

Performance Outcomes Data Collection and Submission

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

November 2008

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Welcome From the POQI Unit



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

2

Overview of Training

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

3

Purpose Of Data Collection

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

4

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

7

No New Questions

- ⇒ Questions remain the same



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DATA COLLECTION METHODOLOGY

9

Target Population

⇒ Face-to-face services:



Case Management

Day Treatment

Meds only

(Funding source doesn't
matter)

10

Data Collection Methodology

Target Population

- **Exclude:**
 - Hospitalized
 - Jailed
 - Crisis
 - Long-term Residential



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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:** On-line key/mouse data entry (Key Entry)
- ⇒ **Option 2:** 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

20

Example of Survey Form

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 ✗ ✓

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.	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○
3. I would recommend this agency to a friend or family member.	○	○	○	○	○	○

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...

000001234 A - EN

CSI County Client Number
Must be entered on EVERY page

Page 1 of 4

59605

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 for Home, News & Publications, Jobs, Services, Laws, Providers & Partners, and Prop 63. The main content area is titled "System Documents" and lists several categories: Manual, Data Dictionary, Consumer Perception Surveys, and Survey Domains & Scoring Instructions. A yellow arrow points to the link "May 2008 Consumer Perception Surveys" under the Consumer Perception Surveys category.

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Downloading Forms cont.

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/Consumer_Perception_Surveys.asp. The page title is "Performance Outcomes and Quality Improvement (POQI) Perception Surveys". The website header includes the CA.GOV logo and navigation links for Home, News & Publications, Jobs, Services, Laws, Providers & Partners, and Prop 63. The main content area is titled "Performance Outcomes and Quality Improvement (POQI) Perception Surveys" and lists several categories: Youth Services Survey for Youth (YSS), Youth Services Survey for Families (YSS-F), and Youth Services Survey for Youth (YSS). A yellow arrow points to the link "Spanish" under the Youth Services Survey for Youth (YSS) category.

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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

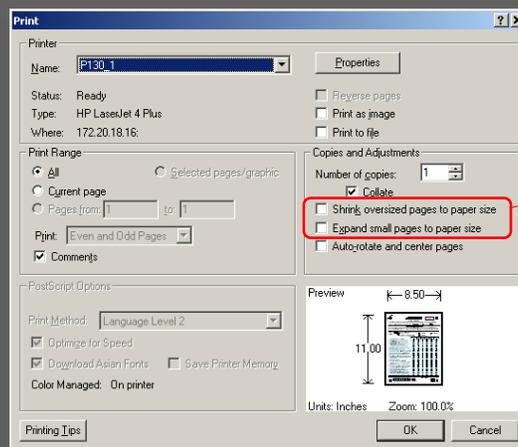
26

More Printing Instructions

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

27

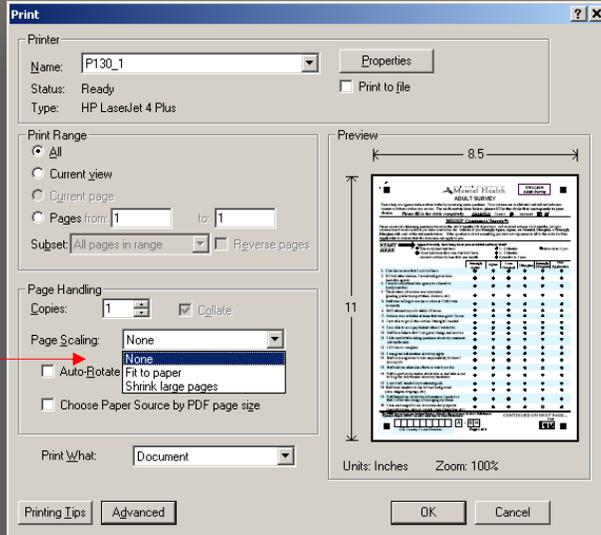
Adobe Acrobat Print Box 5.0



Make sure these boxes are NOT CHECKED

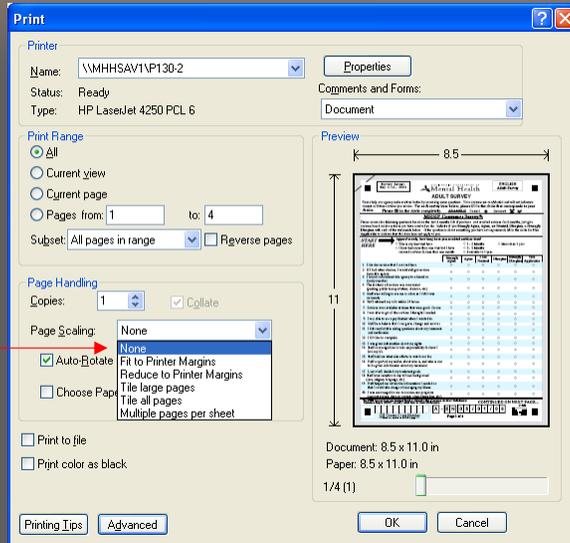
28

Adobe Acrobat Print Box 6.0



29

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 ✕ ✓

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



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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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CSI County Client Number / AKA Page Linking Number

17. I, not staff, decided my treatment goals.	<input type="radio"/>					
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>					
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>					
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>					

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

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Draft

A

-

E

N

CSI County Client Number Page 1 of 4

County Client Number

- Right justify!!
- No Empty boxes

17. I, not staff, decided my treatment goals.	<input type="radio"/>					
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>					
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>					
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>					

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

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59605

A

-

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N

CSI County Client Number Page 1 of 4
Must be entered on EVERY page

'Faux' County Client Number

- Create a fictitious CCN for clients who lack one
- Start with the '#' sign
- Example:

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

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0 0 0 0 0 0 0 1 A - E N 0 5 / 0 1 / 0 5 49283

CSI County Client Number
Must be entered on EVERY page

Page 1 of 4

For Office Use Only

Thank you for taking the time to answer these questions.

FOR OFFICE USE ONLY:

REQUIRED Information: County Code: <input type="text"/> Date of Survey Administration: <input type="text"/> / <input type="text"/> - <input type="text"/> - <input type="text"/> Reason (if applicable): <input type="radio"/> Ref <input type="radio"/> Imp <input type="radio"/> Lan <input type="radio"/> Oth Make sure the same CSI County Client Number is written on all four pages of this survey. CSI County Client Number <small>***Must be entered on EVERY page***</small>	Optional County Questions: 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 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 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 County Reporting Unit: <input type="text"/>
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Page 5 of 5

Reasons For Not Completing Form



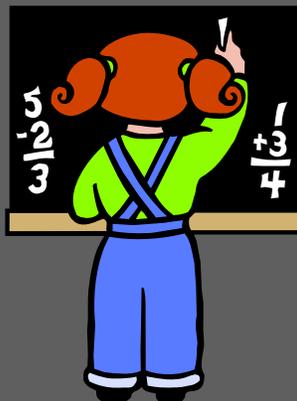
- ⇒ Dog ate form (NOT a choice!)

- ⇒ 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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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: On-line key/mouse data entry (Key Entry)
- ➔ Option 2: 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
- ⇒ 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://mhitws.cahwnet.gov/> choose 'Enroll' and follow instructions

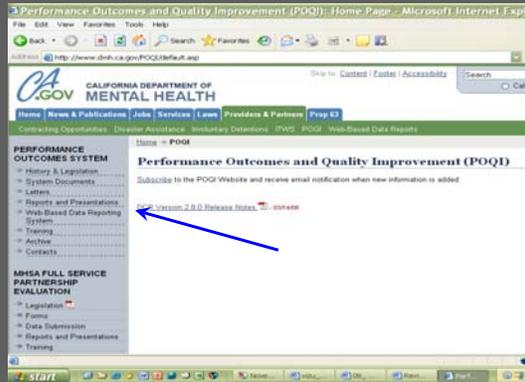
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Option 1: Online Key-Mouse Data Entry

- Use web browser Explorer 6.0
- Go to Main DMH webpage at www.dmh.ca.gov
- 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



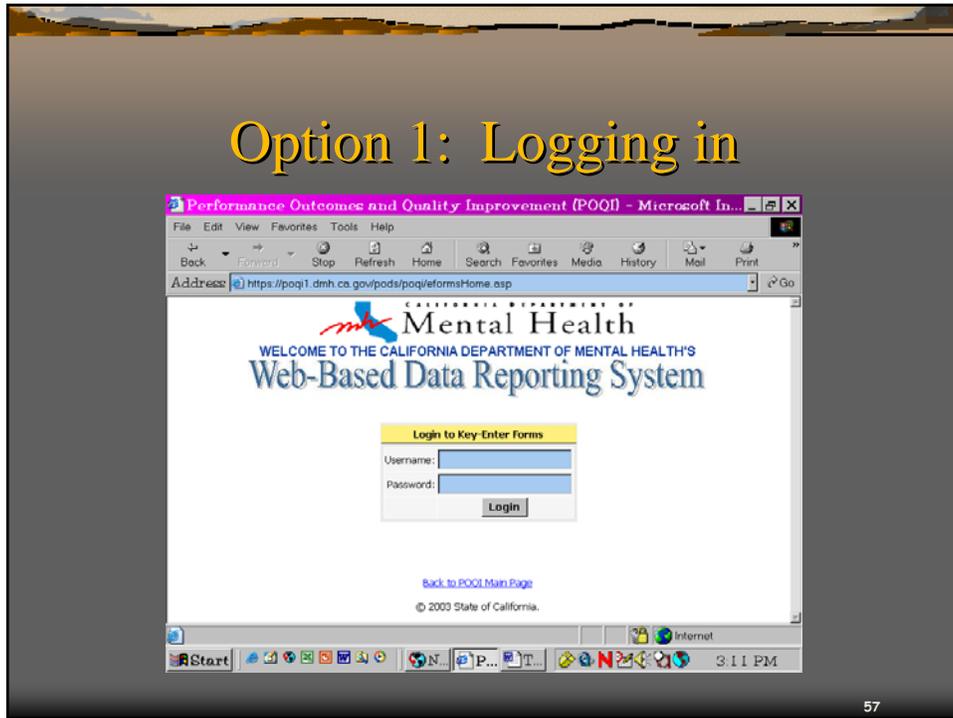
55

Option 1: Web-Based Data Reporting System



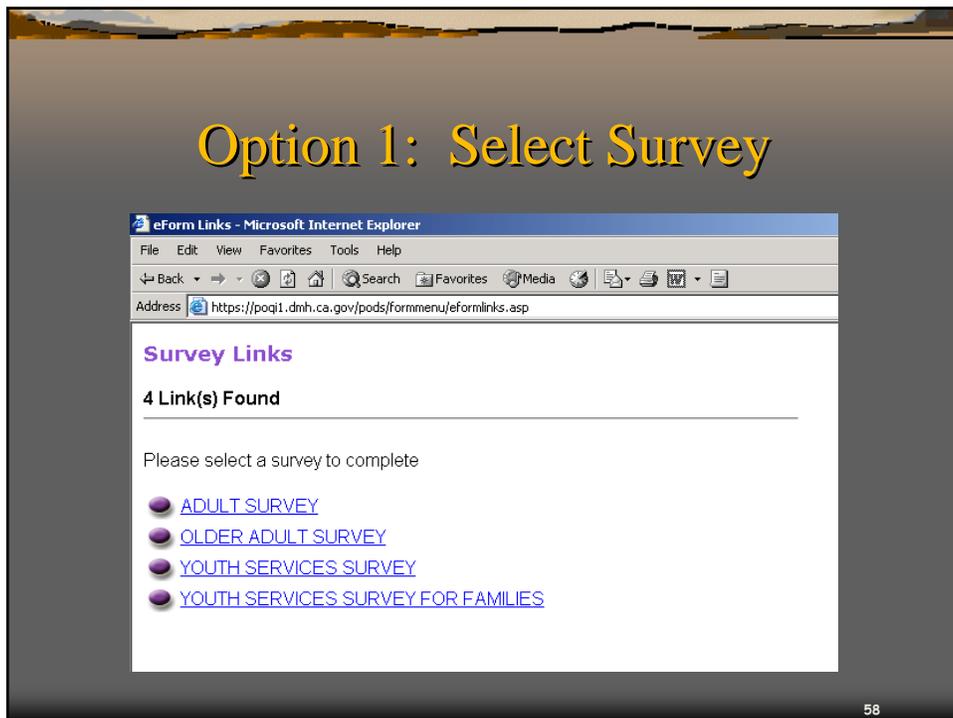
56

Option 1: Logging in



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Option 1: Select Survey



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Option 1: Entering Data

MHSIP Consumer Survey

There are six 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 item does not apply to you.

	Strongly Agree	Agree	1 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 (walking, 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"/>					

Option 1: Office Use Only Section

MHSIP Consumer Survey

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 CDM 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) (DISE bubble):
 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) (DISE bubble):
 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) (DISE bubble):
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Reporting Unit:

Page 5 of 5

Submit

Option 1: Form Language

A screenshot of a web browser displaying a survey form. The browser title is "AHSP_QOL_Adult_IO - Microsoft Internet Explorer". The address bar shows the URL "https://pooq1.dmh.ca.gov:9443/fserver/M4SP_QOL_Adult". The page contains a thank you message and a section titled "FOR OFFICE USE ONLY:". This section is divided into "REQUIRED Information:" and "Optional County Questions:". Under "REQUIRED Information:", there are fields for "County Code:" (with value "57"), "Form Language:" (with a dropdown menu showing "Hmong" and a blue arrow pointing to it), "Date of Survey Administration:" (with value "05/14/2008"), and "Reason (if applicable):" (with radio buttons for "Ref", "Imp", "Lan", and "Oth"). There is also a "CSI County Client Number" field with the value "194619462". The "Optional County Questions:" section contains three questions, each with a set of radio buttons numbered 01 to 20. At the bottom, there are "Submit" and "Go" buttons. The page number "Page 5 of 5" is visible.

Option 1: Survey Date

A screenshot of a web browser displaying a survey form. The browser title is "AHSP_QOL_Adult_IO - Microsoft Internet Explorer". The address bar shows the URL "https://pooq1.dmh.ca.gov:9443/fserver/M4SP_QOL_Adult". The page contains a thank you message and a section titled "FOR OFFICE USE ONLY:". This section is divided into "REQUIRED Information:" and "Optional County Questions:". Under "REQUIRED Information:", there are fields for "County Code:" (with value "57"), "Form Language:" (with a dropdown menu showing "Hmong"), "Date of Survey Administration:" (with value "05/14/2008" and an orange arrow pointing to it), and "Reason (if applicable):" (with radio buttons for "Ref", "Imp", "Lan", and "Oth"). There is also a "CSI County Client Number" field with the value "194619462". The "Optional County Questions:" section contains three questions, each with a set of radio buttons numbered 01 to 20. At the bottom, there are "Submit" and "Go" buttons. The page number "Page 5 of 5" is visible.

Option 1: Refusals

AHSP_QOL_Adult_I.O - Microsoft Internet Explorer

https://pooq1.dmh.ca.gov:9443/Server/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:

County Code: 57 Farm Language: Hmong

Date of Survey Administration: 05/14/2008

Reason (if applicable):
 Ref Imp Lan Oth

194619462
 CSI County Client Number

Optional County Questions:

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

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

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

County Reporting Unit: _____

Page 5 of 5

Submit Go

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Option 1: CCN Number

AHSP_QOL_Adult_I.O - Microsoft Internet Explorer

https://pooq1.dmh.ca.gov:9443/Server/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:

County Code: 57 Farm Language: Hmong

Date of Survey Administration: 05/14/2008

Reason (if applicable):
 Ref Imp Lan Oth

194619462
 CSI County Client Number

Optional County Questions:

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

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

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

County Reporting Unit: _____

Page 5 of 5

Submit Go

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Option 1: County Questions

REQUIRED Information:

County Code: 57 Firm Language: English
Date of Survey Administration: 03/14/2009
Reason (if applicable):
CSI County Client Number: 194819482

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:

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Option 1: Submit or Not

REQUIRED Information:

County Code: 57 Firm Language: English
Date of Survey Administration: 03/22/2009
Reason (if applicable):
CSI County Client Number: 123456789

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 Go

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Option 1: Submit



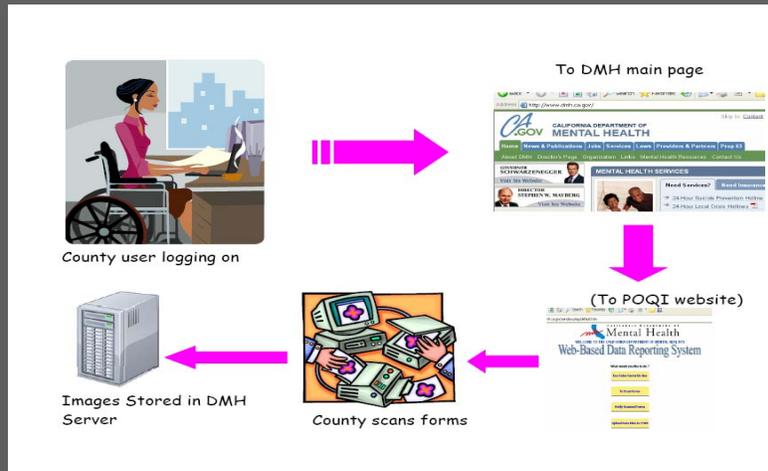
67

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

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Option 2: Overview



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Web-Based Scanning

- Resides on DMH Website
- Must access the internet to start and run scanner



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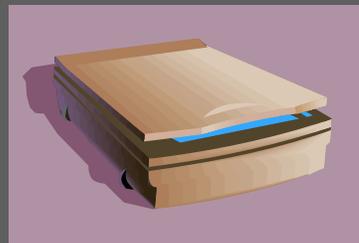
Form Preparation

- ⇒ 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

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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)



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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”

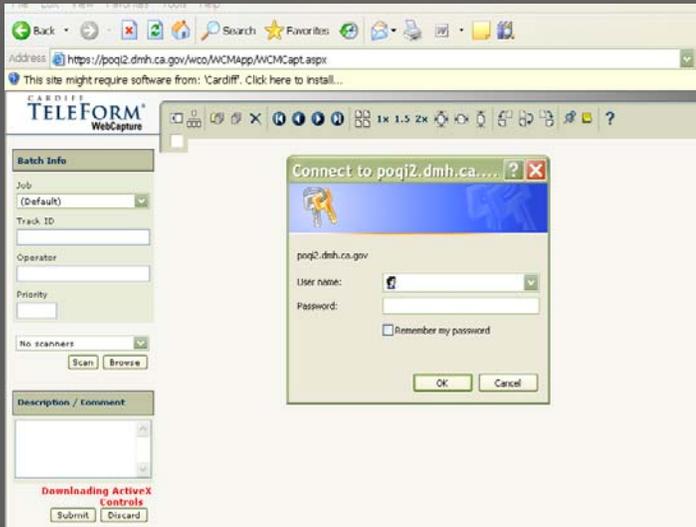
73

Option 2: Button Field



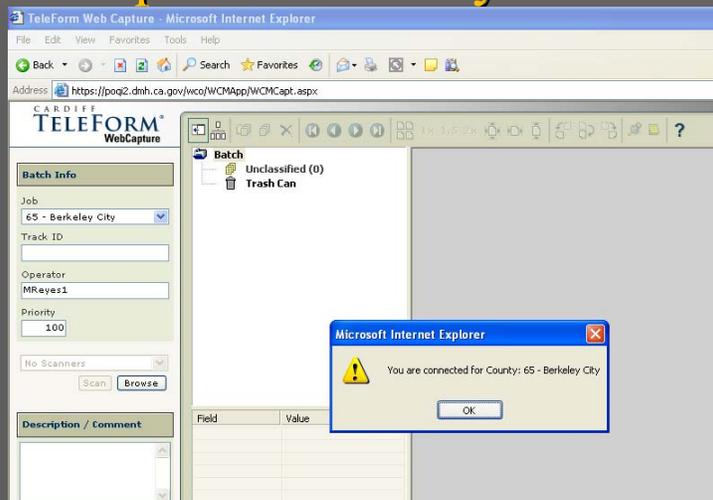
74

Option 2: Log-in



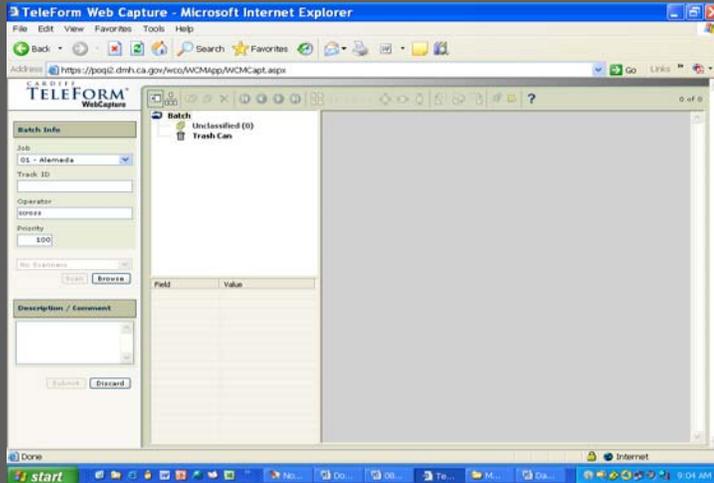
75

Option 2: County Code



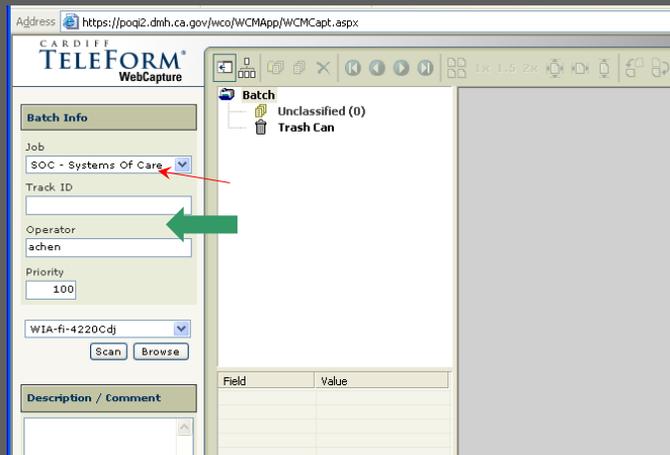
76

Option 2: New Scan Page



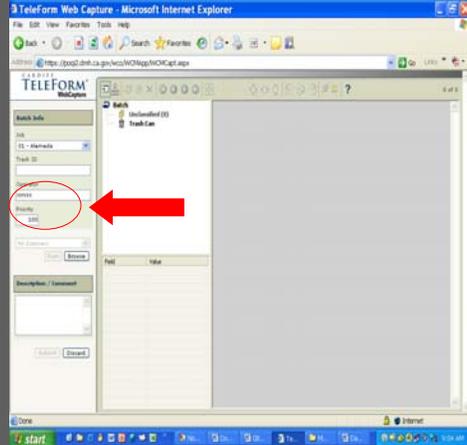
77

Option 2: ID'S



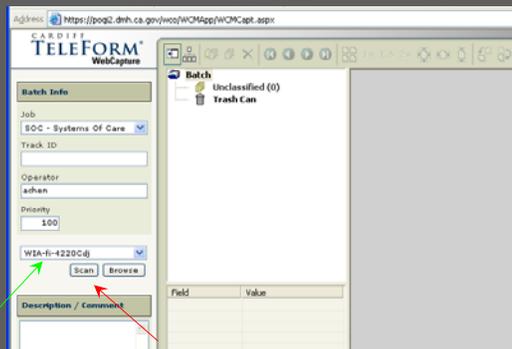
78

Option 2: Not Ready

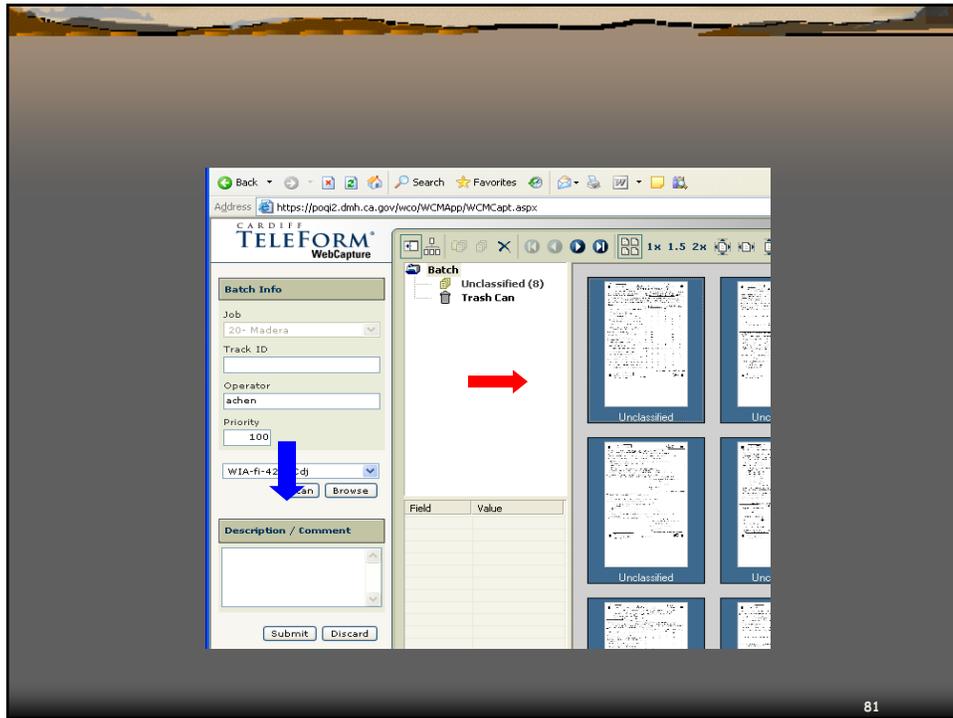


79

Option 2: Ready to Scan



80



Option 2: Rescan Bad Forms

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



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

83

Verifying: Upgrading Citrix

The screenshot shows the California Department of Mental Health website. The main navigation bar includes links for Home, News & Publications, Jobs, Services, Laws, Providers & Partners, and Prop 63. Below this, there are links for Contracting Opportunities, Disaster Assistance, Involuntary Detentions, ITWS, POQI, and Web-Based Data Reports. The main content area is titled 'Performance Outcomes and Quality Improvement (POQI)'. On the left sidebar, under 'PERFORMANCE OUTCOMES SYSTEM', there is a list of links: History & Legislation, System Documents, Letters, Reports and Presentations, Web-Based Data Reporting, Training, Archive, and Contacts. The 'Web-Based Data Reporting' link is circled in green, and a green arrow points to it from the right. Below the main title, there is a 'Subscribe to the POQI Website and receive email notification when new information is added.' link and a 'DCR Version 2.0.0 Release Notes' link.

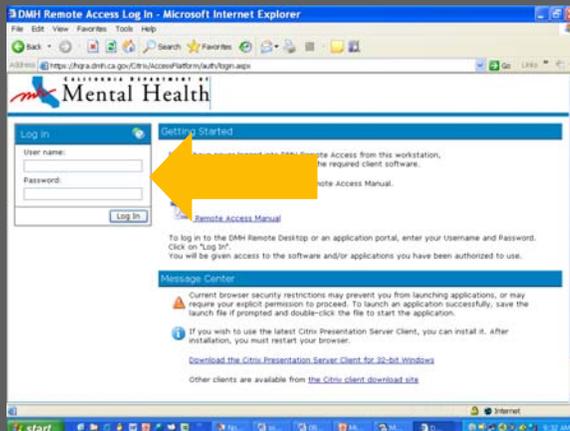
84

Verifying: Button Page



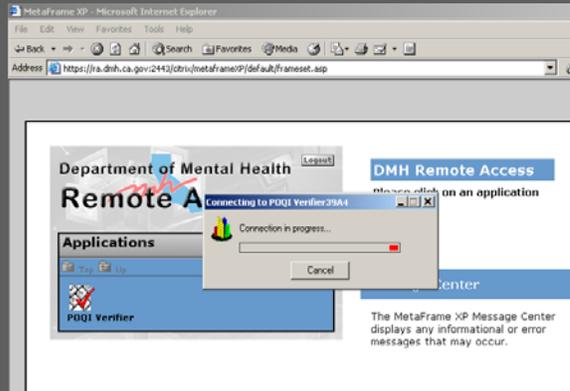
85

Verifying: Logging In



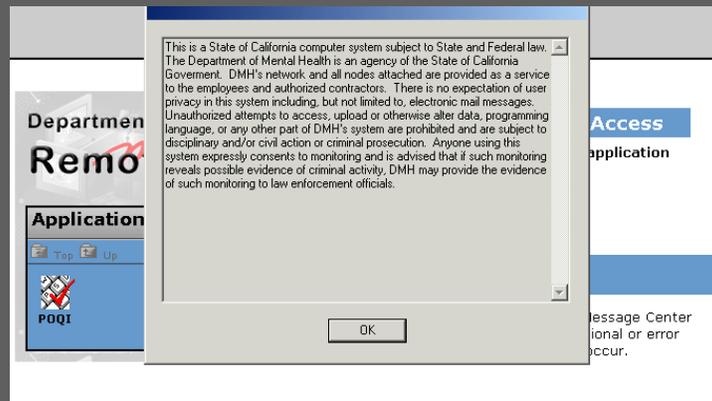
86

Verifying: Connecting . . .



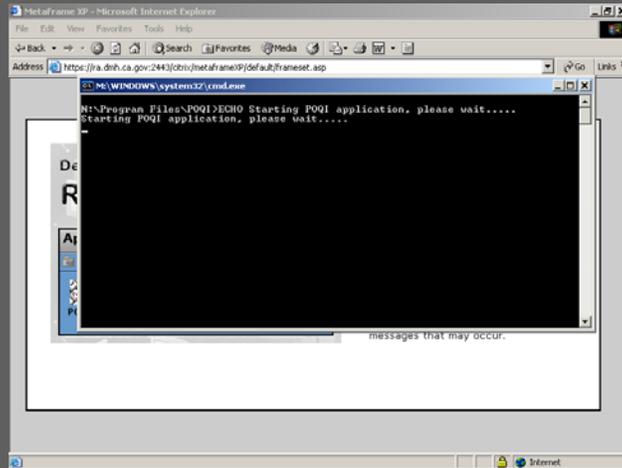
87

Verifying: Security Warning



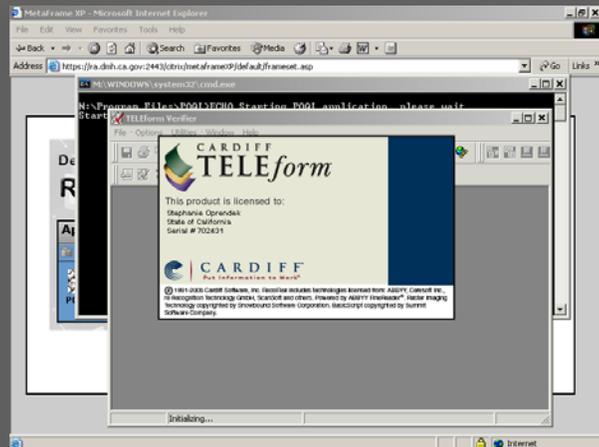
88

Verifying: DOS Screen



89

Verifying: Still connecting . . .



90

Verifying: POQI Verifier



91

Verifying: Log in to Verifier

TELEform Login

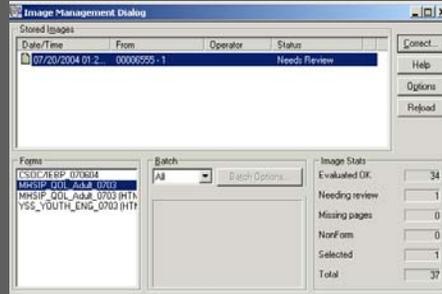
Name USERID

Password xxxxxxxx

OK Cancel

92

Verifying: No Changes!



93

Verifying: Two Methods to Verify

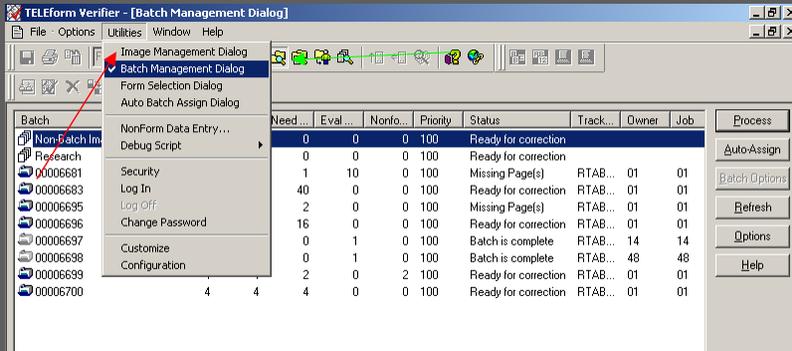
⇒ Your choice:

1. Batch Management
2. Image Management



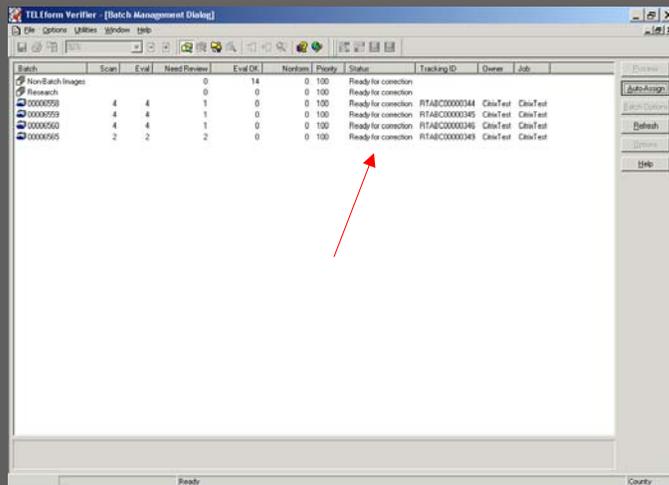
94

Verifying: Getting to Batch Management



95

Verifying: Batch Management Screen



96

Verifying: Batch Management Status of Batches

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

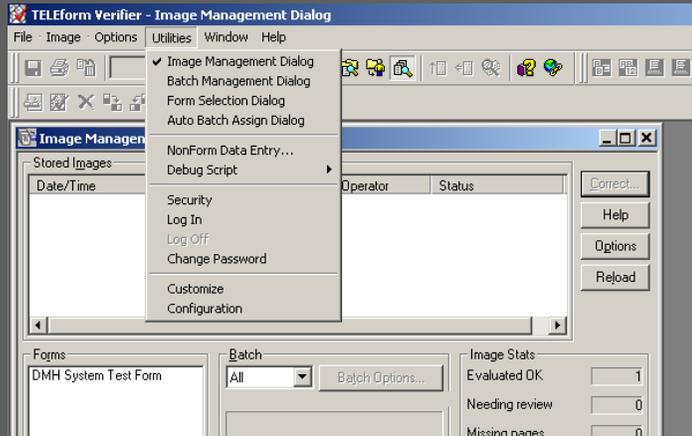
97

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

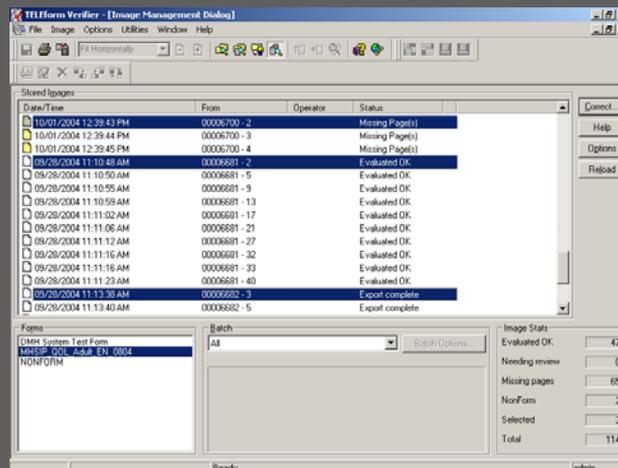
98

Verifying: : Getting to Image Management



99

Verifying: Image Management Screen



100

Verifying: Image Management Survey Status

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

101

Verifying: Correcting in Image Management

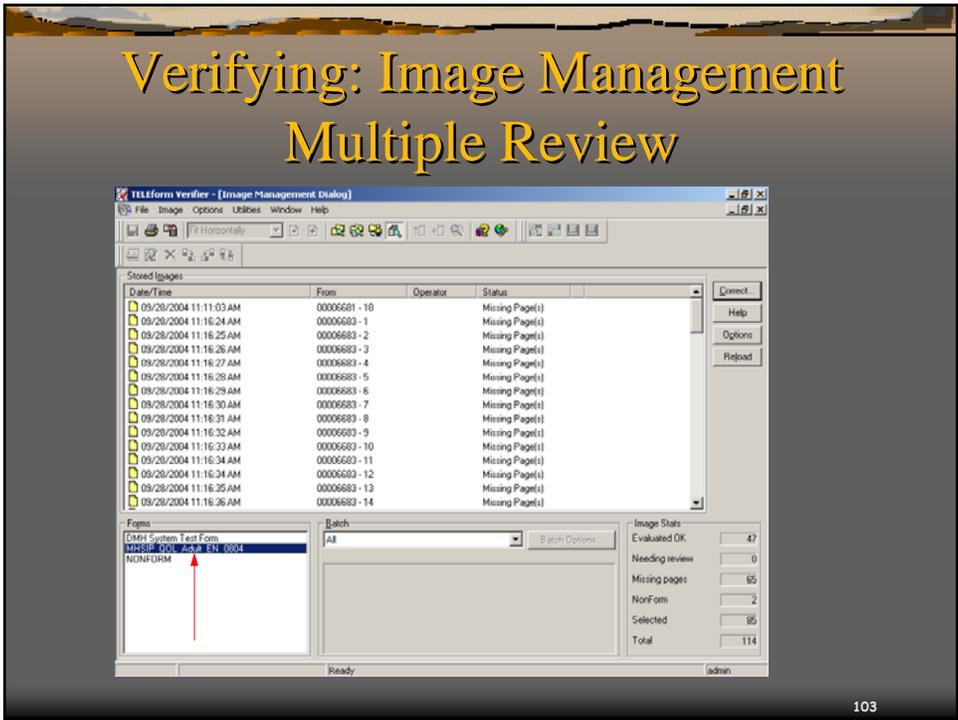


- 2 Ways to review & correct

1. Multiple Surveys
2. Individual Survey

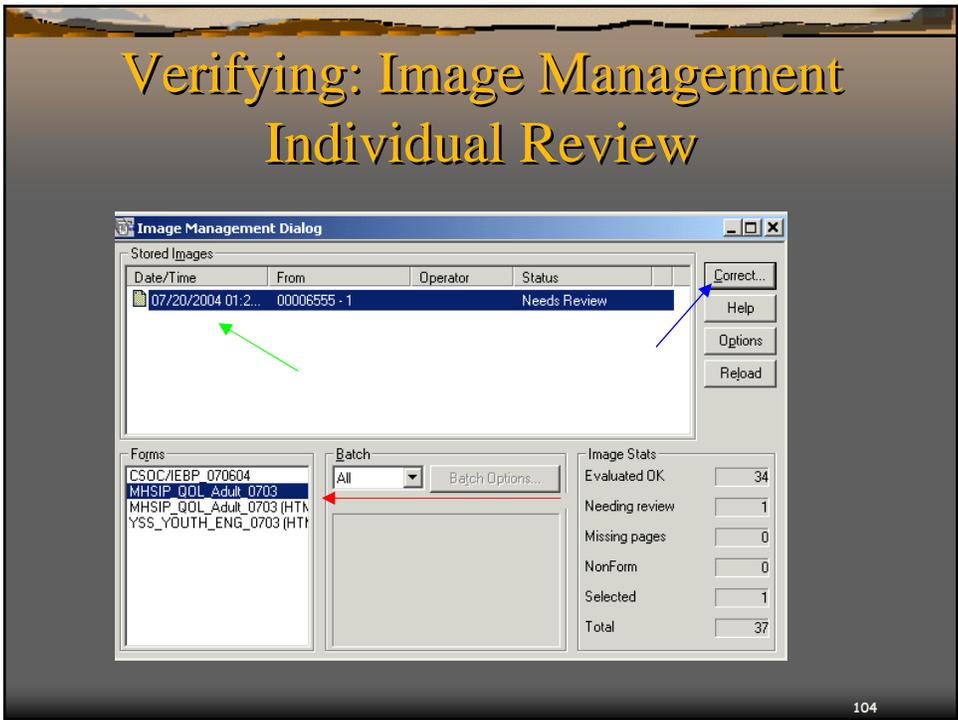
102

Verifying: Image Management Multiple Review



103

Verifying: Image Management Individual Review



104

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

105

Verifying: Entry Fields

The screenshot shows the 'TELEFORM Verifier' application window. On the left, there is a list of fields with their corresponding values:

Field	Value
cmi	1...
howlong	6
bleavcs	1
choices	1
recommend	2
location	2
staffwll	2
retroff	2
timegood	2
optall	2
seesoc	2
recover	2
confgest	3
rights	3
taleresp	3
sideeffct	3
respect	3
goals	3
culture	4
memarage	4
selfhelp	4

The main area of the window displays a list of 20 survey questions, each with four radio button options. The questions are:

- Services were available at times that were good for me.
- I was able to get all the services I thought I needed.
- I was able to see a psychiatrist when I wanted to.
- Staff here believe that I can grow, change and recover.
- I felt comfortable asking questions about my treatment and medications.
- I felt free to complain.
- I was given information about my rights.
- Staff encouraged me to take responsibility for how I feel my life.
- Staff told me what side effects to watch out for.
- Staff respected my wishes about who is, and who is not to be given information about my treatment.
- I, or my staff, decided my treatment goals.
- Staff were sensitive to my cultural background (race, religion, language, etc.).
- Staff helped me obtain the information I needed so that I could take charge of managing my illness.
- I was encouraged to use consumer run programs (support groups, drop-in centers, crisis lines, etc.).

At the bottom of the window, there are two rows of entry fields. Each row starts with a yellow '1' followed by eight digits: '100000018'.

106

Verifying: Correcting Entry Fields With Unrecognizable Entries

107

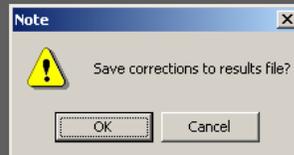
Verifying: Choice Fields

The dark square (next to the completed bubble) indicates Teleform Verifier's "best guess" for the correct response.

One row at a time will be highlighted for correction.

108

Verifying: Saving Corrections

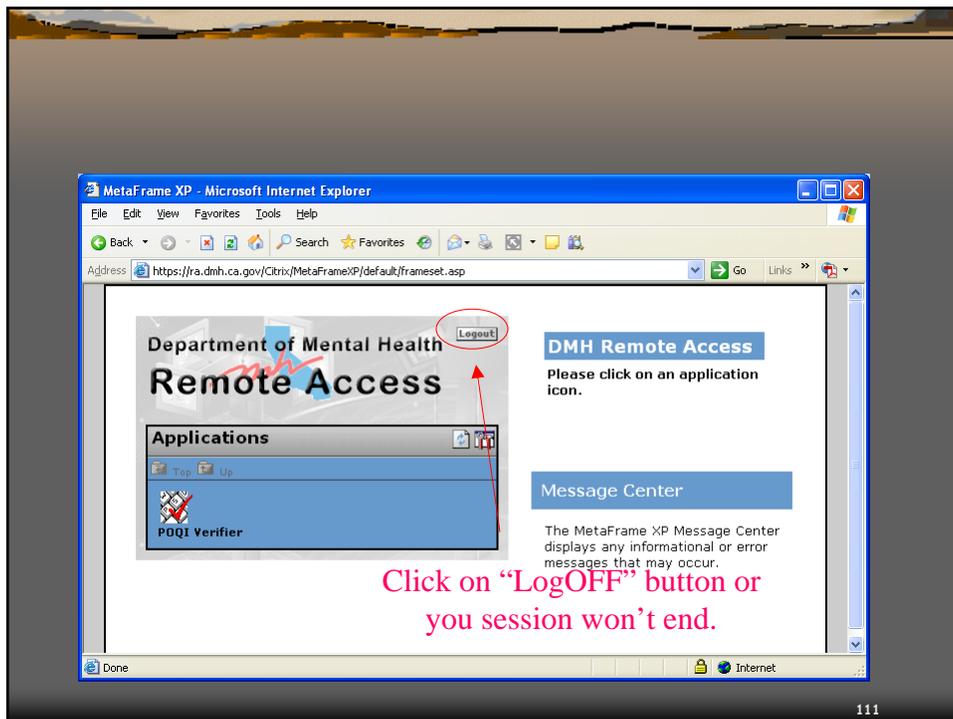


109

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'
- One you have scanned and then verified all of
your batches, you are done! Your data are safely
stored in DMH's servers. Celebrate!

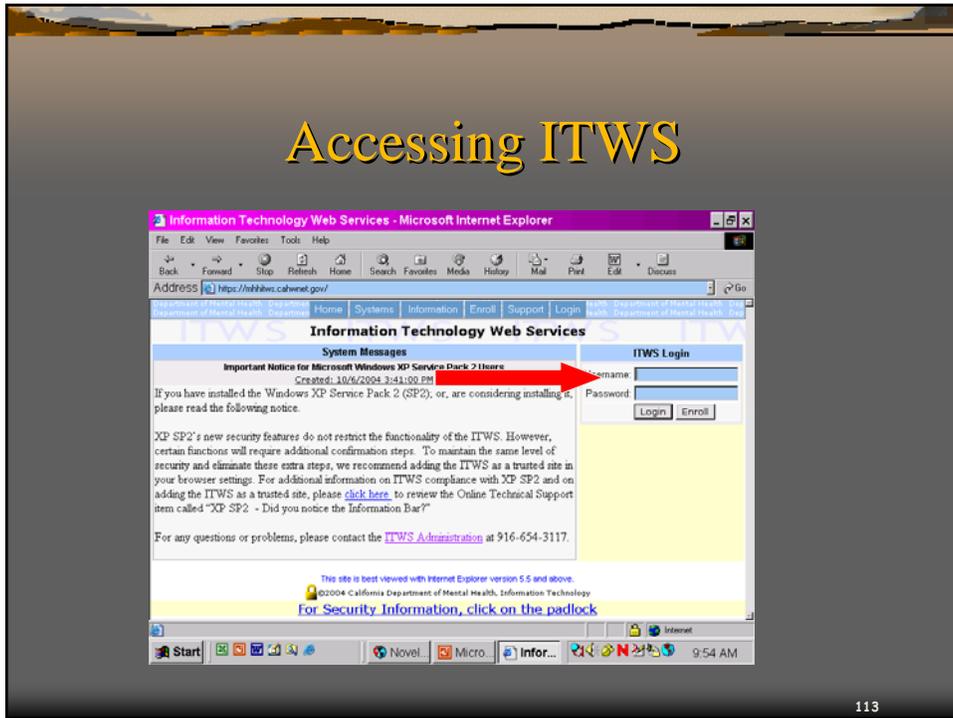
110



Option 3: ITWS

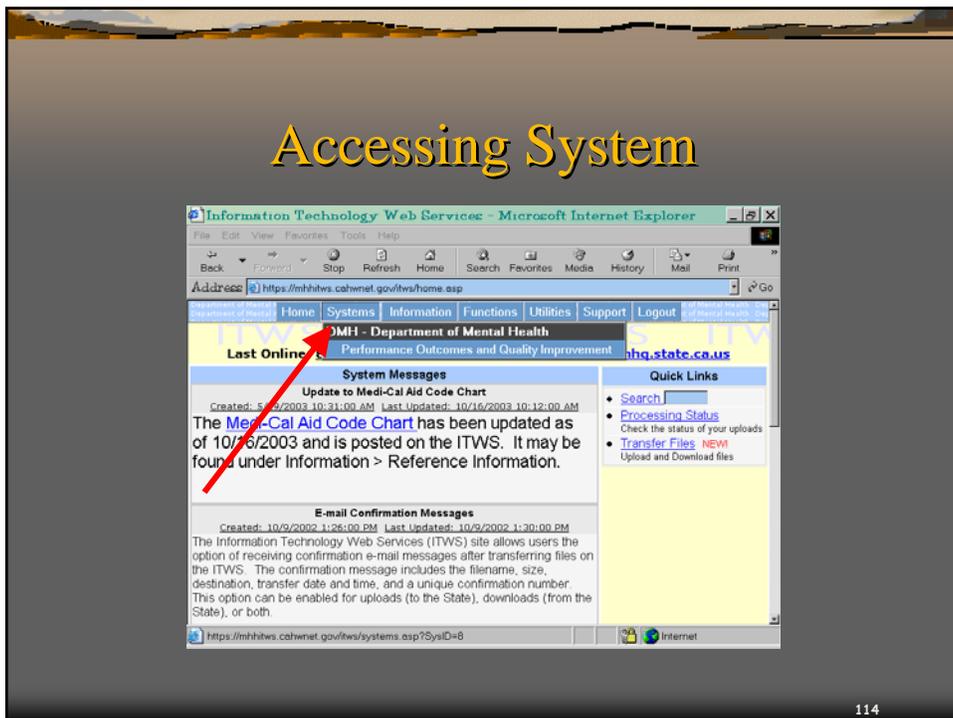
- Web-based text data upload
- **Authorized** user accesses the POQI web-based data reporting website same way
- Go to DMH Main page, Select POQI link, select 'Web-Based Data Collection' and at 'Button Page' select "Upload Data Files to ITWS"

Accessing ITWS



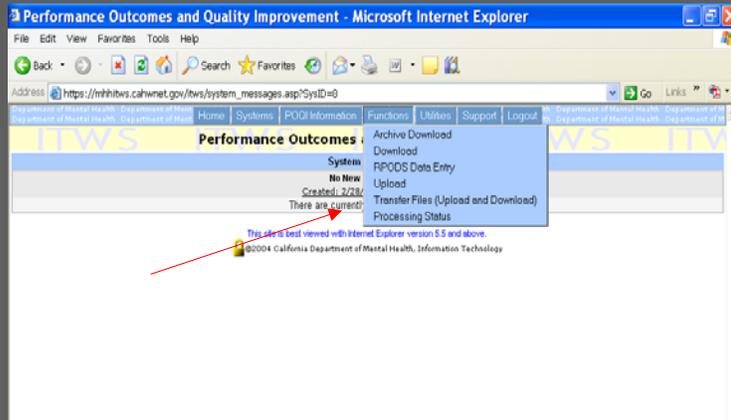
113

Accessing System



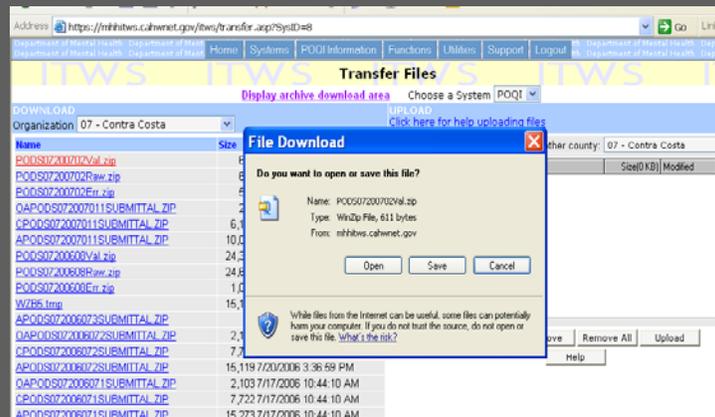
114

Select "Functions And Transfer Files"



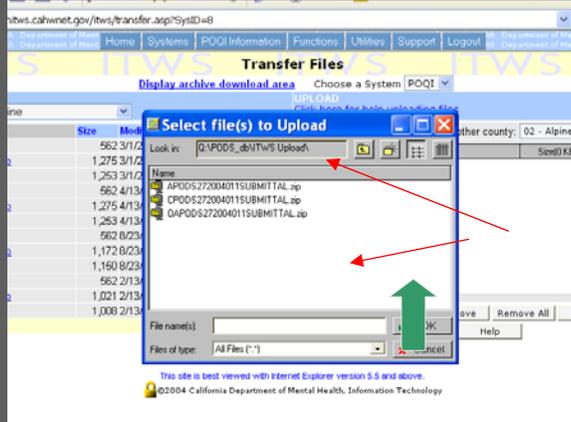
115

Security Warning



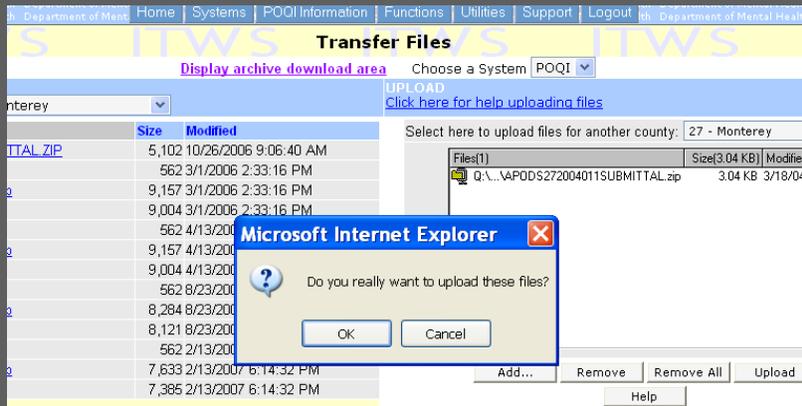
116

Find File to Upload



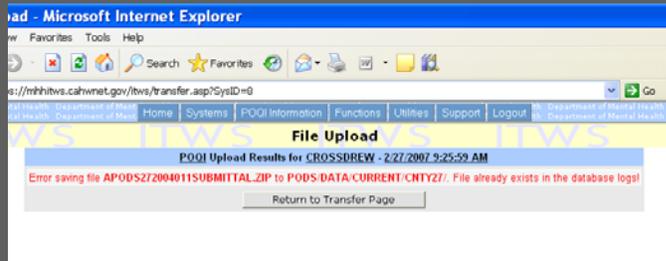
119

Option 3: Uploading



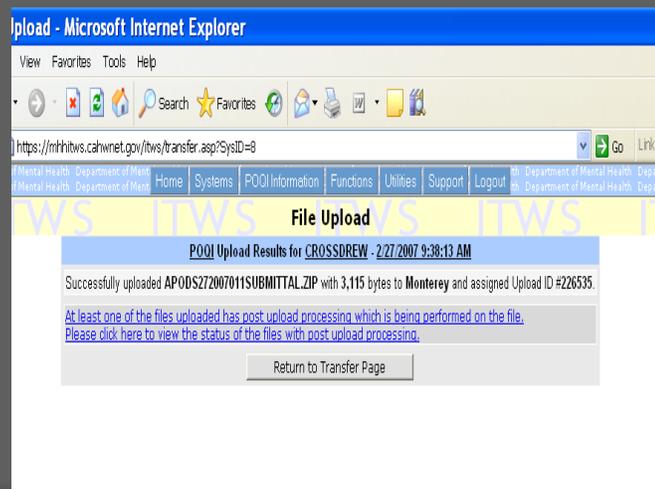
120

Option 3: Bad News (Red)

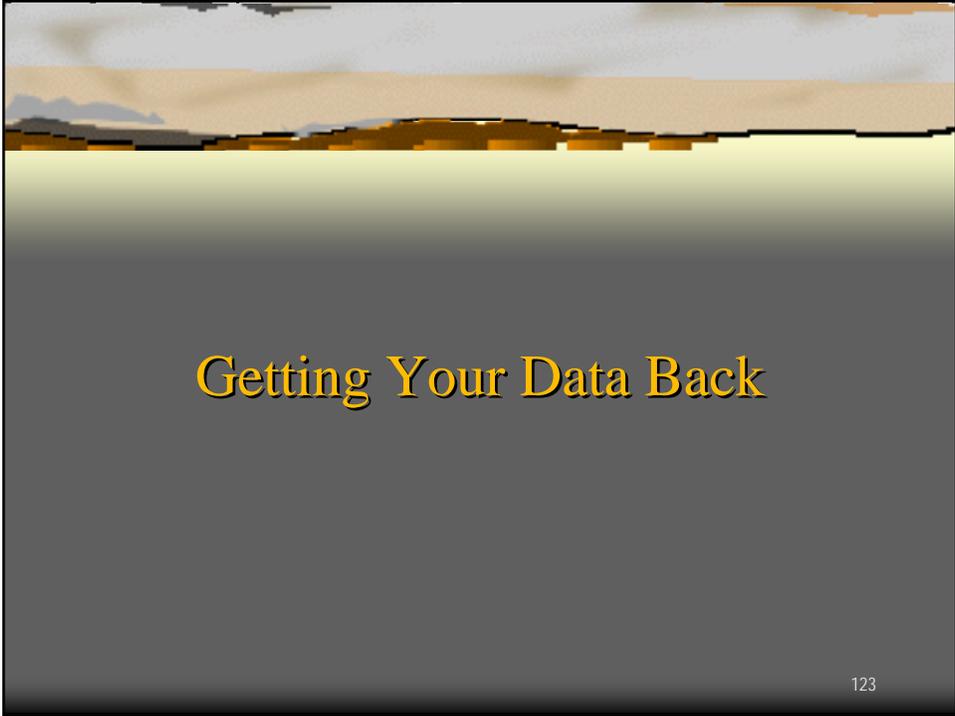


121

Good news (Black)

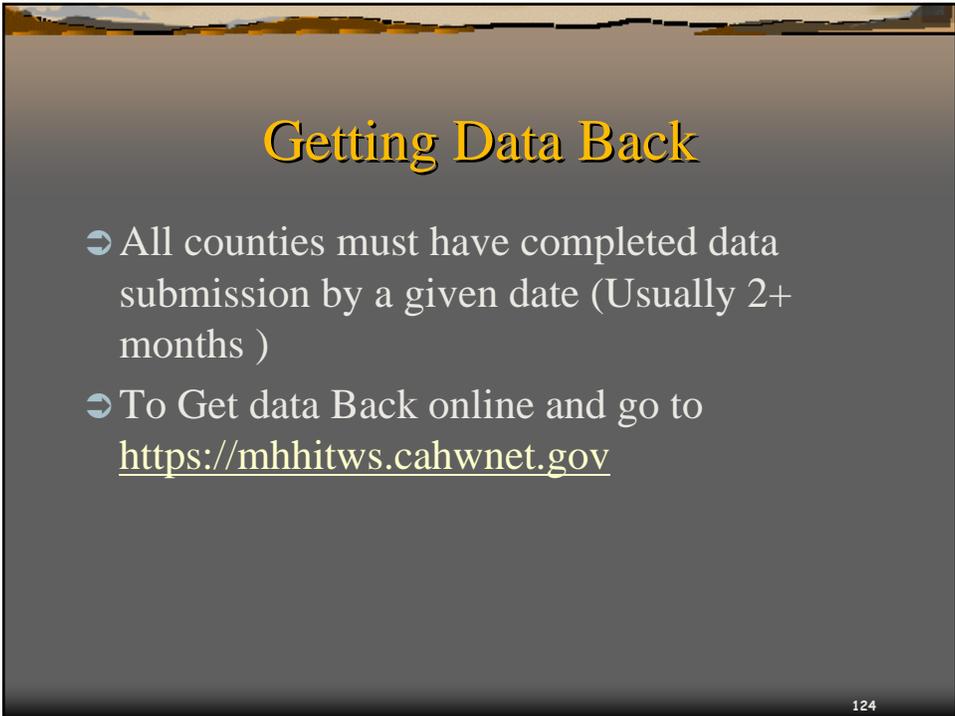


122



Getting Your Data Back

123

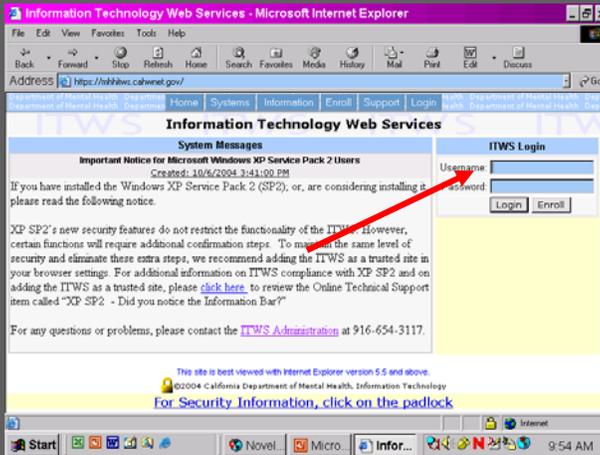


Getting Data Back

- ➔ 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>

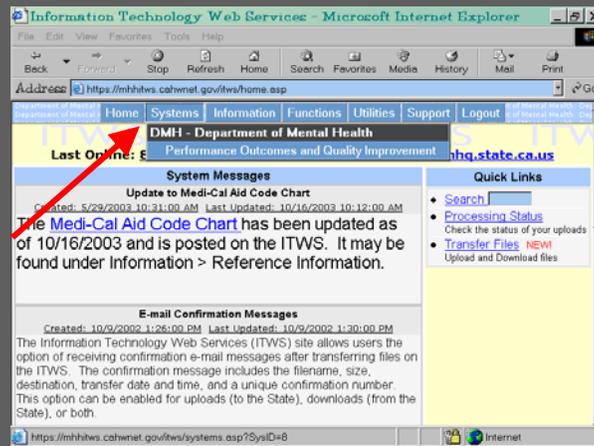
124

Getting Data Back – Accessing ITWS



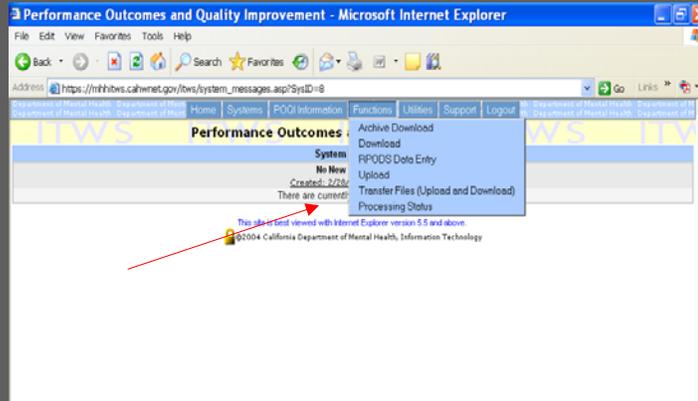
125

Getting Data Back - Downloading



126

Select "Functions And Transfer Files"



127

Security Warning



128

POQI Transfer File Screen LEFT SIDE (Download)

The screenshot shows a web interface for transferring files. The main heading is "Transfer Files". Below it, there are two sections: "DOWNLOAD" and "UPLOAD". The "DOWNLOAD" section is currently active, showing a list of files. The "UPLOAD" section is inactive, showing a message "Select here to upload files for another county: 01 - Alameda".

Name	Size	Modified
IFBP2002		11/18/2003 3:01:54 PM
POQSI200001Err.zip	562	2/20/2006 2:33:04 PM
POQSI200001Res.zip	55,300	3/17/2006 2:33:04 PM
POQSI200001Val.zip	54,480	3/17/2006 2:33:04 PM
POQSI200002Err.zip	562	4/13/2006 2:56:48 PM
POQSI200002Res.zip	55,300	4/13/2006 2:56:48 PM
POQSI200002Val.zip	54,480	4/13/2006 2:56:48 PM
POQSI200003Err.zip	708	8/23/2006 10:45:51 AM
POQSI200003Res.zip	54,961	8/23/2006 10:45:50 AM
POQSI200003Val.zip	54,077	8/23/2006 10:45:50 AM
POQSI200004Err.zip	562	2/13/2007 6:14:20 PM
POQSI200004Res.zip	51,075	2/13/2007 6:14:20 PM
POQSI200004Val.zip	50,521	2/13/2007 6:14:20 PM

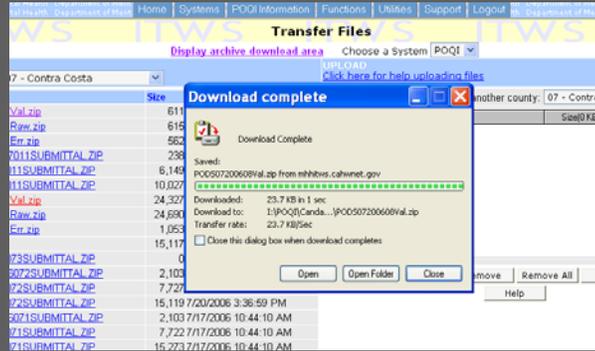
129

3 Zipped files

- Raw file – Unverified data; contains the word “raw”
- Error file – Contains records that had errors; File name will contain “err”
- Validated Data – verified records; file contains the word “val”

130

Downloading Data



133

Form Retention Period



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

134

Data Collection Time Frame

- ➔ Monday
November 3, 2008
through
Monday
November 17, 2008



135

Data Submission Timeframe

- ➔ Finish scanning & verifying by January 30, 2009
- ➔ Start as soon as possible
- ➔ Some counties scan forms as they are submitted



136

Getting help



- ⇒ Training Manual
- ⇒ Alice Chen
916-654-3560
- ⇒ Minerva Reyes
916-654-3685

General POQI email: poqi.support@dmh.ca.gov

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