mHOMS S2C Data Entry and Reports Training



Training Overview

Accessing the system

- <u>Registering for mHOMS</u>
- Logging into mHOMS

<u>Form Entry Tab</u>

- Group Form
- Parent Satisfaction Form
- Promotora Form

Client Data Tab

- Check-in Contact Form
- Client Initial Form for Services
- Connections Referral Form
- Youth Satisfaction Form
- Editing Client Data

<u>User Management Tab</u>

- <u>Change Password</u>
- <u>User Account Details</u>

Documents Tab

<u>Q&A</u>

Accessing the System

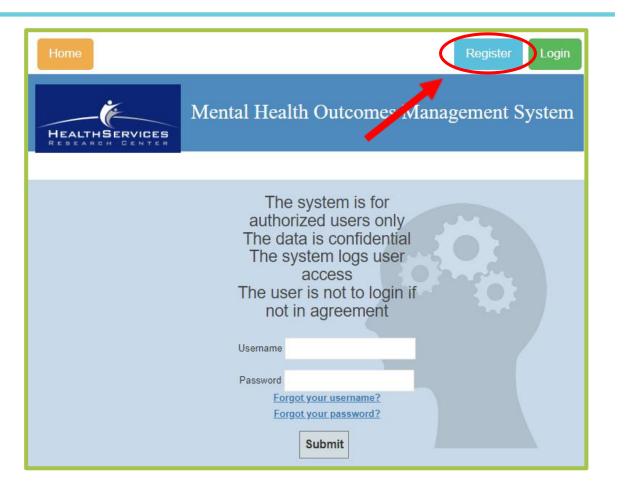
Accessing mHOMS

- Users must have an active account in the system
 - For assistance on registering, email mhoms@ucsd.edu
- Use an updated browser:
 - Firefox, Google Chrome*, Safari, and Internet Explorer
- Go to https://mhoms.ucsd.edu to access the mHOMS site
- The mHOMS site is compatible with computers, tablets, and mobile devices

*Note: For optimal performance, we recommend using Google Chrome to run mHOMS.

Home	Register	Login
HEALTHSERVICES Rebeardh Denter	Mental Health Outcomes Management System	
	The system is for authorized users only The data is confidential The system logs user access The user is not to login if not in agreement Username Password Forgot your password? Submit	
Health Service	es Research Center University of California San Diego Terms and Conditions FAQ Contact Us (email: mhoms@ucsd.edu phone: 858-622-1771 ex. 7002)	

 To register into the mHOMS system, navigate to the top right of the screen and select "Register"

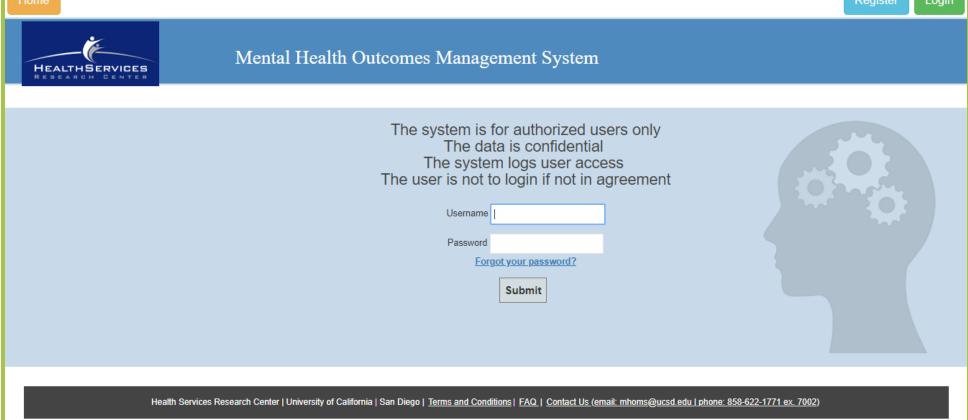


 The form will prompt users to choose a username and password, provide their first and last name, and their email address.

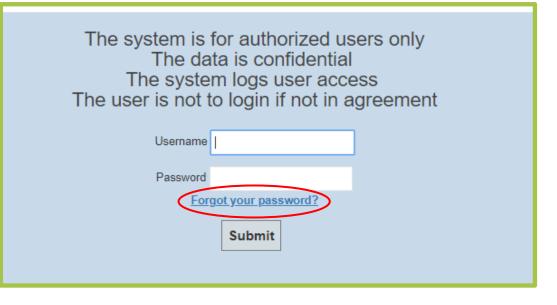
HEALTHSERVICES Research Denter	Mental Healt	h Outcomes M	anagement System
(username should be lower last name with no spe			
	Password:		
Conf	firm Password:		
	First Name:		
	Last Name:		
E	Email Address:		Page continues
Confirm E	Email Address:		on next slide

- Users will be asked to choose an access level based on
- After selecting an Administrator, users will choose a county, followed by a list of programs to select from.

Access Level:	O County Administrator or CYF lead (COR or CASRC lead)
A66633 LEVGI.	O Legal Entity or CYF Program Manager
	O Supervisor or CYF Admin Staff
	User or CYF Clinicians
Administrator:	Choi, Kyle 🗸
Counties:	San Diego
Programs:	3760 - CalWORKS Behavioral Health Center East
	Submit



 If a user forgets their password, select the "Forgot your password?" link



 After users click on the Forgot your password? link, it will take users to this screen

Please enter the information below t If you have questions or need assistance, ple	du.	
Username:		
First Name:		
Last Name:		
Email Address:		
		Submit

 Users will then receive an email containing a temporary password

mHOMS Login Code	
MHOMS <mhoms@ucsd.edu> To ● Choi, Kyle</mhoms@ucsd.edu>	☺ ∽ <
Start your reply all with: Completed. Thank you!	This link does not work. (i) Feedback
Hello UCSD HSRC	
Your code is below. Temporary Code: 361572577	
Please enter this code into mHOMS in order to co questions or need assistance, please contact mho	, , , , ,

Please change your password.	×
You are currently logged in with a temporary password.	
Please take a moment to change it.	
	ОК

• Users will be prompted by this pop-up message.

 After logging in with the temporary password, users will be prompted to enter the temporary password once more time before being asked to set their password.

Current Password	
New Password:	0.34
Confirm New Password:	Submit

Form Entry Tab

Form Entry Tab

- Once logged into the system, users can click on the Form Entry tab
- Users can then choose among 4 options:
 - 1. Group Form
 - 2. Parent Satisfaction
 - 3. Promotora Form
 - 4. New School

Documents	Data Downloads Help
	Search:
Form	
	<u>S2C</u>
	Group Form
	Parent Satisfaction
	Promotora Form
	New School

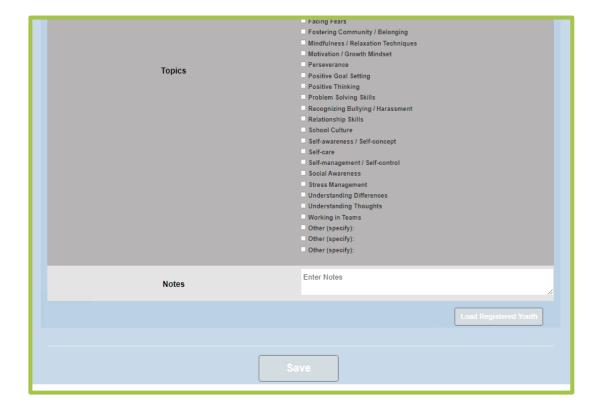
Documents	Data Downloads Help
	Search:
Form	
	<u>S2C</u>
	Group Form
	Parent Satisfaction
	Promotora Form
	New School



 Upon clicking on the "Group Form" link, users will be brought to this page where they can submit data for a new group.

S2C Group		
Facilitator Name(s)	None selected	
Group Date (MM/DD/YYYY)	mm/dd/yyyy 😨	
Length of Group (minutes)	Minutes	
Location of Group	○ School ○ Other (specify):	
S2C SELPA Region and Legal Entity	Please select S2C group	
School Name	▼	
Curriculum Name		
Name/Week of Group		
	Acceptance / Forgiveness Autonomy / Empowerment Building Empathy Character Development Classroom Norms Common Reactions to Stress/Trauma Common Struggles in Children/Youth Communication Skills	

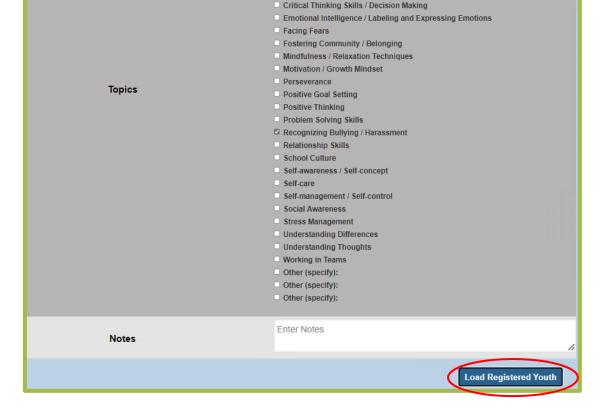
• Group form continued



- To track participants in a group, first select one or multiple facilitators.
- The form will also require the group date, length in minutes, location, region and school name.

Facilitator Name(s)	Chelsea Spohn
Group Date (MM/DD/YYYY)	08/01/2023
Length of Group (minutes)	60
Location of Group	School ○ Other (specify):
S2C SELPA Region and Legal Entity	S2C South County - SBCS Corps
School Name	Ocean View Elementary 🕶
Curriculum Name	
Name/Week of Group	
	 Acceptance / Forgiveness Autonomy / Empowerment Building Empathy Character Development Classroom Norms Common Reactions to Stress/Trauma Common Struggles in Children/Youth

 After scrolling down and selecting from the list of topics for the group, select "Load Registered Youth"



COPING SIMIS

				Search S2C Youth:	Sea
Youth ID	Youth First Name	Youth Last Name	Youth School	DOB	Add
Client93	Client	93Program	San Ysidro Middle	04/01/2004	
new93	Gucci	Pup93	Bayside STEAM Academy	05/01/2007	
93client	Gucci	Client93	Bonita Vista Middle School	05/10/2005	
S2C4687867	Gucci	Youth	Eastlake Middle School	09/08/2010	
S2C7087068	Child	2	Ocean View Elementary	04/09/2013	
S2C8465141	Child	1	Ocean View Elementary	12/09/2015	
S2C8130360	Child	3	Ocean View Elementary	02/24/2017	

- After loading the youth, users can then select which youth registered or signed up for the group.
- After selections are complete, click on "Add to Registered."

		Youth Sel	ection List	Search S2C Yo th: Eastlake	Jeard
Youth ID	Youth First Name	Youth Last Name	Youth School	DOB	Add
S2C4687867	Gucci	Youth	Eastlake Middle School	09/08/2010	0
					o Registered

• If the list gets too long, users can also search for specific youth by entering relevant information into the search bar on the top right corner and clicking "search."

		Youth Registere	ed	
Youth ID	Youth First Name	Youth Last Name	DOB	Add
S2C7087068	Child	2	04/09/2013	
S2C8465141	Child	1	12/09/2015	
S2C8130360	Child	3	02/24/2017	
S2C8130360	Child	3	02/24/2017	
			Remove	Add to Group

- After clicking "Add to Registered," the selected youth will display in a second "Youth Registered" section.
- Users should then check the boxes of the registered youth who attended the group before clicking "Add to Group."

	TO	uth Added to G	roup	
Youth ID	Youth First Name	Youth Last Name	DOB	Remove
S2C7087068	Child	2	04/09/2013	
S2C8465141	Child	1	12/09/2015	
S2C8130360	Child	3	02/24/2017	

• A final box will appear with the list of youth who attended.

Youth ID	Youth First Name	Youth Last Name	DOB	Remove
S2C7087068	Child	2	04/09/2013	
S2C8465141	Child	1	12/09/2015	(🔽)
S2C8130360	Child	3	02/24/2017	

• To remove a participant, check the box to the right of the participant, and select "Remove."

outh ID	Youth First Name	Youth Last Name	DOB	Add
S2C8465141	Child	1	12/09/2015	P
			Rem	ove Add to Group
	Yo	uth Added to Gr	oup	
Youth ID	You Youth First Name	uth Added to Gr	oup DOB	Remove
Youth ID S2C7087068				Remove

• The next screen will display the participant that was removed in the box above titled "Youth Registered", with the remaining youth added to the group below.

Documents Data Downloads Help	
	Search:
Form	÷
<u>\$2C</u>	
Group Form	
Parent Satisfaction	
Promotora Form	
New School	

• To go back to edit a group, select Group Form under the Form Entry Tab.

]	Previous Entries		
Facilitator	Topics	Event Date	Entity	Action
Samantha Melero;Chelsea Spohn;Danielle Casteel	Communication Skills; Stress Management ; Understanding Differences	08/01/2023	S2C Central - San Diego Unified School District	Edit
Kyle Choi; UC SD H SRC	Acceptance / Forgiveness;Autonomy / Empowerment	07/11/2023	S2C North Inland - Vista Hill Foundation	Edit
Chelsea Spohn	Recognizing Bullying / Harassment	08/01/2023	S2C South County - SBCS Corps	Edit

• At the top of the screen users can select from a list of previously entered groups. Find the entry you would like to modify or update, and select the "edit" button to the right of that group.

]	Previous Entries		
Facilitator	Topics	Event Date	Entity	Action
Samantha Melero;Chelsea Spohn;Danielle Casteel	Communication Skills;Stress Management ;Understanding Differences	08/01/2023	S2C Central - San Diego Unified School District	Edit
Kyle Choi; UC SD H SRC	Acceptance / Forgiveness;Autonomy / Empowerment	07/11/2023	S2C North Inland - Vista Hill Foundation	Edit
Chelsea Spohn	Recognizing Bullying / Harassment	08/01/2023	S2C South County - SBCS Corps	Cancel

• Once users have selected the group they would like to edit, scroll down to the group form below to make necessary changes.

	Documents Data Downloads Help
Search:	
+	Form
	<u>\$2C</u>
	Group Form
	Parent Satisfaction
	Promotora Form
	New School
searcii.	S2C Group Form Parent Satisfaction Promotora Form

Parent Satisfaction Form

- First, users will select a school district from a drop-down list.
- A parent or caregiver may then be selected from the next drop-down list.
- Next, select the date of the service, school name, completed services, and number of sessions attended.

 Instructions: To be completed by the parent/caregiver(s) about the services they recieved from the Promotora (Parent Partner; Community Health Worker) following conclusion of service(s).

 School District within the SELPA Region:

Parent/Caregiver	Please select a parent ✓
Date (MM/DD/YYYY)	07/27/2023
School Name	Please select one V
Completed Services (select one)	 Outreach and engagement session Training or education session Support and referral Other
Number of sessions attended	 1 Page continues 2-4 on next slide
Parent/Careg	iver to complete:

 In the second part of the parent satisfaction form, users will be asked to rate their experience with services.

Number of sessions attended	 1 2.4 5 or more
Parent/Caregiv	ver to complete:
1. As a result of	the service(s)
a) I know where to get help when I need it.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
b) I am more comfortable seeking help.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
c) I am better able to handle things.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
 Overall, I am satisfied with the services I received here. 	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
Sul	bmit

 Parent satisfaction form: selecting a parent and editing responses

			Parent	Satisfa	action		
	Assessment Date	Parent/Caregiver Name	Completed Services	Staff Member			
	8/17/2023	Vianey Perez	Training or education session	cnavarro	Edit	Delete	
	7/26/2023	Parent Yvette	Support and referral	cspohn	Edit	Delete	
	7/26/2023	Raiza Josefina Gonzalez	Outreach and engagement session	cnavarr	Edit	Delete	
			-	-		out the services	-
		om the Prom	otora (Par	ent Par		out the services ty Health Worke	-
r	ecieved fr	om the Prom	otora (Par owing cond	ent Par lusion	tner; Commun	ty Health Worke	r)
r	ecieved fr	om the Prom follo	otora (Par owing cond	ent Par lusion	tner; Communi of service(s).	ty Health Worke	-

 Parent satisfaction form: selecting a parent and editing responses

Parent Satisfaction								
		Parent/Caregiver Name	Completed Services	Staff Member				
8	3/17/2023	Vianey Perez	Training or education session	cnavarro	Edit	Delete		
	7/26/2023	Parent Yvette	Support and referral	cspohn	Cancel editing	Delete		
7	7/26/2023	Raiza Josefina Gonzalez	Outreach and engagement session	cnavarro	Edit	Delete		
recieved from the Promotora (Parent Partner; Community Health Worker) following conclusion of service(s).								
School District within the SELPA Region:					S2C North Inland - Vi	sta Hill Foundation		
Parent/Caregiver					Parent Yvette - PYN898888			
Date (MM/DD/YYYY)					7/26/2023			

Documents Data Downloads Help								
	Search:							
Form	\$							
<u>\$2C</u>								
Group Form								
Parent Satisfaction								
Promotora Form								
New School								
Parent Satisfaction Promotora Form								

Promotora Form

 Upon clicking the "Promotora Form" link, users will be brought to this form, where they can register a group or individual service under the school district and specific school where the service takes place.

School District within the SELPA Region:	Please pick a school district.	~
Date of service (MM/DD/YYYY)	07/27/2023	
Modality of scheduled service	GroupIndividual	
Service completed?	YesNo	
School Name:	Please choose a School Name V	De constinues
Type of Service	 Outreach and engagement session Training or education session Support and referral 	Page continues on next slide

• 2nd half of the Promotora form

Number of participants (for group services)	
Length of service (time in minutes)	
Topics (check all that apply)	 Parent Involvement at School Academic Services Healthy Lifestyle Promotion Community Engagement Connection to Services in the Community Mental Health Education/Awareness Other, specify
Notes	// Submit

School District within the SELPA Region:	Please pick a school district
Date of service (MM/DD/YYYY)	S2C North Inland - Vista Hill Foundation S2C Central - San Diego Unified School District S2C South County - SBCS Corps
	S2C East County - Fred Finch

 Users should first select an S2C school district from the drop-down menu.

		Pre	omotora Form			
Service Date	Type of Service	Topics	SELPA Region & Legal Entity	Name of School	Staff	Action
07/12/2023	Outreach and engagement session	Parent Involvement at School	S2C North Inland - Vista Hill Foundation	Alternative Learning Pathways	HSRC	Edit

- After selecting a school district, users can review and edit previously registered forms displayed as a list at the top of the page.
- Clicking edit will allow users to update a previous entry. Otherwise keep scrolling down for a fresh entry.

Date of service (MM/DD/YYYY)	08/0)4/202	23]
	0	Aug		✔ 20	23	~	0
Location	Su	Мо	Тu				
Modality of scheduled service	6	7	1	9	3 10	4	
	13	t4	15	16			
Sanvice completed?	20	21	22		24	25	26
Service completed?	27	28	29	- 30	31		

• Users will then select the date of the service.

Location	SchoolOther (specify)
Modality of scheduled service	GroupIndividual
Service completed?	⊛ Yes ⊙ No

• Users will then select the location, modality of scheduled service, and whether the service was completed.

School Name:	Please choose a School Name Please choose a School Name
Type of Service	Bear Valley Middle Conway Academy of Learning Del Dios Academy of Arts and Sciences Hidden Valley Middle Limitless Learning Academy
r of participants (for group services)	Mission Middle Olive Peirce Middle Quantum Academy
	Rincon Middle

 Users will then select the school for the service from a drop-down list. The list will include all schools associated with the selected district.

Type of Service	 Outreach and engagement session
	 Training or education session
	 Support and referral

 Users will then select the type of service: Outreach and engagement session, Training or education session, or Support and referral.

Number of participants (for group services)	10
Length of service (time in minutes)	30

• Users will then need to enter the number of participants for a group session (enter 1 for individual sessions), followed by the length of service in minutes.

Topics (check all that apply)	 Parent Involvement at School Academic Services Healthy Lifestyle Promotion Community Engagement Connection to Services in the Community Mental Health Education/Awareness Other, specify
Notes	

• Users can then select the topics covered in the service and add any notes.

 At the bottom of the form, a list of Parents and Caregivers will display, where users can select the parent or caregiver by checking the box to the right and selecting "Add to Registered"

Parent C Search:	aregiver Selection List Search Parent	
Parent Name	Parent/Caregiver ID Ad	d
Karen Jackson	S2P1690318	
Parent One	\$2P6607518	
Parent two	\$2P1812042	
	Add to Registered	
Parents/	Caregivers Registered Add to Service	
Paren	ts/Caregiver Added	
	Submit	

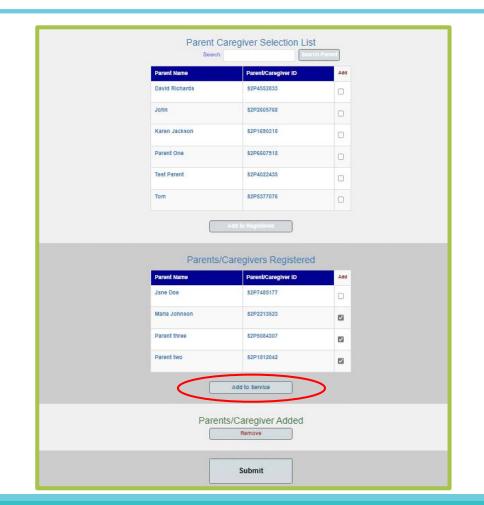
 To search for a Parent or Caregiver, type the name or ID into the search box at the top of the list.

Parent Ca Search: Maria	aregiver Selection List Search Parent	
Parent Name	Parent/Caregiver ID	Add
David Richards	S2P4552833	
Jane Doe	S2P7485177	0
John	S2P2605768	
Karen Jackson	S2P1690318	0
Maria Johnson	S2P2213523	0
Parent One	S2P6607918	
Parent three	S2P5084307	0

 The search results will display, and users can then add the parent or caregiver to a service.

Parent Caregiver Selection List Search: Maria Search Parent						
Parent Name	Parent/Caregiver ID	Add				
Maria Johnson	S2P2213523	0				
Add te	o Registered					
	givers Registered to Service					
	aregiver Added Remove					
S	ubmit					

- The selected Parent(s) or Caregiver(s) will be tracked as "registered".
- Below this confirmation is an option to remove the previously registered Parent(s) or Caregiver(s).



 From the list of registered Parents/Caregivers, select those that should be added to the service, and select "Add to Service"

	Add to Registered	
Parents	/Caregivers Registered	
Parent Name	Parent/Caregiver ID	Add
Jane Doe	\$2P7485177	0
Maria Johnson	\$2P2213523	
Parent three	\$2P5084307	2
Parent two	\$2P1812042	
	Add to Service	\checkmark
Pare	nts/Caregiver Added	
	Submit	

 The selected Parent/Caregiver(s) will be added.

Pare	Parents/Caregivers Registered				
Parent Name	Parent/Caregiver ID	Add			
Jane Doe	\$2P7485177				
	Add to Service				
Pi	arents/Caregiver Added				
Parent Name	Parent/Caregiver ID	Remove			
Maria Johnson	\$2P2213523	0			
Parent three	\$2P5084307	0			
Parent two	\$2P1812042	0			
	Remove				
	Submit				

After selecting a school district, users can review and edit previously registered forms displayed as a list at the top of the page.

			Promotora	Form	Search Promotora:		earch
Service Date	Type of Service	Topics	SELPA Region & Legal Entity	Name of School	Attendees	Staff	Action
08/15/2023	Support and referral	Community Engagement	\$2C Central - San Diego Unified School District	Lewis	David Richards;John;Parent One;Tom	capohn	Edit
08/18/2023	Outreach and engagement session	Academic Services	S2C Central - San Diego Unified School District	IHigh Virtual Academy	Parent One;Parent two	cnavarro	Edit
09/03/2023	Outreach and engagement seesion	Connection to Services In the Community	S2C Central - San Diego Unified School District	Fulton	Parent three;Parent two;Jane Doe;David Richards;Karen Jackson	capohn	Edit
	School [istrict within the SELPA Regi	ion:	S2C Central - San Diego U	here to edit		
	School E	District within the SELPA Regi	ion:	S2C Central - San Diego L	Inified School District 🗸		
	۷	Who provided the service?		Please select one 🗸			
	Dat	e of service (MM/DD/YYYY)		09/03/2023			
		Location		SchoolOther (specify)			
	Mo	dality of scheduled service		GroupIndividual			

- Once logged into the system, users will click on the Client Data tab
- Users can then register new youth or look up an existing youth.

Form Entry Form Edit Client Data Aggregate Reports	User Management Documents Data Downloads Help
	legister New S2C Youth er New S2C Parent/Caregiver
Clie	ent Lookup
Client Identifie	r:
Client First Nam	e:
Client Last Nam	e:
	Submit

Client Identifier: S2C1631251 Enrollment Date: 7/11/2023 Programs: S2C North Inland - Vista Hill Foundation Check-in Contact Form Client Initial Form for Services Connections Referral Form Youth Satisfaction Name: Test Test Date of Birth: 7/11/2013 Counties: San Diego

 After looking up a youth you can select from a number of forms: Checkin Contact Form, Client Initial Form for Services, Connections Referral Form, or Youth Satisfaction.

- When searching for a youth, if no search results are found, you'll see a message "No results found for this lookup criteria."
- This means that the youth needs to be registered.

Form Entry	Form Edit	Client Data	Aggregate Reports	User Management	Documents	Data Downloads	Help
				ere to Register New Register New S2C I			
				Client Lookup			
			Client Id	entifier:			
			Client Firs	t Name: Ry	an		
			Client Las	t Name:			
						Submit	
			No resu	Its found for this look	sup criteria.		

• Click here to register new S2C youth

Form Entry Form Edit	Client Data Aggregate Re	ports User Managemer	t Documents	Data Downloads	Help
		re to Register New S2C Yo Register New S2C Parent/			
		Client Lookup			
	Client Ide	entifier:			
	Client First	Name:			
	Client Last	Name:			
			Sub	mit	

- When choosing to register a new youth, you will be brought to this S2C Youth Registration page.
- Users will be required to fill out the form with the youth's DOB, Name, grade level, school district, school name, origin of referral, and name of parent or caregiver.

			S2C Youth Registration
outh ID			Youth DOB (MM/DD/YYYY)
Enter Youth Id			Enter date of birth.
Click to Generate New Youth IE)		
outh First Name			Youth Last Name
Enter First Name			Enter Last Name
Student Grade (Pre K - 12)			
Student Grade Pre K - 12			
ELPA Region & Legal Entity			School Name
Please select legal entity		*	Please select school
Drigin of referral to program			Parent/Caregiver Name(s)
Screening Result			Parent/Caregiver Name(S)
O Parent			
School Staff			
Self			
O Promotora			
 Other (specify) 			
		Demograph	hics (only for Tier 2 & Tier 3)
Primary Language			Page continues
American Sign Language	O Hmong	Samoan	on next slide
Arabic	O llocano	O Spanish	on next shae
Armenian	Italian	O Tagalog	
Cambodian	 Japanese 	O Thai	
	 Japanese 		

- In the second part of the new youth registration form, users will need to select demographics: primary language, race/ethnicity, gender identity, and whether they identify as LGBTQIA+.
- Users may select "prefer not to answer" for any of their responses.

Farsi	O Mandarin	Other Chinese Dialects	
O English	O Mien	Other Non-English	
 Farsi 	O Polish	Other Sign Language	
French	O Potuguese	Other	
O Hebrew	O Russian	O Prefer not to answer	

Race / Ethnicity(Select all that apply)

 African/African American/Black 	 Other Asian (specify) 	 Other White/Caucasian (specify)
 African American 	American Indian/Alaskan Native	Hispanic/Latino
 African (specify) 	 American Indian (specify) 	Caribbean
🗆 Asian	Pacific Islander	Central American
Asian Indian/South Asian	Native Hawaiian	🗌 Cuban
Cambodian	🗆 Samoan	Dominican
Chinese	 Other Pacific Islander (specify) 	 Mexican/Mexican-American/Chicano
Filipino	White/Caucasian	Puerto Rican
Hmong	🗆 Chaldean	Salvadoran
Japanese	Eastern European	South American
Korean	European	 Other Hispanic/Latino (specify)
Laotian	🗆 Iraqi	 Other (specify)
Mien	Middle Eastern	 Prefer not to asnwer
Vietnamese		
Gender identity (select one that best	describes youth)	
🔿 Male 🔿 Female 🔿 Another Gen	der Identity 🔿 Prefer not to answer	
LGBTQIA+ Identification (Optional. L	eave Blank if not asked.)	
Does the student identify as LGBTOIA+?	Y = Yes N = No U = Prefer not to	o answer
		Submit

- At the start of the new youth registration, the user can use a personal ID if available, or have the system generate a random ID for the youth.
- ID must be unique within the district to pass validation.

outh ID		
Enter Youth Id		

 After submitting the new youth registration form, the youth will be registered after selecting "Confirm."

Confirmation	×
The following youth will be registered:	
Youth ID Number: S2C8465141	
Youth First Name (Chosen): Child	
Youth Last Name (Chosen): 1	
Date of Birth: 12/09/2015	
SELPA Region & Legal Entity: S2C South County - SBCS Corps	
Go Back Conf	irm

Confirmation		×
Please select one.		
	Go home Register Another Parent Add Another Youth)

• After selecting confirm, the user will be able to go back to the homepage, register another parent or youth.

 Back at the client data tab, users can click here to register a new Parent or Caregiver.

Form Entry	Form Edit	Client Data	Aggregate Reports	User Management	Documents	Data Downloads	Help	
Click Here to Register New S2C Youth Click Here to Register New S2C Parent/Caregiver								
			Clie	nt Lookup				
			Client Identifier	:				
			Client First Name	:				
			Client Last Name	:				
					Sub	mit		

- When choosing to register a new Parent or Caregiver, you will be brought to this page.
- If the user has previously completed a parent registration, or has another child in the system, they may select yes or no for the first response.

S2C Parent Registration	
Have you previously completed the parent registration or have another child in the syste Yes No	:m?
SELPA Region & Legal Entity Please select SELPA/legal entity	
Parent/Caregiver Name(s) Enter Parent Name	
Parent/Caregiver ID(s) Enter Parent Id	
Date of form completion (MM/DD/YYYY)	
Enter Intake Date	Page continues on next slide
School Name Please select school	Ţ

 Parent/caregiver registration form continued.

School Name Please select school
Are there registered youth(s) affiliated with parent/caregiver? Yes No
Youth Name(s)/ID(s) Please select youth name/id
 Screening Result
Parent School Staff
⊖ Self
 Promotora Other (specify)
Submit

Confirmation	x
The following parent will be registered:	
Parent ID Number: \$2P1492098	
Date Of Completion: 07/28/2023	
Parent Name: Chelsea	
SELPA or Legal: S2C South County - SBCS Corps	
Youth Name Added	
Youth Name: Child 1	
Go Back	Confirm

• After submitting the new parent registration, users will need to confirm the new parent (here with an associated child).

Confirmation	×
Please select one.	
	Go home Register Another Parent Add Another Youth

• Once confirmed, the parent or caregiver can choose to add another parent or youth. In this case, we will add another youth.

 If an update is needed, the user can select their previously registered parent/caregiver, and previous information will automatically populate.

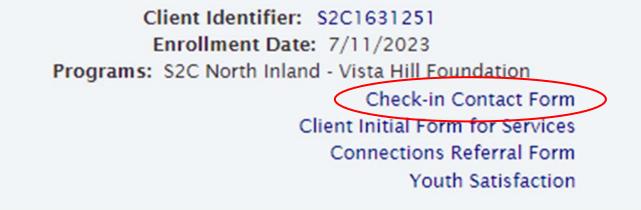
S2C Parent Registration
Have you previously completed the parent registration or have another child in the system? Yes No
SELPA Region & Legal Entity S2C South County - SBCS Corps *
Parent/Caregiver Name(s) Chelsea
Parent/Caregiver ID(s) S2P1492098

 The Parent or Caregiver can add multiple children (that have already been registered) to be associated with their profile, if appropriate.

Ocean View Ele	mentary	Ŧ			
_	ered youth(s) affi	liated with			
arent/caregive Yes	11				
No					
outh Name(s)/	ID(s)				
S2C8130360 - C	Child 3	*			
Added Youth Name(s)/ID(s)					
Ad	Ided Youth Name	(s)/ID(s)			
Ad Youth ID	Ided Youth Name	(s)/ID(s) Action			

- Back at the client data tab, after searching for a youth, press submit.
- You can then choose from 4 form options.

Form Entry	Form Edit	Client Data	Aggregate Reports	User Management	Documents	Data Downloads	Help	
	Click Here to Register New S2C Youth Click Here to Register New S2C Parent/Caregiver							
	Client Lookup							
				Client Identifier:	\$2C163	31251		
	Client First Name:							
				Client Last Name:				
								Submit
	Prog	Enrollmen	Client Ini	ation heck-in Contact Form tial Form for Services ections Referral Form Youth Satisfaction			te of Birt	Test Test h: 7/11/2013 : San Diego



Name: Test Test Date of Birth: 7/11/2013 Counties: San Diego

Check-in Contact Form

Client Data Tab: Check-in Contact Form

 Upon clicking the "Check-In Contact Form" link, users will be brought to this page where they can input their date of contact, youth ID, school name, length of contact in minutes, and any notes.

Check in Contact				
Date of Contact (MM/DD/YYYY):	07/28/2023			
Youth ID:	S2C1631251			
School Name:	Alternative Learning Pathwa			
Length of Contact (minutes):				
Notes:				
Topics: Page continues on next slide	 Acceptance / Forgiveness Autonomy / Empowerment Building Empathy Character Development Classroom Norms Common Reactions to Stress/Trauma Common Struggles in Children/Youth Communication Skills Conflict Resolution Coping Skills Critical Thinking Skills / Decision Making Emotional Intelligence / Labeling and Expressing Emotions Facing Fears Fostering Community / Belonging 			

Client Data Tab: Check-in Contact Form

 Users will also be able to select multiple items from a list of topics.

сорину экшэ

- Critical Thinking Skills / Decision Making
- Emotional Intelligence / Labeling and Expressing Emotions
- Facing Fears
- Fostering Community / Belonging
- Mindfulness / Relaxation Techniques
- Motivation / Growth Mindset
- Perseverance
- Positive Goal Setting
- Positive Thinking
- Problem Solving Skills
- Recognizing Bullying / Harassment
- Relationship Skills
- School Culture
- Self-care
- Self-management / Self-control
- Social Awareness
- Stress Management
- Understanding Differences
- Understanding Thoughts
- Other (specify)
- Other (specify)
- Other (specify)

Submit

Client Data Tab: Check-in Contact Form

 Screenshot what happens after submitted (may include for rest later)

Submitted Successfully					
Vou have successfully submitted the Check in Contact form. Date Collected: 7/28/2023 Date Submitted: 7/28/2023 Date Originally Submitted: 7/28/2023 Staff ID: cspohn Client Case: S2C1831251					
Chao	Print Enter more data				

Client Identifier: S2C1631251 Enrollment Date: 7/11/2023 Programs: S2C North Inland - Vista Hill Foundation Check-in Contact Form Client Initial Form for Services Connections Referral Form Youth Satisfaction

Name: Test Test Date of Birth: 7/11/2013 Counties: San Diego

Client Initial Form for Services

Client Data Tab: Client Initial Form for Services

Client Initial Form for
 Services

Client Initial Form	1 for Services	
Assessment Date:	07/28/2023	
Youth ID:	S2C1631251	
Date of form completion (MM/DD/YYYY)		
Date of Bi-Annual Screening (MM/DD/YYYY) FALL		
Date of Bi-Annual Screening (MM/DD/YYYY) SPRING		
Did the youth complete the mySAEBRS screening?	· Yes	o No
If youth was not screened, Date of Referral (MM/DD/YYYY)		Page continues on next slide
Program Engagement	• Tier 2	• Tier 3
Did the program reach out to parent/caregiver?	⊖ Yes	○ No 🔻

Client Data Tab: Client Initial Form for Services

Client Initial Form for
 Services continued

Program Engagement	o Tier 2 o Tier 3
Did the program reach out to parent/caregiver?	○ Yes ○ No
Date of the first attempt to reach Parent (MM/DD/YYYY)	
Parent/Caregiver successfully reached to discuss consent?	⊖ Yes ⊖ No
Date of the second attempt to reach Parent (MM/DD/YYYY)	
Parent/Caregiver successfully reached to discuss consent?	⊖ Yes ⊖ No
Date of the third attempt to reach Parent (MM/DD/YYYY)	
Parent/Caregiver successfully reached to discuss consent?	⊖ Yes ⊖ No
Parent/Caregiver consent given for Tier 2 enrollment or Tier 3 referral?	o Yes O No
Insurance status (Select all that apply)	 Medi-Cal as Primary Private Insurance No Insurance Private Insurance with Medi-Cal as Secondary Insurance

Client Identifier: S2C1631251 Enrollment Date: 7/11/2023 Programs: S2C North Inland - Vista Hill Foundation Check-in Contact Form Client Initial Form for Services Connections Referral Form Youth Satisfaction Name: Test Test Date of Birth: 7/11/2013 Counties: San Diego

Connections Referral Form

Client Data Tab: Connections Referral Form

 Connections Referral Form – Section A

Connections Referral					
	Section A				
Youth Name	Test Test				
Youth DOB (MM/DD/YYY)	7/11/2013				
Youth ID:	S2C1631251				
School Name	Alternative Learning Pathwa				
Date of referral (mm/dd/yyyy):	09/03/2023				
Agency/program name where student was referred:					
Agency/Program designation	County Private Sector	Page continues			
Did family accept referral to service?	○ Yes ○ No	on next slide			

Client Data Tab: Connections Referral Form

 Upon selecting "Yes" to "Did family accept referral to service?," users will be asked a series of additional questions.

Did family accept referral to service?	<pre> Yes No </pre>
Date of call to initiate referral (MM/DD/YYYY)	
Agency/Program successfully reached to discuss referral?	○ Yes ○ No
Date of first attempt to follow up on referral (MM/DD/YYYY)	
Agency/Program successfully reached to discuss referral?	○ Yes ○ No
Date of second attempt to follow up on referral (MM/DD/YYYY)	
Agency/Program successfully reached to discuss referral?	○ Yes ○ No
Date of third attempt to follow up on referral (MM/DD/YYYY)	
Agency/Program successfully reached to discuss referral?	○ Yes ○ No

Client Data Tab: Connections Referral Form

• Section B

	Section B
Did Agency/Program successfully enroll client for referred service?	<pre>% Yes O No</pre>
Scheduled initial appointment in Tier 3 connected service	 Yes No
Date of initial scheduled appointment in Tier 3 connected service (MM/DD/YYYY)	09/01/2023
Completed initial appointment in Tier 3 connected service	 Yes No
Date of initial completed appointment in Tier 3 connected service (MM/DD/YYYY)	09/01/2023
Did the youth receive Tier 2 services while waiting for an outpatient appointment?	o Yes ⊛ No
If "No," why? (please select one)	 Not offered Student declined Parent/Caregiver declined Other (specify)
Comments/Notes	
	Submit

Client Identifier: S2C1631251 Enrollment Date: 7/11/2023 Programs: S2C North Inland - Vista Hill Foundation Check-in Contact Form Client Initial Form for Services Connections Referral Form Youth Satisfaction Name: Test Test Date of Birth: 7/11/2013 Counties: San Diego

Youth Satisfaction Form

Client Data Tab: Youth Satisfaction Form

- Youth Satisfaction Form
- Similar to the parent satisfaction form, the youth will need to fill out the date, their name, DOB, ID, school name, service completed, and number of sessions completed.

Youth Satisfaction				
Instructions: To be completed by youth who receiv	ve tier 2 services at the conclusion of service(s).			
Date (MM/DD/YYYY):	07/28/2023			
Youth Name	Test Test			
Youth DOB (MM/DD/YYYY)	7/11/2013			
Youth ID:	S2C1631251			
School Name	Alternative Learning Pathwa			
Completed Service (check all that apply)	 Individual check-in Group sessions Other (specify) 			
Number of sessions attended	 1 2-4 5 or more 			
1. As a result of this program…				
a) I know where to get help when I need it.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree 			
b) I am more comfortable seeking help.	 Strongly disagree Disagree Neither agree nor disagree 			

Client Data Tab: Youth Satisfaction Form

 The second part of the form will ask the youth to rate their experience with services.

	Agree Strongly agree
b) I am more comfortable seeking help.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
c) I am better able to handle things.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
d) I have gained useful knowledge and/or skills.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
2. Overall, I am satisfied with the services I received here.	 Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree
	Submit

Client Identifie: S2C1631251 Enrollment Date: 7/11/2023 Programs: S2C North Inland - Vista Hill Foundation Check-in Contact Form Client Initial Form for Services Connections Referral Form Youth Satisfaction

Name: Test Test Date of Birth: 7/11/2013 Counties: San Diego

Editing Client Data

Client Data Tab: Edit Client Data

- Upon clicking the Client Identifier link, users can edit a youth's data.
- This page is very similar to the initial youth registration.

			S2C Youth Edit	
Youth ID			Youth DOB (MM/DD/YYYY)	
S2C1631251			7/11/2013	
Youth First Name			Youth Last Name	
Test			Test	
Student Grade (Pre K - 12)				
12				
SELPA Region & Legal Entity			School Name	
S2C North Inland - Vista Hill Foun	dation		Alternative Learning Pathways	Ŧ
Origin of referral to program			Parent/Caregiver Name(s)	
Screening Result			Parent Caregiver	
O Parent				
School Staff				
⊖ Self				
Promotora				
 Other (specify) 				
		Demograph	ics (only for Tier 2 & Tie	er 3)
Primary Language				Page continue
American Sign Language	⊖ Hmong	Samoan		on next slide
American sign Language Arabic	 Hmong Ilocano 	 Samoan Spanish 		on next slide
Armenian	⊖ Italian	 Tagalog 		
 Cambodian) Japanese	O Thai		

Client Data Tab: Edit Client Data

 Users can change any relevant data if edits are required.

 Cambodian 	 Japanese 	⊖ Thai			
Cantonese	Korean	O Turkish			
 English 	O Lao	O Vietnamese			
Farsi	O Mandarin	 Other Chinese Dial 	ects		
 English 	O Mien	Other Non-English			
Farsi	O Polish	Other Sign Langua	ge		
O French	O Potuguese	Other			
⊖ Hebrew	O Russian	 Prefer not to answe 	r		
Race / Ethnicity(Select all that ap	oply)				
African/African American/Black	ck 🗌 Other As	sian (specify)	Other White/Caucasian (specify)		
African American	America	n Indian/Alaskan Native	Hispanic/Latino		
 African (specify) 	America	n Indian (specify)	🗌 Caribbean		
🗆 Asian	Pacific Is	slander	 Central American 		
Asian Indian/South Asian	Native Hawaiian		🗌 Cuban		
Cambodian	Samoan		Dominican		
Chinese	 Other Pacific Islander (specify) 		 Mexican/Mexican-American/Chicano 		
Filipino	White/Caucasian		Puerto Rican		
Hmong	🗆 Chaldea	n	Salvadoran		
Japanese	Eastern European		South American		
Korean	European		 Other Hispanic/Latino (specify) 		
Laotian	🗌 Iraqi		 Other (specify) 		
Mien	Middle Eastern		Prefer not to asnwer		
Uietnamese					
Gender identity (select one that I Male Female Another	-				
I male () remale () Another	Gender identity ()	Freier not to answer			
LGBTQIA+ Identification (Option	al. Leave Blank if n	ot asked)			
Does the student identify as LGBTQIA			answer		
Does the student identity as LGBTQIA	(#: @ I - Ies () I		- 11127727		
Submit					

User Management Tab

User Management Tab

Form Entry Form Edit Client Data Aggregate Reports User Management						
Documents	Data Downloads	Help				
Change Password User Account Details						

• The User Management Tab provides links for users to change their password and review account details.

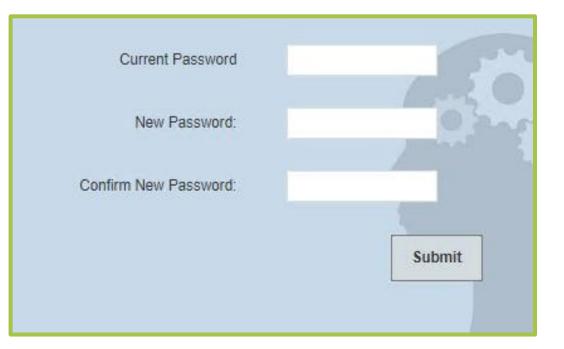
User Management Tab: Change Password

Form Entry	Form Edit Client Data		Aggregate Reports	User Management	
Documents	Data Downloads	Help			
Change Password User Account Details					

• To change a password, select "Change Password"

User Management Tab: Change Password

 Change password by entering current password, and supplying and confirming a new password.



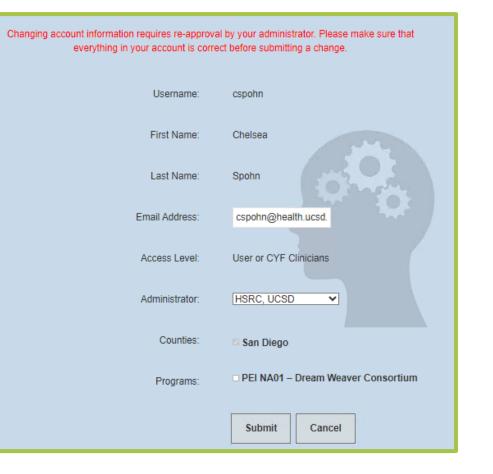
User Management Tab: User Account Details

Form Entry	Form Edit Client Data		Aggregate Reports	User Management	
Documents	Data Downloads	Help			
Change Password User Account Details					

• Select this link to edit or update user account details

User Management Tab: User Account Details

• User account details



Upon selecting the documents tab, users will be brought to a list of forms for download.

Form Entry Form Edit	Client Data Aggregate Reports User Management Documents		
Data Downloads Help			
	Search:		
Document			
	S2C		
Check-in Contact Form			
Connections Referral Form			
Group Form			
New School Form			
Parent Registration Form			
Promotora Form			
	Youth Registration and Initial Form for Services		
Satisfaction Form - Parent			
	Satisfaction Form - Youth		

 Upon clicking one of the available documents, you will be brought to a pdf version of that form which can be saved or printed.



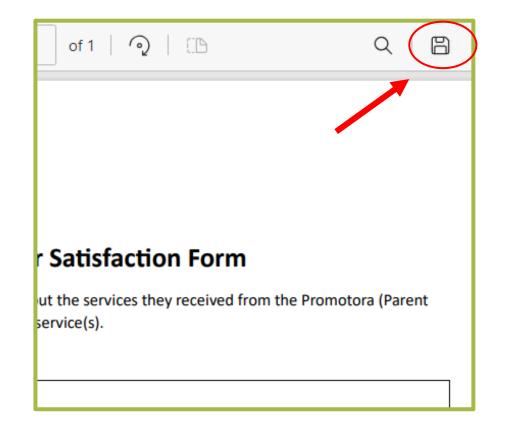
Screening to Care – Parent/Caregiver Satisfaction Form

Instructions: To be completed by the parent/caregiver(s) about the services they received from the Promotora (Parent Partner; Community Health Worker) following conclusion of service(s).

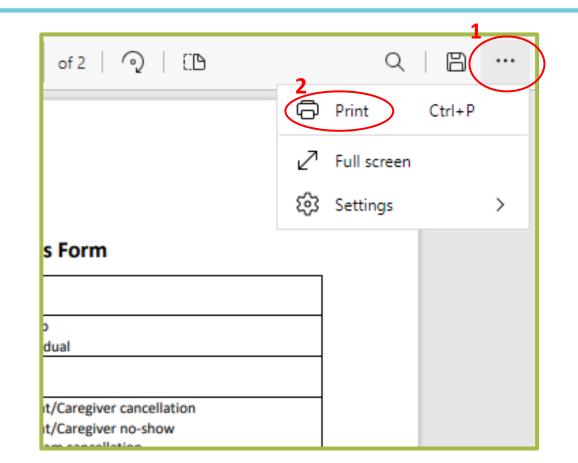
Program staff to complete:

Date (MM/DD/YYYY)	
Parent/Caregiver Name	
Parent/Caregiver ID	
Youth Name(s)/ID(s)	
School Name	
	Outreach and engagement session
Completed Service (select one)	 Training or education session Support and referral

 To save the document, click the floppy disk symbol in the top right hand corner.



 To print the document, click the ellipsis symbol in the top right hand corner, and select "Print"





Contact Information

 If users encounter technical issues while attempting to access or generate reports in the system, we provide phone and email support during regular business hours.



Health Services Research Center:

<u>mhoms@ucsd.edu</u> (858) 622-1771 ext. 7002

Note: <u>Do not</u> email client information unsecured!