Data Entry Manual
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</tbody>
</table>
To log on to the site use the following web address:

http://rcmhcare.org/imagenet/

*Note: URL coming soon
Logging on to ImageNet

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

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

Once you have logged on to ImageNet, select Web Forms.
After selecting Web Forms, you will see this screen. Select the Full Service Partnership program by clicking the button, or using the drop down menu.
After selecting the Full Service Partnership program you will see this screen. Use the drop down menu to select your Reporting Unit (RU).
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 ImageNet.
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.

When the letter “M” is clicked, the screen reduces 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.
Client FSP Form Selection

From this screen you can enter a PAF, create new 3Ms and KETs or view and edit any form you have already created.
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

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.
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.
    • 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, quite often the highest level of education completed, Tonight or Yesterday residential status, Recovery goal, yes or no, Health Status and Substance Abuse status. Refer to data collection guidelines document for complete PAF guidelines.
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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>CSI County Client Number</td>
</tr>
<tr>
<td>Partner’s First Name</td>
<td>Partner’s Last Name</td>
</tr>
<tr>
<td>Partnership Date</td>
<td>Partner’s Date of Birth</td>
</tr>
<tr>
<td>Age</td>
<td>43</td>
</tr>
</tbody>
</table>

Who referred the Partner? (Select One)

- Select One

**Administrative Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Site ID</td>
<td>33HL</td>
</tr>
<tr>
<td>Full Service Program ID</td>
<td>15BC</td>
</tr>
<tr>
<td>Partnership Service Coordinator ID</td>
<td>4132</td>
</tr>
</tbody>
</table>

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:**

- **GENERAL LIVING ARRANGEMENT**
  - With one or both biological pride parents
  - With adult family member(s) other than parents - non-foster care
  - In an apartment or house alone / with spouse, partner, same-sex children, or other dependents (rent or 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**
  - Uninsured but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
  - Uninsured but supervised congregate placement (includes group living homes, sober living homes)
  - Licensed Community Care Facility (Board and Care)

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

- **RESIDENTIAL PROGRAMS**
  - Group Home (Level 0-1)
  - Group Home (Level 2-3)
  - 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 (LTC, MHRC)

- **JUSTICE PLACEMENT**
  - Juvenile Hall / Camp / Ranch
  - California Youth Authority
  - Jail
  - Prison
  - Other
  - Unknowns

**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.
**Select highest level of education**

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.

---

### Highest level of education completed:

- Doctoral degree (e.g. M.D., Ph.D.)

### For the educational settings below, indicate where the partner...

<table>
<thead>
<tr>
<th>Education Setting</th>
<th># of weeks</th>
<th>During the Past 12 Months</th>
<th>Currently (mark all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in school of any kind</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School / Adult Education</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical / Vocational School</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community College / 4 year College</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate School</td>
<td>52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Does one of the partner’s current recovery goals include any kind of education at this time?

- Yes ○ No □

---

Click **Submit** to save and go to next page.
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 cannot 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.

### Employment During the Past 12 Months

<table>
<thead>
<tr>
<th>Employment Status</th>
<th># Of Weeks</th>
<th>Average Hours/Week</th>
<th>Average Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitive Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Employment/Enclave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business)</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Non-covered (Volunteer) Work Experience</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Other Gainful/Employment Activity</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Unemployed</td>
<td>52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click **Submit** to save and go to next page.
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.
## SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:

<table>
<thead>
<tr>
<th>Source</th>
<th>During the Past 12 Months</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner's Wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner's Spouse / Significant Other's Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Family Member / Friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement / Social Security Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran's Assistance Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loan / Credit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Relief / General Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplementary Security Income / Supplementary Payment (SSI/SSP) Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>✅</td>
<td>✓</td>
</tr>
<tr>
<td>State Disability Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Financial Support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**LEGAL ISSUE 3 / 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 ☐

#### 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 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 41 & 4 Code 300 Status INFORMATION
- Is the partner currently a dependent of the court? Yes ☐ No ☐
- Was the partner a dependent of the court during the past 12 months? Yes ☐ No ☐
- Was the partner a dependent of the court prior to the last 12 months? Yes ☐ No ☐

If the partner was a dependent of the court, indicate the year the partner was placed on §19 & § 2 Code 300 Status: 0

### CUSTODY INFORMATION
- Indicate the total number of children the partner has who are currently:
  - Placed with 41 Code 300 Status: 0
  - Orphaned of the County: 0
  - Placed in Foster Care: 0
  - Legally Bound with Child: 0
  - Adopted Out: 0

---

**PAF: Legal Issues**

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 autofills to NO. You only need to click if the condition is Yes.

Custody Information refers to the Partners children. This field defaults to zero. Enter data only if it is applicable to the partner.
PAF: Emerg/Health/Substance Abuse

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

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

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.
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.

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.

Click from page to page to make corrections.

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

**PAF: Summary**
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
Date Completed: Enter the date you created the KET. If you don’t – it won’t save.

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

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.

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

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

**GRADE LEVEL INFORMATION**

Date of Grade Level Completion

Enter the date if level of education has changed. Select the new **Educational Setting** if the partner’s status has changed.

Level of education completed:

Select One

**EDUCATIONAL SETTING INFORMATION**

Date of Educational Setting Change

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

**If stopping school, did the partner complete a class and/or program?**

Yes ☐ No ☐

**Does one of the partner’s current recovery goals include any kind of education at this time?**

Yes ☐ No ☐

**Remove All Educational Data**

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

Page 2 of 5
Enter the date of Employment: status change.
If the partner is now working hours and receiving wages, record them in the boxes.

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

Check the box to indicate new employment recovery goal.

Click Submit to save and turn page.
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.
To obtain a copy of the completed form for your records, click on Print.

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.

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.
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.**

- A 3M quarterly due report is available on ImageNet.
### 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 care physician CURRENTLY?
- Yes
- No

### SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance user problem?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is this an active problem?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is the partner CURRENTLY receiving substance abuse services?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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.
Selecting a New Partner or Exiting

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.