ImageNet
Hershey Technologies
Data Entry Manual
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<td>32</td>
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<td>33</td>
</tr>
</tbody>
</table>
Getting on to ImageNet

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

http://tommy.rcmh.local/
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://tommy.rcmh.local/
Once you have logged on to ImageNet, click on Full Service Partnership Surveys.
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

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.
Selecting a Partner (Cont)

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

### Partnership Information

<table>
<thead>
<tr>
<th>Partnership Service Coord. ID</th>
<th>CSI County Client Number</th>
<th>Episode Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4071 Christy Carter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>08/05/1984</td>
<td>22</td>
</tr>
</tbody>
</table>

### Partnership Assessment Form

<table>
<thead>
<tr>
<th>Partnership Date</th>
<th>Reporting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/14/2006</td>
<td>33EZ34</td>
</tr>
</tbody>
</table>

### Quarterly Assessments (3M)

<table>
<thead>
<tr>
<th>Date Completed</th>
</tr>
</thead>
</table>

### Key Event Tracking

<table>
<thead>
<tr>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/13/2007</td>
</tr>
</tbody>
</table>

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.

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

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.
General Form Navigation

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 (# 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.
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:

- **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.
Select the 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.
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.
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.

---

**CURRENT EMPLOYMENT**

<table>
<thead>
<tr>
<th>Indicate the youth's employment status...</th>
<th>AVERAGE HOURS/WEEK</th>
<th>HOURLY WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competitive Employment:</strong> Paid employment in the community in a position that is also open to individuals without a disability.</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Supported Employment:</strong> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Transitional Employment/Enclave:</strong> 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.</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):</strong> 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.</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Non-paid (Volunteer) Work Experience:</strong> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other Gainful/Employment Activity:</strong> 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).</td>
<td>0</td>
<td>$0</td>
</tr>
</tbody>
</table>

---

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

---

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:

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

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

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

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

<table>
<thead>
<tr>
<th>EMERGENCY INTERVENTION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health Related</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mental Health / Substance Abuse Related</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the partner have a primary care physician CURRENTLY?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the partner have primary care physician DURING THE PAST 12 MONTHS?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBSTANCE ABUSE</th>
<th></th>
<th></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 use 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. 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.
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.**

**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.

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

---

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

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

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**Research and Evaluation, August 2013**
Residential Status:
Enter the date of status change.

Residential Status:
Choose the new residential status.

Click Submit to save and turn page.
Enter the date if level of education has changed. Select the new Education Level.

Enter the date of Suspension or Expulsion.

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.

Complete ONLY if Child is at least 18 years or older

Complete ONLY if Child is 17 years or younger

Click Submit to save and turn page.
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.
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.
3M: Quarterly

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

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

Click Submit to save and turn page.
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
- In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance use problem?
- Yes
- No
- Is this an active problem?
- Yes
- No
- Is the partner CURRENTLY receiving substance abuse services?
- Yes
- No

Click Submit to save and turn page.
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.

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.
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.