

UNITED WAY OF THE MID-SOUTH

DRIVING THE DREAM

COACTIONNET USER GUIDE



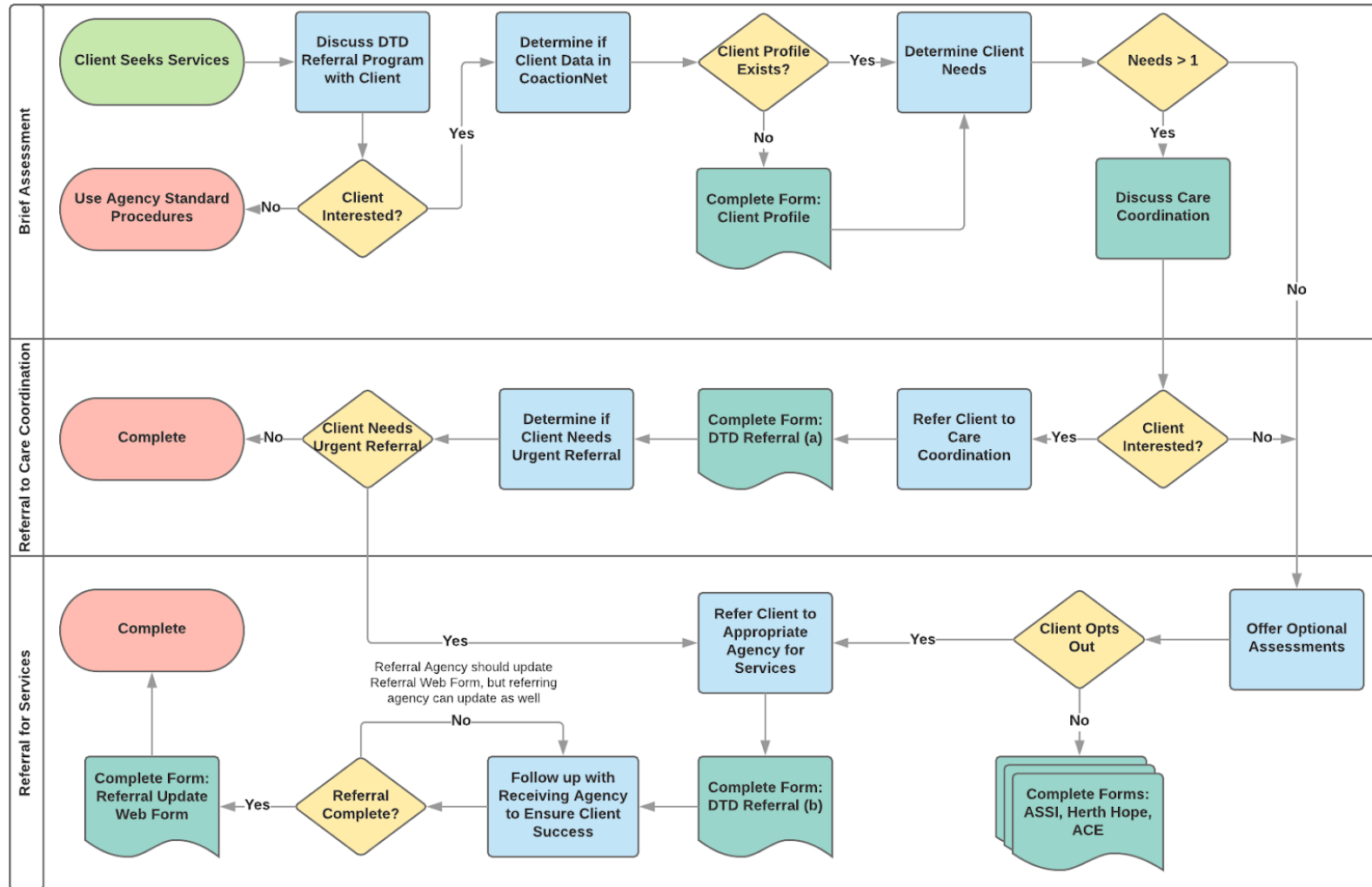
Referral Network Partners

May 2019

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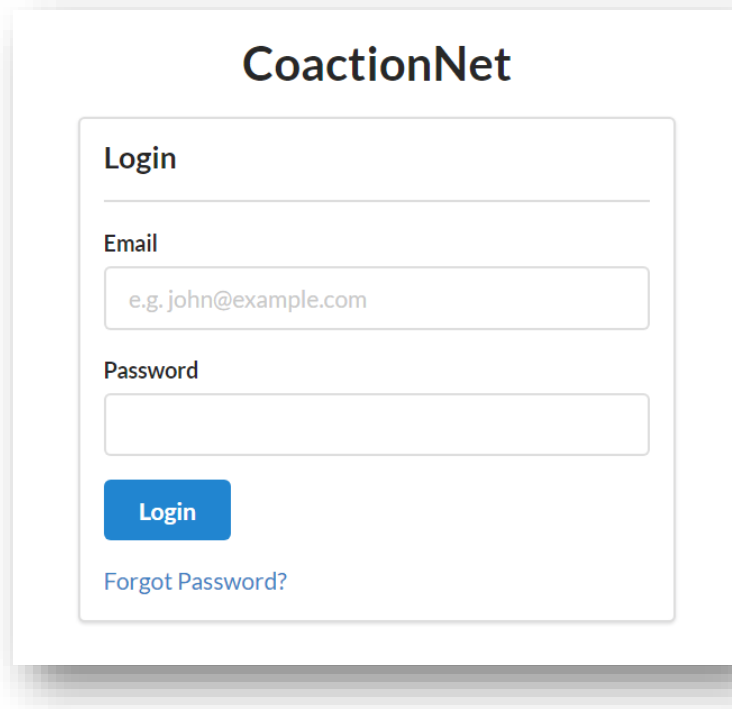
Referral Network Partner Protocol



Navigating CoactionNet

CoactionNet Login

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



CoactionNet

Login

Email

e.g. john@example.com

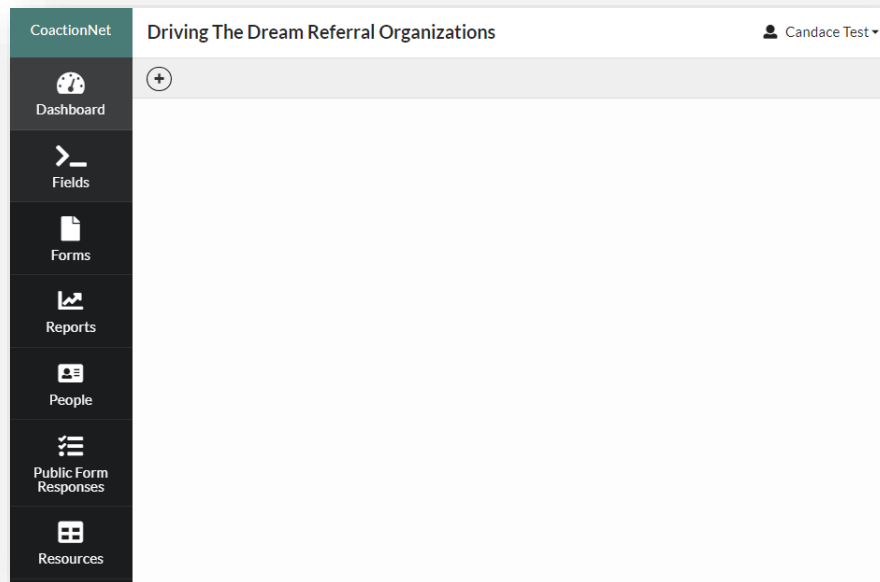
Password

Login

[Forgot Password?](#)

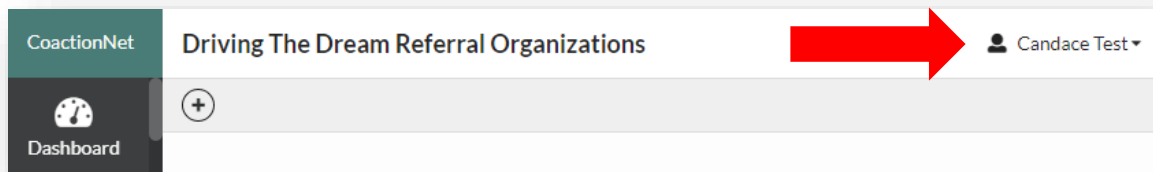
- Enter your email address (firstname.lastname@abcorganization.org) as the username and your personal password. This will be the same e-mail address you submitted when you signed your User Agreement and password you created. Click **Login**.
- If you forget your password, click "**Forgot Password?**"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

CoactionNet Interface

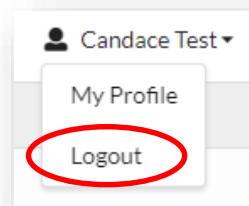


- After logging into CoactionNet, you will be taken to a landing page similar to the one above. The buttons on the left allow you to navigate to different pages in CoactionNet. Your name will appear in the upper left hand corner.

Logging Out



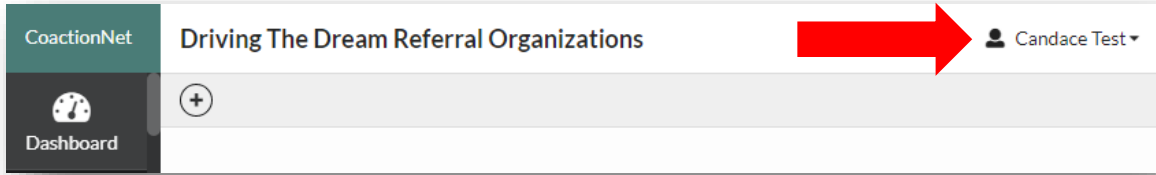
- To logout, click on the button containing your name in the upper left-hand corner of the screen.



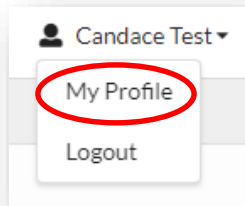
- A drop-down menu will appear with the options, "My Profile" and "Logout". Click **Logout**.

Updating Your User Profile

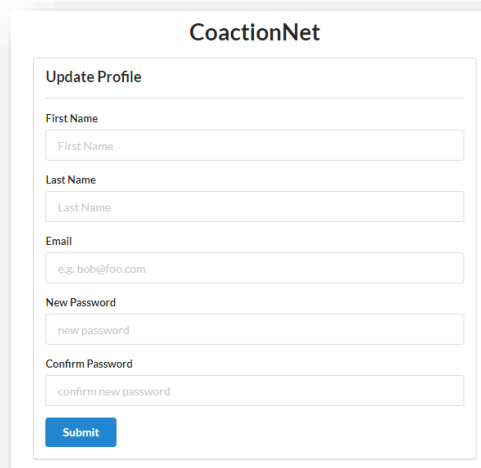
From your profile, you can update your personal information and password.



- 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**.



CoactionNet

Update Profile

First Name

Last Name

Email

New Password

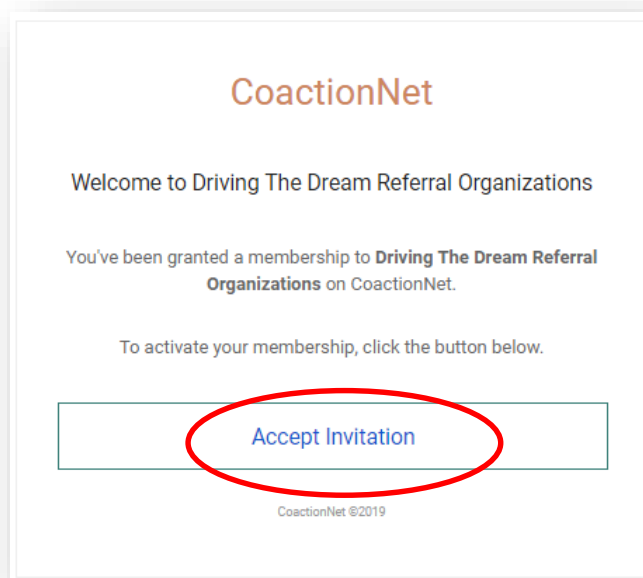
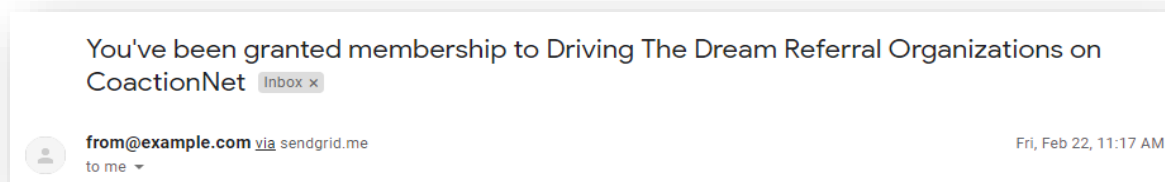
Confirm Password

- 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 collect signed CoactionNet User Agreements.
- 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 Referral Organizations on CoactionNet". See the example below.



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

The screenshot shows a registration form titled "Welcome to CoactionNet". The form is titled "Setup Your New Account" and contains the following fields: "Email" (pre-filled), "First Name", "Last Name", "Password", and "Password Confirmation". A blue "Join" button is located at the bottom left of the form.

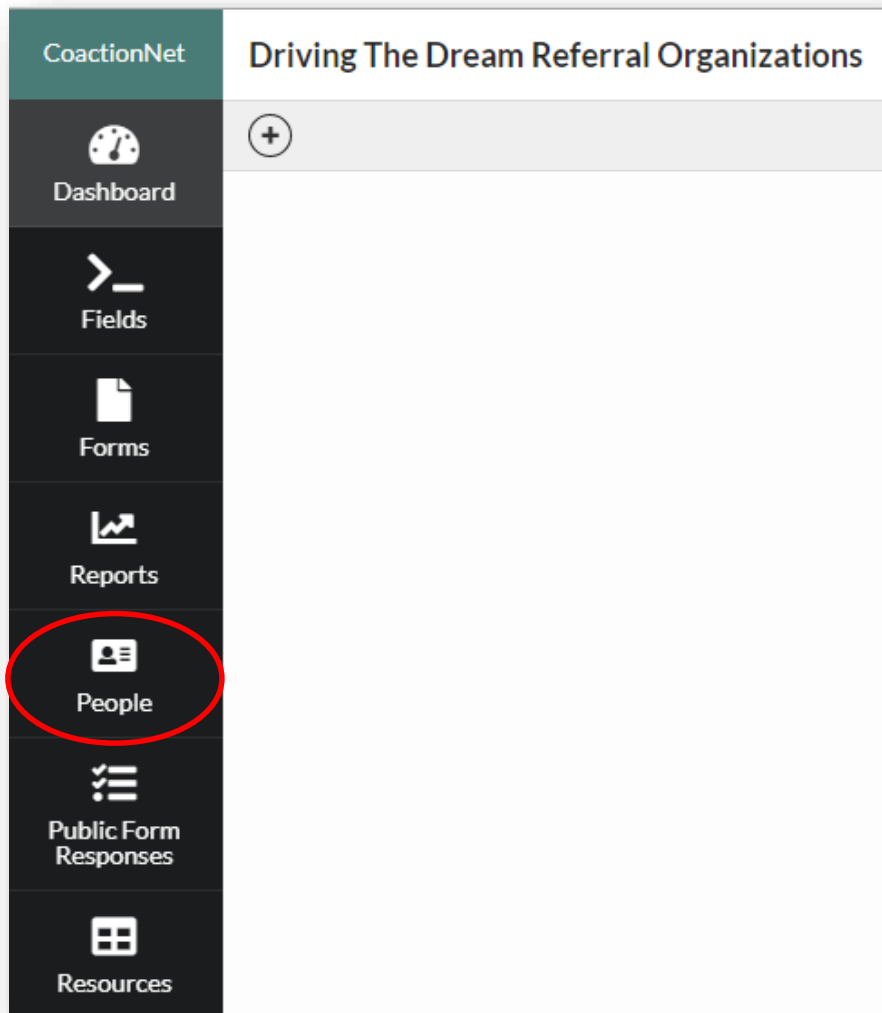
- Your email address will already be completed. Enter your First Name and Last Name. Create a password with at least one Upper Case letter, one Lower Case letter, and one number or symbol in the Password box. Retype the password in the Password Confirmation box. Click **Join**.

The screenshot shows a login page titled "CoactionNet". The page is titled "Invitation Complete! Login" and contains the following fields: "Email" (pre-filled with "chamartime@gmail.com") and "Password". A blue "Login" button is located below the password field. A link for "Forgot Password?" is located at the bottom left of the form.

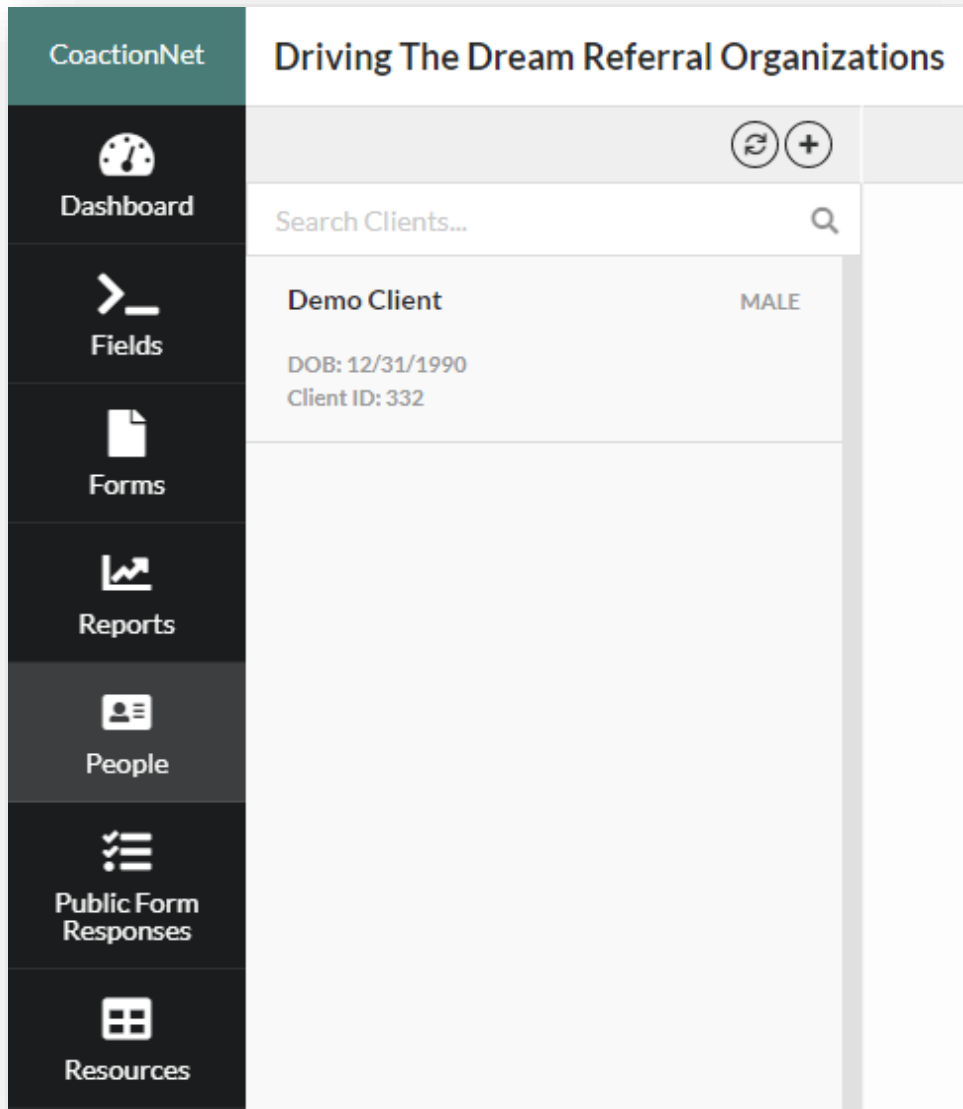
- Once successful, you will be redirected to a login page with 'Invitation Complete!' at the top. Retype your password and click **Login**. (You may be redirected to coactionnet.com, which will display a blank page. In that case, you will need to navigate to dtdreferral.coactionnet.com to access your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

Client Profiles

Navigating to a Client Profile

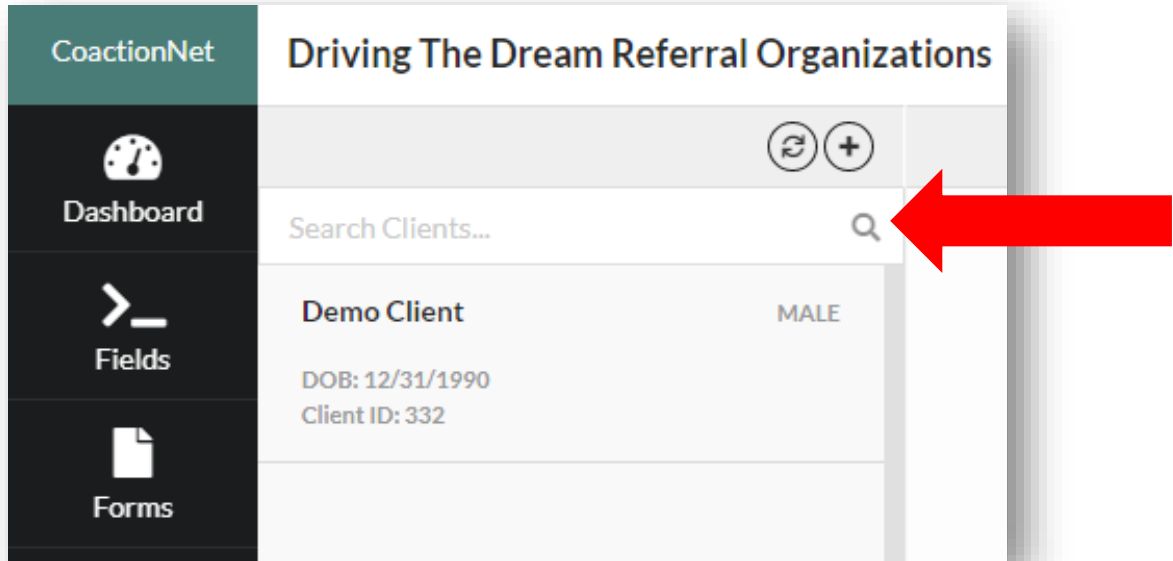


- Once you are logged in to CoactionNet, on the left side of your screen, you will see a list with **People** as one of the options. Click on **People**.

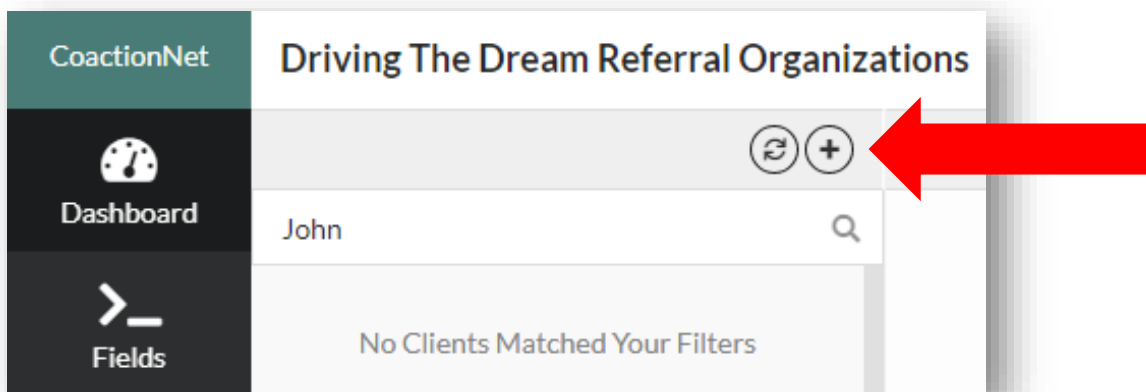


- You will see a screen similar to the one above which includes a list of all clients you have access to as a member of your Agency.

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.



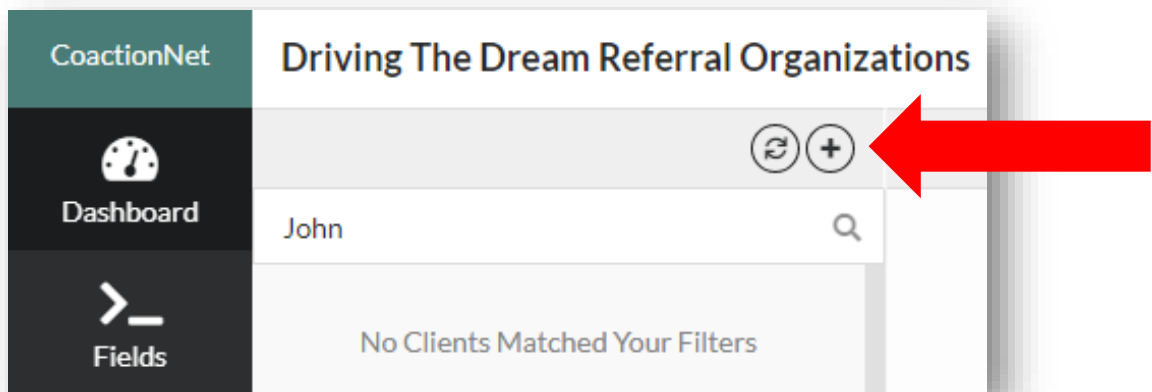
In this example, I am searching for John. No entries for John were returned and I can now create a **New Client Profile**. Click on the plus symbol on the right side of the screen.

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 Referral Organizations

Search Clients...

| | |
|-------------------------------------|-------------|
| Demo Client | MALE |
| DOB: 12/31/1990 Client ID: 332 | |
| Demo Client | MALE |
| DOB: 12/31/1990 Client ID: 77557 | |
| John Client | MALE |
| DOB: 04/17/1980 Client ID: 77559 | |

John Client

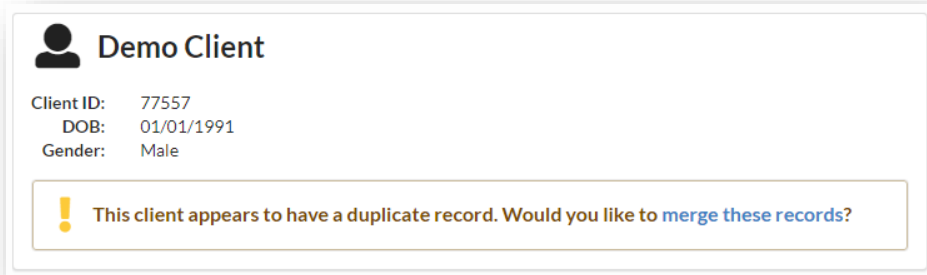
Client ID: 77559
DOB: 04/18/1980
Gender: Male

Forms

| Form Name | Administered On | |
|--------------------------|-----------------|--|
| + Add a Form | | |
| This Client Has No Forms | | |

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

Duplicate Client Profile



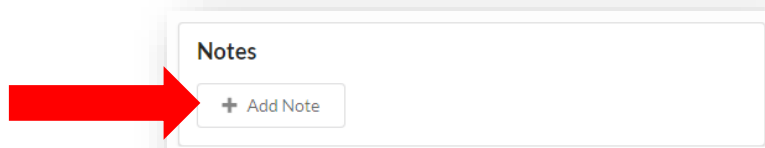
Demo Client

Client ID: 77557
DOB: 01/01/1991
Gender: Male

! 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.

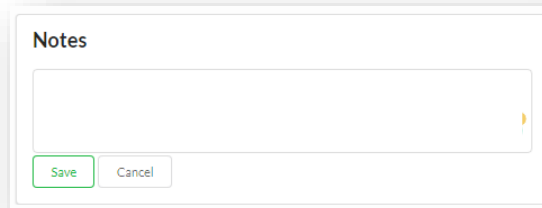
Client Profile Notes



Notes

+ Add Note

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



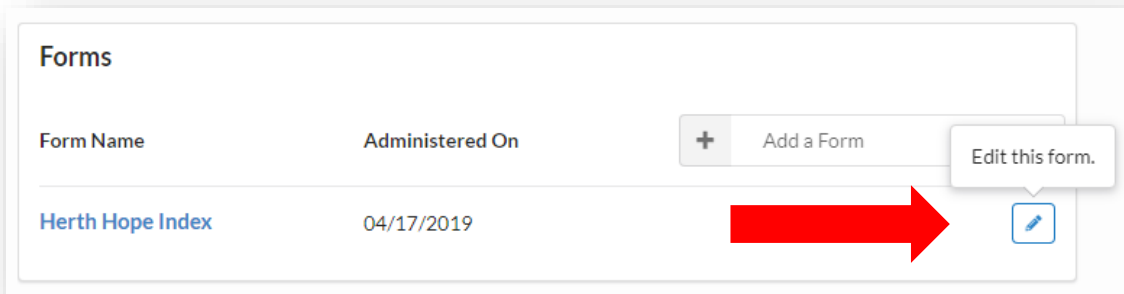
Notes


Save Cancel

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

Client Forms

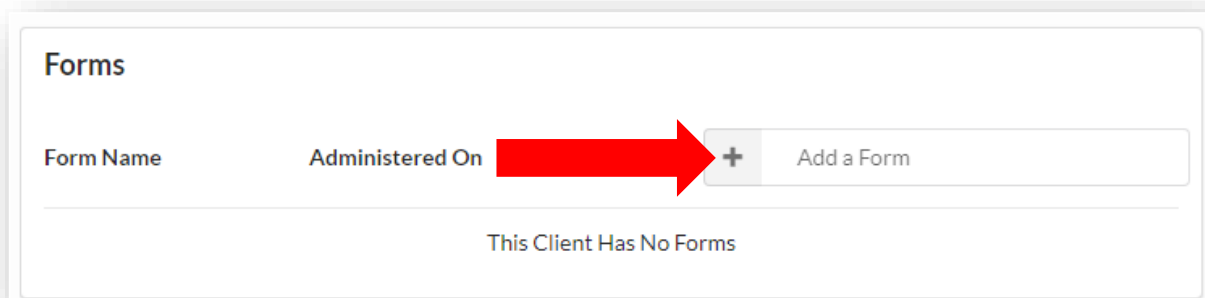
Modify a Form



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

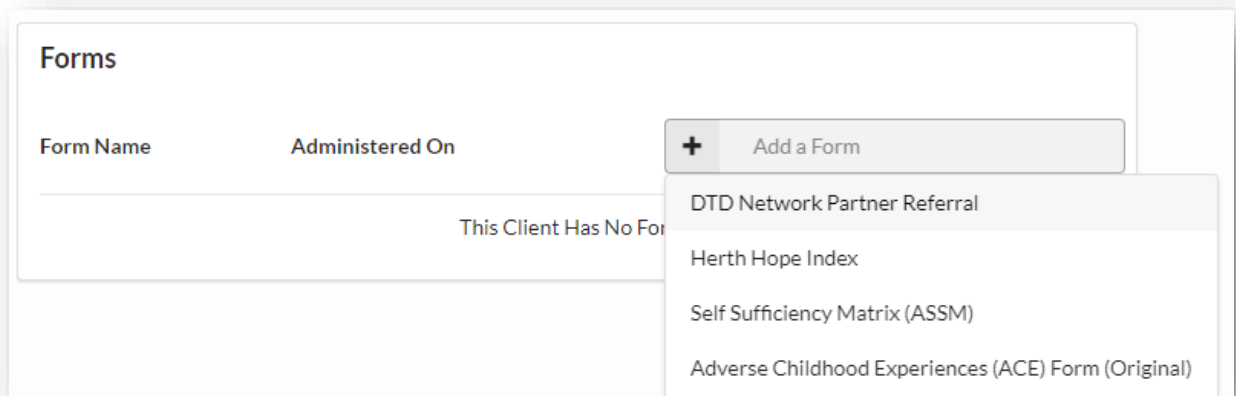
- To **modify a form** for the Client, click the button with an image of a pencil to the left of the form. A window will pop up when you hover over this button that says, “**Edit this form.**”
- Make any modifications desired and click **Save**.

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**”.



- A drop-down menu will appear with all available forms. Click the relevant form to create a new form for the Client.

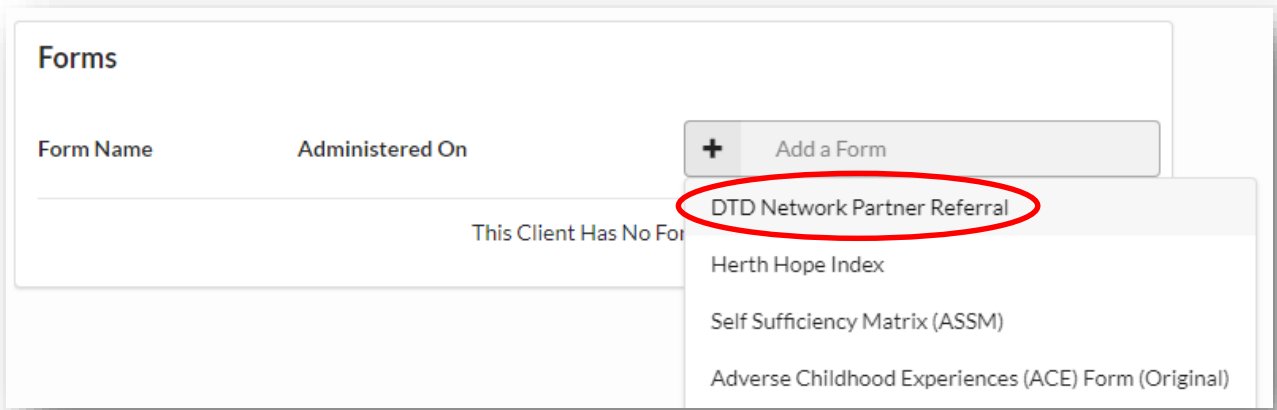
DTD Network Partner Referral Process

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.



The screenshot shows a software interface with a table titled "Forms". The table has two columns: "Form Name" and "Administered On". The table is currently empty, with a message "This Client Has No Forms" displayed. To the right of the table is a button labeled "+ Add a Form". A dropdown menu is open from this button, listing several forms: "DTD Network Partner Referral", "Herth Hope Index", "Self Sufficiency Matrix (ASSM)", and "Adverse Childhood Experiences (ACE) Form (Original)". The "DTD Network Partner Referral" 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 **DTD Network Partner 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 #

Address Apartment #

City State Zip

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 #

Apartment #

City State Zip

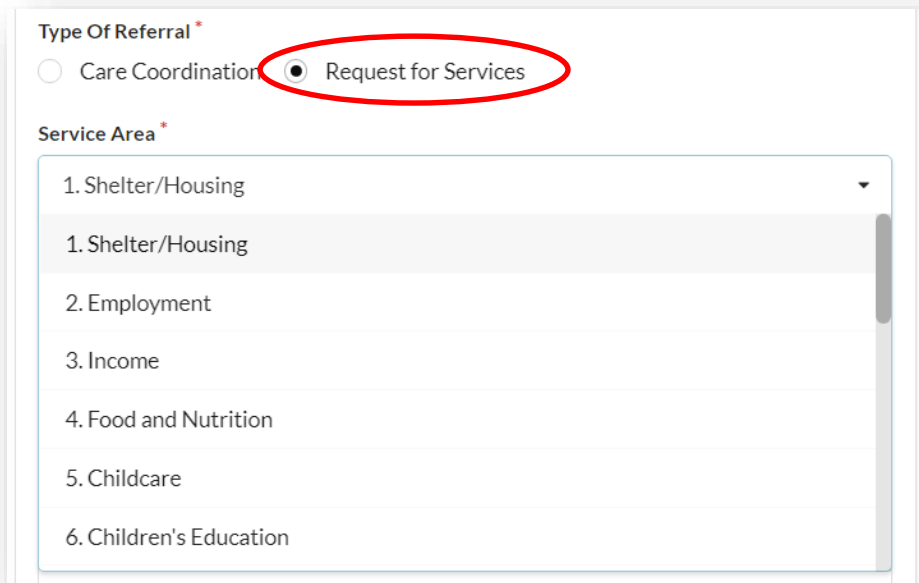
City State Zip

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. Do not fill out the address parts individually.

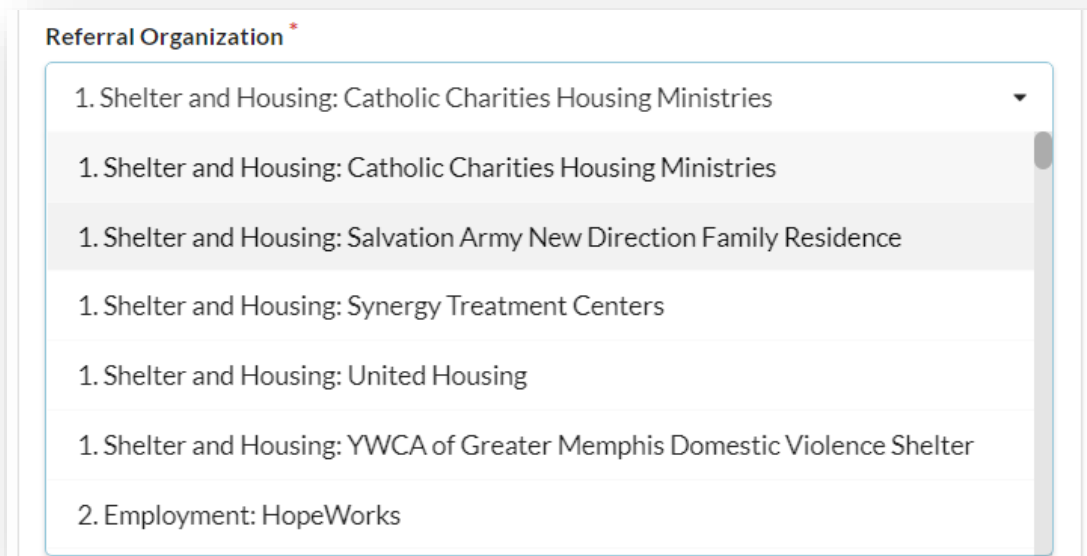
Request for Services

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.

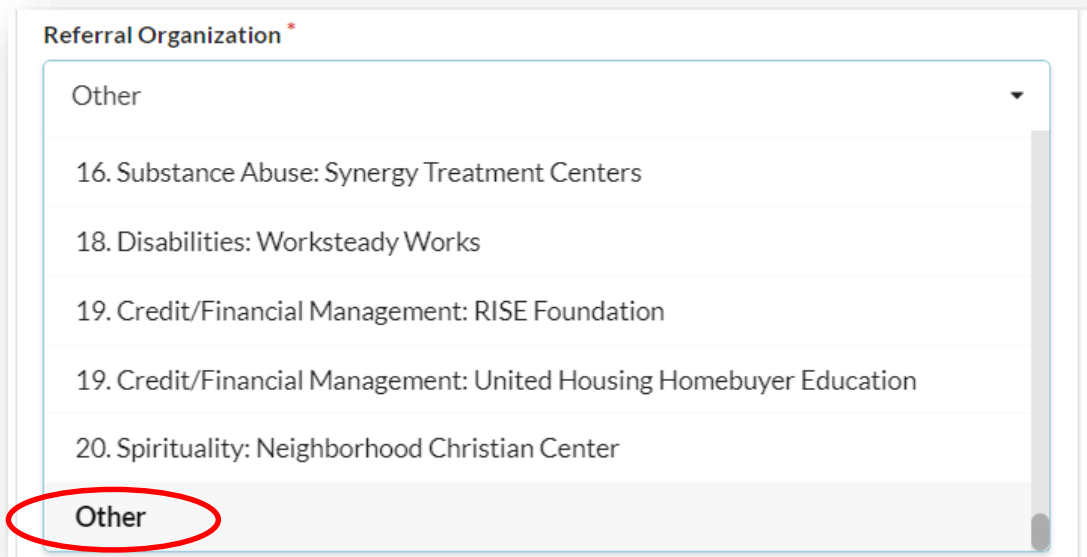


The image shows a screenshot of a web form. Under the heading "Type Of Referral *", there are two radio button options: "Care Coordination" and "Request for Services". The "Request for Services" option is selected and circled in red. Below this, under the heading "Service Area *", there is a dropdown menu. The dropdown is open, showing a list of service areas: "1. Shelter/Housing", "2. Employment", "3. Income", "4. Food and Nutrition", "5. Childcare", and "6. Children's Education". The first item, "1. Shelter/Housing", 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.



- 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>.



- 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"

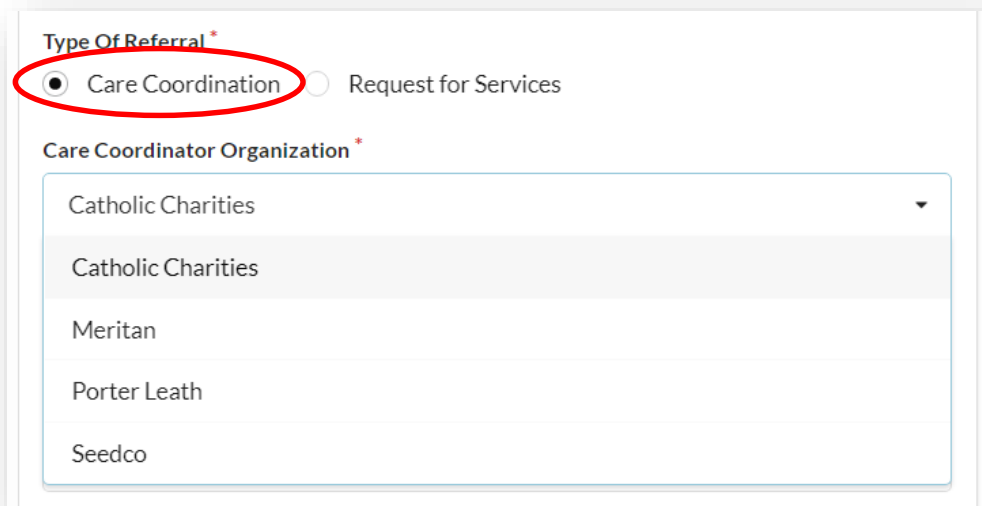
Referral Organization Description

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

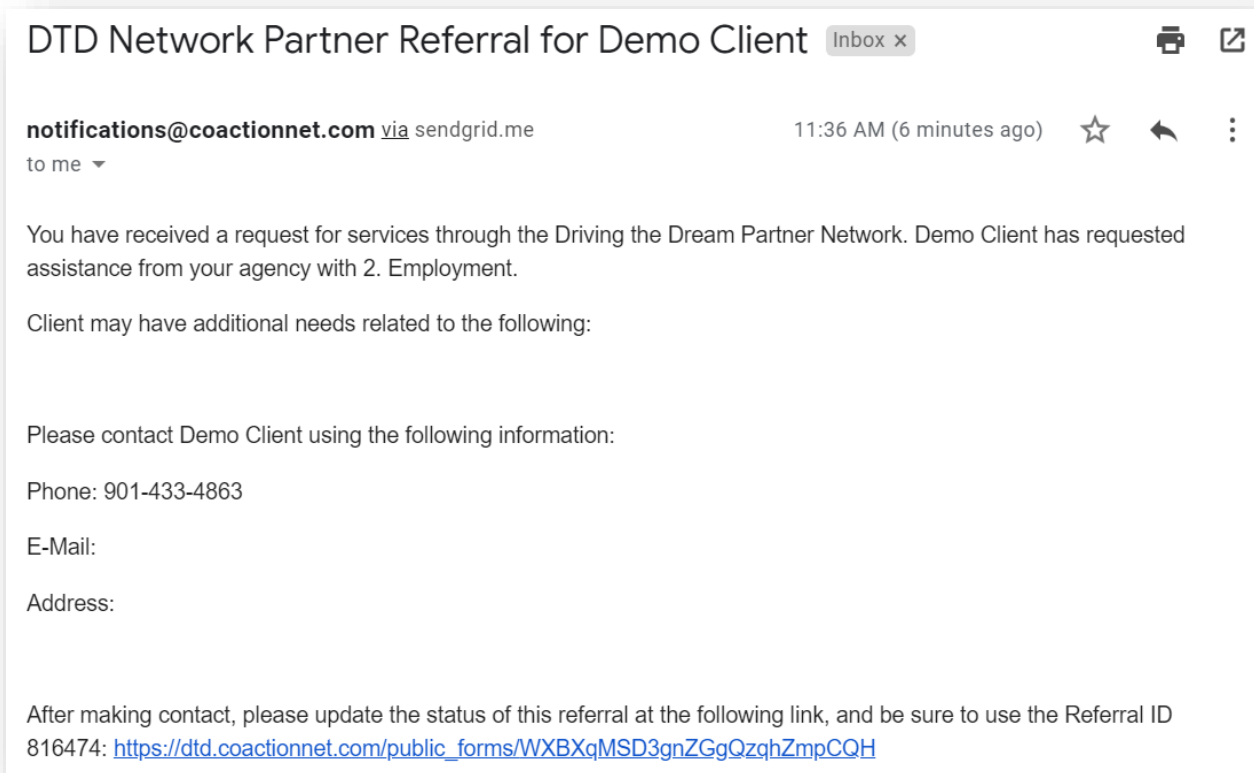
Seedco

- 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!

- 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.

Optional 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.

| 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.

- The agency staff will complete the Self Sufficiency Matrix form with the Client. 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.

The screenshot shows a 'Forms' management interface. It features a table with columns 'Form Name' and 'Administered On'. A message 'This Client Has No Forms' is displayed. A '+ Add a Form' button is visible, and a dropdown menu is open, listing 'Herth Hope Index' (circled in red), 'Self Sufficiency Matrix (ASSM)', and 'Adverse Childhood Experiences (ACE) Form (Original)'. Other forms listed include 'DTD Network Partner Referral'.

- A drop-down menu will appear with all available forms. Click **Herth Hope Index** to create a new Herth Hope Index form.

The screenshot shows the 'Herth Hope Index' form. It includes a 'Date Administered' field with a placeholder 'MM/dd/yyyy' and a description: 'This is the date that the assessment is administered to client'. Below are three items: 'Hh 1. I Have A Positive Outlook Towards Life', 'Hh 2. I Have Short/Long Term Goals', and 'Hh 3. I Feel Alone'. Each item has four radio button options: 'Strongly Disagree', 'Disagree', 'Agree', and 'Strongly Agree'.

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

| | |
|--|-------|
| 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.

The screenshot shows a 'Forms' section with a table and a dropdown menu. The table has columns for 'Form Name' and 'Administered On'. A message 'This Client Has No Forms' is displayed. A '+ Add a Form' button is present, and a dropdown menu is open, listing several forms. The option 'Adverse Childhood Experiences (ACE) Form (Original)' is circled in red.

| 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)

- 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 *



- 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

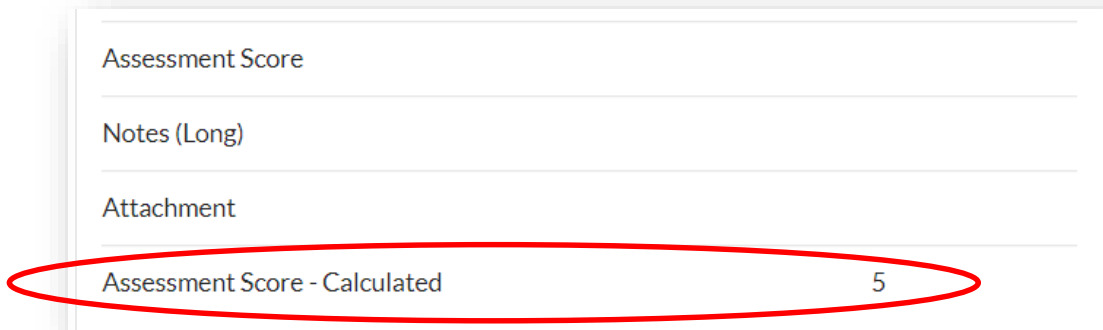
Ace 1. Did A Parent Or Other Adult In The Household Often ... Swear At You, Insult You, Put You Down, Or Humiliate You? Or Act In A Way That Made You Afraid That You Might Be Physically Hurt? *

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**.



The image shows a screenshot of a form with four sections: 'Assessment Score', 'Notes (Long)', 'Attachment', and 'Assessment Score - Calculated'. The 'Assessment Score - Calculated' section is circled in red and contains the number '5'.

| | |
|-------------------------------|---|
| 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.

