ImageNet
Hershey Technologies

Data Entry Manual

Table of Contents

Getting on to ImageNet

To log on to the site use the following web address:

http://rcmhcare.org/imagenet/

or

http://158.61.119.200/imagenet/

Logging on to ImageNet

When you enter the ImageNet web site you will see this screen. Enter your username and password to enter ImageNet.
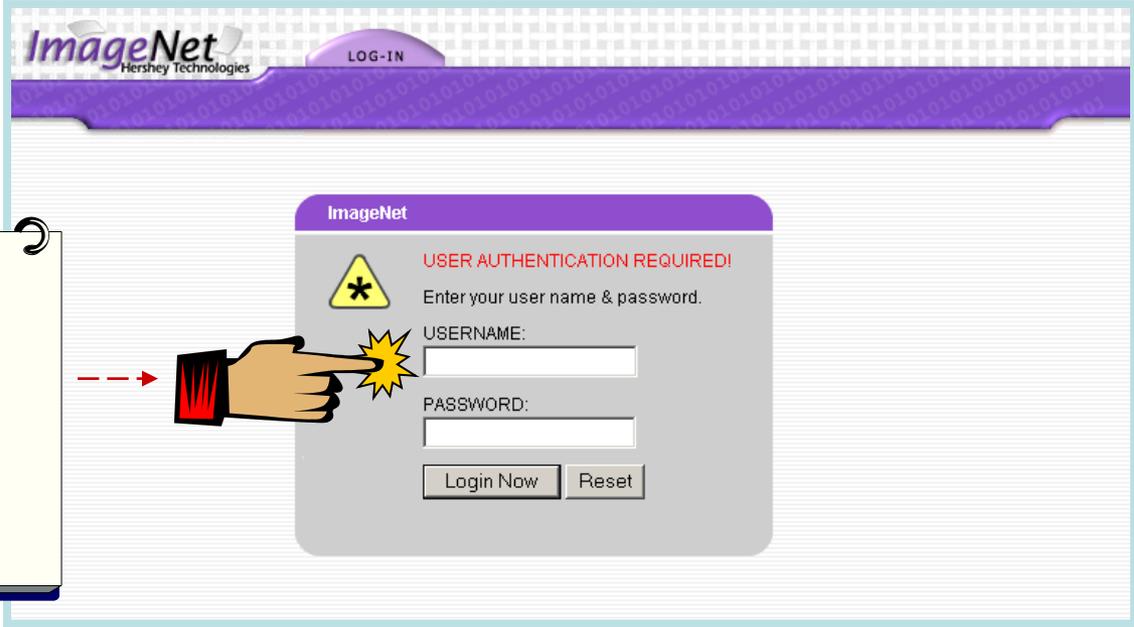
ImageNet
Hershey Technologies

LOG-IN

ImageNet

USER AUTHENTICATION REQUIRED!

Enter your user name & password.

USERNAME:

PASSWORD:

Login Now   Reset

Use this link to access ImageNet:
http://www.rcmhcare.org/imagenet/

The link below will also take you to ImageNet:

http://158.61.119.200/imagenet/

Entering Web Forms
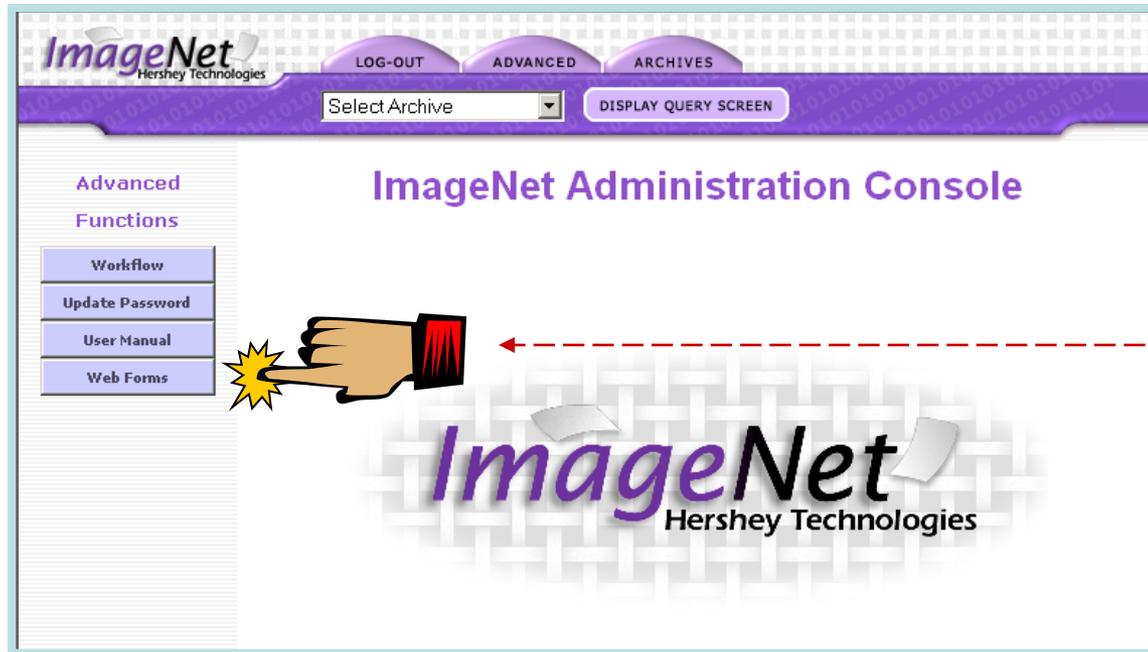
Once you have logged on to ImageNet, select Web Forms.

Selecting Your Program

Selecting Your Reporting Unit

FULL SERVICE PARTNERSHIP

REPORTING UNIT

Please select a Reporting Unit: Select One

- Select One
- 33GG34 – ASOC Mid-County/Desert
- 33EZ34 – ASOC Western

Client / Partner

After selecting the Full Service Partnership program you will see this screen. Use the drop down menu to select your Reporting Unit (RU).

Click to download a blank pdf form

Child/Youth Partnership Assessment Form (CHILD PAF)	Child/Youth Quarterly Assessment Form (CHILD 3M)	Child/Youth Key Event Tracking Form (CHILD KET)
Transition Age Youth Partnership Assessment Form (TAY PAF)	Transition Age Youth Quarterly Assessment Form (TAY 3M)	Transition Age Youth Key Event Tracking Form (TAY KET)
Adult Partnership Assessment Form (ADULT PAF)	Adult Quarterly Assessment Form (ADULT 3M)	Adult Key Event Tracking Form (ADULT KET)
Older Adult Partnership Assessment Form (OLDER ADULT PAF)	Older Adult Quarterly Assessment Form (OLDER ADULT 3M)	Older Adult Key Event Tracking Form (OLDER ADULT KET)

Electronic copies of forms can be downloaded here.

Selecting a Partner

FULL SERVICE PARTNERSHIP

REPORTING UNIT

Please select a Reporting Unit `33EZ34 - ASOC Western ▼`

Client / Partner

2.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

or

1.

○ Asample, partner	○ Dsample, partner	○ Hsample, partner
○ Asample, partner	○ Esample, partner	○ Hsample, partner
○ Bsample, partner	○ Esample, partner	○ Ksample, partner
○ Bsample, partner	○ Esample, partner	○ Lsample, partner
● Csample, partner	○ Gsample, partner	○ Lsample, partner
○ Csample, partner	○ Gsample, partner	○ Lsample, partner
○ Dsample, partner	○ Gsample, partner	○ Msample, partner
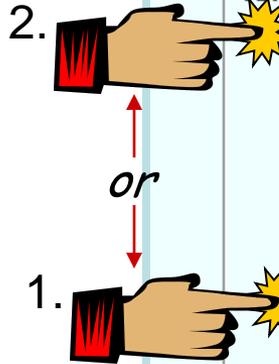
There are two ways you can select your partner.
1. Scroll through all of the names and click on the bubble by the name you want to select..
2. Limit the names to choose from by clicking one of the letters above the partner list.

Note: If you haven't opened an episode in ELMR for a partner, he/she won't show up on this screen. You will have to establish an open episode in ELMR and then return to ImageNet to enter FSP data for this partner. It takes at least a day after ELMR entry for the client to show up in Imagnet.

Selecting a Partner (Cont)

FULL SERVICE PARTNERSHIP

REPORTING UNIT

Please select a Reporting Unit   33EZ34 - ASOC Western ▼

Client / Partner

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

○ Msample, partner   ○ Msample, partner   ○ Msample, partner
○ Msample, partner   ○ Msample, partner   ○ Msample, partner
● Msample, partner   ○ Msample, partner

When the letter "M" is clicked, the screen reduced the list of partners to only those with a last name beginning with "M".

Click on the bubble by the partner of interest to activate his/her FSP form button.

Select FSP Form

County Number	CSI County Client Number	Partnership Service Coord.
33		4092 Evelyn Warfel
Partner's Name	**Partner's Date of Birth**	**Episode Open**
Msample, Partner	4/2/1942 (68 yrs)	06/17/2010

Date FSP Enrolled   12/17/2009   🗓   Save   Enrolled RU: 33IJFO

Scroll to the bottom of the window and you will see your partner's name, ID, Case Worker, etc.

If the client is new then enter an enrollment date (the date they signed and agreed to be an FSP client).

Click the button to enter the window where you can select FSP forms for data entry.

Client FSP Form Selection

To enter a new PAF, click here. If no PAF is entered the button reads, **New PAF**. If one is already completed, it reads **View PAF**.

To edit or view KETs you have already submitted, click on the date.

To enter a new 3M, click this button. If 3Ms were already entered, you would see them listed and would be able to click on them for editing or viewing.

To enter a new KET, click this button.

To leave this partner, and select another partner, click here.

From this screen you can enter a **PAF**, create new **3M**s and **KET**s or view and edit any form you have already created.

General Form Navigation

To skip around from page to page without saving, click on a **page number**.

Click on **Summary** to review data entered.

Click **Submit** to save data on each form page. When you click **Submit** you are automatically taken to the next page (or to **Summary** if you are on the last page of the form).

Note: If you try to leave without saving changes, or try to save before making changes, a message box will appear to alert you.

Navigation Features are Available on All Form Pages:

- **Main**: Return to form selection window
- **Numbers:** Form pages
- **Summary:** Review data entered into form and/or print
- **Submit:** Save changes

Entering a PAF

PAF (Partner Assessment Form)

- A PAF must be completed for each new FSP partner enrolled. The Partnership Date must match the enrollment date entered on the previous screen. **All fields must be completed** in a PAF for the state to consider it complete. Be sure to change default settings (usually a default is a "No" or "0") where appropriate.

- All PAFs should be entered into ImageNet within 60 days of episode opening.

  - Things to remember when completing PAF residential status

    - Click one Yesterday status and one Tonight status in their respective columns

    - For 12 month history data, enter the number of **days** the partner experienced each status. The number of days column **must add up to 365** to be valid.

  - The Education page asks you to:

    - Enter the number of **weeks** the partner experienced each education status (# of weeks must sum to 52).

    - Only click boxes in the Current column if the status is currently true for the partner. At least one must be clicked.

  - The employment page asks you to:

    - Enter the number of **weeks** the partner experienced each employment status.

    - Common Mistakes: Not entering number of weeks unemployed

- **Common data issues:** Missing required data fields, the highest level of education completed not selected, Tonight or Yesterday residential status unchecked, Recovery goal, yes or no, Health Status and Substance Abuse status. **Refer to data collection guidelines document for complete PAF guidelines.**

PAF: Administration Page

The same navigation tools are available on each ImageNet form Page: **Main** for returning to the form selection page; **Numbers** for page select; and **Summary** for data entered in the form and printing records.

Select who referred the partner for FSP services

Click **Submit** to save data on a form page. When you click **Submit** you are automatically taken to the next page (or to **Summary** if you are on the last page of the form).

Note: If you try to leave without saving changes, or try to save before making changes, a message box will appear to alert you.

Within the form image:

Home | ImageNet | Log Out

ADULT PAF
6/2/06

Go to page: **Main** 1 2 3 4 5 6 7 8 Summary

FULL SERVICE PARTNERSHIP
Adult Partnership Assessment Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County	CSI County Client Number	
33		
Partner's First Name	**Partner's Last Name**	
Partnership Date	**Partner's Date of Birth**	Age
10/26/2007	4/7/1964	43

Who referred the Partner? (Select One)
Select One

ADMINISTRATIVE INFORMATION

Provider Site ID	Full Service Partnership Program ID	Partnership Service Coordinator ID
33HL	ISRC	4132

Submit Page 1

Page 1 of 8

PAF: Residential

RESIDENTIAL INFORMATION
(includes hospitalization and incarceration)

SETTING	TONIGHT	YESTERDAY (as of 11:59 the day BEFORE partnership)	DURING THE PAST 12 MONTHS Indicate the TOTAL: #Occurrences	#Days (must = 365)	PRIOR TO THE LAST 12 MONTHS
GENERAL LIVING ARRANGEMENT					
With one or both biological/adoptive parents	☐	☐	3	0	☐
With adult family member(s) other than parents - non-foster care	☐	☐	0	0	☐
In an apartment or house alone / with spouses / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	☐	☐	0	0	☐
Single Room Occupancy (must hold lease)	☐	☐	0	0	☐
Foster home (with relative)	☐	☐	0	0	☐
Foster home (with non-relative)	☐	☐	0	0	☐
SHELTER/HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	☐	☐	0	0	☐
Homeless (includes people living in their cars)	☐	☑	12	295	☐
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	☐	☐	0	0	☐
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	☑	☐	0	0	☐
License Community Care Facility (Board and Care)	☐	☐	0	0	☐
HOSPITAL					
Acute Medical Hospital	☐	☐	0	0	☐
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	☐	☐	9	43	☐
State Psychiatric Hospital	☐	☐	0	0	☐
RESIDENTIAL PROGRAM					
Group Home (Level 0-11)	☐	☐	0	0	☐
Group Home (Level 12-14)	☐	☐	0	0	☐
Community Treatment Facility	☐	☐	0	0	☐
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	☐	☐	0	0	☐
Skilled Nursing Facility (physical)	☐	☐	0	0	☐
Skilled Nursing Facility (psychiatric)	☐	☐	0	0	☐
Long-Term Institutional Care (IMD, MHRC)	☐	☐	0	0	☐
JUSTICE PLACEMENT					
Juvenile Hall / Camp / Ranch	☐	☐	0	0	☐
California Youth Authority	☐	☐	0	0	☐
Jail	☐	☐	1	27	☐
Prison	☐	☐	0	0	☐
Other	☐	☐	0	0	☐
Unknown	☐	☐	1	0	☐
			Total		

Submit Page 2

Page 2 of 8

Residential Information:
- Click *one* box in the column for **Yesterday** and *one* box in the column for **Tonight**
- For 12 month history, enter the number of times a partner experienced a residential status in the **# Occurrences** column
- In the **Total Days** column, put the number of days for each status noted.

IMPORTANT:
The number of days must equal 365 when added up in the column.

Click **Submit** when finished to save and go to next page.

14

PAF: Education

Go to page: Main   1   2   3   4   5   6   7   8   Summary

EDUCATION

Highest level of education completed: High School /Adult Education ▼

Select **highest level of education**
Includes Pre-School and Day Care thru College.

Is the youth CURRENTLY receiving special education due to serious emotional disturbance?   Yes ◉   No ○

Is the youth CURRENTLY receiving special education due to another reason   Yes ○   No ◉

Complete ONLY if Client is **17 years or younger**

FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:

Estimate the youth's attendance * level DURING THE PAST 12 MONTHS:	Select One
Estimate the youth's attendance * level CURRENTLY:	Select One
CURRENTLY, his/her grades are:	Select One
DURING THE PAST 12 MONTHS, his/her grades were:	Select One
DURING THE PAST 12 MONTHS, how many times has s/he been suspended?	0
DURING THE PAST 12 MONTHS, how many times has s/he been expelled?	0

This section must be filled out for Child age group.
•**Attendance and Grades**: Select the level of school attendance in the past 12 months AND Current level.
•**Suspensions and Expulsions**: Enter the # for each in text box.

Complete ONLY if Client is at least **18 years old**

FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:

For the educational settings below, indicate where the youth...	was During THE PAST 12 MONTH # of weeks	is CURRENTLY (mark all
Not in school of any kind	50	
High School / Adult Education	0	
Technical / Vocational School	0	
Community College / 4 year College	2	
Graduate School	0	
Other	0	

Does one of the youth's current recovery goals include any kind of education at this time?   Yes ○

This section must be filled out for Adult age groups.
• **# of Weeks** column: Enter the number of weeks a partner has experienced a status in the past 12 months.
• **Currently** Column: Click only the boxes that show the partner's *current* status.
• **Current Recovery Goals**: Click Yes or No.

Submit Page 3

Page 3 of 8

Click **Submit** to save and go to next page.

TAY PAF
6/2/06

PAF: Past Employment

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the youth's employment status...	# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
Competitive Employment: Paid employment in a position that is also open to individuals without a disability.	0	0	$ 0
Supported Employment: Competive Employment (see above) with ongoing on-site or off-site job-related support services provided.	0	0	$ 0
Transitional Employment/Enclave: Paid jobs int he community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	0	0	$ 0
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customer outside the agency and provides realistic work experiences and can be located at the program site or in the community.	0	0	$ 0
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	0	0	
Other Gainful/Employment Activity: Any informal employment activity that increases the youth's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as pandhandling or illegal activities such as prostitution).	0	0	$ 0
Unemployed	52		

Submit Page 4

Page 4 of 8

This section must be filled out for ALL age groups.
- **# of Weeks** column: Enter the number of weeks a partner has experienced a status in the past 12 months. Number of weeks in any one category can not exceed 52 weeks.
- **Average Hours/Week & Average Hourly Wage** Columns: If you give weeks for a type of paid employment, you must enter the hours worked each week, and the average hourly wage.

Click **Submit** to save and go to next page.

16

PAF: Current Employment

EMPLOYMENT

CURRENT EMPLOYMENT

Indicate the youth's employment status...	AVERAGE HOURS/WEEK	HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	0	$ 0
Supported Employment: Competive Employment (see above) with ongoing on-site or off-site job-related support services provided.	0	$ 0
Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	0	$ 0
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customer outside the agency and provides realistic work experiences and can be located at the program site or in the community.	0	$ 0
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	0	
Other Gainful/Employment Activity: Any informal employment activity that increases the youth's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as pandhandling or illegal activities such as prostitution).	0	$ 0

Check here if the youth is not employed at this time: ☑

Does one of the youth's current recovery goals include any kind of employment at this time?   Yes ● No ○

Submit Page 5

Page 5 of 8

This data is only required if the partner is *CURRENTLY* employed. Otherwise, leave it empty.

This data is required:
• Check the box if the partner *IS NOT* currently employed.

If employment is a recovery goal at this time indicate Yes or No.

Click **Submit** to save and turn page.

PAF: Sources of Financial Support

Indicate all the sources of financial support used to meet the needs of the partner:	DURING THE PAST 12 MONTHS *mark all that apply*	CURRENTLY *mark all that apply*
Caregiver's Wages	☑	☑
Partner's Wages	☐	☐
Partner's Spouse / Significant Other's Wages	☐	☐
Savings	☐	☐
Child Support	☐	☐
Other Family Member / Friend	☐	☐
Retirement / Social Security Income	☐	☐
Veteran's Benefits	☐	☐
Loan / Credit	☐	☐
Housing Subsidy	☐	☐
General Relief / General Assistance	☐	☐
Food Stamps	☐	☐
Temporary Assistance for Needy Families (TANF)	☐	☐
Supplementary Security Income / Supplementary Payment (SSI/SSP) Program	☐	☐
Social Security Disability Insurance (SSDI)	☐	☐
State Disability Insurance	☐	☐
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	☐	☐
Other	☐	☐
No Financial Support	☐	☐

Click all the boxes that apply to the partner for the **Past 12 Months** and **Currently** columns.

Submit Page 6

Click **Submit** to save and turn page.

Page 6 of 8

Research and Evaluation, April 2012

18

PAF: Legal Issues

LEGAL ISSUE S / DESIGNATIONS

JUSTICE SYSTEM INVOLVEMENT
ARREST INFORMATION

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:	0
Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?	Yes ⊙ No ○

The number of arrests defaults to zero. Enter number of occurrences only if the partner was arrested.

PROBATION INFORMATION

Is the partner CURRENTLY on probation?	Yes ○ No ⊙
Was the partner on probation DURING THE PAST 12 MONTHS?	Yes ○ No ⊙
Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?	Yes ○ No ⊙

PAROLE INFORMATION

Was the partner on parole anytime DURING THE PAST 12 MONTHS?	Yes ○ No ⊙
Was the partner on parole anytime PRIOR TO THE LAST 12 MONTHS?	Yes ○ No ⊙

CONSERVATORSHIP / PAYEE INFORMATION
CONSERVATORSHIP INFORMATION

Is the partner CURRENTLY on conservatorship?	Yes ○ No ⊙
Was the partner on conservatorship DURING THE PAST 12 MONTHS?	Yes ○ No ⊙
Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?	Yes ○ No ⊙

PAYEE INFORMATION

Does the partner CURRENTLY have a payee?	Yes ○ No ⊙
Did the partner have a payee DURING THE PAST 12 MONTHS?	Yes ○ No ⊙
Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?	Yes ○ No ⊙

Click Yes for each condition that applies to the partner. ImageNet defaults to NO. You only need to click if the condition is Yes.

DEPENDANT (W & I CODE 300 STATUS) INFORMATION

Is the partner CURRENTLY a dependant of the court?	Yes ○ No ⊙
Was the partner a dependant of the court DURING THE PAST 12 MONTHS?	Yes ○ No ⊙
Was the partner a dependant of the court PRIOR TO THE LAST 12 MONTHS?	Yes ○ No ⊙
If the partner was ever a dependent of the court, indicate the year the partner was first placed on W & I Code 300 status:	0

CUSTODY INFORMATION
Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status (Dependant of the Court)	0
Placed in Foster Care	0
Legally Reunified with client	0
Adopted Out	0

Custody Information refers to the **Partner's children**. This field defaults to zero. Enter data only if it is applicable to the partner, not the partner's parent.

Research and Evaluation, April 2012

Submit Page 7

Page 7 of 8

PAF: Emerg/Health/ Substance Abuse

This is the last data entry page for a PAF. Review or print summary to check data entry.

Emergency Interventions defaults to zero. Enter a number only when there have been emergency interventions.

Health Status questions must be clicked Yes or No.

Co-occurring must be clicked Yes or No. If Yes, then the remaining two questions must be answered.

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.

PAF: Summary

To obtain a copy of the completed form for your records, click on **Print.**

If you find an error in the data entered, click a **page number** and you will return to the form.

To return to the partner's form selection window, click **Main**. Returning to Main will allow you to enter another type of FSP form or move to another partners file.

Click from page to page to make corrections.

When finished with any corrections, check the **Summary** and complete your review.

Adult PAF Summary - Microsoft Internet Explorer provided by Mental Health Rev04

File   Edit   View   Favorites   Tools   Help

Back · · · Search Favorites · · · · ·

Address http://www.rcmhcare.org/imagenet/MHSA/ADULT/sumADULTPAF.asp?sData=6020201:;:33EZ34:;:5216:;:37:;:11/02/2006:; Go

ADULT PAF

COUNTY OF RIVERSIDE

FULL SERVICE PARTNERSHIP
Adult Partnership Assessment Form Summary
FOR AGES 26-59 YEARS

Go to page:	Main	1	2	3	4	5	6	7	8

PARTNERSHIP INFORMATION

County	33	CSI County Client Number	
Partner's Name		Partner's Date of Birth	12/30/1969
Partnership Date	11/02/2006	Age	37
Who referred the partner?	Mental Health Facility / Community Agency		

ADMINISTRATIVE INFORMATION

Provider Site ID	Full Service Partnership Progarm ID	No Partnership Service Coordinator ID
33EZ	2034	5216

RESIDENTIAL INFORMATION

Setting	Tonight	Yest	#Occur	#Days	12 Mos
In an apartment or house alone / with spouses / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortage	No	No	0	0	No
With one or both biological/adoptive parents	No	No	0	0	No
With adult family member(s) other than parents - non-foster care	No	No	0	0	No
Single Room Occupancy (must hold lease)	No	No	0	0	No

Done   Internet

Start   Novell GroupWise - ...   Mail From: Guy Bryan   AB2034 ImageNet T...   Adult PAF Summa...   1:19 PM

Entering a KET

KET (Key Event Tracking)

- KETs are for entering specific Key events or status changes. Refer to data collection guidelines for more information on KET follow-up forms.

- The KET form has a section for each kind of status change a partner can experience. The following key areas are tracked on a KET form.

  - Residential
  - Education
  - Employment
  - Legal
  - Emergency Intervention
  - Administration

- **Data is only entered where a status change has occurred**. If only a residential Key Event has occurred than only residential needs to be completed on the form.

- You can enter data for more than one key area (residential and legal) in a single KET form.

- If there is more than one change in the same Domain (i.e., two or more residential changes), a different KET will be needed for each one.

- **Common Errors:**

  - Submitting empty KET forms
  - Entering coordinator and other admin data when there hasn't been a change

Remember to Click **Submit** to save and turn page.

Go to page: **Main**   1   **2**   **3**   **4**   **Summary**

FULL SERVICE PARTNERSHIP
Adult Key Event Tracking Form
FOR AGES 26-59 YEARS

*mandatory data

PARTNERSHIP INFORMATION	
County	CSI County Client Number
33	
Partner's First Name	Partner's Last Name
Age	Partner's Date of Birth
55	6/27/1952

Date Completed * *or* [Clear] mm 11 - dd 13 - yy 2007 [📅] 💥👈

Date Completed: Enter the date you created the KET. If you don't – it won't save.

CHANGE IN ADMINISTRATIVE INFORMATION
(skip this section if there are no changes)

Enrollment Change: Enter date if FSP program has changed from Mid –County to Desert or visa versa

Select new Reporting Unit   [Select One ▾]

Date of Change (mmddyyyy)

New Provider SiteID   mm dd yy [Clear] [ ] - [ ] - [ ] [📅]

New Full Service Partnership Program ID   mm dd yy [Clear] [ ] - [ ] - [ ] [📅]

New Partnership Servcie Coordinator ID   [ ] 💥 [Clear] [ ] - [ ] - [ ] [📅]

Administration: Enter the date of status change and new Coordinator ID if applicable.

Discharge Date and Reasons: Provide the Date of Partnership status change Choose the reason the partner has discontinued services.

Date of Partnership Status Change ▸ mm dd yy [Clear] [ ] - [ ] - [ ] [📅]

Indicate new partnership status:
◉ Discontinuation/interruption of Full Service Partnership and/or community services / program (indicate reason below)
○ Reestablishment of Full Service Partnership and/or community services / p
Clear Radio Button Va💥

Click **Clear Radio Button Values** to delete saved data from clicked buttons.

If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or community services / program, indicate the reason (select one)
○   Target population criteria are not met

KET: Residential

Research and Evaluation, April 2012

24

EDUCATION
(skip this section if there are no changes)

Complete ONLY if Client is **17 years or younger**

GRADE LEVEL INFORMATION

Date of Grade Level Completion *   mm   dd   yy
[Clear] [ ] - [ ] - [ ]

Enter the **date** if level of education has changed. Select the new **Education Level**.

Level of education completed: Select One

SUSPENSION INFORMATION   mm   dd   yy
[Clear] [ ] - [ ] - [ ]

EXPULSION INFORMATION   mm   dd   yy
[Clear] [ ] - [ ] - [ ]

Enter the **date** of **Suspension** or **Expulsion.**

Complete ONLY if Client is at least **18 years or older**

FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL
EDUCATIONAL SETTING INFORMATION

Date of Education Setting Change *   mm   dd   yy
[Clear] [ ] - [ ] - [ ]

Enter a **date** and click an **Educational Setting** if the partner's status has changed.

Indicate the new education setting(s) (mark all that apply)
- [ ] Not in school of any kind
- [ ] High School / Adult Education
- [ ] Technical / Vocational School
- [ ] Community College / 4 year College
- [ ] Graduate School
- [ ] Other

If stopping school, did the youth complete a class and/or program?   ○ Yes   ◉ No
Does one of the youth's current recovery goals include any kind of education at this time?   ○ Yes   ◉ No

Remove all Educational Information

Click button(s) to indicate if partner stopped school. Click Yes/No if education is a recovery goal.

[Submit Page 3]
Page 3 of 5

Click **Submit** to save and turn page.

Go to page: Main   1   2   3   4   5   Summary

TAY KET
6/2/06

EMPLOYMENT
(skip this section if there are no changes)

Date of Employment Change *   Clear [mm]-[dd]-[yy] 🔳

Enter the **date** of **Employment**: status change.

If the partner is now working **hours** and receiving **wages**, record them in the boxes.

CURRENT EMPLOYMENT

Indicate the youth's employment status...	AVERAGE HOURS/WEEK	HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	[ ]	$[ ]
Supported Employment: Competive Employment (see above) with ongoing on-site or off-site job-related support services provided.	[ ]	$[ ]
Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	[ ]	$[ ]
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customer outside the agency and provides realistic work experiences and can be located at the program site or in the community.	[ ]	$[ ]
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	[ ]	
Other Gainful/Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).	[ ]	$[ ]

Check here if the youth is not employed at this time: ☐

Does one of the youth's current recovery goals include any kind of employment at this time?   Yes ○   No ○

Check the box to indicate if the partner is newly **Unemployed**.

Check the box to indicate new **employment recovery goal**.

Remove all Employment Information

Click **Submit** to save and turn page.

Submit Page 4

Page 4 of 5

KET: Legal/Emergency Interventions

Go to page: **Main** **1** **2** **3** 4 **Summary**

ADULT KET
6/2/06

LEGAL ISSUES / DESIGNATIONS
(skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested
Clear   mm - dd - yy   ▦

If the partner was arrested, Enter the **Arrest date.**

PROBATION
Date of Probation Status Change
Clear   mm - dd - yy   ▦   Select new probation status: Select One ▾

If the partner was placed/removed from probation Enter the **Probation date** and select new status.

CONSERVATOR / PAYEE INFORMATION
Date of Conservatorship Status Change
Clear   mm - dd - yy   ▦   Select new conservatorship status: Select One ▾

Date of Payee Status Change
Clear   mm - dd - yy   ▦   Select new payee status: Select One ▾

Enter the new **Conservator/Payee date** and select new status.

Remove all Legal Information

EMERGENCY INTERVENTION
(skip this section if ther are no changes)

Date of Emergency Intervention
Clear   mm - dd - yy   ▦

Select the type of Emergency Intervention (e.g. emergency room visit, crisis stabilization unit)   Select One ▾

Enter the new **Emergency Intervention date** and select status.

Remove all Emergency Information

Submit Page 5

Page 4 of 4

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.

KET: Summary

To obtain a copy of the completed form for your records, click on **Print.**

To return to the partner's form selection window, click **Main**. Returning to Main will allow you to enter another type of FSP form or move to another partners file.

If you find an error in the form data, click a **page number** and you will return to the form.

You can click from page to page to make corrections.

When finished with corrections, click **Summary** and complete your review.

Entering a 3M

3M (Quarterly Assessment)

- A 3M must be completed every three months for active partners, using the enrollment month and episode opening as the base for quarterly due dates. Consult the data collections guidelines for complete description and guidelines on 3M Quarterlies.

- There is a 45 day window for completing a 3M. A 3M can be submitted **15 days before a due date but must be completed by 30 days after a due date. Exception: A partner's first 3M cannot be completed before the initial 90 day period of partnership** (e.g., If Partner A's partnership date was Jan 1st, 2011 a 3M would not be completed until April 1st, 2011).

- A 3M quarterly due report is available on ImageNet.

Go to page: Main   1   2   Summary

FULL SERVICE PARTNERSHIP
Child/Youth Quarterly Assessment Form
FOR AGES 0-15 YEARS

PARTNERSHIP INFORMATION		
County	CSI County Client Number	
33	████████	
Child/Youth's First Name	Child/Youth's Last Name	
████████	████████	
	Child/Youth's Date of Birth	Age
	12/29/1996	13

Date Completed *

mm   dd   yy

[Clear] 9 - 16 - 2010 [cal]

3M Date:
Must be within 15 days before and 30 days after due date.

EDUCATION

Is the child/youth CURRENTLY receiving special education due to serious emotional disturbance? *   ○ Yes ● No

Is the child/youth CURRENTLY receiving special education due to another reason? *   ○ Yes ● No

FOR CHILDREN/YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:

Estimate the child/youth's attendance level CURRENTLY: *   [Select One ▾]

CURRENTLY, his/her grades are: *   [Select One ▾]

Source of Income
Click all boxes that currently apply to the partner.

[Submit Page 1]

Click **Submit** to save and turn page.

3M: Legal/Health/Substance Abuse

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION
Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status (Dependant of the Court)	
Placed in Foster Care	
Legally Reunified with client	
Adopted Out	

HEALTH STATUS

Does the partner have a primary case physician CURRENTLY?   ○ Yes ◉ No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner have a co-occuring mental illness and substance user problem?	○ Yes ◉ No
Is this an active problem?	○ Yes ◉ No
Is the partner CURRENTLY receiving substance abuse services?	○ Yes ◉ No

Submit Page 2

Page 2 of 2

Health Status
Click Yes/No for primary physician.

Substance Abuse
Click all that apply.

Click **Submit** to save and turn page.

3M: Summary

To obtain a copy of the completed form for your records, click on **Print.**

To return to the partner's form selection window, click **Main**. Returning to Main will allow you to enter another type of FSP form or move to another partners file.

If you find an error in the form data, click the **page number** and you will return to the form.

You can click from page to page to make corrections.

When finished with corrections, click **Summary** and complete your review.

Adult Quarterly Assessment Form - Microsoft Internet Explorer provided by Me... ealth Rev0406

File   Edit   View   Favorites   Tools   Help

Back   Search   Favorites

Address   http://www.rcmhcare.org/imagenet/MHSA/ADULT/sumADULT3M.asp?sData=950696290:;:33EZ34:;:4536:;:52:;:596:;:08/31

ADULT 3M

COUNTY OF RIVERSIDE
DEPARTMENT OF MENTAL HEALTH

FULL SERVICE PARTNERSHIP
Adult Quarterly Form Summary
FOR AGES 26-59 YEARS

ge   **Main**   1   2

PARTNERSHIP INFORMATION

County	33	CSI County Client Number	
Partner's Name		Partner's Date of Birth	04/15/1955
Date Completed	04/18/2007	Age	52

SOURCES OF FINANCIAL SUPPORT

☑ Social Security Disability Insurance (SSDI)

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION	Placed on W & I Code 300 Status:	0	Placed in Foster Care:	0
	Legally Reunified with partner:	0	Adopted out:	0

HEALTH STATUS

Does the partner have a primary care physician current

SUBSTANCE ABUSE

Doest the partner have a co-occurring mental illnes

Is this partner CURRENTLY recei

Done

Start   2 Novell GroupWise Client   AB2034 ImageNet Training   Adult Quarterly Asses...

Selecting a New Partner or Exiting

PARTNERSHIP INFORMATION

Partnership Service Coord. ID	CSI County Client Number	Episode Closing Date
4071 Christy Carter	███████	
Partner	**Partner's Date of Birth**	**Age (TAY)**
███████	08/05/1984	22

Partnership Assessment Form	
Partnership Date	12/14/2006
Reporting Unit	33EZ34

View PAF

Quarterly Assessments (3M)

Date Completed

New 3M

Key Event Tracking

Date Completed
2/13/2007

New KET

Select Another Partner

Click **New 3M** or **New KET** to enter a new form for this partner.

Click any **form date** to view or edit forms you have already entered.

Click **Select New Partner** to return to partner selection screen (select RU, etc.) Be sure and Log out of ImageNet before closing Intranet