

UNITED WAY OF THE MID-SOUTH

DRIVING THE DREAM

COACTIONNET USER GUIDE



Care Coordinators

May 2019

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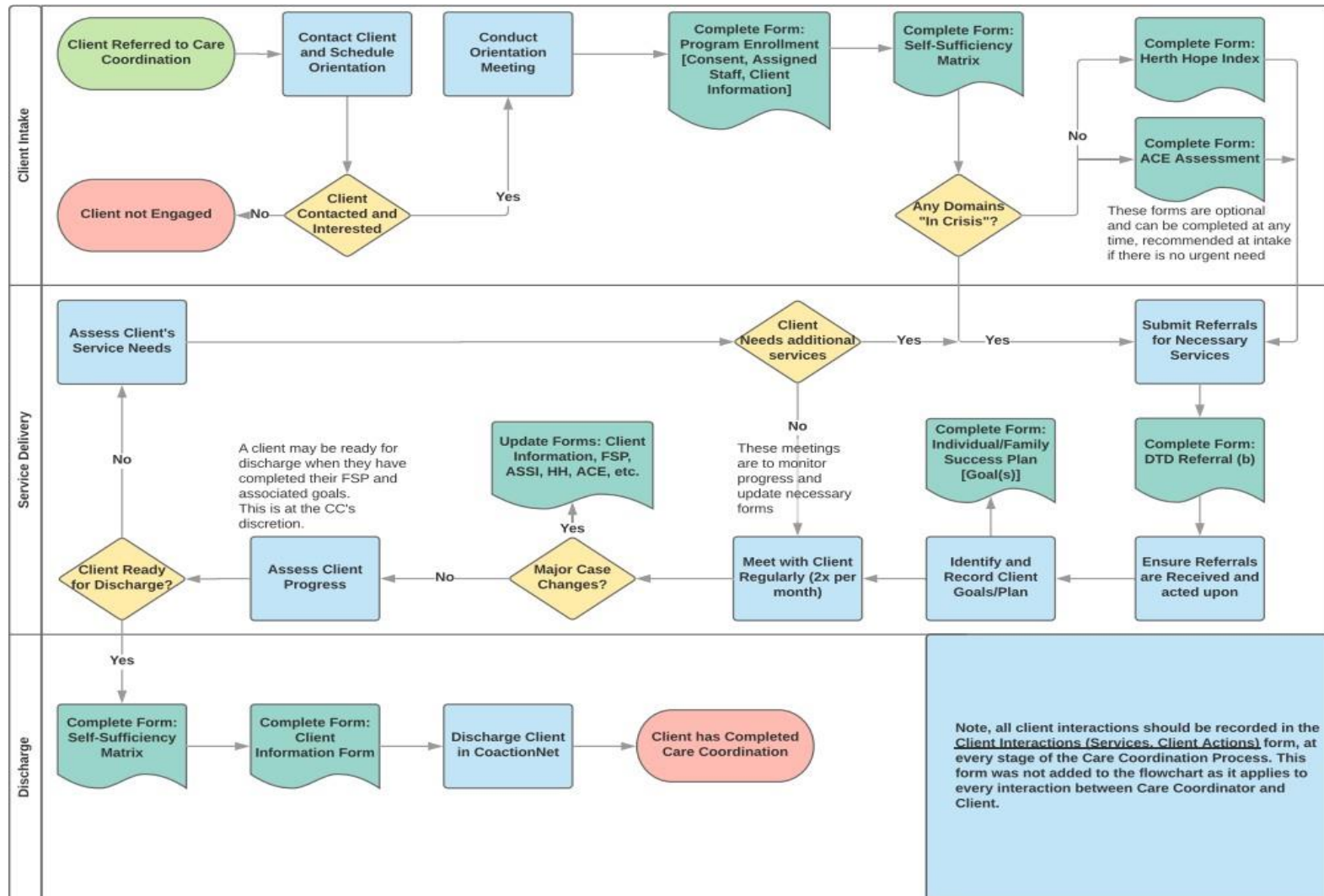
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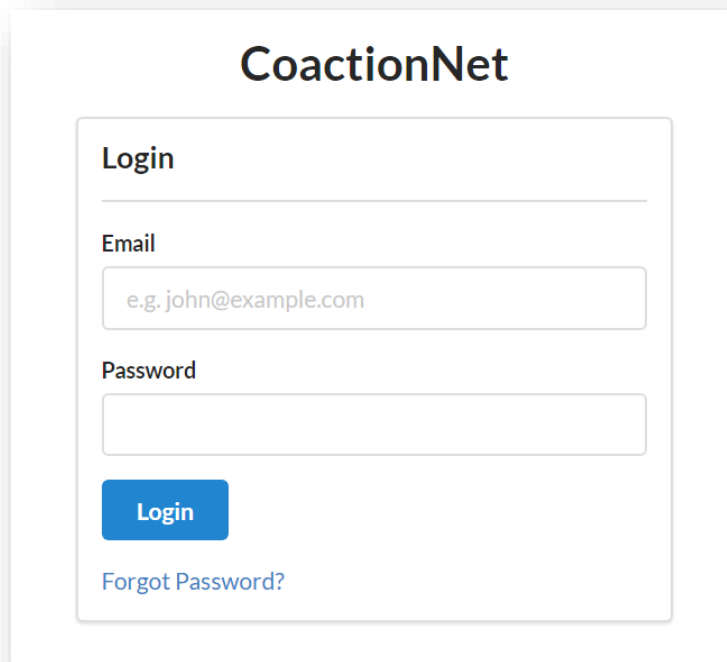
Care Coordination Process Flow



Navigating CoactionNet

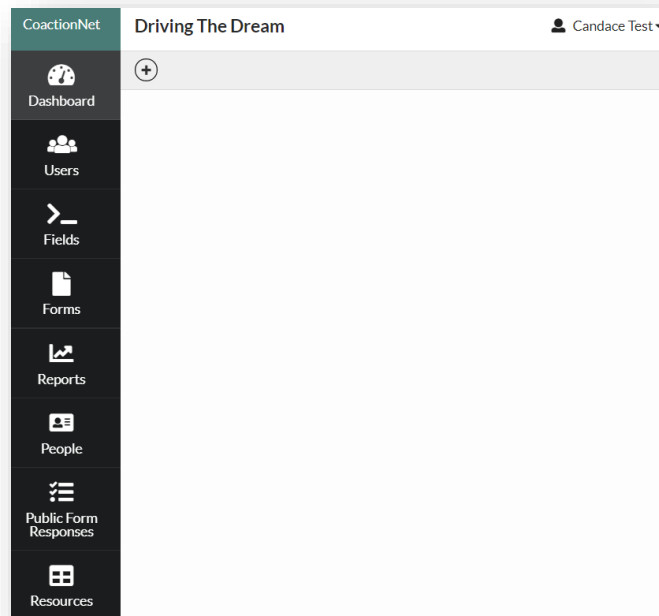
CoactionNet Login

- Open your web browser (Preferred Browser: Google Chrome, Mozilla Firefox or Safari, CoactionNet is **incompatible** with Internet Explorer).
- Type dtd.coactionnet.com in your web browser's address bar.

A screenshot of the CoactionNet login page. The page has a white background with a subtle shadow. At the top, the text "CoactionNet" is displayed in a bold, dark blue font. Below this, there is a white rectangular box with a thin grey border. Inside this box, the word "Login" is written in a bold, dark grey font. Underneath "Login", there are two input fields. The first is labeled "Email" in a dark grey font, and it contains the placeholder text "e.g. john@example.com". The second is labeled "Password" in a dark grey font, and it is an empty field. Below the password field, there is a blue rectangular button with the word "Login" in white. At the bottom of the box, there is a link that says "Forgot Password?" in a blue, underlined font.

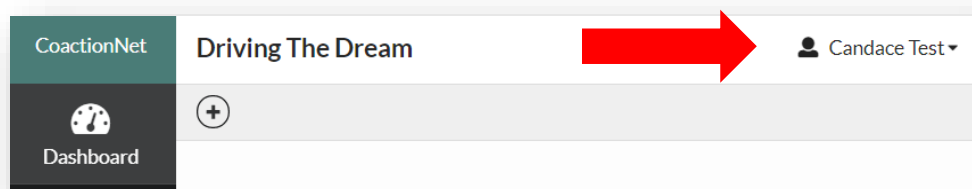
- Enter your email address (firstname.lastname@abcorganization.org) as the username and your personal password. This will be the same e-mail address you submitted when you signed your User Agreement and password you created. Click **Login**.
- If you forget your password, click "**Forgot Password?**" and follow the steps to reset your password.

CoactionNet Interface

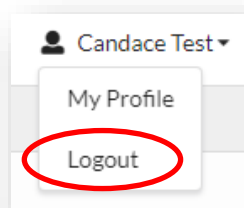


- After logging into CoactionNet, you will be taken to a landing page similar to the one above. The buttons on the left allow you to navigate to different pages in CoactionNet. Your name will appear in the upper left hand corner.

Logging Out



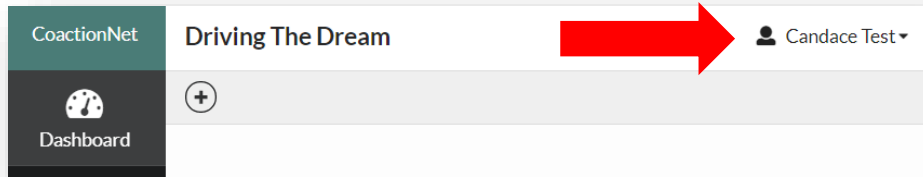
- To logout, click on the button containing your name in the upper left-hand corner of the screen.



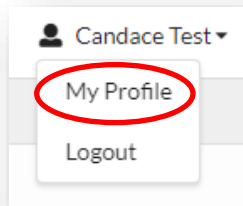
- A drop-down menu will appear with the options, "My Profile" and "Logout". Click **Logout**.

Updating Your User Profile

From your profile, you can update your personal information and password.



- To access your profile information, click on the button containing your name in the upper left-hand corner of the screen.



- A drop-down menu will appear with the options, “**My Profile**” and “**Logout**”. Click **My Profile**.

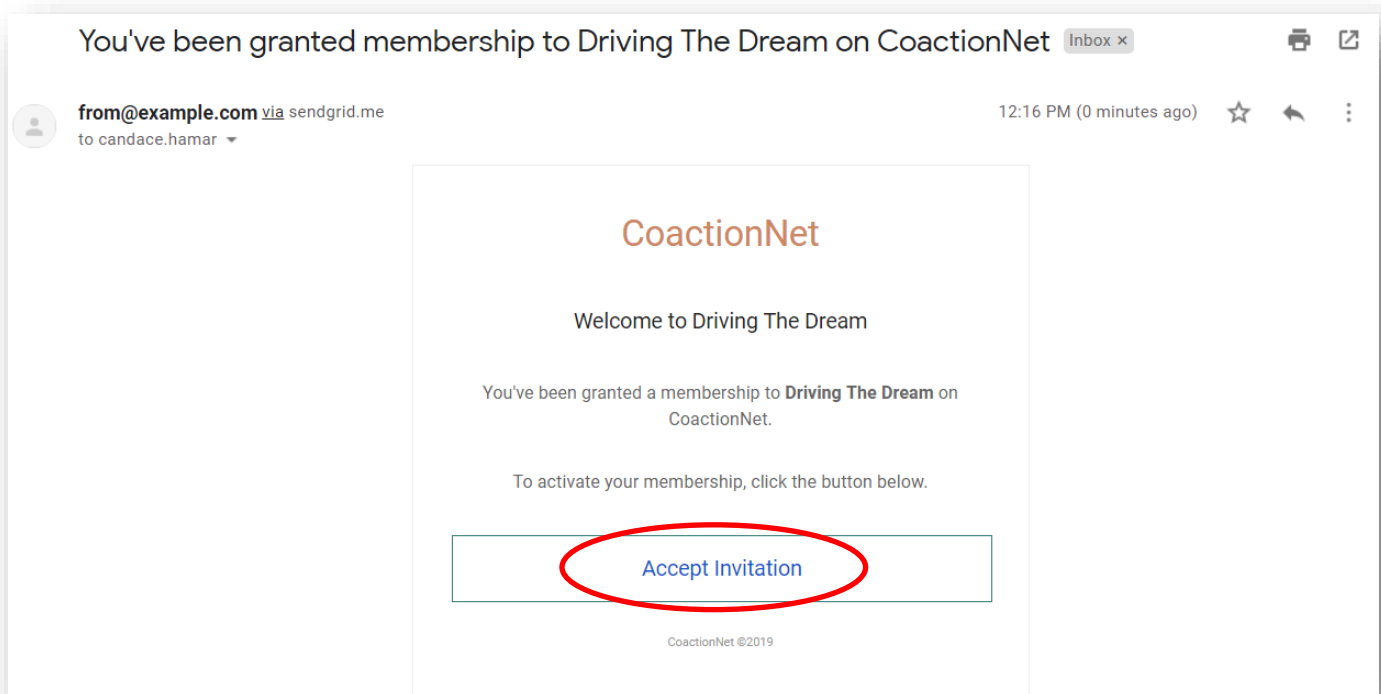
A screenshot of the 'Update Profile' form in the CoactionNet system. The form is titled 'Update Profile' and contains several input fields: 'First Name', 'Last Name', 'Email', 'New Password', and 'Confirm Password'. Each field has a placeholder text. At the bottom of the form is a blue 'Submit' button.

- From the **Update Profile** Window, make changes to the appropriate personal information or password information boxes. Click **Submit** to confirm changes.

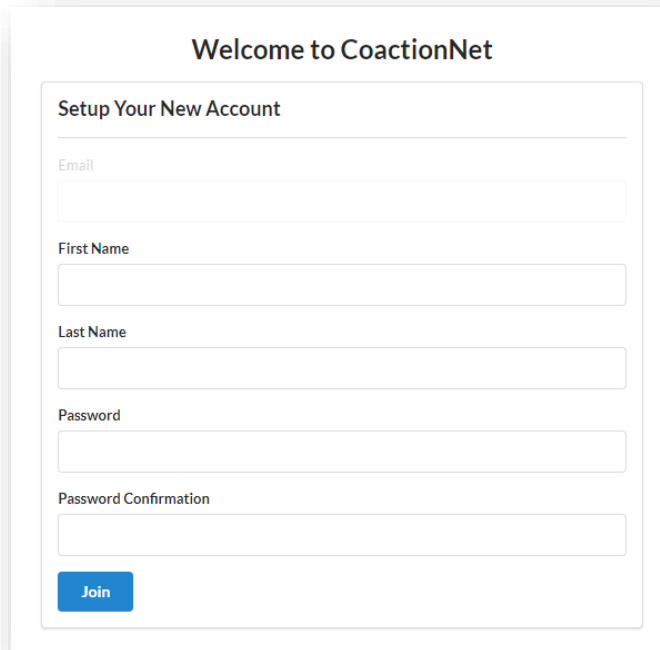
CoactionNet User Profiles

Obtaining a CoactionNet User Profile

- Agency Supervisor or Management staff will inform the United Way DTD team of a new hire or departing staff member.
- United Way of the Mid-South staff will provide training to new hire(s) and collects signed CoactionNet User Agreement.
- DTD Data and Quality Improvement team will create a new user profile for the new hire. CoactionNet auto generates an email to the new hire from from@example.com with the subject line, **"You've been granted membership to Driving The Dream on CoactionNet"**. See the example below.

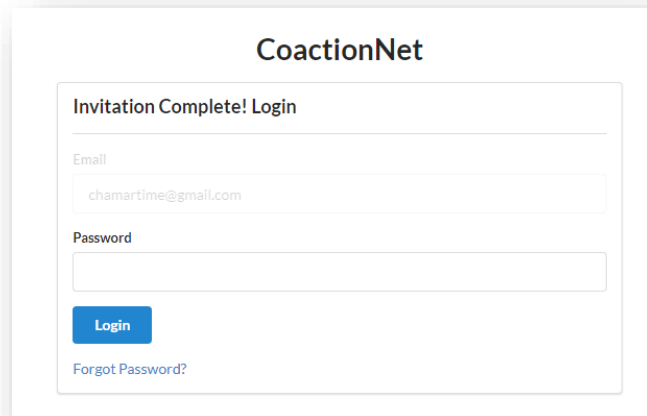


- Open the email and click ***Accept Invitation***.



The screenshot shows a registration form titled "Welcome to CoactionNet". Below the title is a section "Setup Your New Account" which contains five input fields: "Email", "First Name", "Last Name", "Password", and "Password Confirmation". A blue "Join" button is located at the bottom left of the form.

- Your email address will already be completed. Enter your First Name and Last Name. Create a password with at least one Upper Case letter, one Lower Case letter, and one number or symbol in the Password box. Retype the password in the Password Confirmation box. Click **Join**.

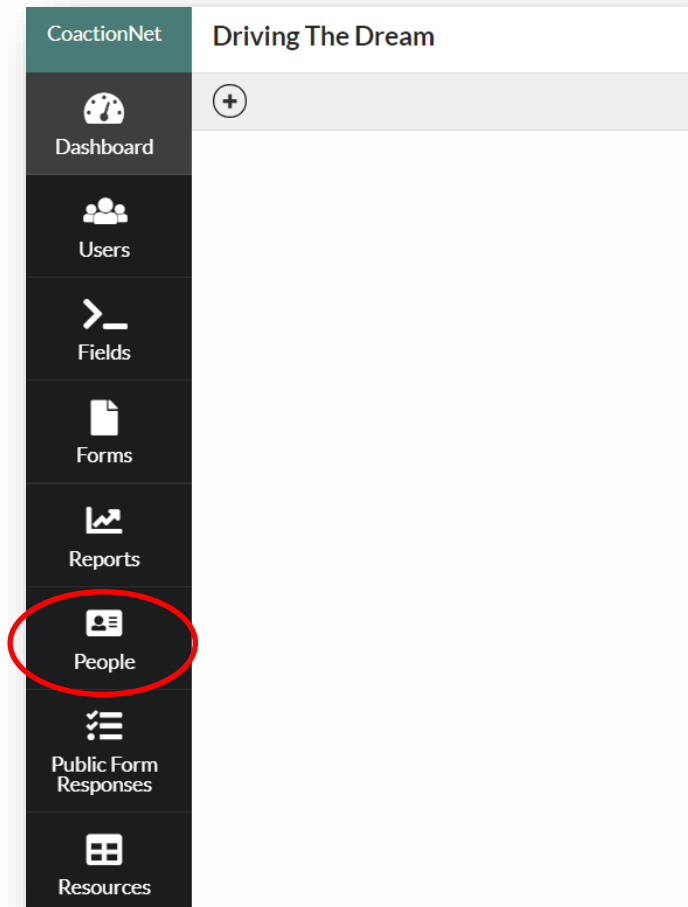


The screenshot shows a login page titled "CoactionNet". Below the title is a section "Invitation Complete! Login" which contains two input fields: "Email" (with the text "chamartime@gmail.com" pre-filled) and "Password". A blue "Login" button is located below the password field. At the bottom left, there is a link "Forgot Password?" in blue text.

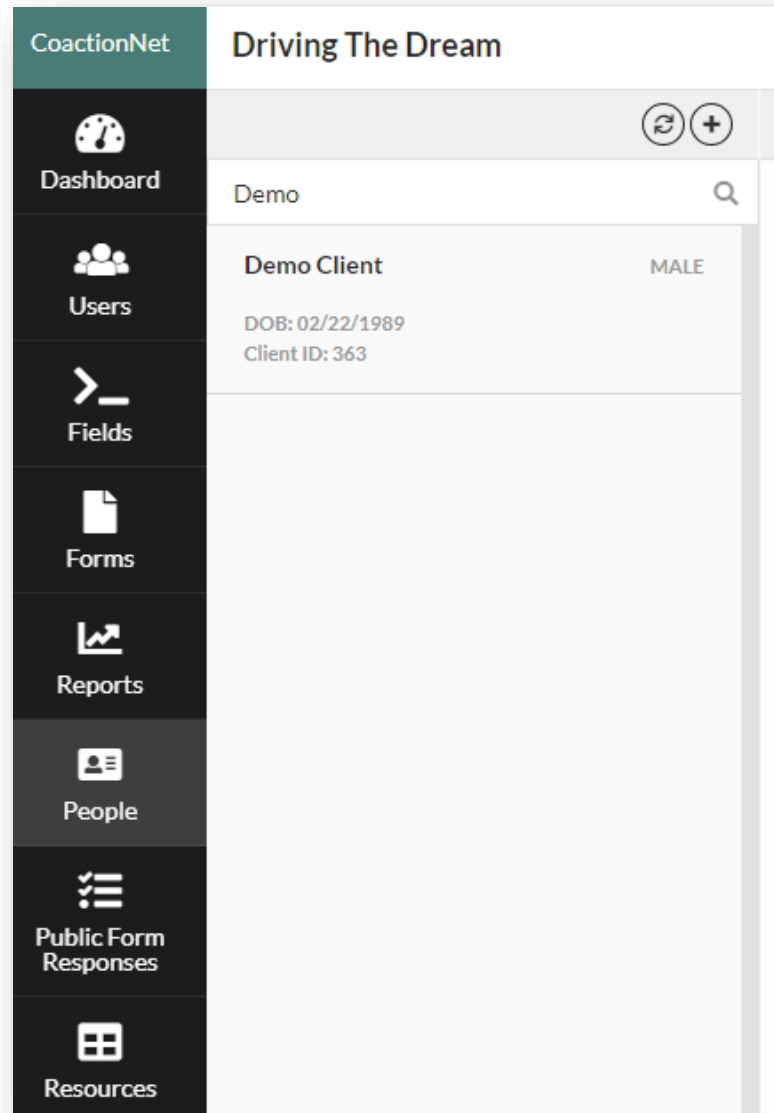
- Once successful, you will be redirected to a login page with 'Invitation Complete!' at the top. Retype your password and click **Login**. (You may be redirected to coactionnet.com, which will display a blank page. In that case, you will need to navigate to dtd.coactionnet.com to access your client records.)

Client Profiles

Navigating to a Client Profile

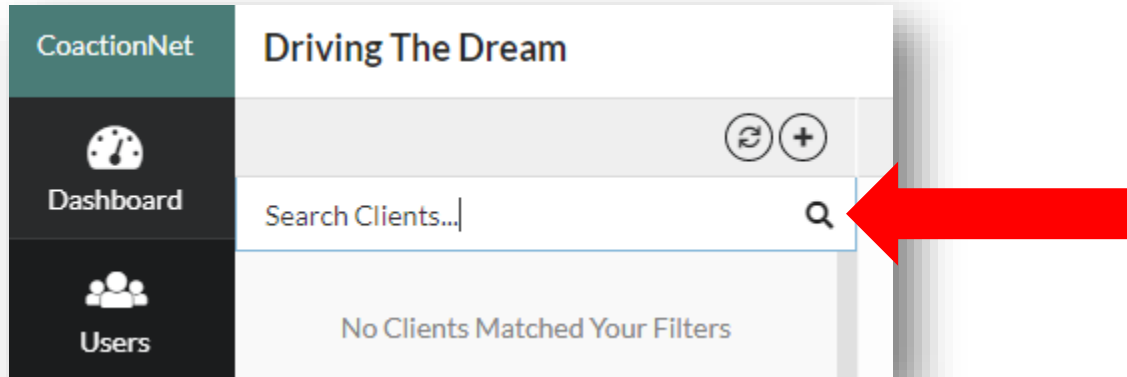


- Once you are logged in to CoactionNet, on the left side of your screen, you will see a list with **People** as one of the options. Click on **People**.

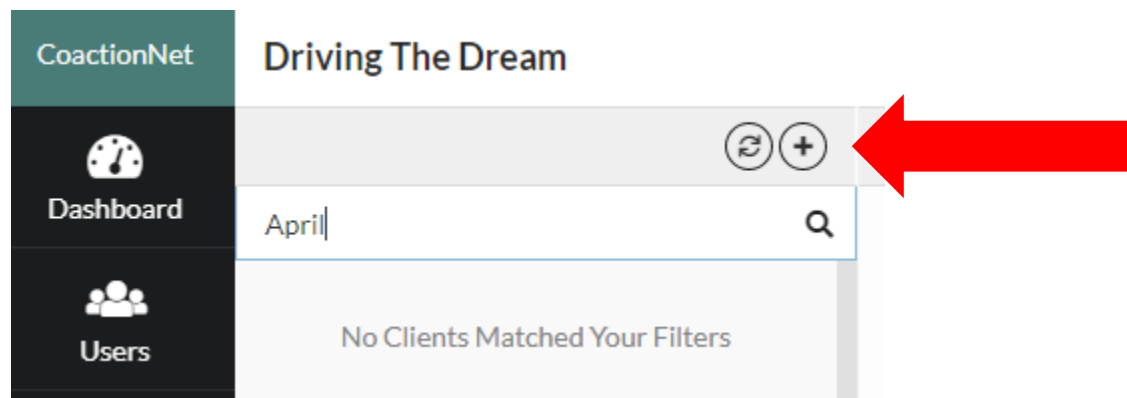


- You will see a screen similar to the one above which includes a list of all clients you have access to as a member of your Agency.

Searching for Clients by Name



- Click “**Search Clients**” above the list of clients, type in the Client’s first and/or last name to check for a previously created Client profile.



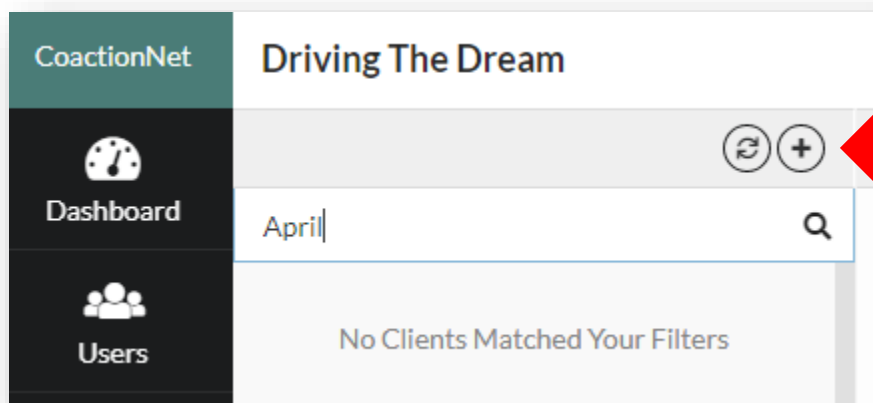
In this example, I am searching for April. No entries for April were returned and I can now create a **New Client Profile**. Click on the plus symbol on the right side of the screen.

Adding a New Client Profile

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

Required fields are:

- First Name, Last Name
- Date of Birth
- Gender
- Last 4 of SSN (Social Security Number)
 - *If the Client does not have a SSN, create a 4 digit pin that will be used by the Client when interacting with any Driving The Dream Referral Network organizations. This should be a number the client will remember when interacting with subsequent organizations. Try choosing something easy to remember, such as the last four digits of their cell phone number or month/day of birth.*



- After accessing your list of Client from the **People** button, click the plus sign above the search bar to create a **New Client Profile**.

First Name *

James

Middle Name

Last Name *

Brown

Date of Birth *

mm/dd/yyyy

Gender *

Gender

Last 4 of SSN *

1234

Save

- A form will appear that asks for basic information on the Client. After entering the required information, click **Save**.

Driving The Dream

April

April Client FEMALE

DOB: 03/31/1990
Client ID: 77884

Client ID: 77884
DOB: 04/01/1990
Gender: Female

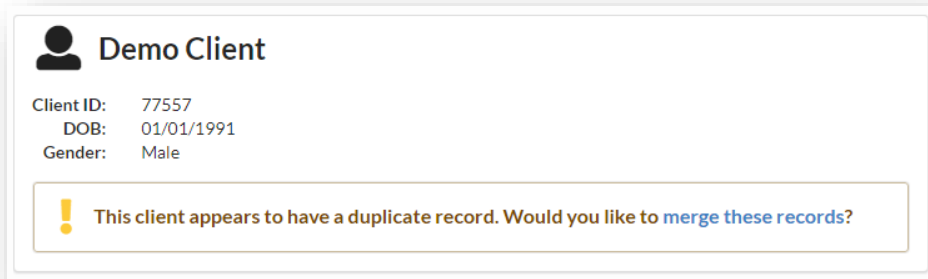
Forms

Form Name	Administered On
This Client Has No Forms	

+ Add a Form

- A new Client profile has been created. The Client profile will now appear in your Agency's Client list.

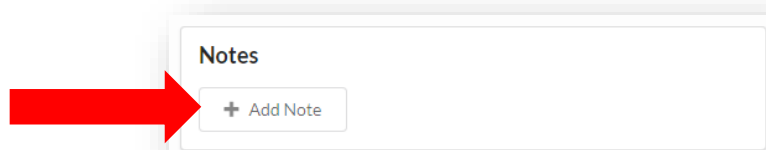
Duplicate Client Profile



The screenshot shows a client profile for 'Demo Client'. It includes fields for Client ID (77557), DOB (01/01/1991), and Gender (Male). Below these fields, a yellow warning box with an exclamation mark icon contains the text: 'This client appears to have a duplicate record. Would you like to merge these records?'.

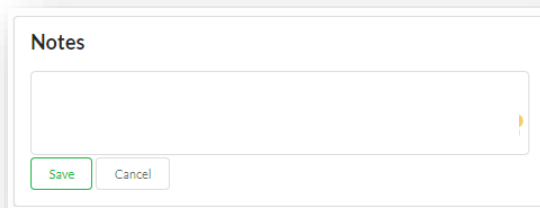
- If the client matches a client profile created at another Agency, there will be a message on the Client profile that reads, **"This client appears to have a duplicate record. Would you like to merge these records?"**. If you see this message, take the following steps:
 - ***DO NOT CLICK*** "merge these records".
 - Notify the DTD Data Quality & Improvement team that there is a duplicate record. Contact the Data & Quality Improvement team to request a profile merge.
 - The DTD Data Quality & Improvement team will merge the duplicate profiles ensuring no loss of data. After this is complete, your Agency will have access to all forms that have been created for the Client.

Client Profile Notes



The screenshot shows a 'Notes' section with a red arrow pointing to a button labeled '+ Add Note'.

- To add notes to the Client profile, click anywhere in the box labeled **"Add Note"**.

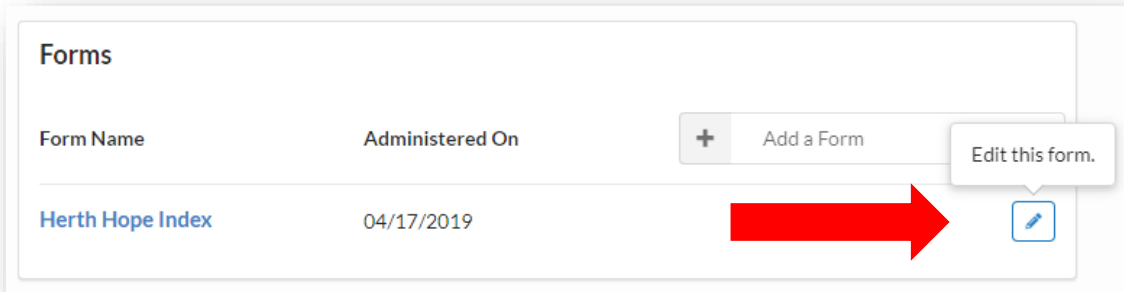



The screenshot shows the 'Notes' form with a text input field and two buttons: 'Save' and 'Cancel'.

- Type any relevant notes and click **Save**.

Client Forms

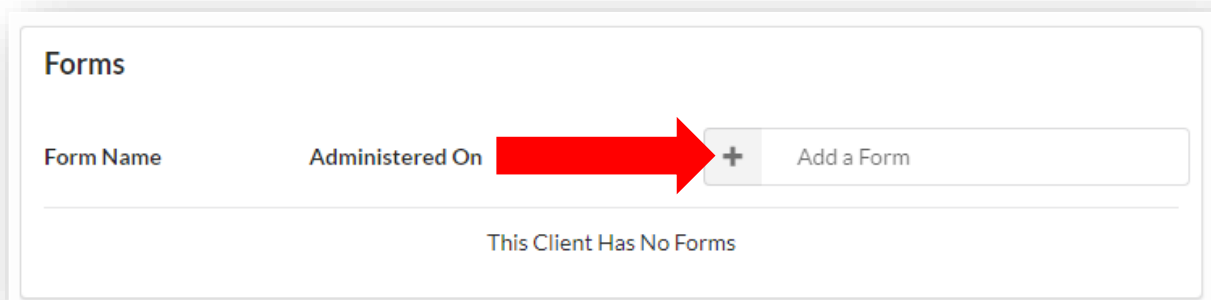
Modify a Form



Form Name	Administered On	
Herth Hope Index	04/17/2019	

- To **modify a form** for the Client, click the button with an image of a pencil to the left of the form. A window will pop up when you hover over this button that says, “**Edit this form.**”
- Make any modifications desired and click **Save**.

Add a Form



Form Name	Administered On	
This Client Has No Forms		

- To **add a form** for the Client, click anywhere in the box labeled “**Add a Form**”.

The screenshot shows a web interface with a table titled "Forms". The table has two columns: "Form Name" and "Administered On". The table is currently empty, and a message "This Client Has No Forms" is displayed. A dropdown menu is open, showing a list of forms to add. The menu is triggered by a "+" icon and the text "Add a Form". The list of forms includes: "Program Enrollment", "Client Information", "Self Sufficiency Matrix (ASSM)", "Emergency Contact Information", "Herth Hope Index", and "Map of My Dreams".

Form Name	Administered On
This Client Has No Forms	

- + Add a Form
 - Program Enrollment
 - Client Information
 - Self Sufficiency Matrix (ASSM)
 - Emergency Contact Information
 - Herth Hope Index
 - Map of My Dreams

- A drop-down menu will appear with all available forms. Click the relevant form to create a new form for the Client. You may need to scroll through the menu to locate the form.

Care Coordination Enrollment

Client enrollment takes place when a Client is either referred to a Care Coordinator from a Referral Network Partner through CoactionNet or through discussion with the Care Coordinator directly. If at any point during the intake phase it is determined that the client will not be enrolled in Care Coordination and will only be referred for services, the Care Coordinator should follow the DTD Network Partner Referral Process.

Orientation

During the Orientation, the Care Coordinator interviews the Client to determine if the Client is a suitable candidate for Care Coordination. The Care Coordinator provides information regarding Care Coordination and the Client decides whether to provide informed consent to enroll in Care Coordination.

The screenshot displays a user interface for managing client forms. It features a table with two columns: 'Form Name' and 'Administered On'. Below the table, a message indicates 'This Client Has No Forms'. To the right of the table, there is a button labeled '+ Add a Form'. A dropdown menu is open, showing a list of available form types: 'DTD Network Partner Referral', 'Case Update Note', 'My Dream', 'Client Interaction', 'Orientation Meeting', and 'Testing the Impact of Modifying a Shared Form'. The 'Orientation Meeting' option is highlighted with a red circle.

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click ***Orientation Meeting*** to create a new Orientation Meeting Form.

Orientation Meeting

Client Opt's Out Of The Following Assessments. *

☐ Adverse Childhood Experiences
 ☐ Herth Hope Index
 ☐ Child and Youth or Adult Resilience Measure

Signed Client Grievance Policy *

Not Provided

Signed Community Participant Group Registration Form *

Not Provided

- Complete the Orientation Meeting Form. Indicate which assessments, if any, the Client has opted out of completing. Upload the complete Client Grievance Policy and Community Group Registration Form. Click **Save**.

Program Enrollment

Forms

Form Name	Administered On
This Client Has No Forms	

Add a Form

- Program Enrollment
- Client Information
- Self Sufficiency Matrix (ASSM)
- Emergency Contact Information
- Herth Hope Index
- Map of My Dreams

- Click the "Add a Form" box from the Client Profile. A drop-down menu will appear with all available forms. Click **Program Enrollment** to create a new Program Enrollment Form.

Program Enrollment

Date Of Enrollment *

MM/dd/yyyy

Date of Program Enrollment

Attach Consent For Program Enrollment *

Choose File Not Provided

Sign, scan, and attach the client's consent to be enrolled in Care Coordination

- Complete the Date of Enrollment and attach a completed Consent for Program Enrollment.

Care Coordinator Organization *

Catholic Charities

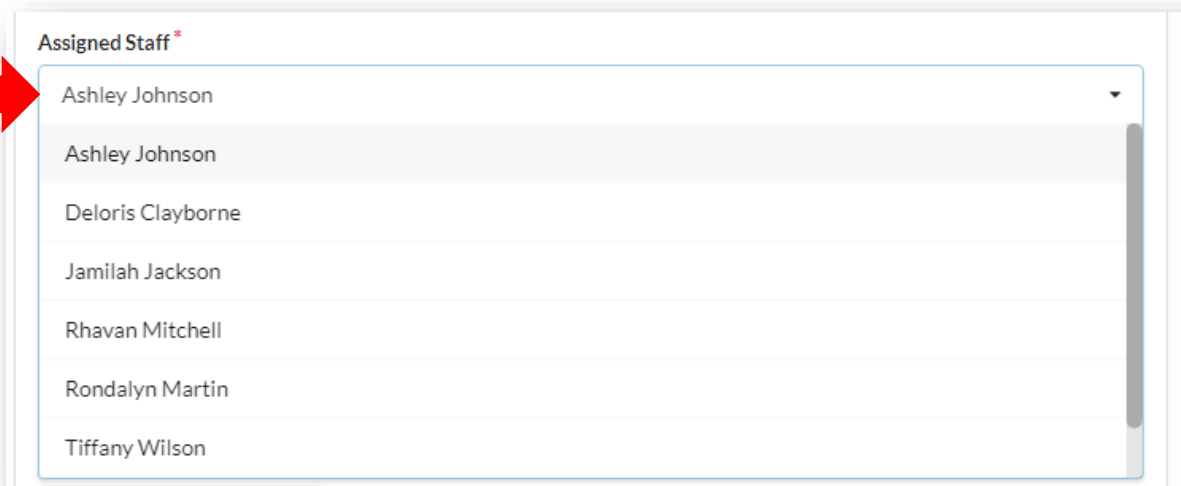
Catholic Charities

Meritan

Porter Leath

Seedco

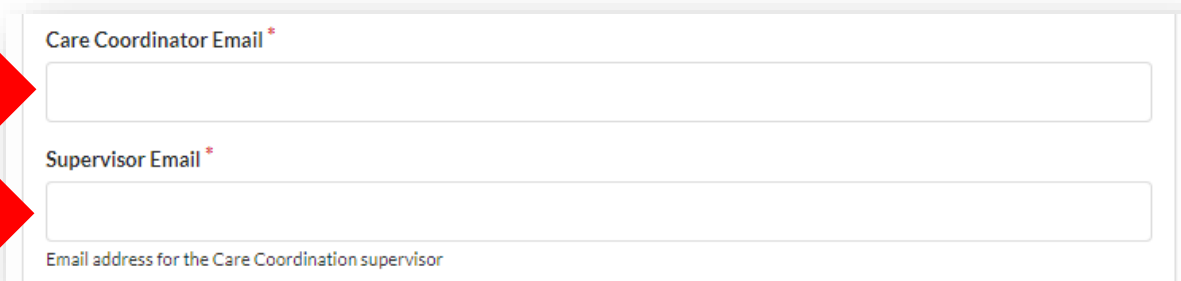
- Click on the box beneath "**Care Coordinator Organization**". A drop-down menu will appear with a list of Care Coordination Hubs. Select the appropriate organization.



Assigned Staff *

- Ashley Johnson
- Ashley Johnson
- Deloris Clayborne
- Jamilah Jackson
- Rhavan Mitchell
- Rondalyn Martin
- Tiffany Wilson

- Click on the box beneath **"Assigned Staff"**. A drop-down menu will appear with a list of current staff at all Care Coordination Hubs. Select the appropriate staff member assigned to the Client.



Care Coordinator Email *

Supervisor Email *

Email address for the Care Coordination supervisor

- Complete the **"Care Coordinator Email"** and **"Supervisor Email"** fields with the appropriate email addresses.

Date Of Discharge

MM/dd/yyyy

Date the client was discharged from Program Enrollment

Notes (Short)

Short notes about the form

Save

- If completing a program enrollment form for the first time, leave the **"Date of Discharge"** field blank. Complete any appropriate notes and click **Save**.

Program Discharge



A Client may be ready for discharge when they have completed their Map of My Dreams and associated dreams/action steps. Readiness for discharge should be negotiated between the Care Coordinator and the Client. In cases where the Client is not responsive to contact attempts, the Care Coordinator should make three attempted contacts, one of which should be a letter to the Client's last known address, within a 30-day timeframe. If contact with the Client cannot be established, the Care Coordinator should consider discharging the Client.

Forms

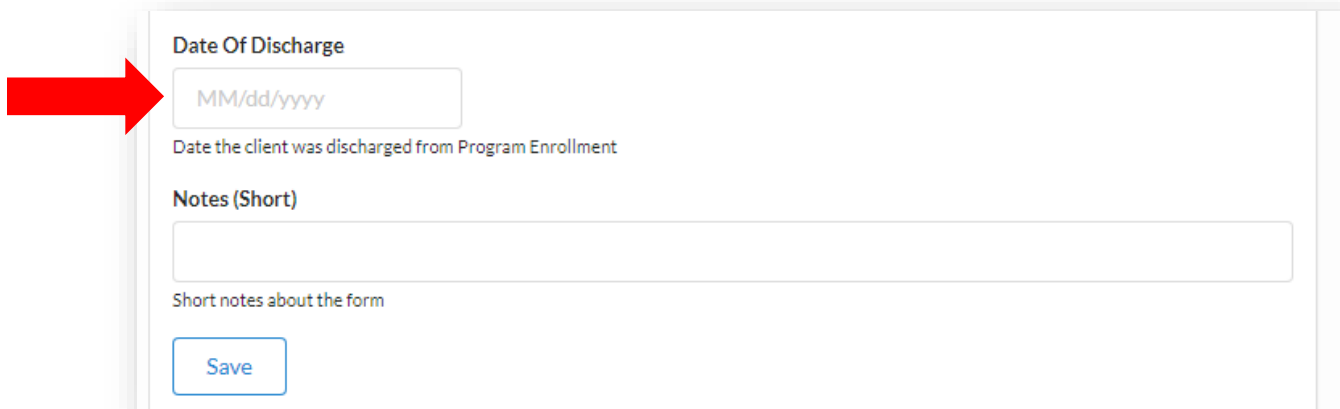
Form Name	Administered On
Program Enrollment	04/25/2019

+ Add a Form

Edit this form.

- To **discharge** a Client, navigate to the Client's Profile. Click the blue pencil to the right of the **"Program Enrollment"** form to edit the form.



Date Of Discharge

MM/dd/yyyy

Date the client was discharged from Program Enrollment

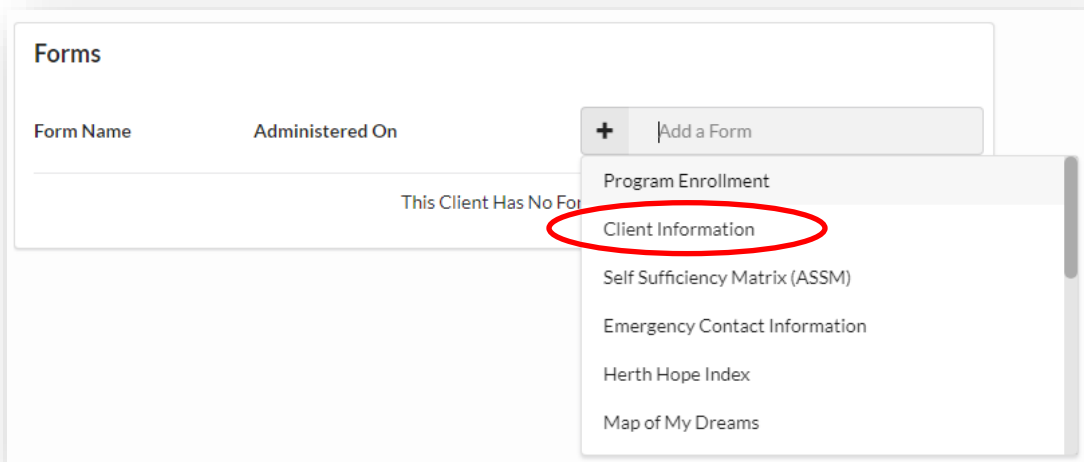
Notes (Short)

Short notes about the form

Save

- Complete the “**Date of Discharge**” field near the bottom of the Program Enrollment form. Click **Save**.

Client Information



Forms

Form Name	Administered On
This Client Has No Forms	

+ Add a Form

- Program Enrollment
- Client Information
- Self Sufficiency Matrix (ASSM)
- Emergency Contact Information
- Herth Hope Index
- Map of My Dreams

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click **Client Information** to create a new Client Information Form.

Client Information

Date Administered *

This is the date that the assessment is administered to client

Type *

Marital Status *

First Language *

Primary Race *

Primary race of the client

Ethnicity

Ethnicity of the client

- Working with the Client, complete all required fields in the Client Information form. Add any appropriate notes and click **Save**.

Emergency Contact Information

Forms

Form Name	Administered On
This Client Has No Forms	

+ Add a Form

- Program Enrollment
- Client Information
- Self Sufficiency Matrix (ASSM)
- Emergency Contact Information**
- Herth Hope Index
- Map of My Dreams

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click **Emergency Contact Information** to create a new Emergency Contact Information form.

Emergency Contact Information

First Name

Last Name

Primary Phone

__-__-__

Relationship

Email Address

Email address for client

Primary Address

Search

Address

Address

Apartment #

Apartment #

City

City

State

State

Zip

Zip

Primary address for client

Save

- Working with the Client, complete all required fields in the Emergency Contact Information form. When complete, click **Save**.

Screenings and Assessment

Arizona Self-Sufficiency Matrix (ASSM)

The head of the household completes the Self-Sufficiency Matrix in order to identify the household's immediate needs. The ASSM form can be completed multiple times as an initial assessment, a follow-up, or a final version. A Care Coordination Client should complete the ASSM within 15 days of Program Enrollment.

Form Name	Administered On
This Client Has No Forms	

+ Add a Form

DTD Network Partner Referral

Herth Hope Index

Self Sufficiency Matrix (ASSM)

Adverse Childhood Experiences (ACE) Form (Original)

- Click the **"Add a Form"** box from the Client Profile. A drop-down menu will appear with all available forms. Click ***Self Sufficiency Matrix (ASSM)*** to create a new ASSM.

Self Sufficiency Matrix (ASSM)

Date Administered *

MM/dd/yyyy

This is the date that the assessment is administered to client

Type *

Ssm: 1. Shelter/Housing *

☐ 0 - Not Applicable ☐ 1 - In Crisis: Homeless or threatened with eviction.
☐ 2 - Vulnerable: In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income)
☐ 3 - Safe: In stable housing that is safe but only marginally adequate.
☐ 4 - Building Capacity: Household is in safe, adequate subsidized housing.
☐ 5 - Empowered: Household is in safe, adequate and unsubsidized housing.

Ssm: 2. Employment *

☐ 0 - Not Applicable ☐ 1 - In Crisis: No job
☐ 2 - Vulnerable: Temporary, part-time or seasonal; inadequate pay, no benefits.
☐ 3 - Safe: Employed full-time; inadequate pay; few or no benefits.
☐ 4 - Building Capacity: Employed full-time with adequate pay and benefits.
☐ 5 - Empowered: Maintains permanent employment with adequate income and benefits.

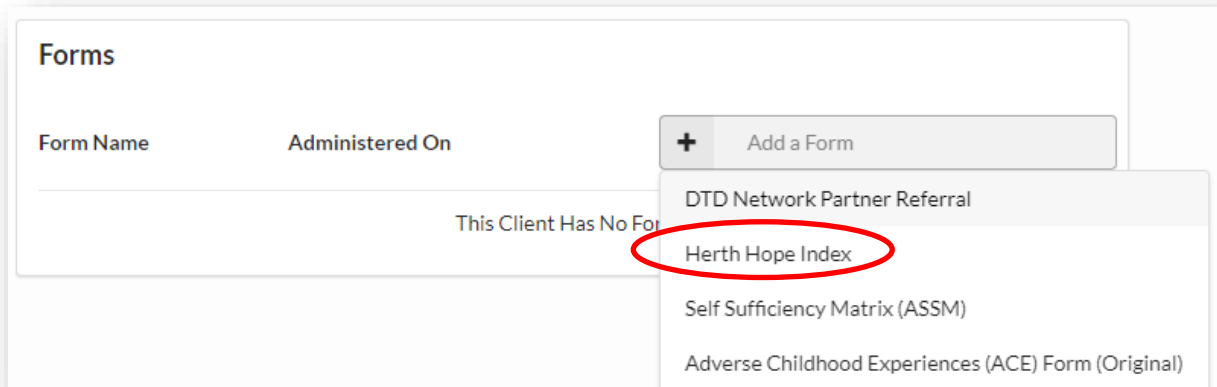
- Working with the Client, complete the Arizona Self-Sufficiency Matrix. Include any additional notes or attachments as appropriate. Click **Save**.

Ssm: 19. Financial Management	3 - Safe: Need a Credit Repair Plan
Ssm: 20. Spirituality	3 - Safe
Notes (Long)	
Attachment	
SSM Score	60

- CoactionNet will automatically summarize and score the ASSM. The SSM Score can be found at the bottom of the completed Self Sufficiency Matrix form.

Herth Hope Index

Offer adult family members the Herth Hope Index as an optional assessment. A Care Coordination Client should complete the Herth Hope Index within 15 days of Program Enrollment.

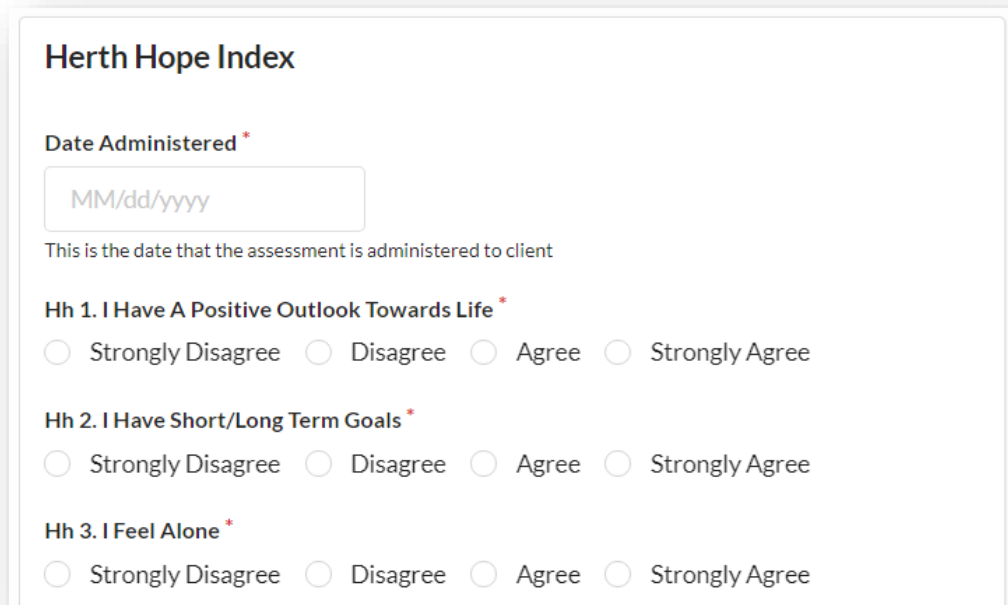


Form Name	Administered On
This Client Has No Forms Administered	

+ Add a Form

- DTD Network Partner Referral
- Herth Hope Index**
- Self Sufficiency Matrix (ASSM)
- Adverse Childhood Experiences (ACE) Form (Original)

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click **Herth Hope Index** to create a new Herth Hope Index form.



Herth Hope Index

Date Administered *

MM/dd/yyyy

This is the date that the assessment is administered to client

Hh 1. I Have A Positive Outlook Towards Life *

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

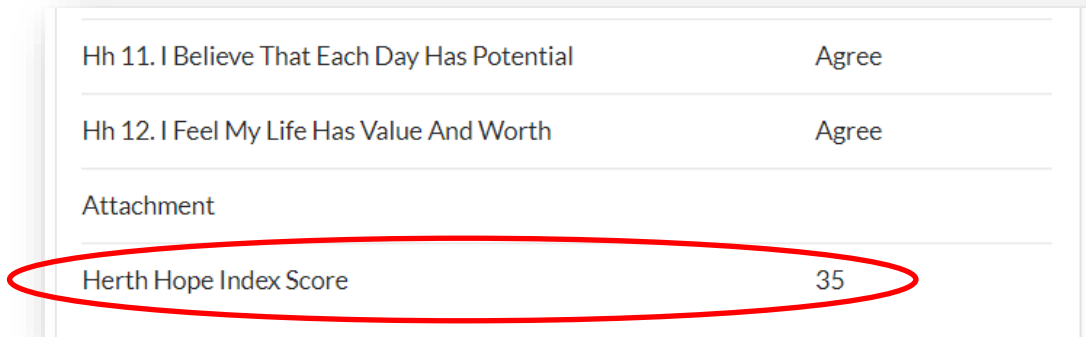
Hh 2. I Have Short/Long Term Goals *

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

Hh 3. I Feel Alone *

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

- The Agency staff completes the Herth Hope Index form with the Client. Include any additional notes or attachments as appropriate. Click **Save**.



The screenshot shows a digital form for the Herth Hope Index. It contains two rows of items with corresponding response options, followed by an attachment field, and a final row for the total score. The final row is circled in red.

Hh 11. I Believe That Each Day Has Potential	Agree
Hh 12. I Feel My Life Has Value And Worth	Agree
Attachment	
Herth Hope Index Score	35

- CoactionNet will automatically summarize and score the Herth Hope Index. The Herth Hope Index Score can be found at the bottom of the completed Herth Hope Index form.

Adverse Childhood Experiences (ACE)

Offer adult family members the Adverse Childhood Experience (ACE) screening to identify and more effectively care for individuals who have been exposed to violence. A Care Coordination Client should complete the ACE within 15 days of Program Enrollment.

Form Name	Administered On
This Client Has No Forms Administered	

+ Add a Form

- DTD Network Partner Referral
- Herth Hope Index
- Self Sufficiency Matrix (ASSM)
- Adverse Childhood Experiences (ACE) Form (Original)**

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click **Adverse Childhood Experiences (ACE) Form (Original)** to create a new ACE form.

Adverse Childhood Experiences (ACE) Form (Original)

Date Administered *
MM/dd/yyyy
This is the date that the assessment is administered to client

Type Of Assessment *
Score Only

Assessment Score *
[Red arrow points to this field]

- If the ACE form was completed outside of CoactionNet, choose “**Score Only**” as the Type of Assessment and provide the Assessment Score. Attach the completed ACE form as appropriate.

Adverse Childhood Experiences (ACE) Form (Original)

Date Administered *

MM/dd/yyyy

This is the date that the assessment is administered to client

Type Of Assessment *

Complete Assessment

Ace 1. Did A Parent Or Other Adult In The Household Often ... Swear At You, Insult You, Put You Down, Or Humiliate You? Or Act In A Way That Made You Afraid That You Might Be Physically Hurt? *

☐ Yes ☐ No

Ace 2. Did A Parent Or Other Adult In The Household Often ... Push, Grab, Slap, Or Throw Something At You? Or Ever Hit You So Hard That You Had Marks Or Were Injured? *

☐ Yes ☐ No

- To complete the ACE form within CoactionNet, choose “**Complete Assessment**” as the Type of Assessment and complete the form with the Client. Include any additional notes or attachments as appropriate. Click **Save**.

Assessment Score

Notes (Long)

Attachment

Assessment Score - Calculated 5

- CoactionNet will automatically summarize and score the ACE form. The ACE Score can be found at the bottom of the completed ACE form.

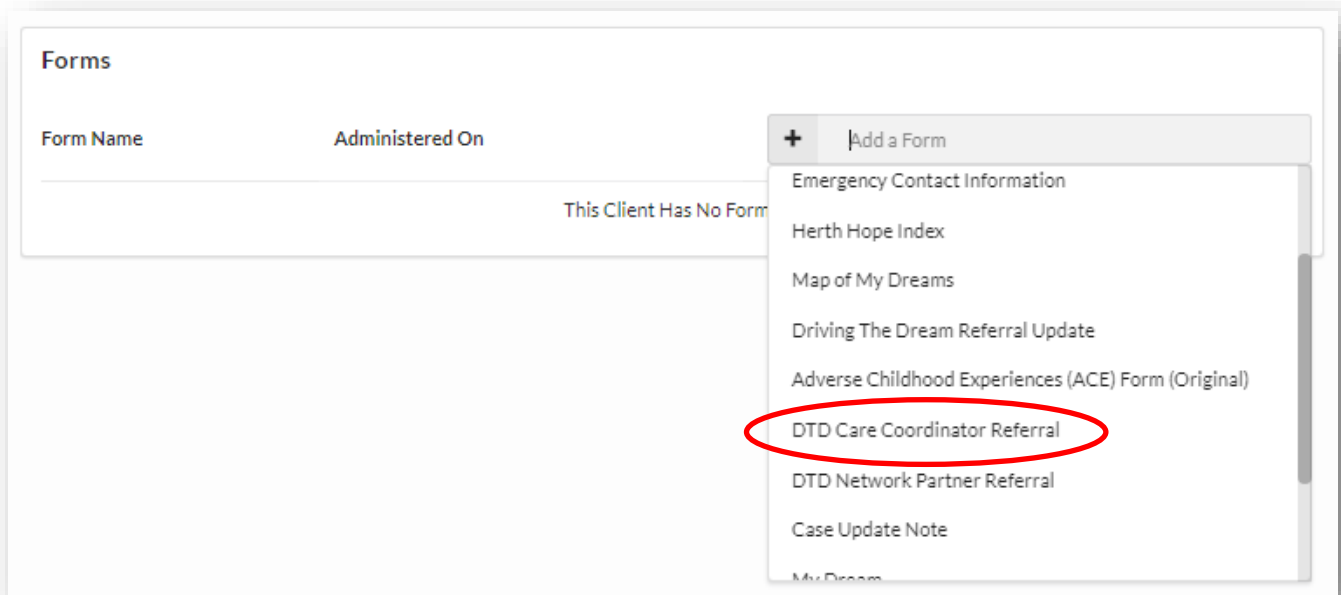
DTD Network Partner Referral Process

Types of Referrals

There are two types of referrals: a Request for Service and Care Coordination. A **Request for Service** is a referral directly to another Agency based on one or more needs within the 20 domains of the ASSM. A **Care Coordination** referral is a referral to a Care Coordinator at one of the Care Coordination Hubs for enrollment in Care Coordination. The Client must opt-in to Care Coordination. In general, Care Coordination is most beneficial to the Client when the Client has several vulnerable or in-crisis needs as determined by the ASSM.

Creating a New DTD Network Partner Referral

Based on assessments and/or conversations with the Client and family, create referrals to appropriate community agencies/organizations. As a Care Coordinator, utilize the DTD Care Coordinator Referral Form to make referrals to other Agencies.



The screenshot shows a web interface with a 'Forms' section. It contains a table with columns 'Form Name' and 'Administered On'. Below the table, it says 'This Client Has No Forms'. To the right, there is a '+ Add a Form' button. A dropdown menu is open from this button, listing several forms: 'Emergency Contact Information', 'Herth Hope Index', 'Map of My Dreams', 'Driving The Dream Referral Update', 'Adverse Childhood Experiences (ACE) Form (Original)', 'DTD Care Coordinator Referral' (which is circled in red), 'DTD Network Partner Referral', and 'Case Update Note'.

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click ***DTD Care Coordinator Referral*** to create a new referral.

DTD Network Partner Referral

Do You Want To Receive A Copy Of This Referral? *

☒ Yes! Send Me The Referral ☐ No, Don't Bother Sending Me The Referral

Email For Referral Copy *

Enter the Email Address for the Referral Copy

- The DTD Network Partner Referral form asks, “**Do You Want To Receive A Copy Of This Referral?**”. Click **Yes! Send Me The Referral**. Type in your email address in the “**Email For Referral Copy**” box.

What Types Of Services Are You Providing For This Person? *

- 1. Shelter/Housing
- 2. Employment
- 3. Income
- 4. Food and Nutrition
- 5. Childcare
- 6. Children's Education

- Click on the box underneath the question, “**What Types Of Services Are You Providing For This Person?**”. A dropdown menu will appear containing all 20 domains of the ASSM. Select the appropriate domain for your Agency. You may select multiple domains as needed.

Statement Of Consent *

☐ Client has agreed to consent over the telephone

☒ Client has signed a consent form

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: 1) My contact information, 2) Information I provided on the Driving The Dream referral form and/or intake form, 3) Assessments that would be helpful to other service providers so that I do not need to share the same information again, 4) DTD-related consent forms, 5) Results of referrals to service providers or meetings with my Care Coordinator

Attach Consent For This Referral *

Not Provided

- For every referral, the Client must complete a Statement of Consent either verbally or by paper form. If the Client gave consent verbally, click **"Client has agreed to consent of the telephone"**. If the client consents by signing a form, click **"Client has signed a consent form"**. A field will appear below to attach a digital copy of the completed consent form.

Has Anyone Else In Your Household Been Referred Through Driving The Dream? *

Are You The Head Of Household? *

Number Of Adults In Household *

Number Of Children In Household *

- Complete questions regarding household information with the Client.

Client Contact Information Provided *

☒ Client Address ☒ Client Phone ☒ Client Email

Primary Phone *

Email Address *

Email address for client

Primary Address *

Search

Address Apartment #

City State Zip

Primary address for client

- Check each type of Client Contact Information Provided as determined with the Client. As you check each contact method, the related fields will appear below. To remove a contact method, uncheck the box.
- ***You must choose at least one type of contact information.*** This will be used by the agency receiving the referral to contact the Client.

Primary Address *

1005 Tillman

1005 Tillman St, Memphis, TN 38112, USA

Apartment #

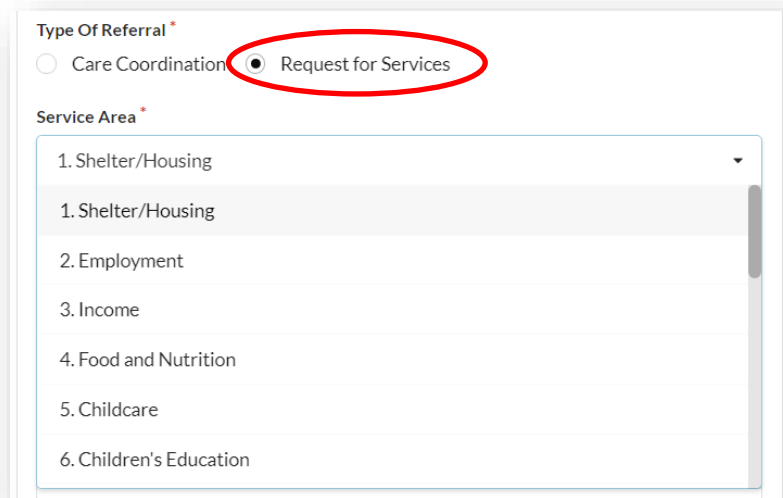
City State Zip

Primary address for client

- Include as many contact methods as possible. Complete the related contact information field below. For the primary address, type into the "**Search**" box until the correct address is generated. Click on the address and the address boxes below will automatically fill.

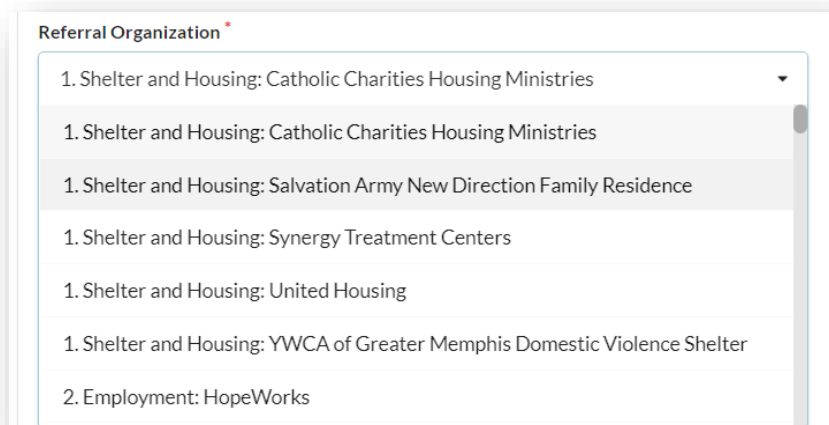
Request for Services

A referral to another Referral Network Partner Agency for an identified service need. One referral is submitted per service need. It is the responsibility of the both the Agency sending the referral to provide a 'Warm Handoff' and communicating with the receiving Agency.



The screenshot shows a form with two sections. The first section, 'Type Of Referral *', has two radio buttons: 'Care Coordination' and 'Request for Services'. The 'Request for Services' option is selected and circled in red. The second section, 'Service Area *', is a dropdown menu with a list of options: '1. Shelter/Housing', '1. Shelter/Housing', '2. Employment', '3. Income', '4. Food and Nutrition', '5. Childcare', and '6. Children's Education'. The first '1. Shelter/Housing' option is highlighted.

- To make a referral to another Agency, click **Request for Services**. Click the box underneath “**Service Area**”. A dropdown menu will appear containing all 20 domains of the ASSM. Select the appropriate domain for this referral. List any additional domains as necessary.



The screenshot shows a dropdown menu for 'Referral Organization *'. The menu is open, displaying a list of organizations with their domain numbers. The list includes: '1. Shelter and Housing: Catholic Charities Housing Ministries', '1. Shelter and Housing: Catholic Charities Housing Ministries', '1. Shelter and Housing: Salvation Army New Direction Family Residence', '1. Shelter and Housing: Synergy Treatment Centers', '1. Shelter and Housing: United Housing', '1. Shelter and Housing: YWCA of Greater Memphis Domestic Violence Shelter', and '2. Employment: HopeWorks'. The first two entries are highlighted.

- Click on the box underneath “**Referral Organization**”. A drop-down menu will appear containing all DTD Network Partner Referral Agencies with the domain number under which they serve. Select the appropriate Agency for this referral.
- For a complete list of DTD Referral Network Agencies and their services, please visit <https://www.drivingthedream.org>.

Referral Organization *

- Other
- 16. Substance Abuse: Synergy Treatment Centers
- 18. Disabilities: Worksteady Works
- 19. Credit/Financial Management: RISE Foundation
- 19. Credit/Financial Management: United Housing Homebuyer Education
- 20. Spirituality: Neighborhood Christian Center
- Other**

- To refer to an Agency outside of the DTD Referral Network Partner Agencies, select **"Other"** from the **"Referral Organization"** drop-down menu.

Referral Organization *

Other

Please specify "Other"

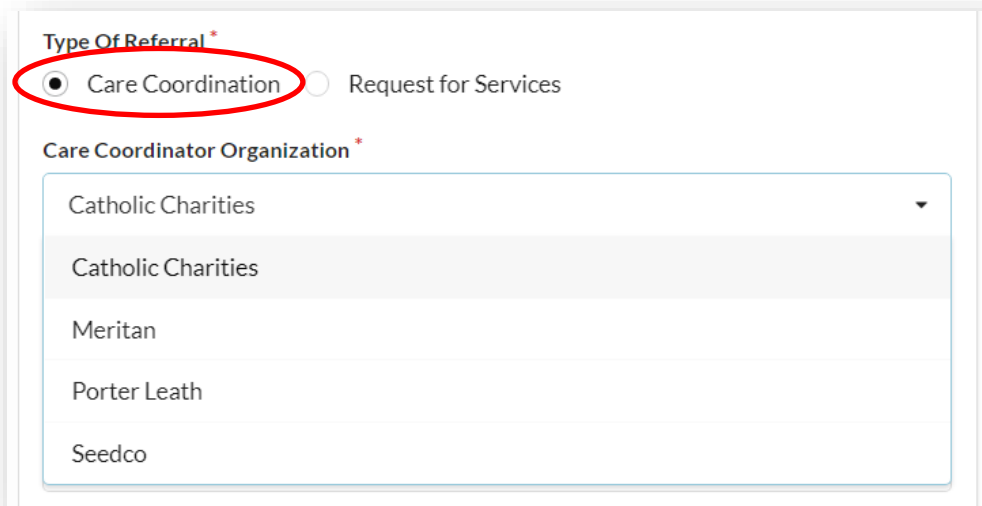
Referral Organization Description

Referral Organization Contact Name

Referral Organization Contact Email *

- Complete the information about the outside Agency, including the Agency Name in the **"Please Specify Other"** field and the **"Referral Organization Contact Email"**.
- After selecting an appropriate referral Agency, the contact information for the referral Agency will auto fill. Provide any additional notes about the referral and click **Save**.

Care Coordination



Type Of Referral *

☒ Care Coordination ☐ Request for Services

Care Coordinator Organization *

Catholic Charities ▼

Catholic Charities

Meritan

Porter Leath

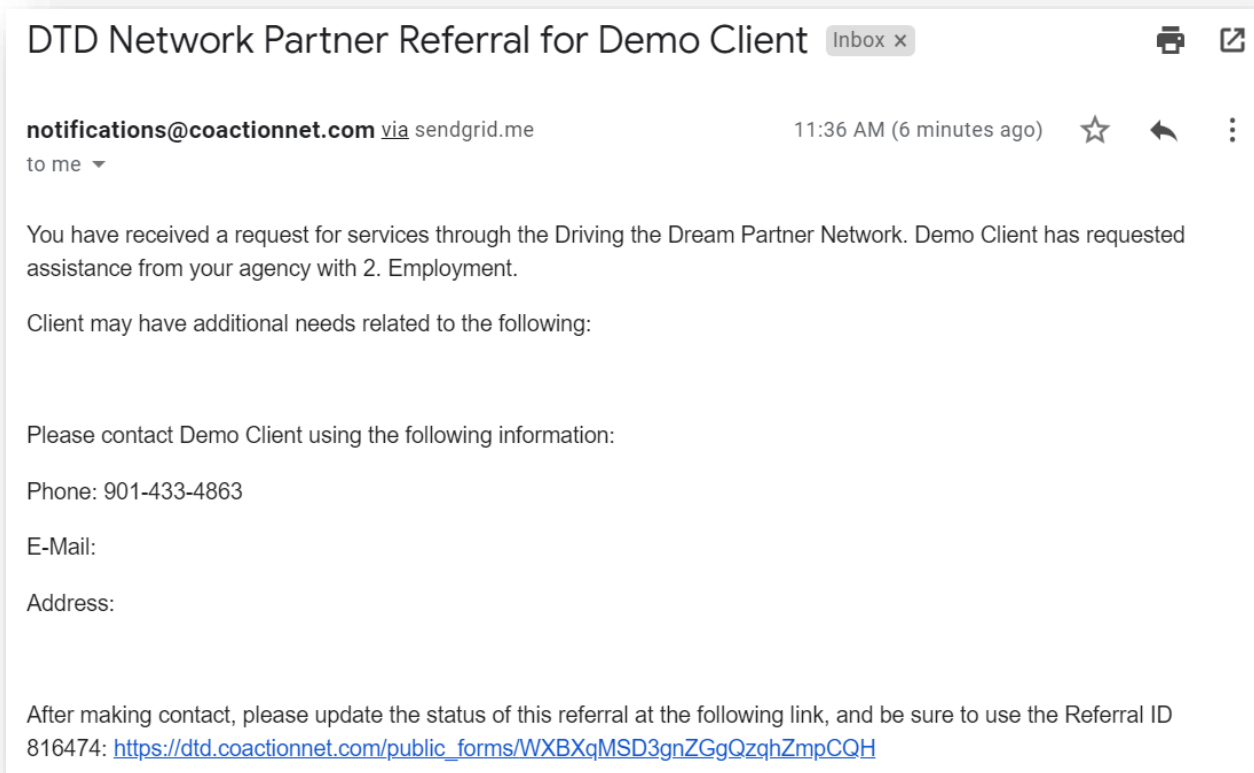
Seedco

- To make a referral to a Care Coordinator, click **Care Coordination**. Click the box below “**Care Coordinator Organization**” to choose one of the DTD Care Coordination Hubs. Select the appropriate Care Coordination Hub.
- After selecting an appropriate Care Coordination Hub, the contact information for the Care Coordinator will auto fill. Provide any additional notes about the referral and click **Save**.

DTD Referral Update Form

Referrals require updates during each step of the referral process. To complete a Driving The Dream Referral Update, visit:

http://bit.ly/DTD_Referral_Update



- After sending or receiving a referral through CoactionNet, you will receive an email from notifications@coactionnet.com with the subject line, "**DTD Network Partner Referral for ---**" similar to the example above. This email contains several important pieces of information:
 - The domain in which the Client is seeking services
 - The contact information for the Client
 - The **Referral ID** for the referral
 - A link to the DTD Network Partner Referral Update form
- Using the link above or found in the referral reference email, open the Driving the Dream Referral Update Form.

Driving The Dream Referral Update

Referral Id *

Confirm The Referral Id *

Please Check The Referral Id And Ensure That They Match. *

☐ Yes, they match!

[Save](#)

- Complete the “**Referral Id**” and “**Confirm the Referral ID**” with the appropriate referral ID. The referral ID is found in the Network Partner Referral email. After confirming the numbers match, check “**Yes, they match!**”.

Please Check The Referral Id And Ensure That They Match. *

☒ Yes, they match!

Date Of Status Update *

Referral Status Update *

Warm Hand-Off

Warm Hand-Off

Received

At Capacity

Pending - In Contact

Pending - Screening for Enrollment

Completed/Enrolled in Program

- Complete the Date of Status Update. Click on the “**Referral Status Update**” box and select the appropriate status update. Add any additional notes and click **Save**.

Below is a summary of referral status':

- **Warm Hand Off:** An introduction from the referring agency to the receiving agency.
- **Received:** Receiving agency updates status to Received upon receipt of referral.
- **At Capacity:** Receiving agency is at full capacity.
- **Pending – In Contact:** Receiving agency is attempting to contact the Client.
- **Pending – Screening for Enrollment:** Receiving agency has made contact.
- **Completed/Enrolled in Program:** Enrollment in receiving agency program(s) are complete.
- **Ineligible:** The Client is ineligible for services.
- **Unable to Contact:** Receiving agency is unable to contact the Client.
- **Contacted but Declined Services:** The Client declined to receive services.

Case Management

Map of My Dreams

The Map of My Dream form works in tandem with the My Dream form to provide a roadmap for services designed to move the Client along their oath from poverty to prosperity. The Map of My Dreams form in CoactionNet is used to make updates for each Care Plane Phase.

The screenshot shows a web interface with a header 'Forms'. Below it is a table with columns 'Form Name' and 'Administered On'. A red arrow points to a button labeled 'Add a Form'. A dropdown menu is open from this button, listing several forms: 'Program Enrollment', 'Client Information', 'Self Sufficiency Matrix (ASSM)', 'Emergency Contact Information', 'Herth Hope Index', and 'Map of My Dreams'. The 'Map of My Dreams' option is circled in red.

- Click the **"Add a Form"** box from the Client Profile. A drop-down menu will appear with all available forms. Click ***Orientation Meeting*** to create a new Orientation Meeting Form.

Map of My Dreams

Date *

MM/dd/yyyy

Care Plan Phase *

☐ I. Create Hope ☐ II. Build Your Hopes and Dreams ☐ III. Make Your Dreams Come True

Date Of Completion

MM/dd/yyyy

Completion date

Notes (Long)

Long notes about the form

Attachment

Choose File

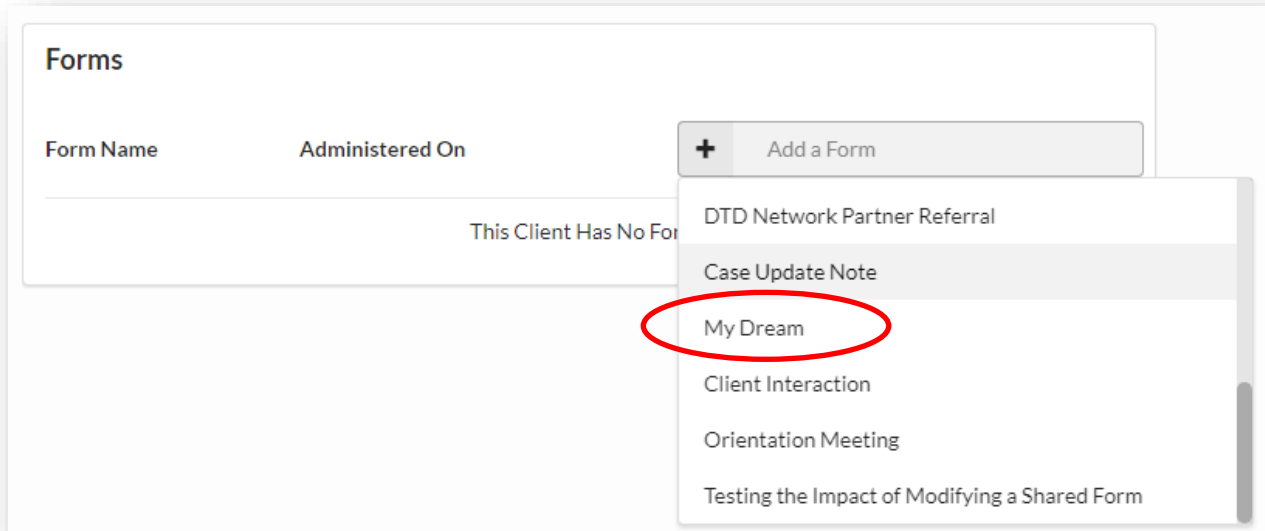
Not Provided

Save

- Complete the **Map of My Dreams** form and check the appropriate “**Care Plan Phase**”. Attach the appropriate document and click **Save**.

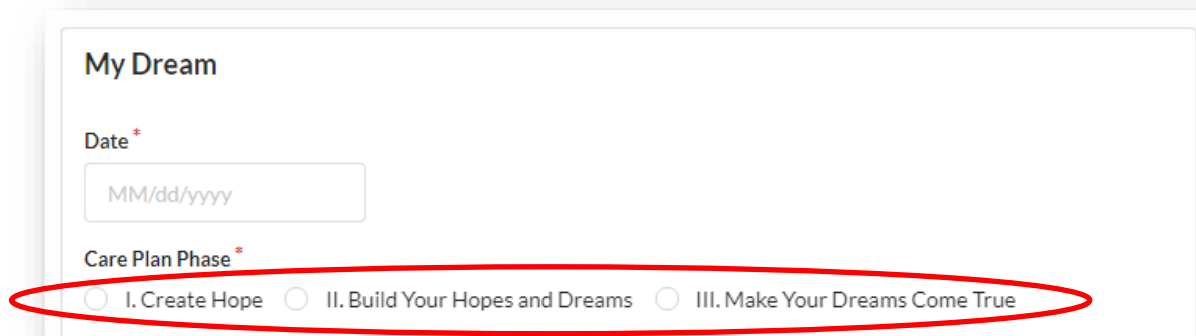
My Dream

The My Dream form works in tandem with the Map of My Dreams form to provide a roadmap for services designed to move the Client along their oath from poverty to prosperity. The My Dream form in CoactionNet allows you to create detailed action steps for each goal created by the Client. The My Dream form should be completed for every action step.



The screenshot shows a 'Forms' section with a table. The table has two columns: 'Form Name' and 'Administered On'. Below the table, it says 'This Client Has No Forms'. To the right of the table is a button labeled '+ Add a Form'. A dropdown menu is open, showing a list of forms: 'DTD Network Partner Referral', 'Case Update Note', 'My Dream' (which is circled in red), 'Client Interaction', 'Orientation Meeting', and 'Testing the Impact of Modifying a Shared Form'.

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click **My Dream** to create a My Dream form.



The screenshot shows the 'My Dream' form. It has a 'Date' field with a red asterisk and a placeholder 'MM/dd/yyyy'. Below it is a 'Care Plan Phase' field with a red asterisk. There are three radio button options: 'I. Create Hope', 'II. Build Your Hopes and Dreams', and 'III. Make Your Dreams Come True'. The entire 'Care Plan Phase' section is circled in red.

- Complete the date and check the appropriate “**Care Plan Phase**” for the goal.

Service Area *

1. Shelter/Housing	▼
1. Shelter/Housing	
2. Employment	
3. Income	
4. Food and Nutrition	
5. Childcare	
6. Children's Education	

- Click the box beneath “**Service Area**”. Select the appropriate ASSM domain for the goal.

Current Status *

Identified	▼
Identified	
In Progress	
Partially Met	
Abandoned	
Successfully Completed	

- Click the box beneath “**Current Status**”. Select the appropriate status from the list for the goal.

The image shows a web form titled "Who Can Help Me?" at the top. Below this title is a single-line text input field. The next section is labeled "My Dream" and contains a large, multi-line text area for writing. Following this are several date-related fields: "Action Step 1 Date", "Action Step 1 Expected Completion", and "Action Step 1 Close Date", each with a text input field containing the placeholder "MM/dd/yyyy". There is also a field for "Action Step 1 Current Status" which is a dropdown menu. At the bottom of the form is a "Save" button.

Who Can Help Me?

My Dream

Action Step 1 Date

MM/dd/yyyy

Action Step 1 Expected Completion

MM/dd/yyyy

Action Step 1 Current Status

Action Step 1 Close Date

MM/dd/yyyy

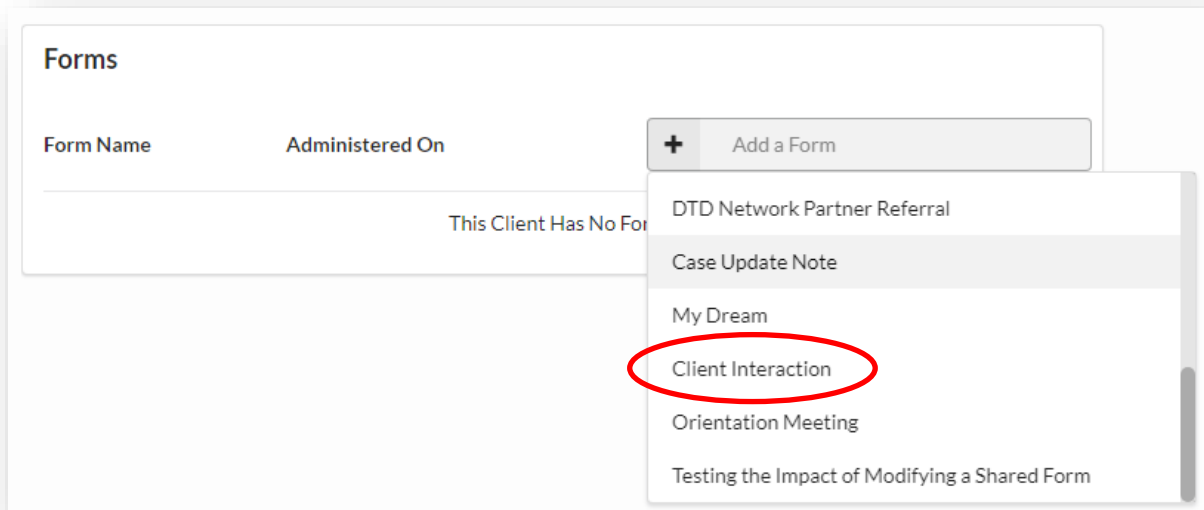
Action Step 1 Notes

Save

- Working with the Client, complete the remaining fields in the My Dream form and click **Save**.
- Complete as many My Dream forms as appropriate for the Client and the Client's Map of My Dreams.

Client Interaction

Care Coordinators should record all interactions, with or without the Client, in CoactionNet. Client Interactions indicate ongoing activity with the Client throughout all Care Plan Phases.



Form Name	Administered On
This Client Has No Forms	

+ Add a Form

DTD Network Partner Referral

Case Update Note

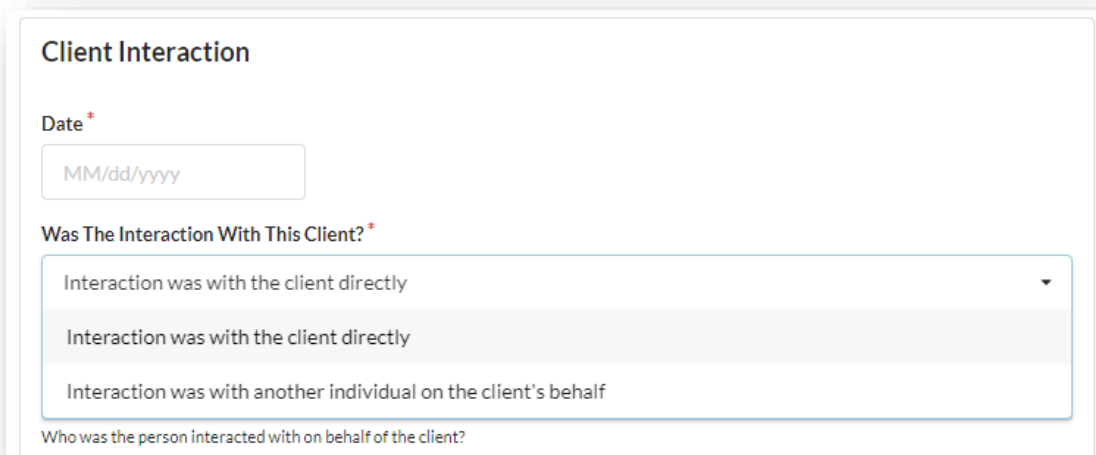
My Dream

Client Interaction

Orientation Meeting

Testing the Impact of Modifying a Shared Form

- Click the **"Add a Form"** box from the Client Profile. A drop-down menu will appear with all available forms. Click ***Client Interaction*** to create a new Client Interaction.



Client Interaction

Date *
MM/dd/yyyy

Was The Interaction With This Client? *

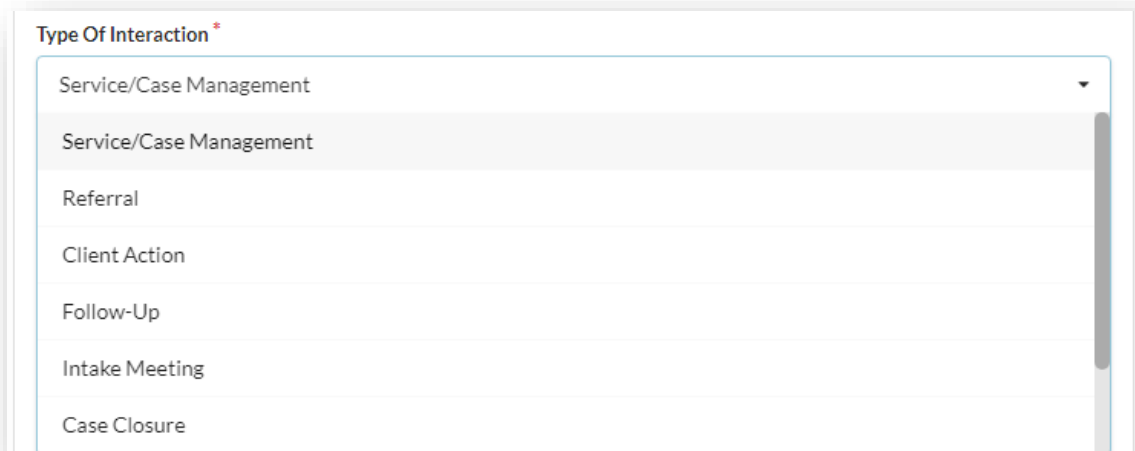
Interaction was with the client directly

Interaction was with the client directly

Interaction was with another individual on the client's behalf

Who was the person interacted with on behalf of the client?

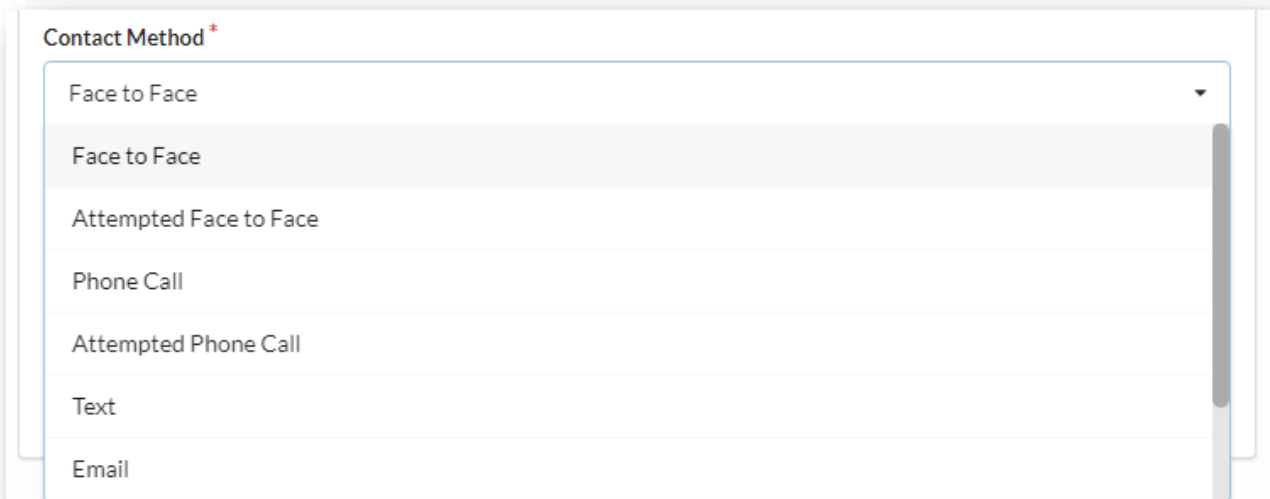
- Complete the date of the Client Interaction. Click the box beneath **"Was The Interaction With This Client?"**. A drop-down menu will appear with the option to select **"Interaction was with the client directly"** or **"Interaction was with another individual on the client's behalf"**. Select the appropriate option for this interaction.
- If the Client Interaction was with another individual on the Client's behalf, complete the next field indicating the individual.



The screenshot shows a dropdown menu titled "Type Of Interaction" with a red asterisk. The menu is open, displaying a list of options: "Service/Case Management" (selected and highlighted), "Referral", "Client Action", "Follow-Up", "Intake Meeting", and "Case Closure". A vertical scrollbar is visible on the right side of the list.

Type Of Interaction *
Service/Case Management
Referral
Client Action
Follow-Up
Intake Meeting
Case Closure

- Click the box beneath "**Type of Interaction**". Select the appropriate ***Type of Interaction*** from the drop-down menu that appears.



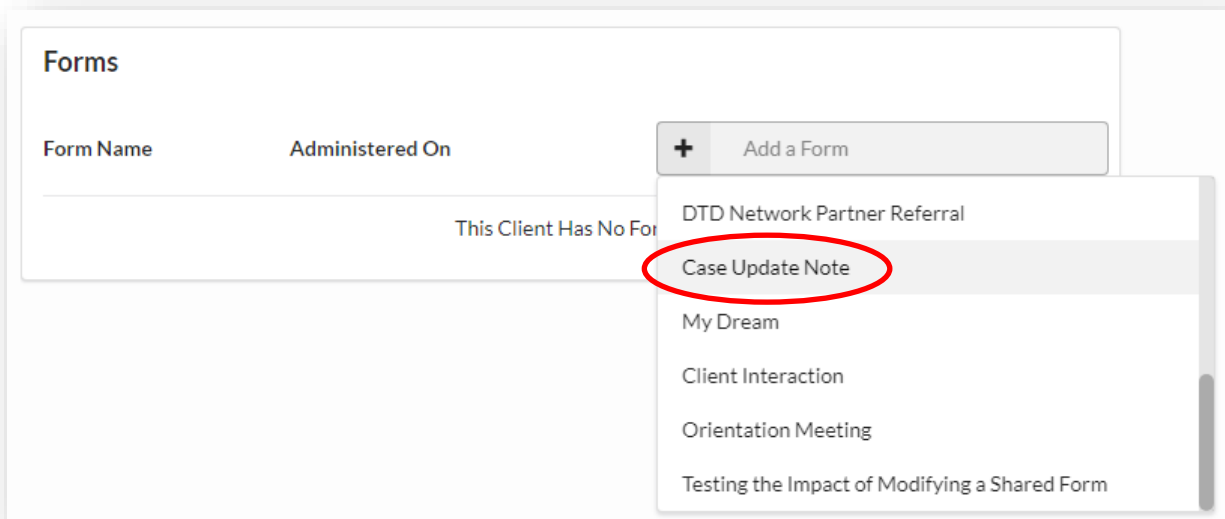
The screenshot shows a dropdown menu titled "Contact Method" with a red asterisk. The menu is open, displaying a list of options: "Face to Face" (selected and highlighted), "Attempted Face to Face", "Phone Call", "Attempted Phone Call", "Text", and "Email". A vertical scrollbar is visible on the right side of the list.

Contact Method *
Face to Face
Attempted Face to Face
Phone Call
Attempted Phone Call
Text
Email

- Click the box beneath "**Contact Method**". Select the appropriate ***Contact Method*** from the drop-down menu that appears.
- Add any additional notes about the interaction and click **Save**.

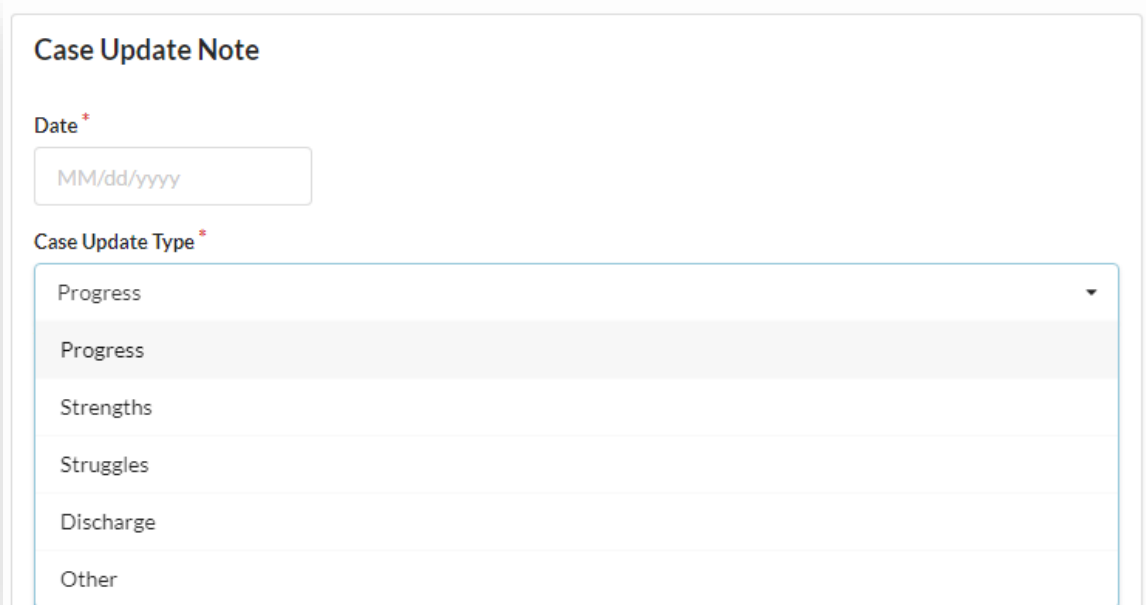
Case Update Notes

Case Update Notes provide a structured way to make general notes regarding case updates.



The screenshot shows a 'Forms' section with a table header containing 'Form Name' and 'Administered On'. Below the header, a message states 'This Client Has No Forms'. To the right of the table is a button labeled '+ Add a Form'. A dropdown menu is open, displaying a list of form options: 'DTD Network Partner Referral', 'Case Update Note' (which is circled in red), 'My Dream', 'Client Interaction', 'Orientation Meeting', and 'Testing the Impact of Modifying a Shared Form'.

- Click the “**Add a Form**” box from the Client Profile. A drop-down menu will appear with all available forms. Click **Case Update Note** to create a new Case Update Note.

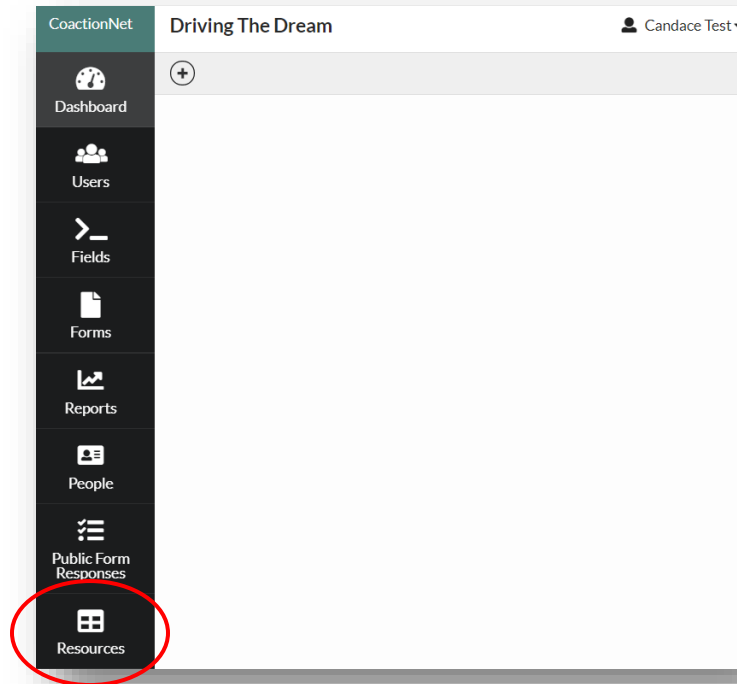


The screenshot shows the 'Case Update Note' form. It includes a 'Date *' field with a placeholder 'MM/dd/yyyy'. Below this is a 'Case Update Type *' dropdown menu. The dropdown is open, showing a list of options: 'Progress' (selected), 'Progress', 'Strengths', 'Struggles', 'Discharge', and 'Other'.

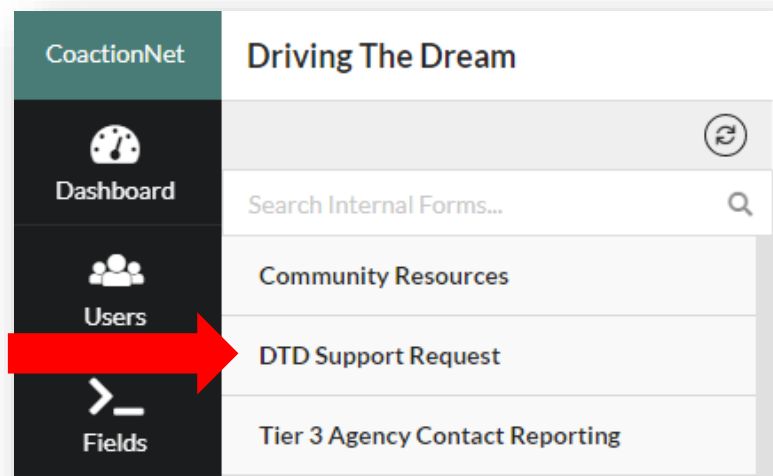
- Complete the date of the Case Update. Click the box beneath “**Case Update Type**”. Select the appropriate type from the drop-down menu.
- Add additional notes and click **Save**.

DTD Support Requests

Agency Staff should inform United Way Data and Quality Improvement team of issues by using the Driving The Dream Support request form. United Way receives and reviews each request and takes necessary steps to resolve each issue.



- To access the form, click on **Resources** on the bottom left side of the screen.



- A list will appear. Click **DTD Support Request**.

DTD Support Request

Filter

Date	User Requesting Support	Support Type	Issue Description	Issue Status	Notes (Long)	Email Address	Supervisor Email	+
------	-------------------------	--------------	-------------------	--------------	--------------	---------------	------------------	---

- From the DTD Support Request Screen, click on the plus symbol on the right hand side of the screen.

New Record

Date *

MM/dd/yyyy

User Requesting Support *

Dana Brooks
Dana Brooks
Darrell Scott
Deloris Clayborne
Jamilah Jackson
Mcaa Russum
Rhavan Mitchell

- Complete the date of the Support Request. Click the box beneath **"User Requesting Support"**. Select the appropriate user from the drop-down menu.

Support Type *

☐ Intake
 ☐ Referral
 ☐ Reporting
 ☐ Discharge
 ☐ Training
 ☐ Other

What issue is this support request regarding?

Issue Description *

- Click to appropriate **"Support Type"** selection and describe the issue in as much detail as possible in the **"Issue Description"** box below.

Issue Status

Current status of this support request.

Notes (Long)

Long notes about the form

Save

- As a Care Coordinator, leave the **"Issue Status"** field blank and click **Save**. A member of the DTD Data and Quality Improvement team will update the status of the support request using the **"Issue Status"** field.
- Once saved, the DTD Data and Quality Improvement team will work to resolve the issue in a timely manner.

