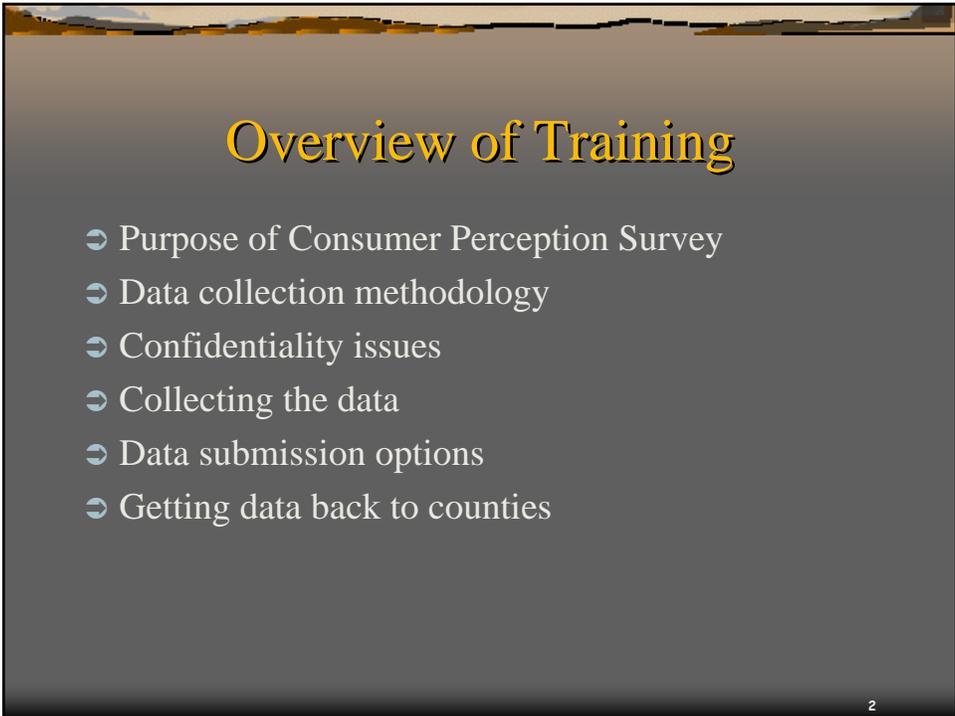


# Performance Outcomes Data Collection and Submission

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

*May 2009*

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## Overview of Training

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

2

## Purpose Of Data Collection

- Accountability
- Solicit consumers input
- Required by Bronzan-McCorquodale Act of 1991, commonly known as Realignment
- SAMHSA requires accountability indicators

3

## Instrumentation Background

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

4

## 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)

5

## 7 Domains Surveyed

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

6

## No New Questions

- ⇒ Questions remain the same



7

## DATA COLLECTION METHODOLOGY

8

## Target Population

### ➤ Face-to-face services:



Case Management

Day Treatment

Meds only

(Funding source doesn't matter)

9

## Data Collection Methodology Target Population

### ➤ Exclude:

Hospitalized  
Jailed  
Crisis  
Long-term Residential



10

## 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

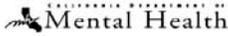
18

# 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

# Example of Survey Form

Survey Dates:  
May 4-15, 2009



**Mental Health**  
**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.

	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"/>					
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"/>					



## Downloading Forms cont.

The screenshot shows a web browser window displaying the California Department of Mental Health website. The page title is "Performance Outcomes and Quality Improvement (POQI): May 2007 Consumer Perception Surveys". The main content area is titled "Performance Outcomes and Quality Improvement (POQI): Consumer Perception Surveys" and includes a sub-heading "MAY 2009 CONSUMER PERCEPTION SURVEYS - 04/7/2009". Under the heading "Youth Services Survey for Youth (YSS)", there is a list of language options: English, Spanish, Chinese, Hmong, Russian, Tagalog, and Vietnamese. A yellow arrow points to the "English" option. Below this, there is a section for "Youth Services Survey for Families (YSS-F)" with a similar list of language options. The left sidebar contains navigation links for "PERFORMANCE OUTCOMES SYSTEM" and "MHSA FULL SERVICE PARTNERSHIP EVALUATION".

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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

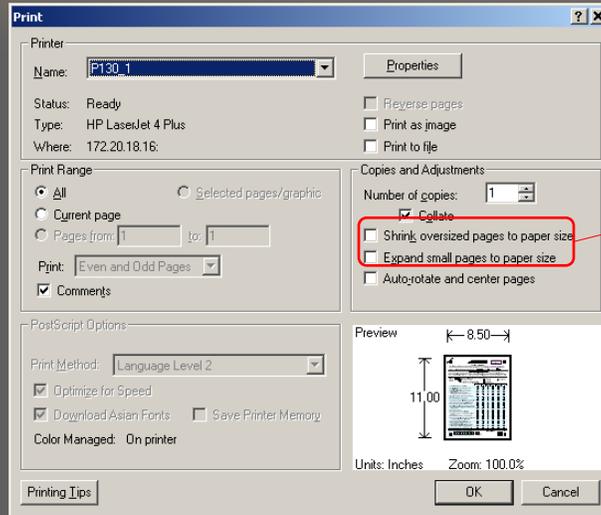
25

## More Printing Instructions

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

26

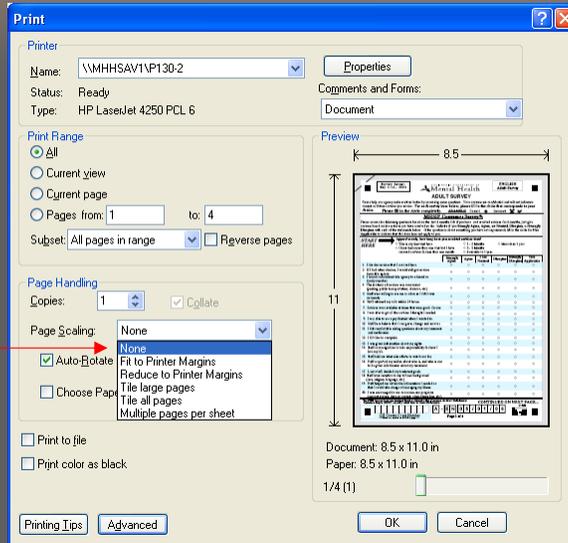
# Adobe Acrobat Print Box 5.0



Make sure these boxes are NOT CHECKED

27

# Adobe Acrobat Print Box 6 and higher



28

# Collate & Staple

Survey Dates:  
May 1-12, 2006



**California Department of  
Mental Health**

**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** → **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

33

## 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

35

## County Completed Items

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

36



## 'Faux' County Client Number

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

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

As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	<input type="radio"/>					
22. I am better able to control my life.	<input type="radio"/>					

\*The MHSP 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...

61732

# 0 0 0 0 0 0 0 1

CSI County Client Number  
\*\*Must be entered on EVERY page\*\*

Page 1 of 5

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## For Office Use Only

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

REQUIRED Information:	FOR OFFICE USE ONLY:
County Code: <input type="text"/>	Optional County Questions:
Date of Survey Administration: 05 - <input type="text"/> - <input type="text"/> - 2007	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
Reason (if applicable): <input type="radio"/> Ref <input type="radio"/> Imp <input type="radio"/> Lan <input type="radio"/> Oth	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
Make sure the same CSI County Client Number is written on all four pages of this survey.	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
CSI County Client Number **Must be entered on EVERY page**	County Reporting Unit: 36070

Page 5 of 5

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## Reasons For Not Completing Form

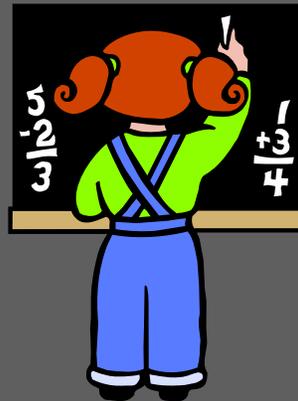


- ⇒ Dog ate form (NOT a choice!)
  
- ⇒ 4 REASONS
  1. Refused
  2. Impaired
  3. Language
  4. Other

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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

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:

Date of Survey Administration:  
 5 -   - 2009

Reason (if applicable):  
 Ref  Imp  Lan  Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

#  0  0  0  0  0  0  0  1

CSI County Client Number  
\*\*\*Must be entered on every page\*\*\*

Page 5 of 5

**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:  61732

# 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:**

**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:  36070

Page 5 of 5

## 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](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

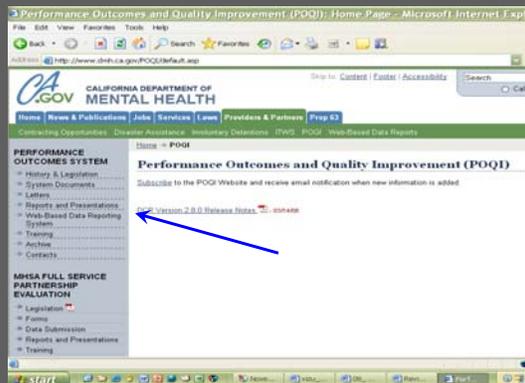
51

## Option 1: Online Key-Mouse Data Entry

- Use web browser  
Internet 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



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# Option 1: Web-Based Data Reporting System



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## Option 1: Logging in

The screenshot shows a Microsoft Internet Explorer browser window. The address bar contains the URL: <https://pqo1.dmh.ca.gov/pods/poqi/eformsHome.asp>. The page content includes the following elements:

- Logo for "Mental Health" with the text "WELCOME TO THE CALIFORNIA DEPARTMENT OF MENTAL HEALTH'S Web-Based Data Reporting System".
- A yellow box with the heading "Login to Key-Enter Forms".
- Form fields for "Username:" and "Password:".
- A "Login" button.
- A link: [Back to POQI Main Page](#).
- Copyright notice: © 2003 State of California.

The Windows taskbar at the bottom shows the Start button, several application icons, and the system clock displaying 3:11 PM.

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## Option 1: Select Survey

The screenshot shows a Microsoft Internet Explorer browser window. The address bar contains the URL: <https://pqo1.dmh.ca.gov/pods/formmenu/eformlinks.asp>. The page content includes the following elements:

- Section heading: **Survey Links**.
- Text: **4 Link(s) Found**.
- Text: Please select a survey to complete.
- List of survey links, each preceded by a purple circular icon:
  - [ADULT SURVEY](#)
  - [OLDER ADULT SURVEY](#)
  - [YOUTH SERVICES SURVEY](#)
  - [YOUTH SERVICES SURVEY FOR FAMILIES](#)

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# Option 1: Entering Data

MHSIP\_QOL\_Adult\_LO - Microsoft Internet Explorer

https://pq01.dmh.ca.gov:8443/fserver/MHSIP\_QOL\_Adult

### 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.

	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"/>					
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 felt free to express...	<input type="radio"/>					

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# Option 1: Office Use Only Section

MHSIP\_QOL\_Adult\_LO - Microsoft Internet Explorer

https://pq01.dmh.ca.gov:8443/fserver/MHSIP\_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:  Form Language:

Date of Survey Administration:

Reason (if applicable):  Ref  Insp  Lem  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: Form Language

A screenshot of a web browser displaying a survey form. The browser title is "AHSIP\_QOL\_Adult\_IO - Microsoft Internet Explorer". The address bar shows "https://p0011.dmh.ca.gov:9443/fserver/M46SP\_QOL\_Adult". The page contains a thank you message, a "FOR OFFICE USE ONLY:" section, and two columns of form fields. The "REQUIRED Information:" column includes "County Code:" (57), "Form Language:" (Hmong), "Date of Survey Administration:" (05/14/2008), "Reason (if applicable):" (Ref, Imp, Lan, Oth), and "CSI County Client Number" (194619462). The "Optional County Questions:" column includes three questions, each with radio buttons for options 01 through 20, and a "County Reporting Unit:" field. A blue arrow points to the "Form Language:" dropdown menu. At the bottom, there are "Submit" and "Go" buttons.

# Option 1: Survey Date

A screenshot of a web browser displaying a survey form. The browser title is "AHSIP\_QOL\_Adult\_IO - Microsoft Internet Explorer". The address bar shows "https://p0011.dmh.ca.gov:9443/fserver/M46SP\_QOL\_Adult". The page contains a thank you message, a "FOR OFFICE USE ONLY:" section, and two columns of form fields. The "REQUIRED Information:" column includes "County Code:" (57), "Form Language:" (Hmong), "Date of Survey Administration:" (05/14/2008), "Reason (if applicable):" (Ref, Imp, Lan, Oth), and "CSI County Client Number" (194619462). The "Optional County Questions:" column includes three questions, each with radio buttons for options 01 through 20, and a "County Reporting Unit:" field. An orange arrow points to the "Date of Survey Administration:" text input field. At the bottom, there are "Submit" and "Go" buttons.

# Option 1: Refusals

AHSIP\_QOL\_Adult\_IO - Microsoft Internet Explorer

https://p0011.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

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# Option 1: CCN Number

AHSIP\_QOL\_Adult\_IO - Microsoft Internet Explorer

https://p0011.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

62

# 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:

63

# 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] [Reset] [Cancel]

64

## Option 1: Submit



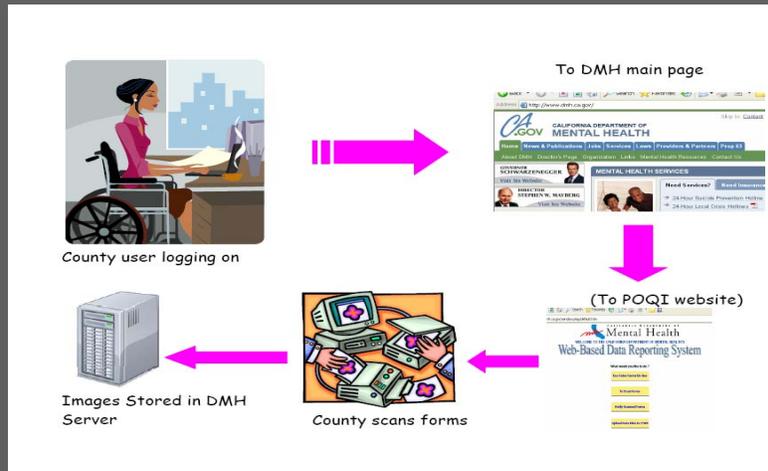
65

## 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

66

## Option 2: Overview



67

## Web-Based Scanning

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



68

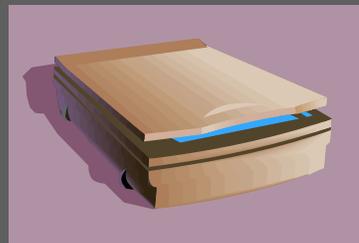
## Form Preparation

- ⇒ 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

69

## 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)



70

## 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”

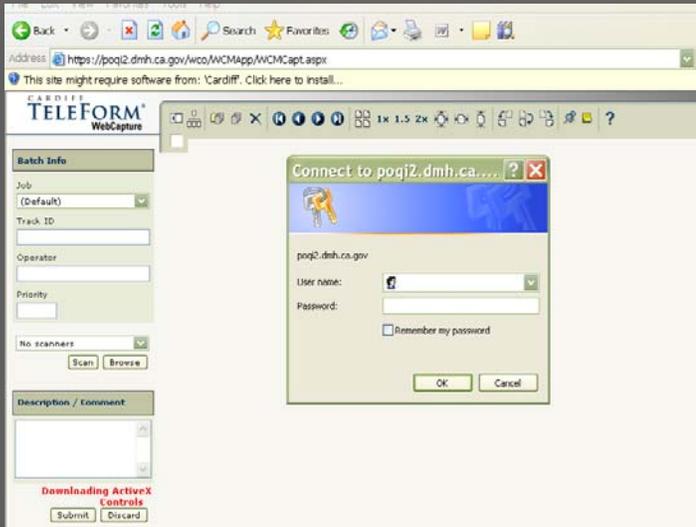
71

## Option 2: Button Field



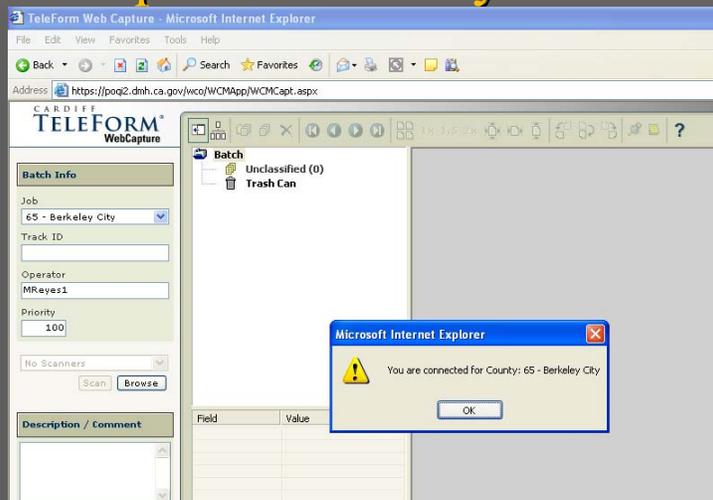
72

## Option 2: Log-in



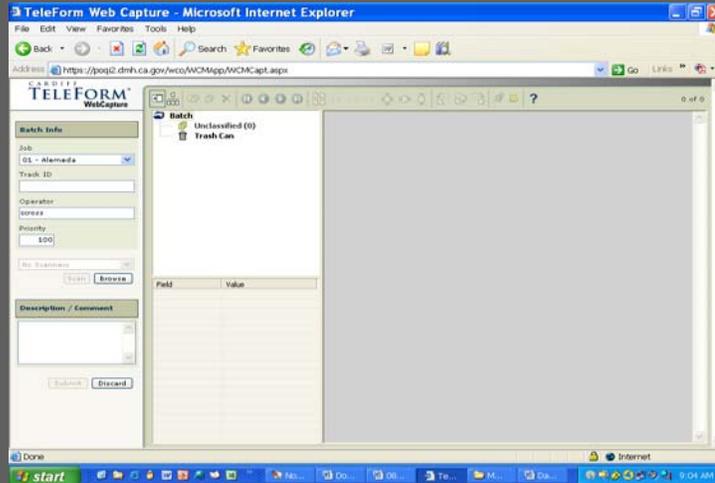
73

## Option 2: County Code



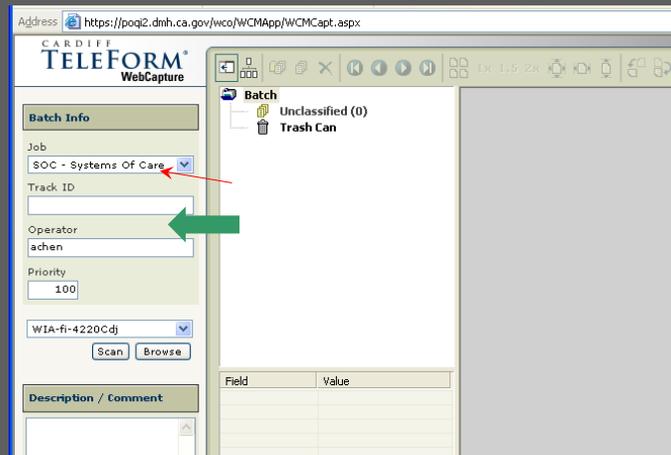
74

## Option 2: New Scan Page



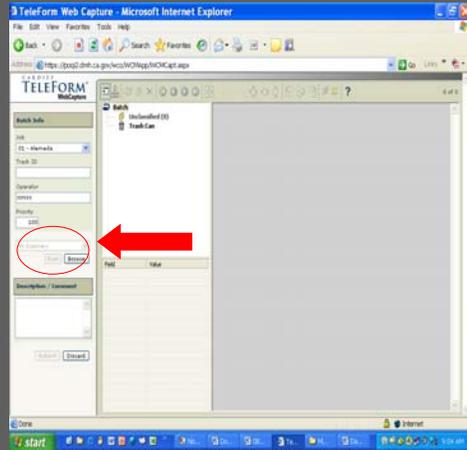
75

## Option 2: ID'S



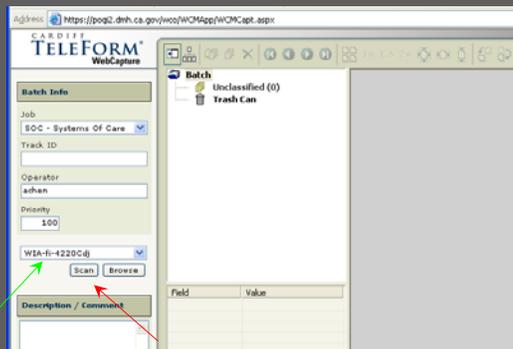
76

## Option 2: Not Ready

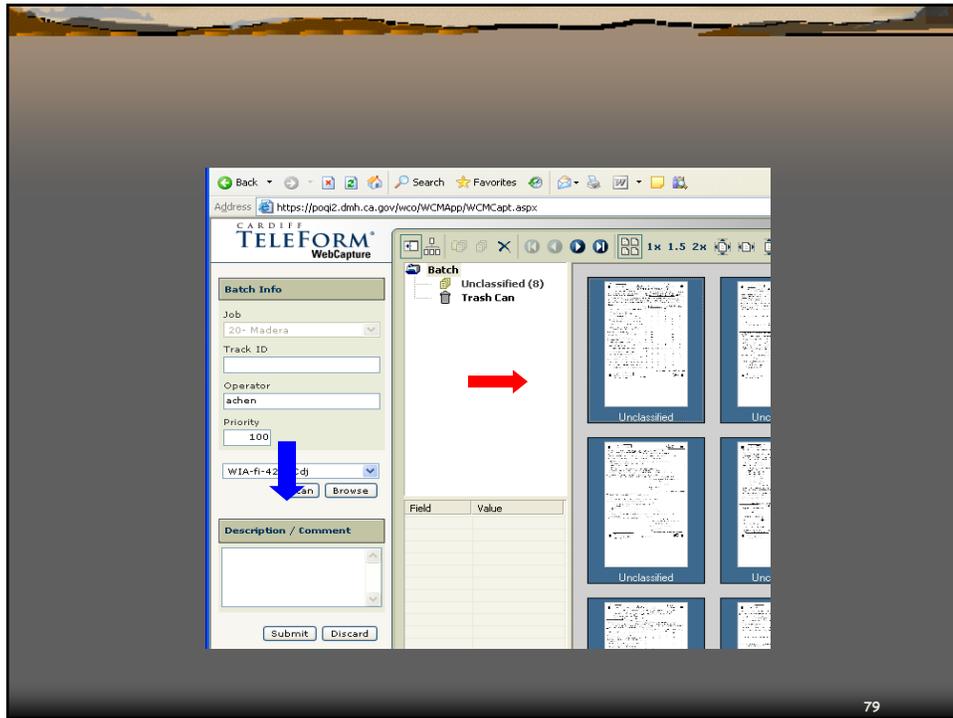


77

## Option 2: Ready to Scan



78



79

## Option 2: Rescan Bad Forms

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



80

## 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

81

## Verifying

The screenshot shows the California Department of Mental Health website. The main heading is "Performance Outcomes and Quality Improvement (POQI)". The left sidebar contains a menu with the following items: 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. A green arrow points from the right side of the page to this link. The main content area includes a "Subscribe" link and a link to "DCR Version 2.0.0 Release Notes".

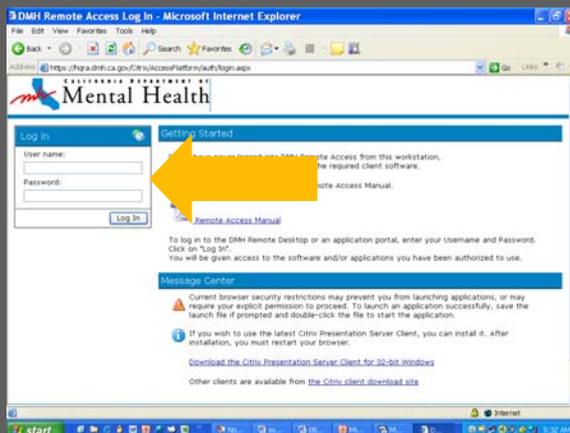
82

## Verifying: Button Page



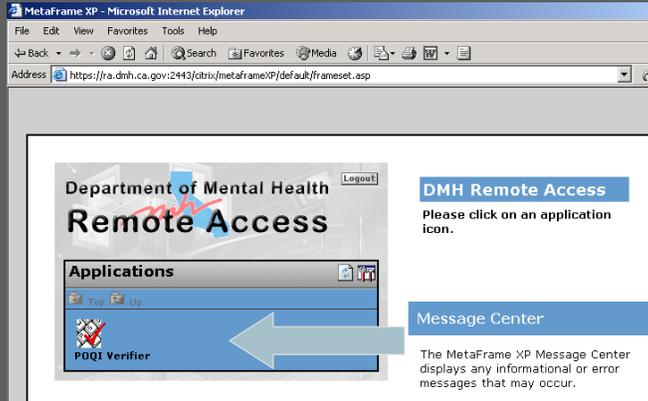
83

## Verifying: Logging In



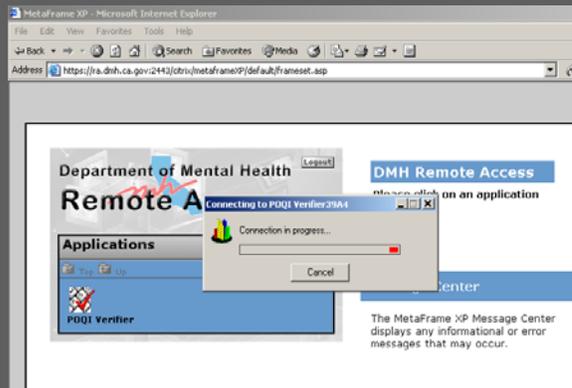
84

# Verifying: POQI Verifier



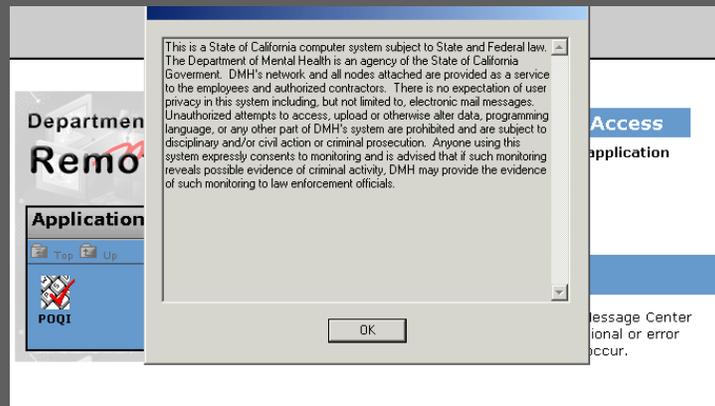
85

# Verifying: Connecting . . .



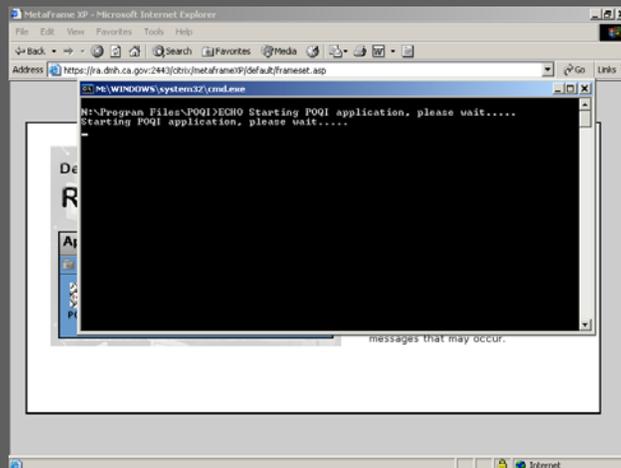
86

## Verifying: Security Warning



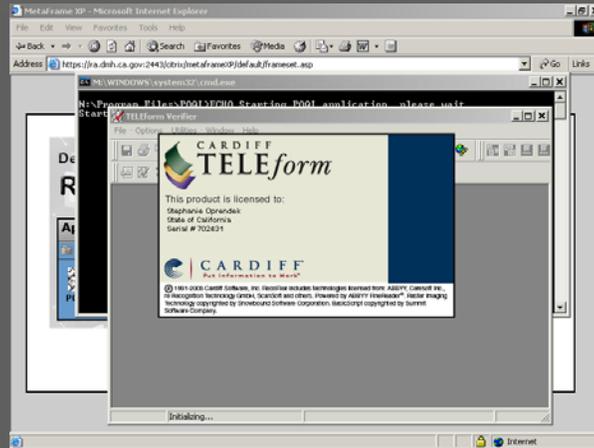
87

## Verifying: DOS Screen



88

## Verifying: Still connecting . . .



89

## Verifying: Log in to Verifier

The screenshot shows a dialog box titled 'TELEform Login'. It has two 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'.

90

## Verifying: No Changes!



91

## Verifying: Two Methods to Verify

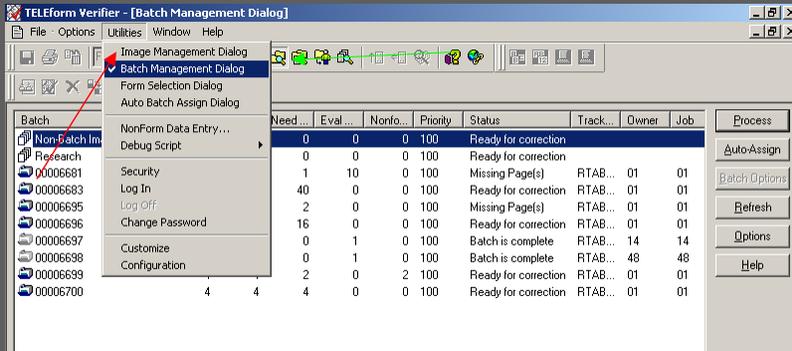
⇒ Your choice:

1. Batch Management
2. Image Management



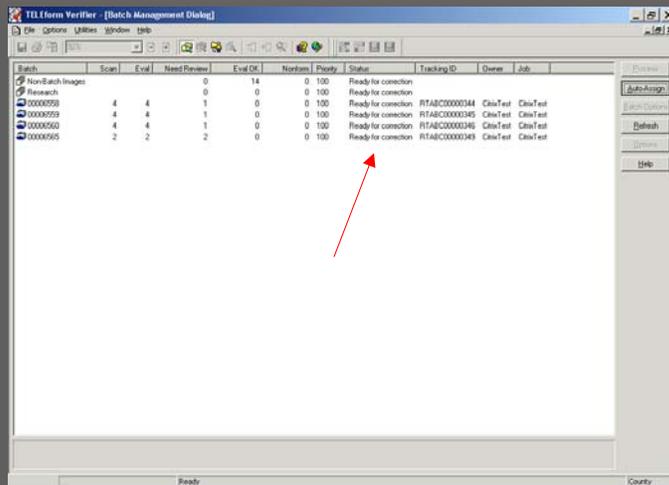
92

# Verifying: Getting to Batch Management



93

# Verifying: Batch Management Screen



94

## Verifying: Batch Management Status of Batches

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

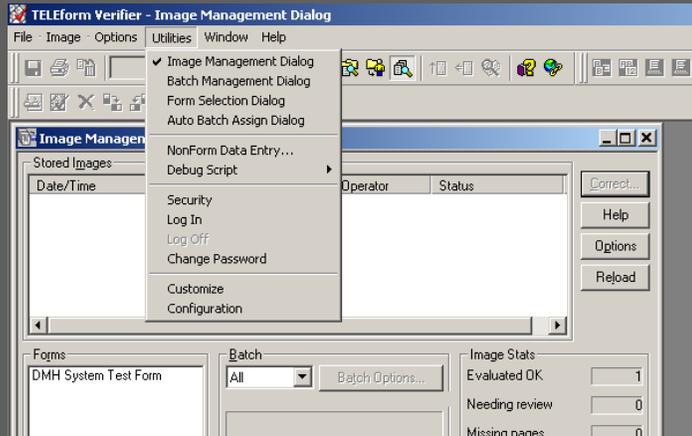
95

## 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

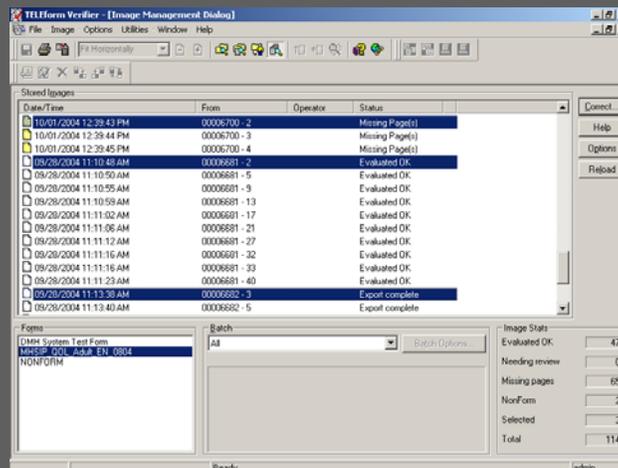
96

# Verifying: : Getting to Image Management



97

# Verifying: Image Management Screen



98

## Verifying: Image Management Survey Status

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

99

## Verifying: Correcting in Image Management

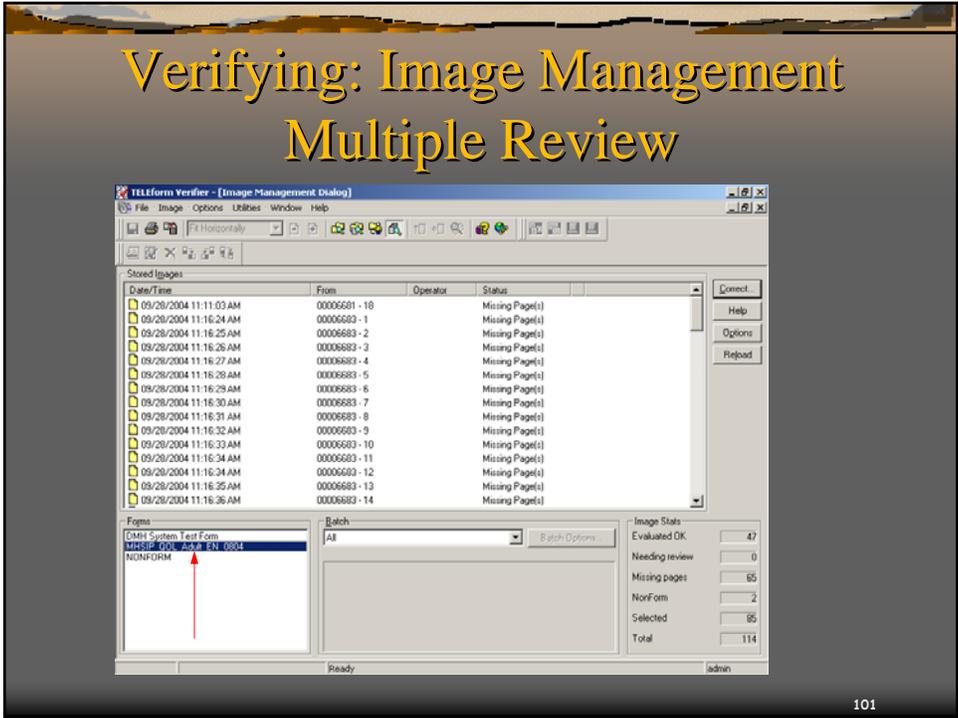


- 2 Ways to review & correct

1. Multiple Surveys
2. Individual Survey

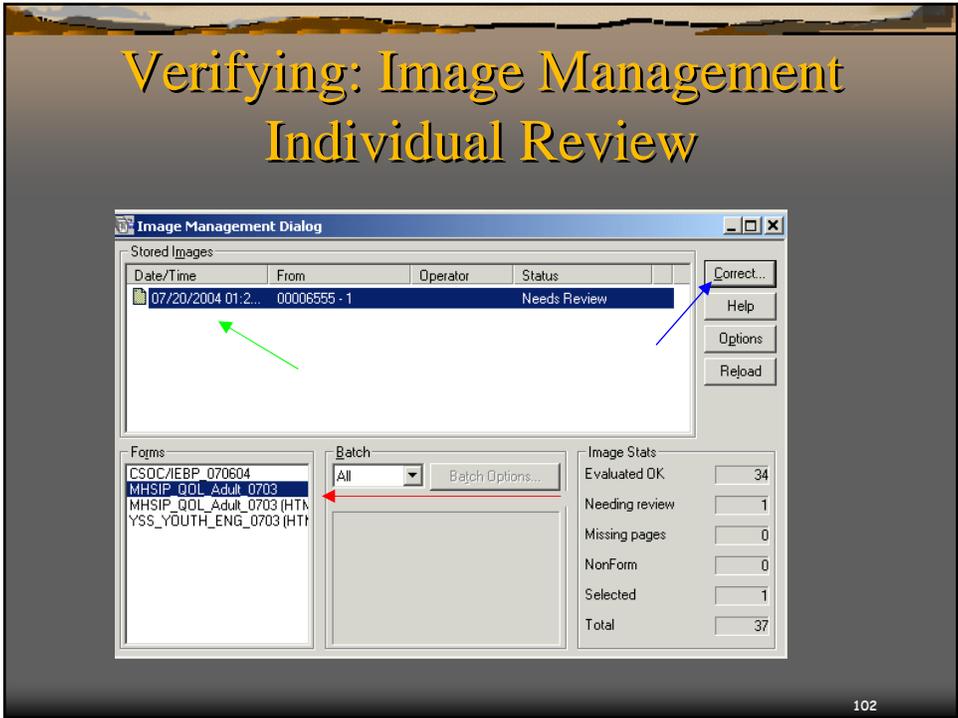
100

# Verifying: Image Management Multiple Review



101

# Verifying: Image Management Individual Review



102

## 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

103

## 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
bleevcs	1
choices	1
recommend	2
location	2
staff	2
retail	2
timegood	2
getall	2
seedoc	2
recover	2
conf/gest	3
complai	3
rights	3
taleresp	3
sideefft	3
respect	3
goals	3
culture	4
manarage	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 to that I could take charge of managing my illness.
- I was encouraged to use consumer run programs (support groups, drop-in centers, 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 '00000018'. Below the entry fields, there is a status bar that reads '36 Remaining / con Evaluated OK [Evaluated OK] admin'.

104

## Verifying: Correcting Entry Fields With Unrecognizable Entries

105

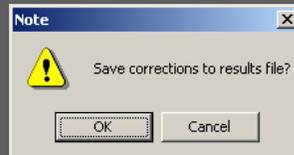
## Verifying: Choice Fields

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.

106

## Verifying: Saving Corrections



107

## 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!

108

**Click on “LogOFF” button or you session won’t end.**

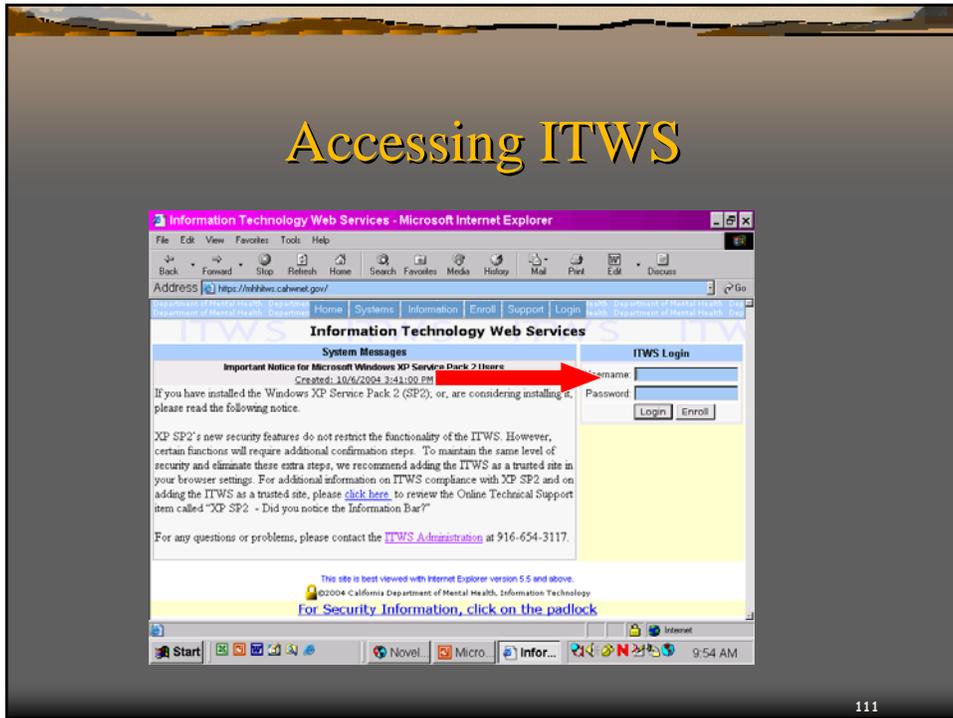
**109**

## 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”

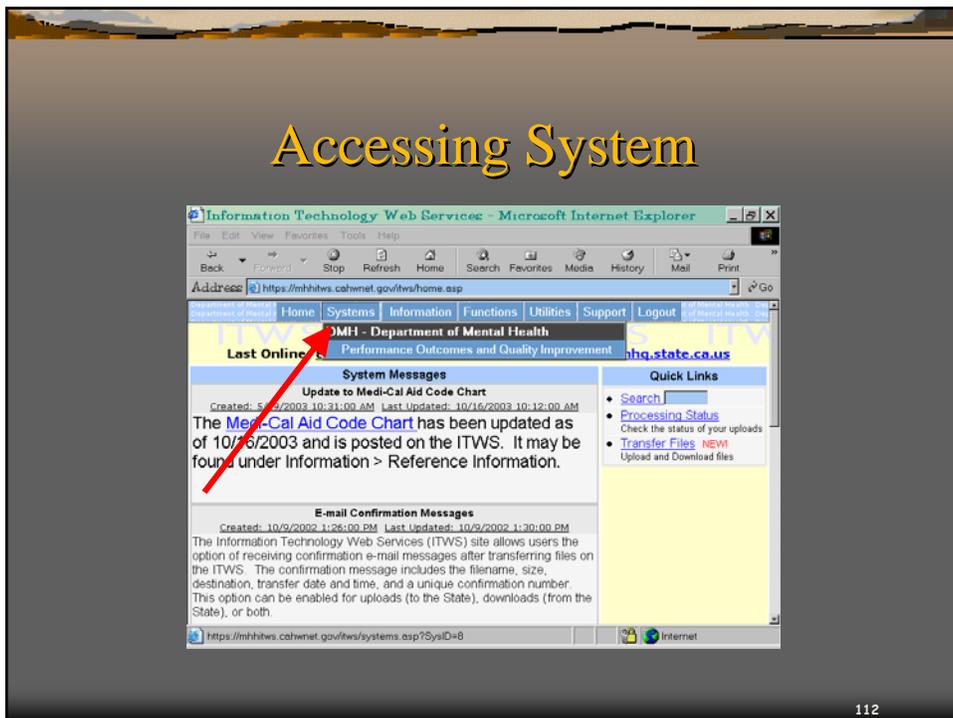
**110**

# Accessing ITWS



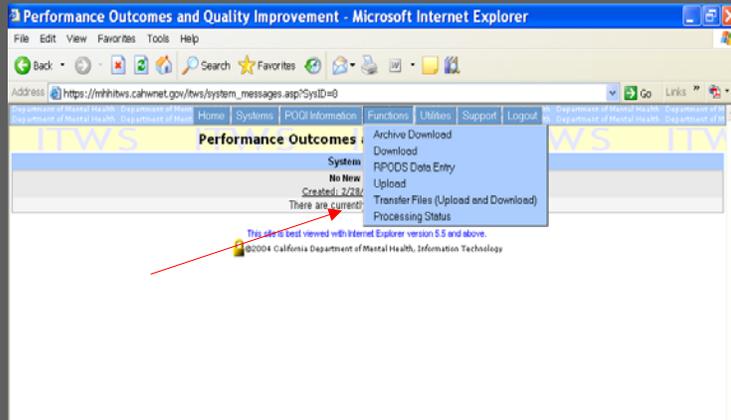
111

# Accessing System



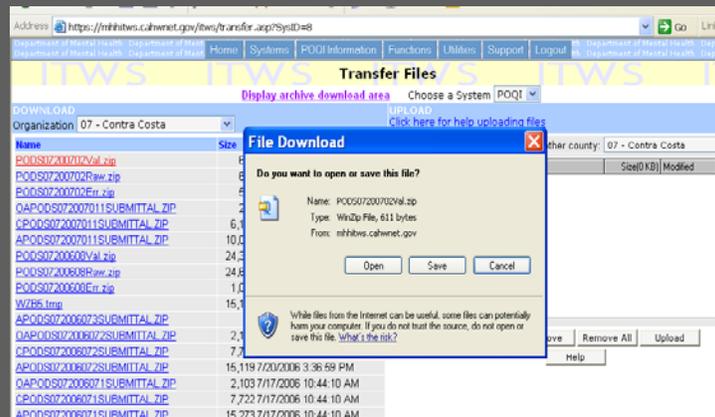
112

# Select "Functions And Transfer Files"



113

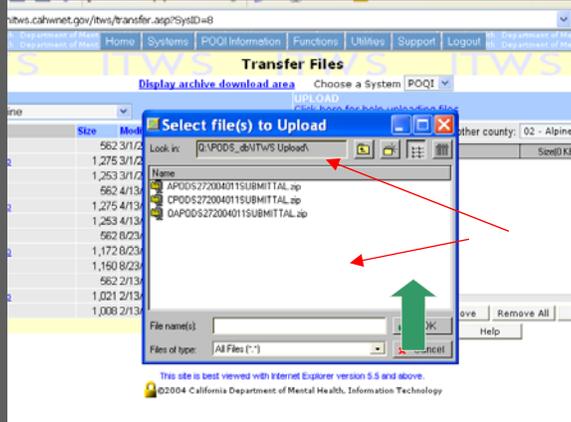
# Security Warning



114



# Find File to Upload



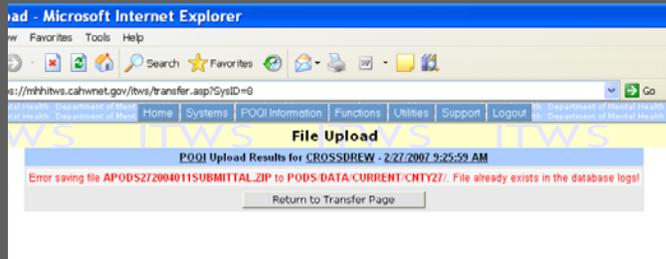
117

# Option 3: Uploading



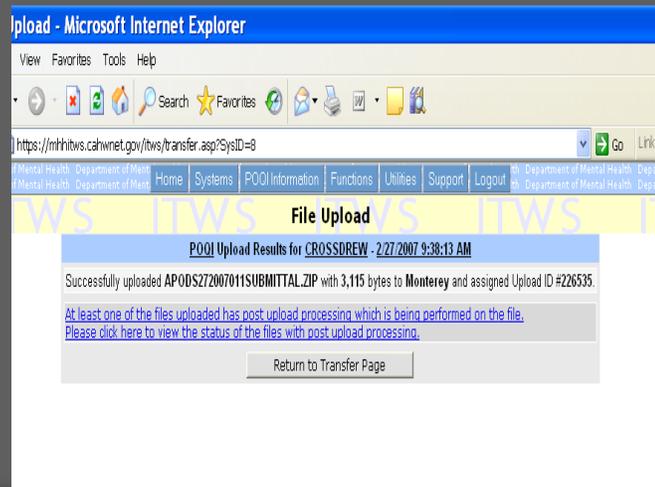
118

## Option 3: Bad News (Red)

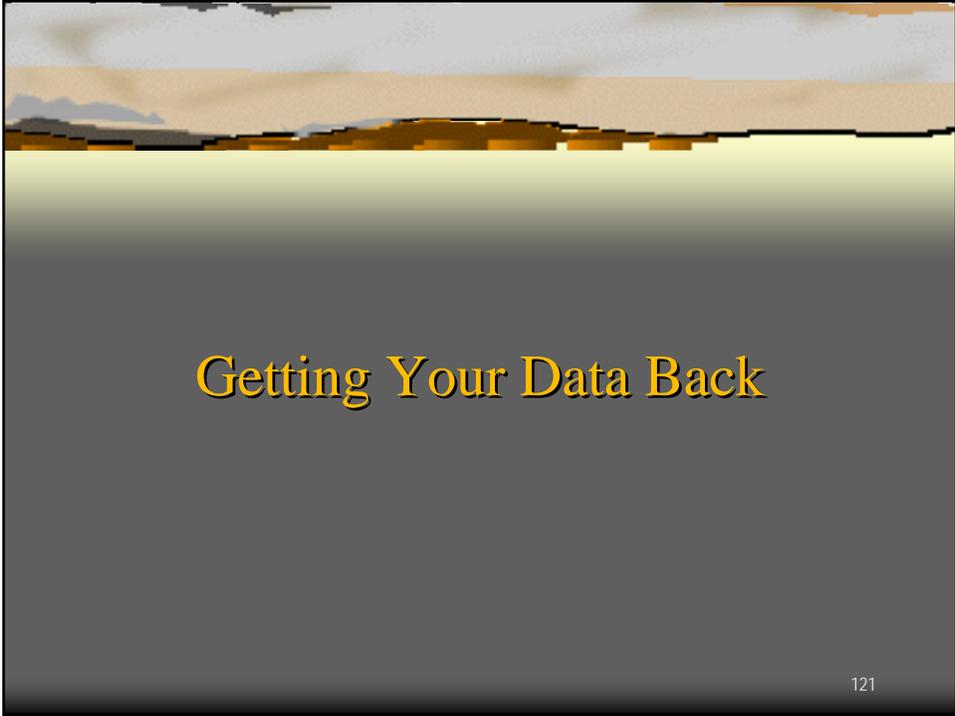


119

## Good news (Black)

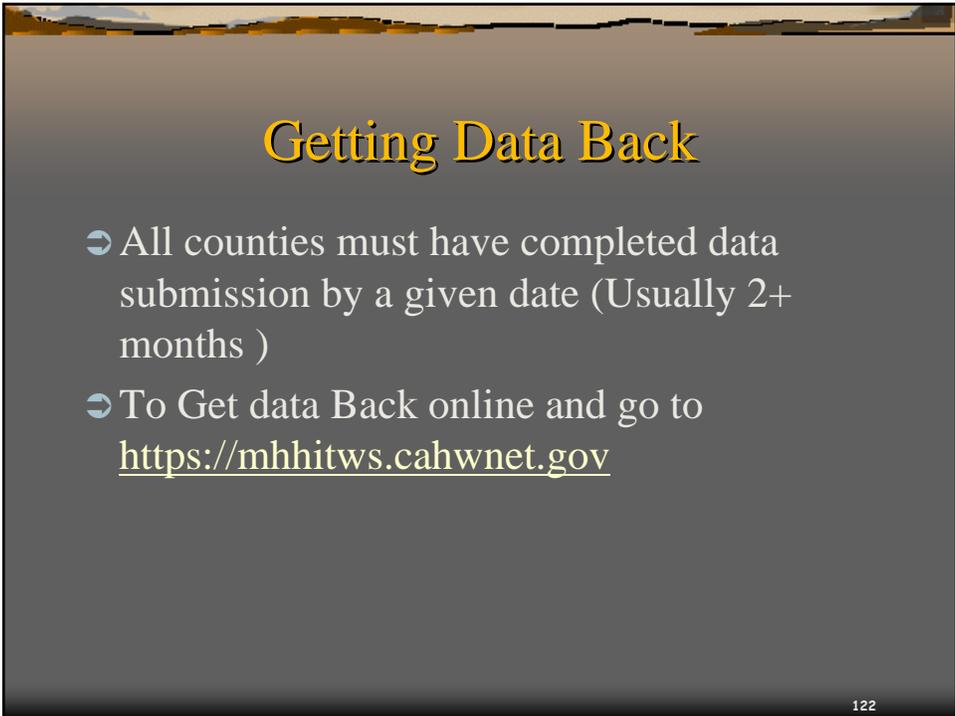


120



## Getting Your Data Back

121

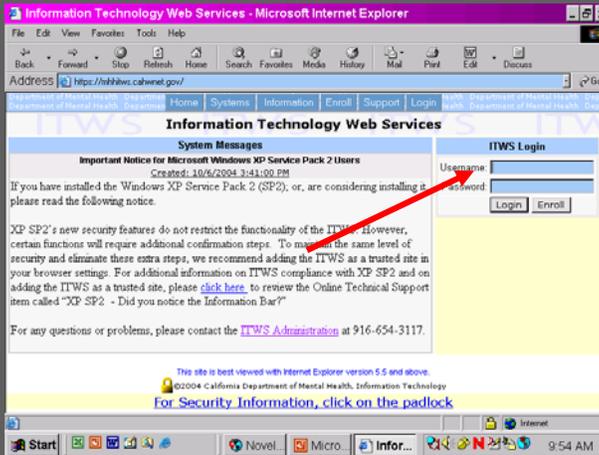


## Getting Data Back

- ➔ 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>

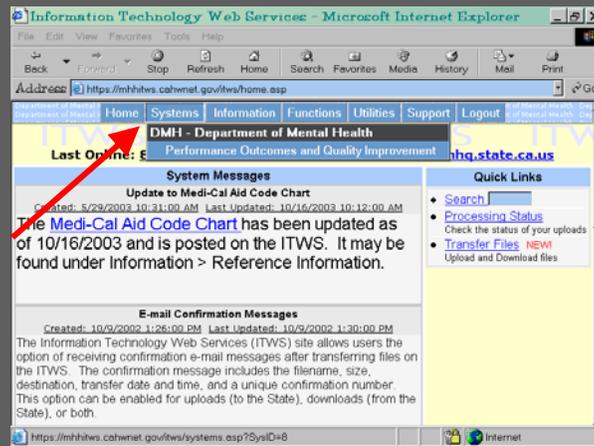
122

# Getting Data Back – Accessing ITWS



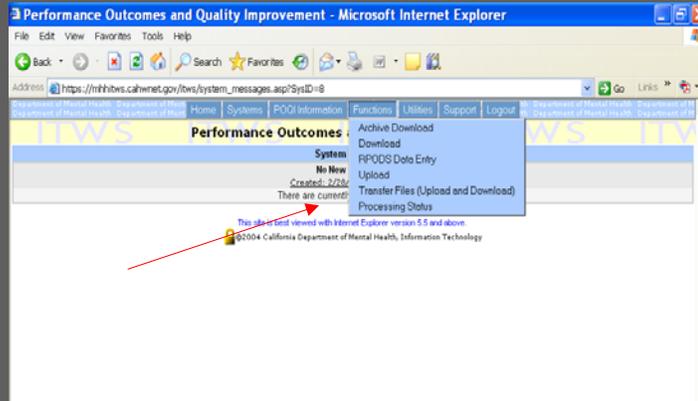
123

# Getting Data Back - Downloading



124

## Select "Functions And Transfer Files"



125

## Security Warning



126

## 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 sections for "DOWNLOAD" and "UPLOAD". The "DOWNLOAD" section is active, showing a list of files. A red arrow points to the "Size" column header in the file list.

Name	Size	Modified
IFBP2002		11/18/2003 3:01:54 PM
POQSI200001Err.zip	562	2/20/2006 2:33:04 PM
POQSI200001Raw.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
POQSI200002Raw.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
POQSI200003Raw.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
POQSI200004Raw.zip	51,075	2/13/2007 6:14:20 PM
POQSI200004Val.zip	50,521	2/13/2007 6:14:20 PM

127

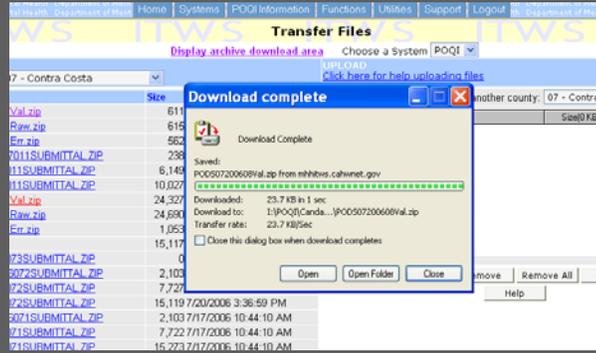
## 3 Zipped files

- 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”

128



# Downloading Data



131

# Form Retention Period



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

132

## Data Collection Time Frame

- Monday  
May 4, 2009  
through  
Friday  
May 15, 2009



133

## Data Submission Timeframe

- Finish submitting data by July 31, 2009
- Start as soon as possible
- Some counties scan forms as they are submitted



134

## Getting help



⇒ Training Manual

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