S.P.O.A. Quick Start Guide

& Manual

(Version 2.0)

Interactive Quick Start Guide & Manual

Main Menu

Click the link where you wish to go

- 1.0) Browser requirements to run SPOA
- 2.0) Your SPOA login site
- 3.0) SPOA Account Setup
- 4.0) <u>Reporting issues with the online SPOA system</u>
- 5.0) Quick Start as a Public Referrer
- 6.0) <u>Quick Start as an Authenticated Referrer</u>
- 7.0) Quick Start as an Agency Supervisor
- 8.0) <u>Critical Time Intervention (CTI)</u>
- 9.0) <u>Making a Referral</u>
- 10.0) <u>Contacts</u>

Section 1.0: Browser requirements to run SPOA (Main Menu)

A highly detailed outline of all system requirements to run the SPOA application off of Salesforce.com <u>is provided right here</u> and should be shown to your local IT specialist if your browser is having continuing trouble.

To sum up what is most applicable to SPOA requirements; the compatible browsers include:

- Google Chrome (any version)
- Mozilla Firefox (version 3.6 and up)
- Windows Internet Explorer (8 and up) (the most updated version of 8)
- Apple Safari (version 5.0.x and up)

Section 2.0: Your SPOA login site (Main Menu)

There is now one unified way to access SPOA.

• This official SPOA login page found here.

Section 3.0: SPOA Account Setup

(Main Menu)

For the majority of individuals already associated with SPOA, their SPOA account was created automatically when the system was launched (09-20-2011). It is at this point that an e-mail was generated by the SPOA System to those accounts, to aid them in creating their passwords.

To test if you were one of these accounts, please surf on over to the <u>Password</u> <u>Reset-or-Forgotten page right here</u>, and <u>use your e-mail as your username</u> to attempt to reset your password. At this point, it will either go on to reset your password, or show you an error, stating that your username was not found.

If your username was not found, then please feel free to request your SPOA account by browsing over to the SPOA site and clicking <u>Contact Support</u>, as depicted below. **Please include** whether you are requesting access for the purposes of <u>Housing</u>, <u>Care Coordination</u>, or just the <u>Authenticated Referrer</u> role. And don't forget to **include the name of the Organization** you are working for. You will be contacted by the system to make your password when the account goes live.

Note: If you are still having trouble with the account after the steps taken above, please contact us through the <u>Contact Support</u> link found at the top of any SPOA page – like in the following picture:



Section 4.0: Reporting issues with the online SPOA system (Main Menu)

To report any issues with the website SPOA system, please contact us through the <u>Contact Support</u> link found at the top of any SPOA page – like in the following picture:



This sends a single ticket before the eyes of the entire support team.

Please do not use direct e-mail to any support personnel for any new or aged support request. Only use the <u>Contact Support</u> link on your page.

As there is absolutely no way to assure that any single support individual will be present or available for support. But when you submit using the <u>Contact Support</u> link, it goes to the entire team, and the first available person takes your case as soon as possible.

No support can be assured if you do not use the <u>Contact Support</u> link, as the entire team will never see that you're having an issue, nor will there be any record of it other than your e-mail.

When in doubt, use the <u>Contact Support</u> link.

Section 5.0: Quick Start as a Public Referrer

(Main Menu)

A public referrer starts out <u>at this web page here</u>, which is also displayed in **(Figure 1)** below, from where they click on the <u>Submit a Referral</u> link highlighted therein below.

O Home	×	
← → C fi	Https://familyfirst secure.force.com/spoa/spoa2_home	@ 🕁 🔘 🔣 🤏
SPOA LO	9GIN - Submit a Referral Recover a Referral	Contact Support
Hello, SPOA	Site Guest User ne to SPOA	
Welcome to the for Housing an Coordination. Y referral or log i	ne SPOA system nd Care You can create a in above.	
Show Help Public Referrals	s have gone through a slight change to help the users. Referrals can now be reaccessed if you need	to come back at a later time to
complete them Note: Referral Note: For secu	I Code to load is located in the Navigation bar after you start the referral. urity, referrals will lock after 2 hours, please use the referral code to unlock them.	
Single	Point of Accountability	
Erie County Depa mental illness. Ca services and other independence and of community sen process has estal team which could assess/screen the consumer's needs	Intment of Mental Health SINGLE POINT OF ACCESS(SPOA) process has been developed in Eric Co are Coordination/Case Management Services are intended for the high need consumer who has had or i important supports, such as; benefits, housing, advocacy, health care, peer services or vocational s d improving the quality of life for consumers of mental health services. The development of the Single vices, will achieve integration, improve access, and provide priority services to high need individuals. I blished a uniform referral procedure which assists the referring party in determining the appropriate le best meet the needs of the consumer referred. One program is selected and serves as the entry poi ose referred and make a further determination as to the acceptance within that specific program or ar s.	bunty for adults (18 and over) with severe lifficulty maintaining linkages to mental health services. The overall goals include fostering Point of Access and coupled with expansion Services will be the individualized. The SPOA vel of care coordination services, and the nt to services. This entry points function is to nother program which may better meet the
Visit the website a	at SPOA Erie County Mental Health.	

(Figure 1)

The next step is (Making a Referral) <- (please click link)

Section 6.0: Quick Start as an Authenticated Referrer (Main Menu)

Arrow Note: The following is a Quick Start Guide to the Authenticated Referrer.

After they log in, an Authenticated referrer starts out at the page in (Figure 2), which is where you will see any referrals that you have saved and not yet submitted. The key difference between an Authenticated and a Public referrer is the ability to save partial referrals, and observe the live status of previously submitted referrals.

Home ×			1 Sul		
-> C fi 🕼 https://familyfin	rst.stagi <mark>n</mark> g.cs10.fc	orce.com/spoa/apex/spoa2_h	iome		💩 🗘 🕥 😢 🕷 🤹
POA Logout Submit a Re	eferral				Contact Support
To the right is a list of referrals that you are currently working toward completion. You can sort the list of referrals by clicking on the column headers. If you cannot find your client in the list, enter key words that were on the client's record and hit search.	My Penc	Search Name	Phase Draft	Next Sho	wing 1-10 of 28 total records.
If you are looking to submit a referral, click the "Submit a	E-044182		Draft		
Referral" button in the top navigation bar.	E-044185		Draft		
	E-044210		Draft		

(Figure 2)

When you go to open a client on this page, like a pending, or incomplete referral, you will come to the client page seen in **(Figure 3)**, on the next page; from where you will see your completion progress, and own information in the Referrer section and be able to fill the rest out.

SPOA HOME SPOA Administration	Referrer C	Client - Episodes - Attachments Print Referral	-	Conta	ict Suppoi	rt Reports
Care Coordination Phase: Refe	rral ?					
Red Flags		Critical Markers				
Red Flag Score: 3		Client's Time in SPOA: 2 days				
instances of Homelessness within the last year: 0)	Current Housing Situation: Lives with friends				
Lethality risks within the last year: 0	Lethality risks within the last year: 0		Current Employment Situation: Unknown			
Arrests within the last year: 0		Current Legal Situation: Unknown				
incarcerations within the last year: 0		Referred For:				
ER Visits within the last year: 2		Axis I Diagnosis: 295.7 Schizoaffective Disorde	r			
Hospitalizations within the last year: 0						
Psychiatric ER Visits within the last year: 1						
Psychiatric Hospitalizations within the last year: 0	5					
Notice: There can allo be other legal and lethally records below. Update Risks	A history of A history of	f Indiscriminate serious assault f Indiscriminate serious assault	7/8/2011 6/1/2007	Incident Incident		ali al
Click on notes to add notes for other	Notes					back to top
SPOA Administrators or to communicate to the agencies with notes about this case.	Title	Details		Date Created	SPOA Only?	
Add Note	Tara Karoleski	Enail set to referrer. I am In the process of reviewing your yo Sa 60 with as Tara	referral for Marc. I am ourious as to why	8/28/2012 11:43 AM		colt derete
	Tara Karoleski	will review in psyckes		8/28/2012 11:26 AM		edit delete
Referrer details						

(Figure 3)

Section 7.0: Quick Start as an Agency Supervisor (Main Menu)

Mote: The following is a Quick Start Guide to the Agency Supervisor.

After they log in, an Agency Supervisor starts out at the page in (Figure 4), which is where you will see several items that are explained under the.

		3.15							-
S://familyfirst.staging.cs10.force.co	m/spoa/apex/s	poa2_home							
SPOA Logout Agency Supervisor	Submit a Rel	erral						Contact	Support
This is a list of clients that need	Unassi	gned Encounters							
on the client to review the information on this client and evaluate which worker should be assigned to the client.		Search					Showing '	1-3 of 3 total re	ecords.
	Referral Id	Name	Phase	СТІ	Date Addee	d Care L	evel	T	eam
	E-044157	Kelly Monroe (024840)	Engagement	*		Intensi	ve Case Managemen	nt (ICM) T	est
	E-044199	test1 test2 (024870)	Engagement	*		Intensi	ve Case Managemer	nt (ICM) T	est
	E-044276	Pyotr Tchaikovsky (024928)	Engagement	-		Intensi	ve Case Managemer	nt (ICM) T	est
								ł	back to to
This is a list of clients assigned to you for care, if any. (This may not occur at your agency).	My Clie No results.	ents						i	back to to
This is a list of clients assigned to you for care, if any. (This may not occur at your agency). This a list of clients that are currently assigned to your agency. If you need to review a client, you can click on their record and review them.	My Clie No results.	Agency Clients					Showing	t 1-7 of 7 total re	back to to back to to ecords.
This is a list of clients assigned to you for care, if any. (This may not occur at your agency). This a list of clients that are currently assigned to your agency. If you need to review a client, you can click on their record and review them.	My Clic No results. Active	Agency Clients		Coordinate	Team	Dage	Showing : Engagement	t 1-7 of 7 total m Enrollment Data	back to to back to to ecords.

(Figure 4)

The items seen above, top to bottom, are the as follows:

A) View your **Unassigned Encounters**; these are cases SPOA has assigned to your agency that now need to be assigned to a coordinator or supervisor in your agency.

B) In the **My Clients** section you can view and update any Engagement /Enrollment efforts associated with individuals assigned under your name.

C) In the **Active Agency Clients** section you will see <u>ALL individuals</u> who are accepted and currently being managed by your organization.

D) In the **Requested Disengagements** section, if you have one, you will see any individual from your agency that had a request to Disengage from the

Engagement phase. This request is automatically received by SPOA. SPOA will determine if the disengagement is approved, or the client should be engaged by another agency or level of service. If SPOA determines that the engagement efforts should continue with your agency, the individuals name will show up on your **Unassigned Encounters** list.

E) In the **My Pending Referrals section**, if this is part of the tasks you perform, you will see the referrals you submitted which are currently pending SPOA approval.

From here, you may click on through into clients and see the page seen in **(Figure 5)**, where you may view and review them.

SPUA HOME SPOA Administratio	n Referrer C	lient - Episodes - Attachments Print Re	ferral	Contac	t Support	Reports	
Care Coordination Phase: Ret	ferral ?						
Red Flags		Critical Markers					
Red Flag Score: 3		Cilent's Time in SPOA: 2 days					
instances of Homelessness within the last year	:0	Current Housing Situation: Lives with fri	lenda				
Lethality risks within the last year: 0		Current Employment Situation: Unknown					
Arrests within the last year: 0		Current Legal Situation: Unknown					
incarperations within the last year. 0		Referred For.					
ER Visits within the last year: 2		Axis I Diagnosis: 295.7 Schizoaffective I	Disorder				
Hospitalizations within the last year: 0							
Psychlatric ER Visits within the last year: 1							
Psychiatric Hospitalizations within the last year	r. 0						
potential risks the client poses to themselves or others.	Title		Start Date	Туре			
This section contains the general optential risks the client poses to	Potent	tial RISK to Self / Others	In sector and	12350			
themselves or others. Notice: There can also be other legal	A history of	Indiscriminate serious assault	7/8/2011	Incident			
Undate Risks							
	Anisonyor	mulaci eninale serious assault	Di NZUUV	robert			
Cilick on notes to add notes for other SPOA Administrators or to communicate	Notes					back to top	
to the agencies with notes about this case.	Title	Details		Created	Only?		
Add Note	Tara Karoleski	Email sent to referrer. I am in the process of review yo Sa so with as Tara	ing your referrai for Marc. I am ourious as to	8/28/2012 11:43 AM		Gelete	
	Tara Karoleski	will review in psyckes		8/28/2012 11:26 AM		edit delete	
Referrer details							
It is important for us to be able to contact	First Name		Last Name				

(Figure 5)

(Section Continued on Next Page)

By clicking on any client in the Active Agency Clients section, depicted in **(Figure 4)**, you will be allowed to <u>view a client's Risk score</u>, <u>begin</u> <u>disengagement</u>, <u>begin disenrollment</u>, or <u>edit any information</u> on your agency's client. You will also be allowed to edit the CTI Plan, which is thoroughly covered in the <u>(Critical Time Intervention (CTII))</u> section of the Guide & Manual.

x putps://familyfirst.staging.cs10.force.com/spoa/apex/sp	·····································	
David Wonroe (024839) Requests:	Contact Support	
Red Flags	Critical Markers	
Red Flag Score: 5	Client's Time In SPOA: 5 months, 23 days	
Instances of Homelessness within the last year: 1	Current Housing Situation: Unknown	
Lethality risks within the last year: 2	Current Employment Situation: Unknown	
Arrests within the last year: 1	Current Legal Situation: Unknown	
Incarcerations within the last year: 0	Referred For:	
ER Visits within the last year: 0	Axis I Diagnosis: Axis I	
Hospitalizations within the last year: 0		
Psychiatric ER Visits within the last year: 1		
Psychiatric Hospitalizations within the last year: 0		

The screen demonstrated in the below graphic:

Potential Risk to Self / Others

No results.

back to top

The notes section has information from SPOA Administrators about this case. Please take these into consideration when reviewing and planning for this client's care

Notes							
Title	Details	Date Created					
test 3	public	3/2/2012 10:47 AM					
test	public	3/2/2012 10:47 AM					

Disengage Disenroll

Section 8.0: Critical Time Intervention (CTI)

(Main Menu)

Firstly, whether a client is eligible for CTI and whether they are simultaneously eligible for Pre-CTI, is determined by the SPOA Administration after receiving your referral.

The CTI functionality, that is, to either **Begin** or **Edit** a CTI plan for a client begins from inside of a client's current episode. Below are the shown 2 variations, one, (Figure A) where you may add a **Focus Area** and/or **Begin** CTI without it, and the other, (Figure B), where you may begin to **Edit** the CTI plan.

Please **note** that the Phase dates you see when you Begin a CTI are automatically generated along the structure of the CTI model, and are based on the date you select to start, or change to reflect as the start of your CTI program. The "actual Phase Start Date" functionality, where you may change the date, is depicted in **(Figure F)** below.

Please note that it is important to fill out a Focus Area before you begin CTI- as it will dictate the very reason the CTI exists and show you how the process is supposed to flow, in the Phase explanations on the left hand side of the page. It is depicted below in (Figure C).

Please note that you will need to move your client from CTI Phase to CTI phase by closing the previous phases yourself. This button is depicted in (Figure B).
Pre-CTI



Critical Time Intervention

Critical Time Intervention (CTI) is an empirically supported, time-limited case management model designed to prevent hadverse outcomes in people with mental illness following discharge from hospitals, shelters, prisons and other institutions. This transitional period is one in which people often have difficulty re-establishing themselves in satisfactory living arrangements with access to needed supports. We believe that focused, time-limited assistance during this critical period can have enduring positive impacts.

CTI Phases + Service Plans

Phase	Projected Start	Actual Start	Projected End	Actual End	
Pre-CTI		2/28/2012		2/28/2012	
Phase One	2/28/2012	2/28/2012	4/28/2012	2/28/2012	view service plan
Phase Two	4/28/2012	2/28/2012	6/27/2012		edit service plan close phase
Phase Three	6/27/2012		8/26/2012		



(Section Continued)

ew Focus Area		return to Service Plan	return to Referral print Focus Ard	ea Contact Su
About Focus Area A Focus Area outlines a category of support for a Client by defining a goal and aligning Linkages to achieve the goal. Progress Notes are written in the context of Focus Areas to document the progress against the goal.	Service Plan Title required	Status req Inactive Iy+- None		
Pre-CTI Phase Notes Prior to discharge from an institution, CTI worker collaborates with client, family members, institution staff, and community based supports to build rapport to enhance an effective transition.	Heason ← ← B I U eeo ∞			
Pre-CTI Worker Activities • Review institutional chart including history • Meet at least 1x/mo in institution • Complete intake assessment form • Determine most immediate needs Phase 1-Transition				
Provide person w/intense support and assess existing community resources. Transition support to resources in community. Build strong community linkages and durable support system.	Notoe			
Phase 1 Worker Activities Intense contact w/person, home visits Create Service Plan in 1-3 focus reset, based on most critical				

(Figure C)

Please note, if you have any questions about a client's CTI eligibility. determination, please contact Tara. The contact information is in the Contacts section of this document.

As you traverse the Service Plan after selecting to Edit it, you will have the options to Add Focus Areas, add linkages, add progress notes and thusly remove any of the three. The highlighting of these functionality pieces may be seen in (Figure D) below.

 $m \ref{eq:second}$ Please **note** that you are able to add as many progress notes as you desire, during any portion of CTI.

Per your training you are informed that a client must have at most 3 separate areas of focus during their CTI- however, you are also free to change, deactivate, or close any focus area you chose at any point. Some of these functions may be done from inside of a focus area, as highlighted in (Figure C) or executed while viewing the CTI plan overview as seen in (Figure D) below.

(Section Continued)

						print berrice i han		
ervice ated by: SPOA. Modified by: S	Plan Agency X Superviso POA Agency X Sup	or pervisor						
Projected Pha 8/22/2012	ase Start Date	Actu 8/22	al Phase Start Date 2/2012		Projected Phase End D 10/21/2012	Date	Actual Phase En	d Date
New Feature:	Progress Note a	and Focus Area Re	lationships					
Good news! Prog work very similar	ress Notes can nor ly to the current "Ar	w be related to multiple dd Attendee" feature.	e Focus Areas in CTI. Y	ou can now assign	one or more Focus Areas to a l	Progress Note with the	new "Add Focus Area	a" picklist, This
You'll also notice	Progress Notes ha	we their own section o	n this page (see below).	so it's easier to cr	eate and manage your Progress	Notes.		
All of your previou	us Progress Notes	should still be listed h	ere and should still be n	elated to their origin	al Focus Area. If you run into a	ny issues, please Con	tact Support via the lin	k in the toolbar.
ocus /	Areas						-	Add Frogress N
Focus A	Areas	e Focus Areas on a Se	enice Plan.			_	70	Add Focus Ar
Focus A Note: There is a	Areas	e Focus Areas on a Se	enice Plan.			Edt	rint Add Linkage	Add Focus Ar
Focus A Note: There is a Fest 1 Med	Areas	e Focus Areas on a Se	envice Plan.			Edt	rint Add Linkage	Add Focus Ar
Focus A Note: There is a Fest 1 Med Linkages Title	Areas Isimit of three active lical Focus Ar	a In Progress Status	envice Plan.	End	Frequency	Edt P Cost	rint Add Linkage	Add Focus Ar
Focus A Note: There is a Test 1 Med Linkages Title	Areas	e Focus Areas on a Se a in Progress Status	enice Plan	End	Frequency	Edit P	rint Add Linkage	Add Focus Ar
Focus A Note: There is a Test 1 Med Linkages Title	Areas innit of three active lical Focus Ar Type sing Focus Ar	e Focus Areas on a Se a In Progress Status e In Progress	enice Plan.	End	Frequency	Edt P Cost Edt P	rint Add Linkage	Add Focus Ar Jose Deactw Close Deactw
Focus A Note: There is a Test 1 Med Linkages Title	Areas	e Focus Areas on a Se a In Progress Status e In Progress	enrice Plan. Start	End	Frequency	Edit P Cost	rint Add Linkage	Add Focus Ar Jose Deactw Close Deactw
Focus A Note: There is a Fest 1 Med Linkages Title	Areas	e Focus Areas on a Se a In Progress Status e In Progress	Start	End	Frequency	Cost	rint Add Linkage	Add Focus Ar

(Figure D)

Please note that SPOA progress note functionality is quite advanced and you should take full advantage of it. An example of the screen is below, and you should take some time to explore the menu system in this layout, as you may find it allows you to record more detail with more accuracy than systems you may have previously experienced. It is exemplified in the below (Figure E).

(Section Continued)

Progress Note for

Progress Notes collect information	Complete the form below with information related to the progre	ess note session.
about interactions with the Client and the support network in the context of a Focus Area.	Type required	Client Attended?
Pre-CTI Phase Notes		Name
Prior to discharge from an institution, CTI worker collaborates with client, family members, institution staff, and community based supports to build	Location required	Start Date required
rapport to enhance an effective transition.	Start Time required	Duration Hours required
Pre-CTI Worker Activities	None	0
 Review institutional chart including history Meet at least 1x/mo in institution Complete intake assessment form Determine most immediate needs 	Duration Minutes required	Relates to Support Network?
Phase 1-Transition	★	
Provide person w/intense support and assess existing community resources. Transition support to resources in community. Build strong community linkages and durable support system.		

(Figure E)

Please **note** that to get back to your referral after filling out progress notes or focus areas, use the "return to Referral" link depicted in **(Figure F)** below.

SPOA SPOA : CTI Service P	lan	print Servic	e Pla return to Referral Contact Support
Service Plan Created by: SPOA Agency X Supervisor Last Modified by: SPOA Agency X Supervisor	K		7
Projected Phase Start Date 8/22/2012	Actual Phase Start Date 8/22/2012	Projected Phase End Date 10/21/2012	Actual Phase End Date

(Figure F)

Section 9.0: Making a Referral

(Main Menu)

After clicking the <u>Submit a Referral</u> link on either your private or public SPOA referral page, you will be put through to the SPOA Referral Wizard.

Here, the first choice you will make is whether you want to refer the individual for <u>Care Coordination</u> or <u>Housing</u>, then select the options for <u>Care Level</u>, <u>Care</u> <u>Status</u>, and/or the client's current state of housing after you chose a referral type- and then click <u>Next</u>. The referral type options and explanations for both choices, or new choices, are shown as follows:



The next progressive section is the **<u>Referrer</u>** information section and you will see it highlighted on both, the top of your page and in your overall referral progress section. Here you will fill out information about yourself as a referrer.



Y Please **note** that the Or<u>ganization</u> input box will be auto-filled with your organization if you are not a public referrer.

Y Please **note** that you now have both a **Previous** and **Next** button, and they can be used to navigate between sections of the referral.

referrer, you are a public referrer, you are given 2 hours to complete a referral, and if you time out or otherwise leave the page, you will need to have the **Referral Code** highlighted below in red to retrieve your referral. The link to do so will be present next to the **Submit a Referral** link on the public referral page.

The overall section will look like the following:

/ O Wizard Name	×			Cur E	
← → C ni	https://family	first.secure.force.com/spoa/sp	ooa2_wizard_referrer?id=	a0HA0000009bJdIMAE	👛 🔂 🔘 🔀 🔧
SPOA Refe	rral Wizard	Referral Code: 0009bJdl	return Home		Contact Support
Referre	us to be able o con	tact you for further information reg	arding this client's risk and r	needs. Please provide your conta	ct information here.
	K	First Name required			
Referrer		Last Name required			
Client Financial P	acconcibilities				
Income Sou	rsponsionities	Organization			
Canabilities	ices	Organization required			
Rick Acces	sment				
Insurance	Jinota	Title			
Diagnosis					
Hospital / F	R	Phone			
Alcohol / Su	ubstances				
Medication		Normal States			
Education		Email			
Employmen	ıt				
Living Locat	ion / History				
Previous Se	invices	R	eferral progr	ession section.	
Housing Se	lection				
Final Review	N				
					X
Attachment	5				
		previous			next

The next progressive section is the **<u>Client</u>** information section. Here you will fill out the demographic, contact, race, language, child, and marital status questions about your client.

Y Please **note** that you will also have a <u>housing information</u> section on this form at the bottom if you have chosen to make a referral for Housing or for both Care Coordination and Housing simultaneously.

Wizard Name X	R. C. M. C. M. C.		Sugar L			2
→ C 🖌 🔒 https://famil	yfirst.secure.force.com/spoa/spoa2_wiz	ard_client?i	d=a0HA0000009bJk1MAE	🐵 🏠 🙆	0 😸	3
POA Referral Wizard	Referral Code: 0009bJk1 ? return	Home		Contact S	Support	
lient						
Note: You must enter either a Dat	e of Birth or a Social Security Number.					
Please note that these questions to gain housing through SPOA.	are designed to aid in linking each person wi	th the most a	ppropriate housing program and will in n	io way affect the abi	ility	
	Demographics					
Introduction	Demographics					
Introduction Referrer Client Financial Responsibilities	Demographics First Name required	M.I.	Last Name required			
Introduction Referrer Client Financial Responsibilities Income Sources Capabilities Risk Assessment	Demographics First Name required Date of Birth	M.I.	Last Name required)		
Introduction Referrer Client Financial Responsibilities Income Sources Capabilities Risk Assessment Insurance Diagnosis Hospital / ER	Demographics First Name required Date of Birth Format: MM/DD/YYYY ie: 05/15/1980 Gender	M.I.	Last Name required Social Security Number Format: XXX-XX-XXX]		
Introduction Referrer Client Financial Responsibilities Income Sources Capabilities Risk Assessment Insurance Diagnosis Hospital / ER Alcohol / Substances	Demographics First Name required Date of Birth Format: MM/DD/YYYY ie: 05/15/1980 GenderNone	M.I.	Last Name required Social Security Number Format: XXX-XX-XXX]		
Introduction Referrer Client Financial Responsibilities Income Sources Capabilities Risk Assessment Insurance Diagnosis Hospital / ER Alcohol / Substances Medication Education	Demographics	M.I.	Last Name required Social Security Number Format: XXX-XX-XXXXX))		

The overall section will look like the following:

(Continue)

The next progressive section is for Financial Responsibilities information. Here you will select whether the client has financial responsibilities, and then what kinds if you select that they do; such as Housing or Student Loans.



🖕 Please **note** that you will be able to add as many financial responsibilities as desired-but the option to add more only appears after you record the first.

If you select that the client does have responsibilities, the next step looks like the following:

Financial Responsibilities

Introduction	Туре	Frequency	Amount	
Referrer	None	None		delete
Client	None			
Financial Responsibilities	Alimony Child Support Motor Vehicle			
Income Sources	Student Loan			
Capabilities	Medical Expense Housing Costs			
Risk Assessment	Other			

The next progressive section is for **Income Sources** information. Here you will select whether the client has income sources, and then what kinds if you select that they do; such as Alimony or Bank Accounts.

╈ The section looks just like the previous Financial Responsibilities section did.

The next progressive section is for **Capabilities** information, where you enter your client's functional strengths and deficits. With which you will rank the level of independence or lack thereof of your client with regards to things like managing personal hygiene, grocery shopping, or ability to independently take medication as prescribe, etc.

The overall section is depicted on the next page:

(Continue)

	return nome				Contact Su
nctional Stre	engths and Deficits				
	Does Applicant Currently	Independently	Needs Help	Unable	Unknown
ntroduction Referrer	Manage personal grooming	0	0	0	۲
Client Financial Responsibilities	Manage personal hygiene	Ø	Ø	Ø	۲
ncome Sources	Manage personal laundry	0	0	0	۲
C <mark>apabilities</mark> Risk Assessment	Budget Money	Ø	Ø	0	۲
nsurance Diagnosis	Respond appropriately to emergency situations e.g. Fire	Ø	0	0	0
Hospital / ER Alcohol / Substances	Respond appropriately to emergency situations e.g. First Aid	O	O	O	۲
Medication	Comply with medication regimen	O	0	0	۲
Employment .iving Location / History	Use public transportation and other community resources	©	O	O	0
Previous Services	Plans menus	0	0	0	۲
Tevious Genices					

The next progressive section is for **<u>Risk Assessment</u>** information with application to both Self and/or Others. Here you will enter information such as that of any history of <u>assault</u>, <u>setting fires</u>, <u>suicide attempts</u> or other self-harm.

next

as prescribed

Please note that you will have to fill out this entire form, and specifically indicate that a client has had no known episodes of the series of types listed- by clicking on either the <u>No</u>, or <u>Don't Know</u> option.

Please **note** that for the sake of monitoring for emergencies or trends, during referral each client is assigned a risk score as they move through the system. Much of this risk score comes from the history attributions you record in this section. Dependent on the level of the score, in relevance to others being evaluated, it may change a client's standing with respect to necessity for quicker placement. The broader the history of relevant events you give, the greater the chance of expediency.

Please **note** that you will be given the opportunity to enter the details of the history after selecting that it applies to the client. The section where you will fill

this in will be in the Details section that highlights as orange, after selecting the applicable "Yes" to the applicable history piece.

The overall section will look like the following:

Risk Assessment ×	Contraction of	Const L	
-> C 🖍 🕼 https://family	first.staging.cs10.force.com/spoa/spoa2_wizard_ri	sk?id=a0HJ0000001awIAMAY	🐵 ☆ 🔘 😤
POA Referral Wizard	return Home		Contact Support
Potential Risk t	o Self / Others		
ease indicate any areas that the ind uch incidents for that topic, and Don ut more information reguarding it. If t at single incident."	dividual may have that could put this individual in danger 't Know if you are unsure if there may be an incident. If y he details button is Orange , you have not yet completed	of harming themselves or others. Please ou select yes, you will be required to fol d the details section. If it is Green , you	e select no if there are no low the details button and fill have completed the details for
Introduction	A history of indiscriminate serious assault	t	
Referrer	Please Select One	Start Date	
Financial Responsibilities	Yes 💿 No 💿 Don't Know 💿		Details delete
Capabilities			
Risk Assessment	add		
Insurance			
Diagnosis Hespital / EP			
Alcohol / Substances	A history of arrests and dispositions		
Medication	Please Select One	Start Date	
Education	Yes 🖱 No 🔿 Don't Know 🔿		Details
Employment			Details
Living Location / History			
Housing Selection	add		
Final Review			
Attachments	A History Of Setting Fire		
	Please Select One	Start Date	
	Yes 💿 No 💿 Don't Know 🔘		Details delete

Adding details to such an event is depicted on the next page:

(Continue)

Legal ×	and the second	and the	
C 🕈 🔀 🖂 C A	st.staging.cs10.force.com/spoa/spoa2_	episode_legal?id=a01J0000000UFvE	MAW&retUrl 🚳 ☆ 🔇 🔘 🖁
POA SPOA : Episode	return to referral print episode		Contact Support
ogal			
eated by: Eric Weigel			
st Modified by: Eric Weigel			
About Legal Here you should enter arrests,	A history of indiscr	iminate serious assa	ult
incarcerations, paroles and probations, both past and	Start Date required	End Date	
current. Include instances in	8/1/2002	[8/20/2012]	[8/20/2012]
arrested, formally charged,	Click the example to the right to enter	today's date	
probation, parole or working with any of the treatment	Type (for incarcerations, select an inca	rceration type below) required	
courts (i.e. Mental Health	None		
Court, Domestic Violence	Incarceration Type		
Court). You may include past information by indicating a	None		
start and end date. For a current situation simply leave	Criminal Procedure Law (CPL) Status		
out the end date.	Notes on Legal Activity (i.e., what pers	on was arrested or incarcerated for)	

The next progressive section is for **Insurance** information, and it is pretty straight forward and brief. For demonstration purposes it looks like the following:

Wizard Name ×	rst.staging.cs10.force.com/spoa/sp	oa2 wizard insurance?id=a0HJ0000001awIAMAY		25
SPOA Referral Wizard	return Home		Contact Support	
Insurance Introduction Referrer Client Einancial Responsibilities	Type required	Managed Care?		

The next progressive section is for **<u>Diagnosis</u>** information. This applies to the individual's official behavioral health diagnoses.

🛧 Please **note** that at least one diagnosis must be entered.

This section is depicted on the next page:

Diagnosis ×		Surger States	L		
C 🕯 🔀 🕅 🖉	ging.cs10.force.com/	spoa/spoa2_wizard_diagnosis?id=a	0HJ0000001awIAMAY	🐵 🔂 🤇	0 😫
SPOA Referral Wizard	return Home			Contact Supp	oort
Diagnosis					
Please give provide as much detail please give us detailed notes in the	about this person's beha notes section.	vioral health diagnosis. If you are unsure	of where to enter certain asp	ects of this client's diagnosis	
Introduction Referrer	Axis required	Code + Diagnosis / Score required	Notes	Start Date required	
Client	NA 💌				delete
Financial Responsibilities					
Income Sources					
Risk Assessment					
Insurance					
Diagnosis					
Hospital / ER					
Alcohol / Substances	acd				

The next progressive section is for <u>Hospital / ER</u> information. This information is entered episodically, like many other sections, and looks like the following:

Wizard Name ×	and the second	- han in	Contra Le			
← → C ⋒ 🖹 🖉 🏎	ing.cs10.force.com/spo	a/spoa2_wizard	_psych?id=a0HJ0000001awIAMAY	@ ☆	00	😫 🔧
SPOA Referral Wizard	return Home			Contact S	Support	
Hospital / ER	Type required	Facility	Admission Date required	Discharge Date		

The next progressive section is for <u>Alcohol and Substance</u> information. If you select <u>Yes</u>, the section looks like the following:

⇒ C fi	🕼 https://familyfirst.stagi	ng.cs10.force.com/spc	a/spoa2_wizar	d_substance?	id=a0HJ000	0001awIAMAY	(🐵 🖒	0	0	*
SPC	OA Referral Wizard	return Home						Contact S	upport	t	
Ale	cohol / Subst	Alcohol / S	ubstanc	e Usage	t's past and c	urrent history of u	use of alcohol,	unprescribed s	chedul	e,	
	Referrer Client	street, or recreational	arugs.					<u>. </u>			

The next progressive section is for <u>Medication</u> information section. If you select <u>Yes</u>, the section looks the same as the above section for Alcohol & Sustances.

The next progressive section is for **<u>Education</u>** information. This section is historic, with episodes you can enter for long into the past, or today. If you select <u>Yes</u>, the section looks like the following:

🔾 Wizard Name 🛛 🗙		Sult 1					23
> C 🖍 🕼 🕅 🖉	ing.cs10.force.com/spoa/spoa2_wizard_	education?id=a0HJ0000001	awIAMAY	6 89 -	☆ 🔿	0 🔛	3
SPOA Referral Wizard	return Home			Contac	t Suppor		
Education	se indicate the client's current and past educat	ional activities and achievement	s.				
Introduction Referrer Client	Education History/Activity required	Education Status required	Start Date required	End Date	Notes		

The next progressive section is for **<u>Employment</u>** information. This section is historic, with episodes you can enter for long into the past, or today. If you select <u>Yes</u>, the section very much like the above Education section.

The next progressive section is for <u>Living Location & History</u> information. This section is historic, with episodes you can enter for long into the past, or today. This section looks and functions very much like the above Education section.

Please **note** that for special situations such as homelessness, you could place more information in the Details sections next to each living location you enter-such as the individual's typical places, like cross streets.

The next progressive section is for **<u>Previous Services</u>** information. This section is historic, with episodes you can enter for long into the past, or today. If you select <u>Yes</u> to either option, this section looks and functions very much like the above Education section.

The next progressive section is for **Housing Selection**. This section is for choosing which appropriate housing you would like to submit your housing referral for, if you chose that as an option for the type of referral in the beginning.

This section is depicted on the next page:

SPOA Relefial Wizard	return	Home			Contact Support
hoose from the following organization lousing Provider's offices does not li	ons for you imit where	ir housing op a client may	tions. Please note that Applicants may choos be placed.	e to live anywhere within Erie Cou	inty. The location of a
Introduction Referrer Client	C	heck the box	if Consumer will accept first available opening	g regardless of housing provider.	
Income Sources Capabilities Risk Assessment Insurance Diagnosis	S H	elect a Hous ousing Type	ng type to filter by. Based on your selection t All Ho	he housing subtype will also then using Subtype All	become available.
Hospital / ER				Organization	
Alcohol / Substances		Туре	Subtype	organization	
Alcohol / Substances Medication Education Employment Living Location / History Previous Services		Type Licensed	Supervised Community Residence (SCR)	DePaul Community Se 2240 Old Union Road Cheektowaga, NY 14227 Phone: Fax:	rvice

The next progressive section is for **Final Review**. This section is from where you will be able to see all the information you've entered in the above sections one-byone- and from where you will be able to review and edit any choices before choosing to submit, via the Submit button at the bottom right of the page. If you have not completed all the required information, this button will be **Red**; otherwise it will be Green.

Please **note** that any necessary consent forms must be attached to the referral via the Attachments link, located below the Final Review progression step, in your progression list to the left on your screen.

Please note that certain sections with incomplete information will be highlighted here and you will be required to choose whether the information being asked for is applicable or not.

A successful submittal will end on a screen such as this one:



Section 10.0: Contacts

(Main Menu)

 For the Erie County SPOA office, please contact Tara Karoleski, at: <u>mailto:Tara.Karoleski@erie.gov</u>