



# Data Entry Manual

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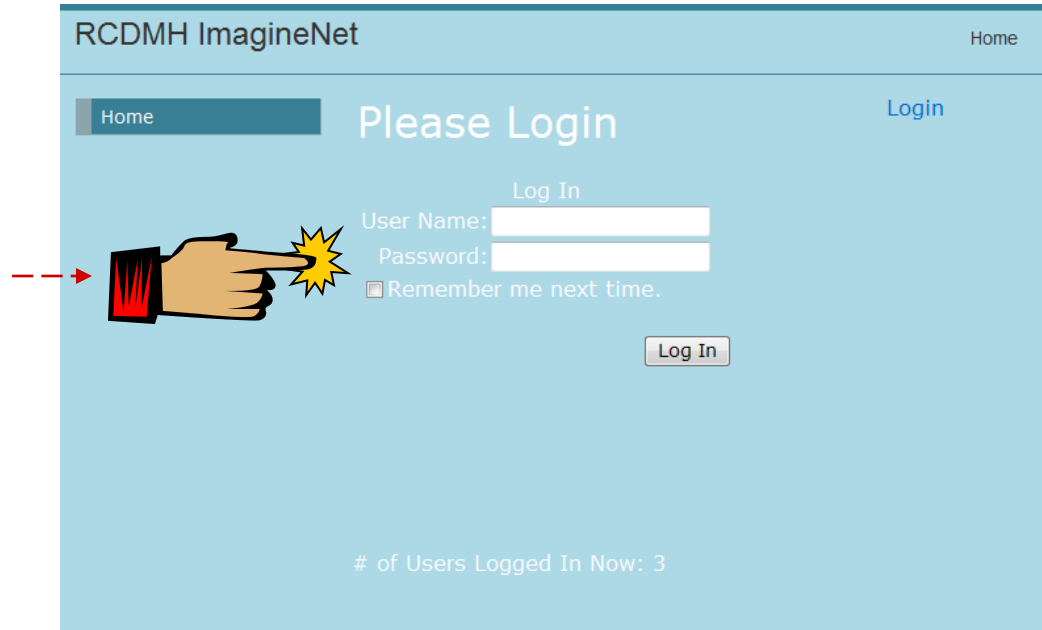
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# Getting on to ImageNet

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

<http://tommy.rcmh.local/>

# Logging on to ImageNet



RCDMH ImageNet Home

Home Please Login Login

Log In

User Name:

Password:

Remember me next time.

Log In

# of Users Logged In Now: 3

Use this link to access ImageNet:

<http://tommy.rcmh.local/>

# Entering Web Forms

The screenshot shows the RCDMH ImagineNet user interface. On the left, there is a vertical menu with the following items: Home, Imagenet Reports, Full Service Partnership Surveys, MHSA Contact Log, FSP Enrollment, and Log Out. The 'Full Service Partnership Surveys' item is highlighted with a yellow starburst. A hand icon is pointing to this item. A red dashed arrow points from the hand icon to the 'Logout' link in the top right corner. Below the menu, there is a 'Change My Password' link and a status indicator that says '# of Users Logged In Now: 5'. The page title is 'RCDMH ImagineNet' and the user is logged in as 'User1@User1@'.

Once you have logged on to ImageNet, click on Full Service Partnership Surveys .

# Selecting Your Reporting Unit

**FULL SERVICE PARTNERSHIP**

**REPORTING UNIT**

Please select a Reporting Unit

Client / Partner

Select One

Select One

33GG34 - ASOC Mid-County/Desert

33EZ34 - ASOC Western

**Click to download a blank pdf form**

<a href="#"><u>Child/Youth Partnership Assessment Form (CHILD PAF)</u></a>	<a href="#"><u>Child/Youth Quarterly Assessment Form (CHILD 3M)</u></a>	<a href="#"><u>Child/Youth Key Event Tracking Form (CHILD KET)</u></a>
<a href="#"><u>Transition Age Youth Partnership Assessment Form (TAY PAF)</u></a>	<a href="#"><u>Transition Age Youth Quarterly Assessment Form (TAY 3M)</u></a>	<a href="#"><u>Transition Age Youth Key Event Tracking Form (TAY KET)</u></a>
<a href="#"><u>Adult Partnership Assessment Form (ADULT PAF)</u></a>	<a href="#"><u>Adult Quarterly Assessment Form (ADULT 3M)</u></a>	<a href="#"><u>Adult Key Event Tracking Form (ADULT KET)</u></a>
<a href="#"><u>Older Adult Partnership Assessment Form (OLDER ADULT PAF)</u></a>	<a href="#"><u>Older Adult Quarterly Assessment Form (OLDER ADULT 3M)</u></a>	<a href="#"><u>Older Adult Key Event Tracking Form (OLDER ADULT KET)</u></a>

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

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

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

Asample, partner  
 Asample, partner  
 Bsample, partner  
 Bsample, partner  
 Csample, partner  
 Csample, partner  
 Dsample, partner

Dsample, partner  
 Esample, partner  
 Esample, partner  
 Esample, partner  
 Gsample, partner  
 Gsample, partner  
 Gsample, partner

Hsample, partner  
 Hsample, partner  
 Ksample, partner  
 Lsample, partner  
 Lsample, partner  
 Lsample, partner  
 Msample, partner



2.

or

1.



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


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

**Select FSP Form** 

<b>County Number</b> 33	<b>CSI County Client Number</b> [REDACTED]	<b>Partnership Service Coord.</b> 4092 Evelyn Warfel
<b>Partner's Name</b> Msample, Partner:e	<b>Partner's Date of Birth</b> 4/2/1942 (68 yrs)	<b>Episode Open</b> 06/17/2010
<b>Date FSP Enrolled</b> <input type="text" value="12/17/2009"/> 	<input type="button" value="Save"/>	Enrolled RU: 33IJFO

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.

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

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

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

Quarterly Assessments (3M)

Date Completed

New 3M

Key Event Tracking

Date Completed
2/13/2007

New KET

Select Another Partner

If no PAF is entered the button reads, **New PAF**. If one is already completed, it reads **View PAF**. **DO NOT** write over existing 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 **3Ms** and **KETs** or view and edit any form you have already created.

# General Form Navigation

The screenshot shows a web form titled "FULL SERVICE PARTNERSHIP Transition Age Youth Partnership Assessment Form FOR AGES 16-25 YEARS". At the top, there is a "Go to page:" menu with options: Main, 1, 2, 3, 4, 5, 6, 7, 8, and Summary. A hand icon points to the "Main" option, with a dashed red arrow pointing to the "Main" text. Another hand icon points to the "Summary" option, with a dashed red arrow pointing to the "Summary" text. The form contains several sections: "PARTNERSHIP INFORMATION" with fields for County (33), Youth's First Name, Youth's Last Name, Partnership Date (01/26/2007), and Youth's Date of Birth (04/02/1985) with Age (22). Below this is a dropdown menu for "Who referred the youth? (Select One)" with "Mental Health Facility / Community Agency" selected. The "ADMINISTRATIVE INFORMATION" section shows Provider Site ID (33EZ), Full Service Partnership Program ID (2034), and Partnership Service Coordinator ID (4536). At the bottom, there is a "Submit Page 1" button and "Page 1 of 8". A hand icon points to the "Submit Page 1" button, with a dashed red arrow pointing to the button. In the top right corner, there is a text box with a spiral binding that says: "To skip around from page to page without saving, click on a **page number**." In the middle right, another text box says: "Click on **Summary** to review data entered." In the bottom right, a larger text box says: "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

Home ImageNet Log Out

Go to page: [Main](#) 1 2 3 4 5 6 7 8 [ADULT PAF 6/2/06 Summary](#)

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

PARTNERSHIP INFORMATION		
County	CSI County Client Number	
33	[REDACTED]	
Partner's First Name	Partner's Last Name	
[REDACTED]	[REDACTED]	
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

Select who referred the partner for FSP services

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.

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.*

**RESIDENTIAL INFORMATION**  
*(Includes hospitalization and incarceration)*

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

# PAF: Residential



### 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.*

Submit Page 2



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

# PAF: Education

CHILD PAF

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

## EDUCATION

Highest level of education completed:

7th Grade

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?

Yes  No

Is the partner CURRENTLY receiving special education due to another reason

Yes  No

Estimate the partner's attendance level DURING THE PAST (excluding scheduled breaks and excused absences) 12 MONTHS:

Always attends school (never truant)

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY:

Always attends school (never truant)

CURRENTLY, his/her grades are:

Average

DURING THE PAST 12 MONTHS, his/her grades were:

Average

DURING THE PAST 12 MONTHS, how many times has s/he been suspended?

2

DURING THE PAST 12 MONTHS, how many times has s/he been expelled?

0

Submit Page 3

Page 3 of 8

Select **highest level of education**

Includes Pre-School and Day Care thru College.

This section must be filled out for Child age groups.

•**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.

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

**EMPLOYMENT**

**EMPLOYMENT DURING THE PAST 12 MONTHS**

Indicate the youth's employment status...

**Competitive Employment:**

Paid employment in a position that is also open to individuals without a disability.

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>

**Supported Employment:**

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="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.

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="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.

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="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.

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="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 panhandling or illegal activities such as prostitution).

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
--------------------------------	--------------------------------	-----------------------------------

**Unemployed**

<input type="text" value="52"/>		
---------------------------------	--	--

Submit Page 4

# PAF: Past Employment

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.

**EMPLOYMENT**

**CURRENT EMPLOYMENT**

Indicate the youth's employment status...

**Competitive Employment:**

Paid employment in the community in a position that is also open to individuals without a disability.

AVERAGE HOURS/WEEK

HOURLY WAGE



**Supported Employment:**

Competitive 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.



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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 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).



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

# PAF: Current Employment

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

CURRENTLY

mark all that apply

mark all that apply

	<u>DURING THE PAST 12 MONTHS</u> mark all that apply	<u>CURRENTLY</u> mark all that apply
Caregiver's Wages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partner's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Security Income / Supplementary Payment (SSI/SSP) Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
State Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>	<input type="checkbox"/>

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

Submit Page 6

Page 6 of 8

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

# PAF: Legal Issues

## LEGAL ISSUES / DESIGNATIONS

### JUSTICE SYSTEM INVOLVEMENT

#### ARREST INFORMATION

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?

Yes  No

#### 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

#### 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 dependant of the court, indicate the year the partner was first placed on W & I Code 300 status:

#### 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

Submit Page 7

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

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

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.

# PAF: Emerg/Health/ Substance Abuse

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

ADULT PAF

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [Summary](#)

---

**EMERGENCY INTERVENTION**

Please indicate the number of emergency interventions (e.g., emergency room visits, crisis stabilization unit) the you had DURING THE PAST 12 MONTHS that were:

Physical Health Related	<input type="text" value="3"/>	Mental Health / Substance Abuse Related	<input type="text" value="4"/>
-------------------------	--------------------------------	---	--------------------------------

---

**HEALTH STATUS**

Does the partner have a primary care physician CURRENTLY?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Did the partner have primary car physician DURING THE PAST 12 MONTHS?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

---

**SUBSTANCE ABUSE**

In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance use problem?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is this an active problem?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is the partner CURRENTLY receiving substance abuse services?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

Page 8 of 8

**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**.

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 data entered, click a **page number** and you will return to the form.

Click from page to page to make corrections.

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

ADULT PAF

FULL SERVICE PARTNERSHIP  
Adult Partnership Assessment Form Summary  
 FOR AGES 26-39 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 Program ID	No Partnership Service Coordinator ID			
33EZ	2034	5216			
RESIDENTIAL INFORMATION					
Setting	Tonight	Yes	#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 / mortgage	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

# 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 then 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), an additional 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

# KET: Administrative

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

ADULT KET  
6/2/06

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 \*    -  -

**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)

Select new Reporting Unit

	Date of Change (numddyymm)
	mm dd yy
New Provider SiteID	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>
New Full Service Partnership Program ID	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>
New Partnership Service Coordinator ID	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>
Date of Partnership Status Change	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>

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 / program
- 

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

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

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

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

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

**RESIDENTIAL INFORMATION - includes hospitalization and incarceration**  
*(skip this section if there are no changes)*

Date of Residential Status Change \*  
mm dd yy  
  -  -

**GENERAL LIVING ARRANGEMENT**

- With one or both biological/adoptive parents
- With adult family member(s) other than parents - non-foster care
- In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage
- Single Room Occupancy (must hold lease)
- Foster home (with relative)
- Foster home (with non-relative)

**SHELTER / HOMELESS**

- Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)
- Homeless (includes people living in their cars)

**SUPERVISED PLACEMENT**

- Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
- Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
- Licensed Community Care Facility (Board and Care)

**RESIDENTIAL PROGRAM**

- Group Home (Level 0-11)
- Group Home (Level 12-14)
- Community Treatment Facility
- Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)
- Skilled Nursing Facility (physical)
- Skilled Nursing Facility (psychiatric)
- Long-Term Institutional Care (DMD, MHRIC)

**JUSTICE PLACEMENT**

- Juvenile Hall / Camp / Ranch
- Division of Juvenile Justice
- Jail
- Prison
- Other
- Unknown

**HOSPITAL**

- Acute Medical Hospital
- Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)
- State Psychiatric Hospital

[Remove All Residential Data](#)

**Residential Status:**  
Enter the **date** of status change.

**Residential Status:**  
Choose the new residential status.

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

# KET: Educ.

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

**EDUCATION**  
*(skip this section if there are no changes)*

**GRADE LEVEL INFORMATION**

Date of Grade Level Completion \*  
 mm dd yy  
 -  -

Level of education completed:

SUSPENSION INFORMATION  
 mm dd yy  
 -  -

EXPULSION INFORMATION  
 mm dd yy  
 -  -

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

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

Complete ONLY if Child 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  
 -  -

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](#)

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

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

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

Page 3 of 5



# KET: Emp.

## EMPLOYMENT

*(skip this section if there are no changes)*

Date of Employment Change \*

mm dd yy  
Clear  -  -



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

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

Indicate the youth's employment status...	AVERAGE HOURS/WEEK	HOURLY WAGE
<b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/>	\$ <input type="text"/>
<b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	\$ <input type="text"/>
<b>Transitional Employment/Enclave:</b> 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.	<input type="text"/>	\$ <input type="text"/>
<b>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):</b> 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.	<input type="text"/>	\$ <input type="text"/>
<b>Non-paid (Volunteer) Work Experiences:</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<input type="text"/>	
<b>Other Gainful/Employment Activity:</b> 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).	<input type="text"/>	\$ <input type="text"/>



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

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 new **employment recovery goal**.

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

Remove all Employment Information



Submit Page 4

# KET: Legal/Emergency Interventions

ADULT KET  
6/2/06

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [Summary](#)

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

### ARREST INFORMATION

Date Partner Arrested

mm dd yy

-  -

PROBATION

Date of Probation Status Change

mm dd yy

-  -

Select new probation status:

Select One

CONSERVATOR / PAYEE INFORMATION

Date of Conservatorship Status Change

mm dd yy

-  -

Select new conservatorship status:

Select One

Date of Payee Status Change

mm dd yy

-  -

Select new payee status:

Select One

[Remove all Legal Information](#)

## EMERGENCY INTERVENTION *(skip this section if there are no changes)*

Date of Emergency Intervention

mm dd yy

-  -

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

Select One

[Remove all Emergency Information](#)

Page 4 of 4

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

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

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

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



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.

ADULT KET SUMMARY

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

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

County	33	CSI County Client Number	[REDACTED]
Partner's Name	[REDACTED]	Partner's Date of Birth	12/30/1969
Date Completed	04/19/2007	Age	37

**Change IN ADMINISTRATIVE INFORMATION**

New Provider Site ID	Date of New Provider Site ID Change
New Full Service Partnership Program ID	Date of New Full Service Partnership Program ID Change
New Partnership Service Coordinator ID	Date of New Partnership Service Coordinator ID
New Partnership Status:	Date of New Partnership Status Change
Discontinuation Reason:	

**RESIDENTIAL INFORMATION**

Date of Residential Status Change	1/23/2007
New Residential Status	In an apartment or house alone / with spouses dependents / roommate - must hold lease or sh...

**EDUCATION**

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 1<sup>st</sup>, 2011 a 3M would not be completed until April 1<sup>st</sup>, 2011).
- A 3M quarterly due report is available on ImageNet.

# CHILD 3M: Quarterly

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	900090000	
Child/Youth's First Name	Child/Youth's Last Name	
[REDACTED]	[REDACTED]	
Child/Youth's Date of Birth	Age	
12/29/1996	13	

Date Completed \*

mm dd yy

Clear 9 16 2010

### 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: \*

CURRENTLY, his/her grades are: \*

### 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

Go to page: [Main](#) [1](#) [2](#) [Summary](#)

## 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)	<input type="checkbox"/>
Placed in Foster Care	<input type="checkbox"/>
Legally Reunified with client	<input type="checkbox"/>
Adopted Out	<input type="checkbox"/>

## 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-occurring 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

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

### Health Status

Click Yes/No for primary physician.

### Substance Abuse

Click all that apply.

# 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 3M

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

Main 1 2

PARTNERSHIP INFORMATION			
County	33	CSI County Client Number	[redacted]
Partner's Name	[redacted]	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 Reunited with partner:	0	Adopted out:	0

HEALTH STATUS

Does the partner have a primary care physician current...

SUBSTANCE ABUSE

Does the partner have a co-occurring mental illness...

In this partner CURRENTLY V...

# Selecting a New Partner or Exiting

**PARTNERSHIP INFORMATION**

Partnership Service Coord. ID	CSI County Client Number	Episode Closing Date
4071 Christy Carter	[REDACTED]	
Partner	Partner's Date of Birth	Age (TAY)
[REDACTED]	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.