online and go to <https://mhitws.cahwnet.gov>

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## Getting Data Back – Accessing ITWS



The screenshot shows a Microsoft Internet Explorer browser window displaying the ITWS Login page. The address bar shows the URL <https://mhitws.cahwnet.gov/>. The page title is "Information Technology Web Services". The main content area is divided into two sections: "System Messages" and "ITWS Login".

**System Messages**

**Important Notice for Microsoft Windows XP Service Pack 2 Users**  
Created: 10/6/2004 3:41:00 PM

If you have installed the Windows XP Service Pack 2 (SP2), or, are considering installing it, please read the following notice.

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For any questions or problems, please contact the [ITWS Administration](#) at 916-654-3117.

**ITWS Login**

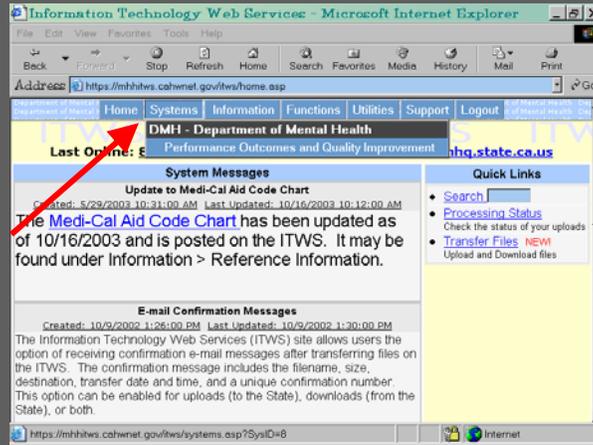
Username:

Password:

The site is best viewed with Internet Explorer version 5.5 and above.  
©2004 California Department of Mental Health, Information Technology  
For Security Information, click on the padlock

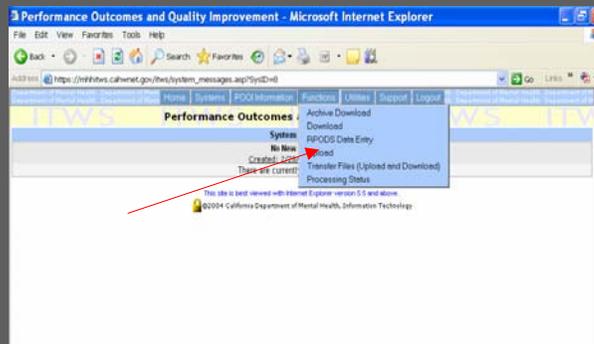
138

# Getting Data Back ~ Downloading



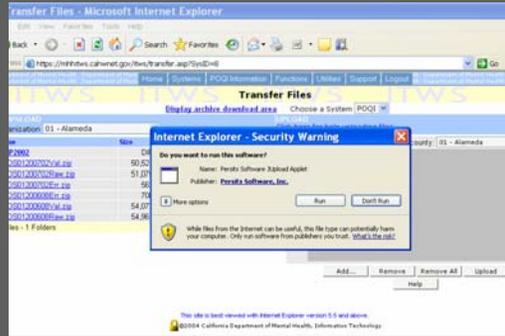
139

# Select "Functions And Transfer Files"



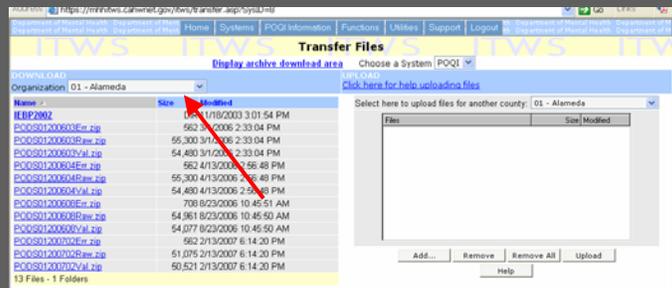
140

# Security Warning



141

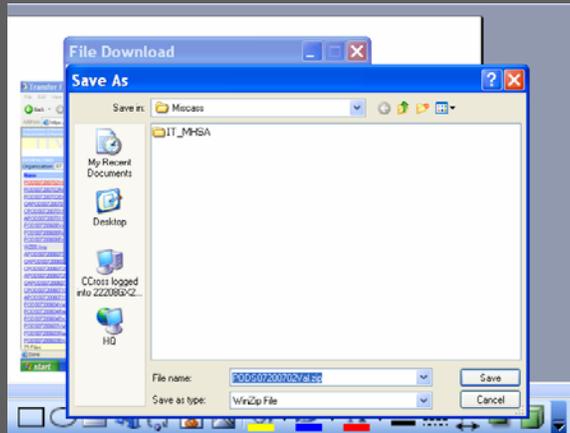
# POQI Transfer File Screen LEFT SIDE (Download)



142

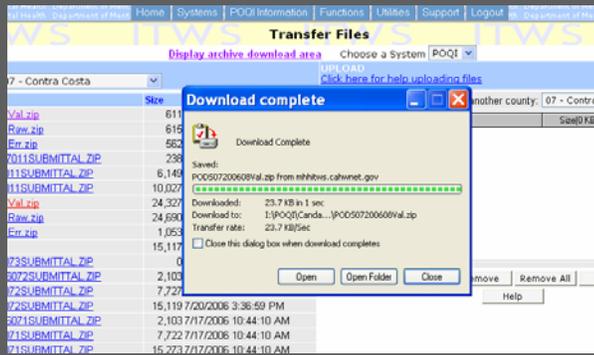


# Saving Data



145

# Downloading Data



146

## Form Retention Period



- Keep hard copies of form until download files
- Shred or dispose of surveys in a confidential manner

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## Data Collection Time Frame

- Monday  
May 12, 2008  
through  
Friday  
May 23, 2008



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## Data Submission Timeframe

- ⇒ Finish scanning & verifying by July 31, 2008
- ⇒ Start as soon as possible
- ⇒ Some counties scan forms as they are submitted



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## Getting help



- ⇒ **Training Manual**  
(people at left are looking at the manual)
- ⇒ Alice Chen  
916-654-3560
- ⇒ Minerva Reyes  
916-654-3685
- ⇒ Candace Cross-Drew  
916-653-4582  
(Until May 30th)

General POQI email: [poqi.support@dmh.ca.gov](mailto:poqi.support@dmh.ca.gov)

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