United Way Driving The Dream

CoactionNet User Guide

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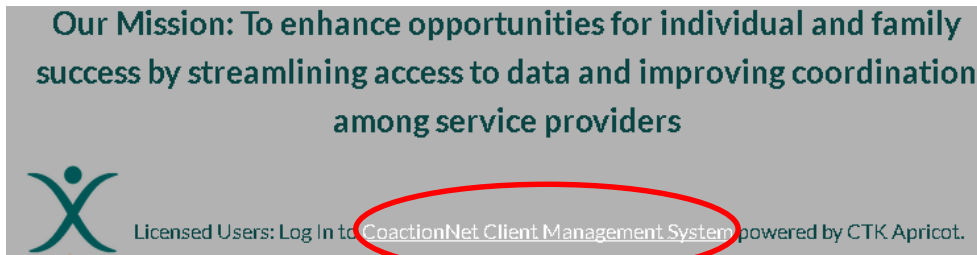# Navigating CoactionNet

I. Website Login

- Open your web browser (Google Chrome, Mozilla Firefox or Safari)
- Type www.coactionnet.org in your web browser.
- Click Log In to **CoactionNet Client Management System** (on the bottom of the screen).

Our Mission: To enhance opportunities for individual and family success by streamlining access to data and improving coordination among service providers

Licensed Users: Log In to CoactionNet Client Management System powered by CTK Apricot.

You will be redirected to the Apricot site.

Enter your email address (firstname.lastname@abcorganization.org) as the username and your password. Click **Login to Apricot**. If you forget your password, click **Forgot Your Password?** and follow the steps to reset your password.

- DO NOT select the option to SAVE your password
- You will see the default dashboard/home screen.

Obtaining/Managing CoactionNet User Profiles

## II.   Obtaining CoactionNet Profile

- Agency Supervisor or Management staff will inform United Way Data Quality Analyst of new hire or departing staff Member

- United Way Data Quality Analyst contacts CoactionNet System Administrator to request CoactionNet access or deactivation using the CoactionNet Technical Request Form

- CoactionNet System Administrator provides training to New Hire and Collects CoactionNet User Agreement

- CoactionNet System Administrator updates the Technical Request form with the outcome, and sends New Hire:

    o   CoactionNet ID
    o   CoactionNet Password

- United Way Data Quality Analyst provides feedback to Supervisor or Management staff requesting the update

## III. Client Profile

A. Navigating to Client Profile

- Once you are logged in to CoactionNet, on the left side of your screen, you will see a list with "**Search Records**" in Green. If you do not see this on the left side of your screen, click the black tab with "Open/Close" on it.
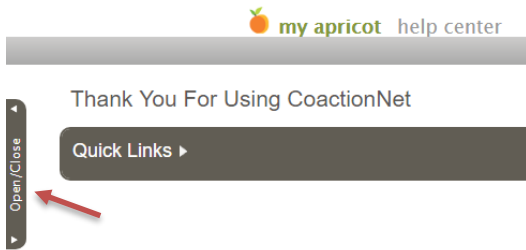
- Click on "Client Profile" under **Search Records**.
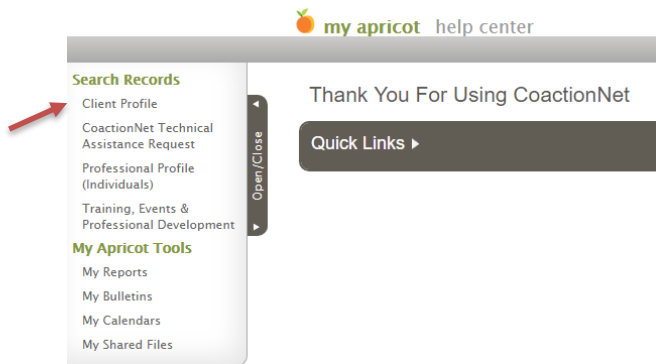
- You will see a screen similar to the one below which includes a list of all clients you have access to as a CoactionNet user.
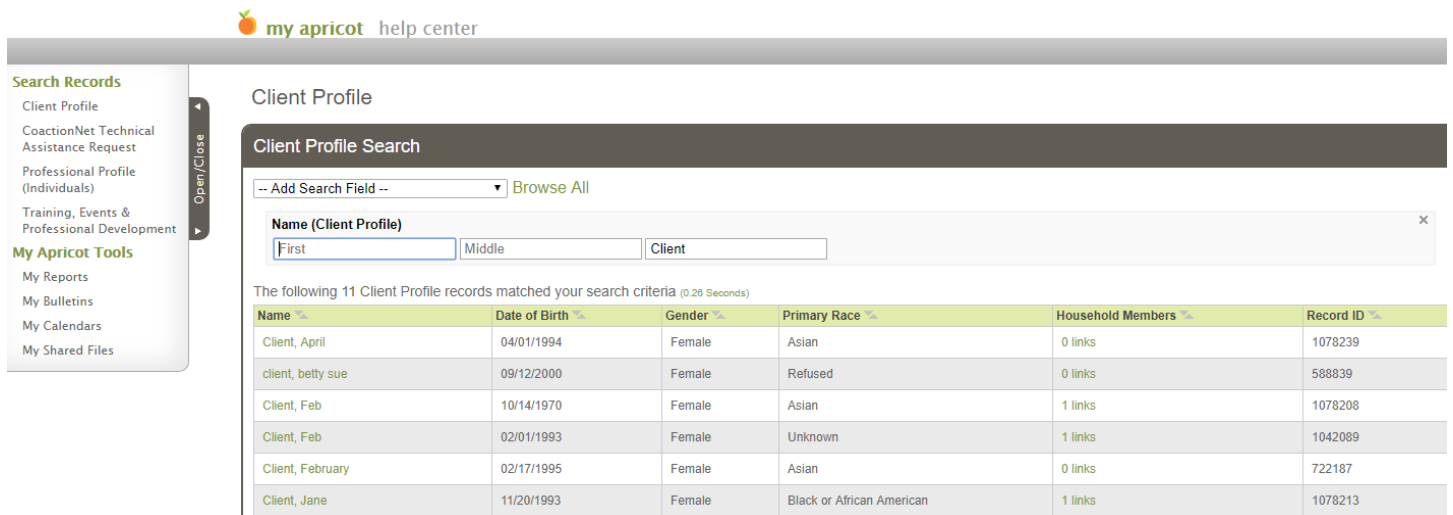
B. Searching for Clients by Name

Before entering a new Client, it is requested that you check to make sure the Client is not already in the system by searching the first 2 letters of the last name% and the first letter of the first name% to see if a different spelling of the same person is in the system.

- Type in the search criteria

In this example, I am searching for May Client. I will type in the first letter of her first name plus the wildcard symbol (M%) and the first 2 letters of her last name and the wildcard symbol (Cl%). No entries for May Client were returned, so now I can go on to create a **New Client Profile** – click on the item under **Search Actions** on the right side of the screen.

C. Adding a New Client Profile

This section is for the main Client demographics that should stay the same throughout the participant's enrollment.

- If a Client Profile already exist, you will receive a *Duplicate Record Warning* and the opportunity to view existing profile information.
- Required fields are:
  - First Name, Last Name
  - Date of Birth
  - Gender
  - Primary Race

- After entering the required information, click **Save Record** on the right-hand side of the screen under **Record Options**.
- Once the record saves, a pop-up box will appear confirming the record was saved with 3 options: **Continue, View Folder, Go To Search**.
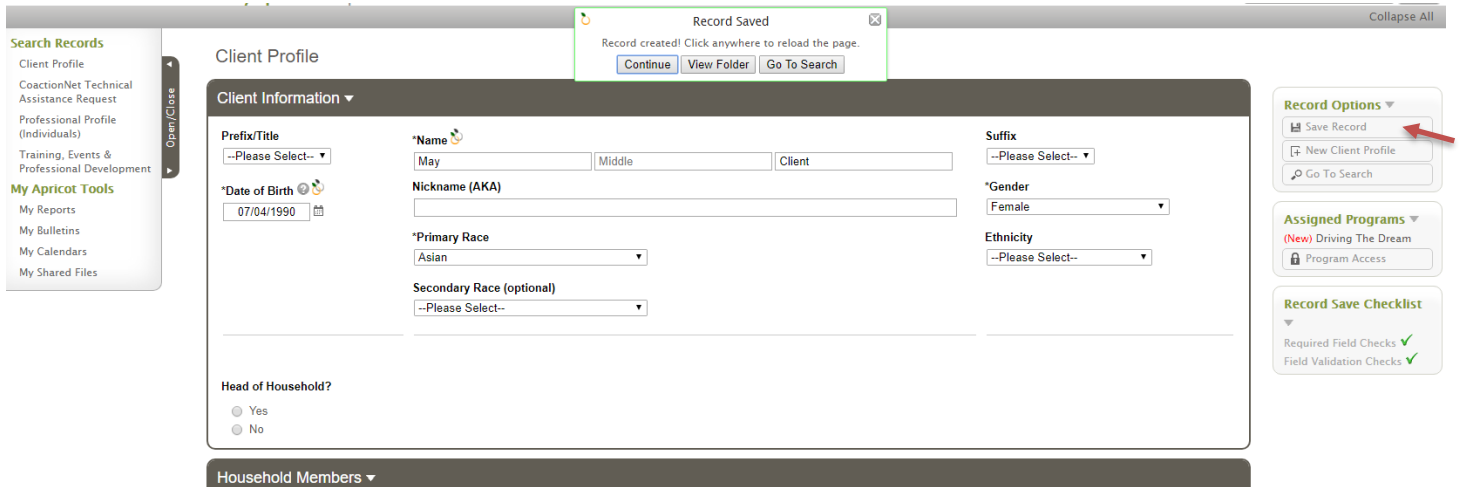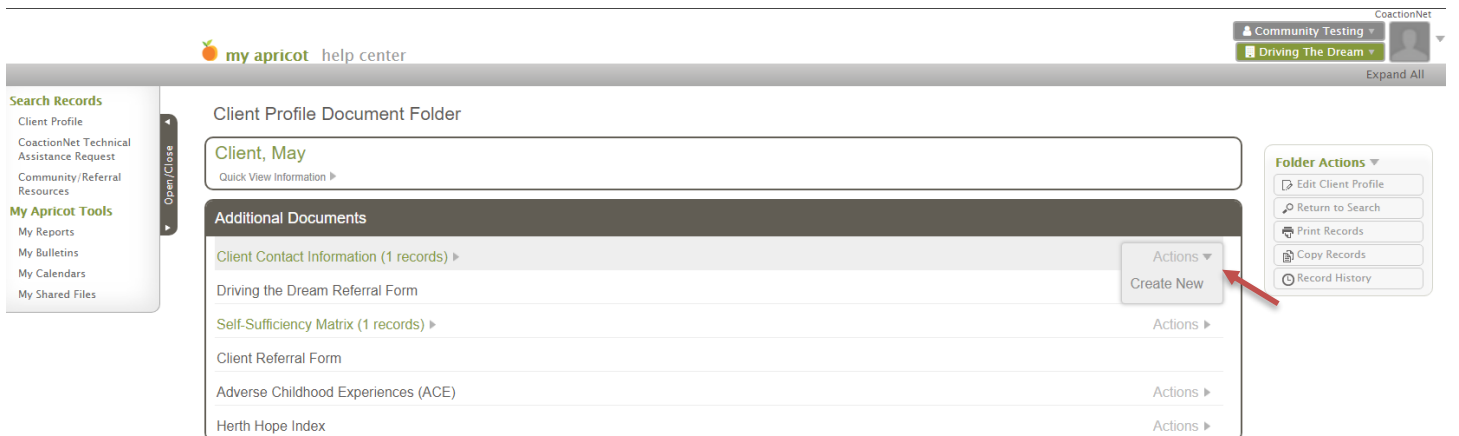

IV. Client Folder View

The Client Folder view shows a list of all the forms that are available for each client. The forms that are required for Clients are not listed in order as the folder view is shared among many other organizations using CoactionNet. It's important that you complete at least the forms in the order they are listed in this guide.

A. Create a New Record

To create a new record for any folder, hover your mouse over **ACTIONS** and click **CREATE NEW**.

B. Modify a Record

To modify a record for any folder, click the arrow to collapse or expand entries for that folder and select the record you wish to modify.

V. Screenings and Assessments

A. Self-Sufficiency Matrix

The head of household completes the Self-Sufficiency Matrix in order to identify the household's immediate needs.

- Agency staff completes the Self Sufficiency Matrix
    - Select Date of Assessment
    - Type of Assessment
        - Initial
        - Follow-Up
        - Final
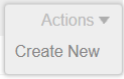- Complete the outcome for each domain

- CoactionNet automatically scores the Self-Sufficiency Matrix
- Agency staff is responsible for entering the "Number of Domains Vulnerable or In Crisis"

B. Herth Hope Index

Offer adult family members the Herth Hope Index

- Complete the "Herth Hope Index" Form in CoactionNet
  - o Enter the Date Herth Hope Index Form completed
  - o Complete Questionnaire
  - o Review Final Score

C. Adverse Childhood Experience (ACE) screening

Offer adult family members the Adverse Childhood Experience (ACE) screening to identify and more effectively care for individuals who have been exposed to violence.

- Agency staff completes the Adverse Childhood Experience (ACE) form in CoactionNet
  - Enter date ACE completed
  - Enter the ACE score
  - Upload the ACE screening document in CoactionNet (if necessary)

VI. Driving The Dream Referral Process

Based on assessments and/or conversations with the client and family, create referrals to appropriate community agencies/organizations.

A. Client Contact Information Form

- Complete new or review and verify each section of an existing Client Contact Information Form
  - Select Program Completing Form
  - Choose the Best Way to Contact
  - Enter Client Telephone Number, Alternative Number, E-Mail Address, and Address
  - Housing Information
  - Save the Record

Client Contact Information

Client, May
Quick View Information ▶

Enter Client Contact Information ▾

Program Completing Form
[Driving The Dream ▾]

Primary Phone Number:
[901] [900] [0000] ext. [   ]

Alternate Phone Number:
[901] [100] [1001] ext. [   ]

Email Address:
email@domain.com [Change]

*Client Address [Clear]
Address
[101 Wilder Tower]
[Line 2]
Neighborhood
[East Memphis]
City
[Memphis]
State
[Tennessee ▾]
County
[Shelby County]
Zip
[38152] [   ]

Do you have a mailing address? (Different from Address)
[No ▾]

Best Way to Contact:
[Primary Phone ▾]

Primary Phone Type
[Cell Phone ▾]

Alternate Phone Type
[Work ▾]

Add Assessor and District Information
☐ Check here to add information below

Apartment Complex Name
[   ]

B. Driving The Dream Referral Form

- Open the Driving the Dream Referral Form by selecting "Create New" under "Actions"

- Complete the "Referring Organization" section
  - o Select the Referring Organization
    - o Choose your organization from the dropdown
  - o Answer "What type of services are you providing to this person"

Driving the Dream Referral Form

Client, May
Quick View Information ▸

Referring Organization ▾

*Referring Organization
Demo Organization ▾

Creation Date
--

Created By
--

What type of services are you providing to this person?
☐ 1. Shelter and Housing
☐ 2. Employment
☐ 3. Income
☐ 4. Food and Nutrition
☐ 5. Childcare
☐ 6. Children's Education
☐ 7. Adult Education
☐ 8. Health Care
☐ 9. Life Skills
☐ 10. Family Relations/Support Network
☐ 11. Transportation/Mobility
☐ 12. Community Involvement
☐ 13. Parenting Skills
☐ 14. Legal
☐ 15. Mental Health
☐ 16. Substance Abuse
☐ 17. Safety
☐ 18. Disabilities
☐ 19. Credit/Financial Management
☐ 20. Spirituality

- Complete the "Consent" section
  - Select if the organization wants to either "Hide Referring Organization information" or "Share Referring organization information"
  - If the client agrees to consent over the telephone, check the Client Consent Box
  - If the client agrees to consent in person, Type the Clients Name, Press Sign, and have him/her sign his/her name electronically. Press "Done"

Consent ▾

*Consent to Share Referring Information
○ Hide Referring Organization Information
○ Share Referring Organization Information

I am consenting to allow agencies that are part of the DTD Network to share select pieces of information about me in order to provide high quality timely services. This information includes:
- My contact information
- Information I provided on the *Driving The Dream* referral form and/or intake form
- Assessments that would be helpful to other service providers so that I do not need to share the same information again
- DTD-related consent forms
- Results of referrals to service providers or meetings with my Care Coordinator

Client Consent

☐ Client has agreed to consent over the telephone

Client Signature
Name
[Full Name]
Signature
[   ]

[Sign]

- Complete the "Contact Information" section. This section provides the receiving agency with a way to contact client.
    - Enter Address and Phone Number
    - Enter Email Address is available
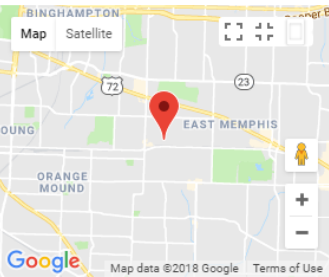
- Complete "Care Coordinator Referral and Appointment" section
    - Select an option for "Client's Interest" in care coordination
        - Client is interested in Care Coordination at this time
        - Client is not interested in Care Coordination at this time

If your client is interested in Care Coordination additional information will appear

- Choose Care Coordinator Agency*
- Save Record

If client is not interested in Care Coordination the "Referral to DTD Agency" section will appear

Referral To DTD Agency ▾

Primary Reason for This Referral (Choose One)

-- Please Select -- ▾

Secondary Reason for This Referral (Choose as many as apply)

- ☐ 1. Shelter and Housing
- ☐ 2. Employment
- ☐ 3. Income
- ☐ 4. Food and Nutrition
- ☐ 5. Childcare
- ☐ 6. Children's Education
- ☐ 7. Adult Education
- ☐ 8. Health Care
- ☐ 9. Life Skills
- ☐ 10. Family Relations/Support Network
- ☐ 11. Transportation/Mobility
- ☐ 12. Community Involvement
- ☐ 13. Parenting Skills
- ☐ 14. Legal
- ☐ 15. Mental Health
- ☐ 16. Substance Abuse
- ☐ 17. Safety
- ☐ 18. Disabilities
- ☐ 19. Credit/Financial Management
- ☐ 20. Spirituality

Notes about the Referral

Notes

Attach Documentation

[Choose File] No file chosen

Up to 25 MB

- ▪ Complete the "Referral to DTD Agency" section
  - o Choose the Primary Reason for Referral
  - o Choose the Secondary Reason(s) for Referral if applicable
  - o Select the TTS Domain that corresponds with the referral from the drop down list
  - o Select the appropriate Referral Program from the list of agencies
    - ▪ The Referral Service Description box provides details of each program
    - ▪ Referral Contact, address, phone number and email are listed for reference
  - o Complete Referral Notes
  - o Attach documentation – if necessary
  - o Save Record to complete referral

Referral To DTD Agency ▾

Primary Reason for This Referral (Choose One)

| -- Please Select -- | ▼ |

| -- Please Select -- |
| 1. Shelter and Housing |
| 2. Employment |
| 3. Income |
| 4. Food and Nutrition |
| 5. Childcare |
| 6. Children's Education |
| 7. Adult Education |
| 8. Health Care |
| 9. Life Skills |
| 10. Family Relations/Support Network |
| 11. Transportation/Mobility |
| 12. Community Involvement |
| 13. Parenting Skills |
| 14. Legal |
| 15. Mental Health |
| 16. Substance Abuse |
| 17. Safety |
| 18. Disabilities |
| 19. Credit/Financial Management |

(ose as many as apply)

- ☐ 13. Parenting Skills
- ☐ 14. Legal
- ☐ 15. Mental Health
- ☐ 16. Substance Abuse
- ☐ 17. Safety
- ☐ 18. Disabilities
- ☐ 19. Credit/Financial Management
- ☐ 20. Spirituality

Notes about the Referral

Notes

Attach Documentation

[Choose File] No file chosen

Up to 25 MB

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*Referral Program

Demo Organization: Demo Employment Services ▼

Referral Service Description

TEST:
Demo Employment Services provides skills training, certifications and job placement. Candidates must be at least 18 years of age with a high school diploma, GED or HiSet. Advise clients to bring a valid photo id on the day of their appointment.

Referral Contact

| Demo | Middle | Organization |

Referral Phone

901 100 1000 ext.

If you do not have an email address for the referral program, please enter your own email address here.

*Referral E-Mail

customer_care@apricot.inf

This field is required.

Referral Address [Clear]

Address

Line 1

Line 2

City

City

State

--Please Select-- ▼

County

County

Zip

Notes about the Referral

Notes

Attach Documentation

[Choose File] No file chosen

Up to 25 MB

- Entering an agency that is not listed as a "Referral Program"
  - After reviewing the agencies and determining that the agency you are searching for is not listed
    - Choose: "Other: The program I want isn't listed" from the drop down
  - Enter "Referral Program" name
  - If known, enter referral program description, contact and phone number
  - Enter the "Referral Email"
    - If you do not have an email address for the referral program of choice, please enter your own email address
  - Save Record to complete referral

*Referral Program
-- Other: The program I want isn't listed ▼

Referral Program
Program Name

Referral Service Description
Provide service description if availabe

Referral Contact
| Program | Middle | Contact |

Referral Phone
901 | 100 | 2000 | ext.

If you do not have an email address for the referral program, please enter your own email address here.

*Referral E-Mail
contact@agency.org

Referral Address Clear
Address
123 Main Street
Line 2
City
Memphis
State
Tennessee ▼
County
County
Zip
38103

Notes about the Referral
Notes

Attach Documentation
Choose File No file chosen
Up to 25 MB

C. Feedback from Referral Agencies

Both referring and receiving agency will receive an email confirming that a referral was made. The receiving agency will follow the steps outlined below.

- View/Complete the status of a referral
- Complete the "Referral Status" section of the Driving The Dream Referral Form
- Enter Date of Status Update

- Enter Status of Referral
  - **Warm Hand-Off:** An introduction from the referring to the receiving agency
  - **Received**: Receiving agency should update status to *Received* upon receipt of referral
  - **At Capacity**: Receiving agency is at full capacity
  - **Pending – In Contact**: Receiving agency is attempting to contact client or scheduled meeting
  - **Pending – Screening for Enrollment**: Receiving agency has made contact
  - **Completed/Enrolled In Program**: Enrollment in receiving agency is complete
  - **Ineligible**: Client is ineligible for services
  - **Unable to Contact**: Receiving agency is unable to contact client
  - **Contacted but Declined Services**: Client declined against receiving agency services
- Review/Complete Notes about Referral Section based on information from the Referral Agency

Referral Status ▾

Date of Status Update
[MM/DD/YYYY] 📅

Status Update
[--Please Select-- ▾]

Notes about Referral
[Notes]

Referral Status ▾

Date of Status Update
[MM/DD/YYYY] 📅

Status Update
[--Please Select-- ▾]
--Please Select--
Warm Hand-Off
Received
At Capacity
Pending - In Contact
Pending - Screening for Enrollment
Completed/Enrolled in Program
Ineligible
Unable to Contact
Contacted but Declined Services

Data Quality & Troubleshooting

- Agency Staff should review reports weekly for additional information and to view the status of referrals.