

Presented by: Community Services Department

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#### <u>LOG IN –</u>

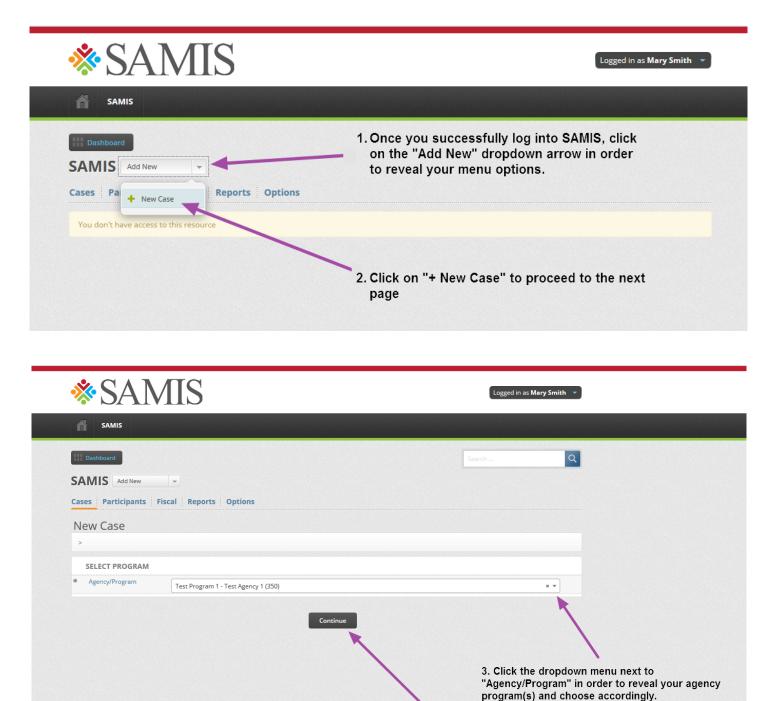
- <u>https://pbcc.samis.io/</u>
- <u>SAMIS 2.0 is compatible with Google Chrome and Mozilla Firefox.</u>
- <u>Use the same log-in as SAMIS 1.0. If you are a new user, please contact Pedro Medina</u> (pmedina@pbcgov.org) for the necessary forms in order to set up new users.

	SAMIS: PBCC	
Please	e sign in to the SAMIS: PBCC Por	rtal to begin.
	Login ID	
	Password	
	Remember me on this computer.	
	Sign In	
,	Forgot your password? Click here to have a temporary password e-mail	ed to you.
	Not yet registered? Register.	
	Having trouble? Click here to contact the support team	

# CASE DATA GATHERER –

The Case Data Gatherer is the client side of SAMIS. The agencies enter a case for their clients/participants and are responsible for answering the Performance Measure (PM) questions provided by Community Services. The performance measures will help Community Services make sure that the clients of Palm Beach County are receiving and responding to the services the agencies are providing.

#### OPENING A NEW CASE –



4. Then click "Continue" to proceed to the next

page.

The following fields will be required for each case: If N/A, enter a zero (0)

- Number in Household Persons living with Client/Participant
- Adults in Household # of Adults in the Household (18+)
- Children in Household # of Children in the Household (Birth thru 17)
- Number in Household who served in US Armed Forces As stated
- Household Income Select Range of the Household Income
- Household Arrangement Homeless; Dependent Living; Foster Care; Independent Living; In An Institution; Supportive Independent Living, or Unknown

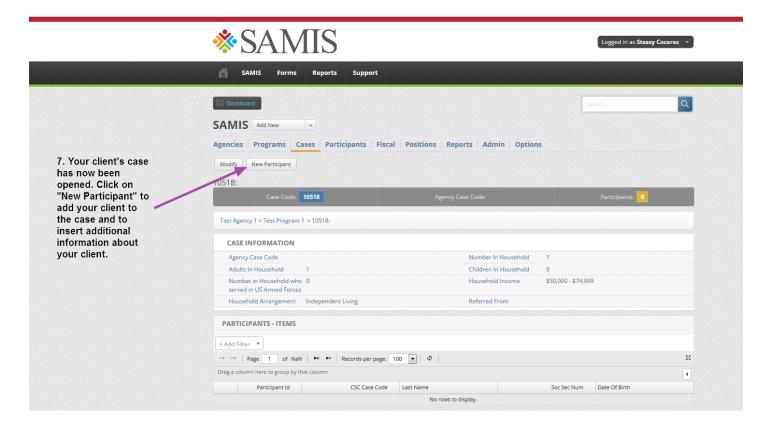
The following fields will be optional but recommended for each case:

• Agency Case Code – This is your field that you can use to tie this case to an existing internal database that you currently use for your client/participant data.

#### NOTE: Please remember to only do one participant per case.

5. Fill out as much information as you can. Please note that any field with an asterisk (*) is required.       Same Second		<b>SAMIS</b>	Logged in as <b>Stessy Cocerez</b> 🔹
5. Fill out as much information as you can. Please note that any field with an asterisk (*) is required. SAMIS Add New Agencies Programs Cases Participants Fiscal Positions Reports Admin Options New Case Test Agency 1 > Test Program 1 Case INFORMATION Agency Case Code * Number in Household * Adults in Household who * Children in Household * Number in Household who * Household Income * * Household Arrangement *		SAMIS Forms Reports Support	
5. Fill out as much information as you can. Please note that any field with an asterisk (*) is required. Agencies Programs Cases Participants Fiscal Positions Reports Admin Options   Admin Options		### Dashboard	Search
5. Fill out as much information as you can. Please note that any field with an asterisk (*) is required.  New Case Test Program 1  CASE INFORMATION Agency Case Code * Number in Household * Adults in Household * Adults in Household * Adults in Household * Number in Household * Household Income * Household Income * Household Arrangement •		SAMIS Add New	
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5. Fill out as much information as you can. Please note that any field with an asterisk (*) is required.		an a	······
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required.  served in US Armed Forces  * Household Arrangement			
* Household Arrangement			* Household Income
After Saving, Go To Detail Page 🔹		* Household Arrangement	
After Saving, Go To Detail Page 🔹			
		After Saving, Go To Detail Page 👻	
		Save	Cancel
	6. Click Save to		
6. Click Save to	proceed to next page.		

#### <u>OPENING A NEW CASE (CONT.) –</u>



The following fields will be required:

- Last Name As stated
- First Name As stated
- Date of Birth As stated, be careful when entering this field (Format: mm/dd/yyyy)
- Open Date Date the Client/Participant entered this program (Format: mm/dd/yyyy)
- Gender As stated
- Involvement This will <u>ALWAYS</u> be "Primary" as each client/participant should have their own case.

The following field is optional when searching for each participant:

• Middle Name - As stated; Must be entered here if you are using it

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	Agencies Programs Cases Participants Fiscal Positions Reports Admin Op	otions
	Now Participant	
	New Participant	
	Test Agency 1 > Test Program 1 > 10518: > New Participant	
	PARTICIPANT CODE INFORMATION	
	Confidential Information. Encryption to be applied.	
3. Fill out as much	* Last Name	
nformation as you	* First Name	
an. Please note that	Middle Name	
ny field with an sterisk (*) is required.	* Date of Birth	
sterisk () is required.	* Open Date	
	* Gender	
	* Involvement	

The following fields will be required for each participant in addition to the search fields above:

- Social Security No As stated; NO DASHES; if not required by program, use 999999999.
- Veteran If Number in Household who served in US Armed Forces is > 0
- Zip Code Predefined List when selected populates the City/ies in that zip code
- City Pre-populated by associated selected Zip Code
- Involvement (Primary/Secondary; Selected is the Measured Activity)
- Race As stated
- Reason for Participation (Primary); choose the best option for your program
- Activities/Services (Primary); choose the best activity/service provided to your client

The following fields will be optional but recommended for each case:

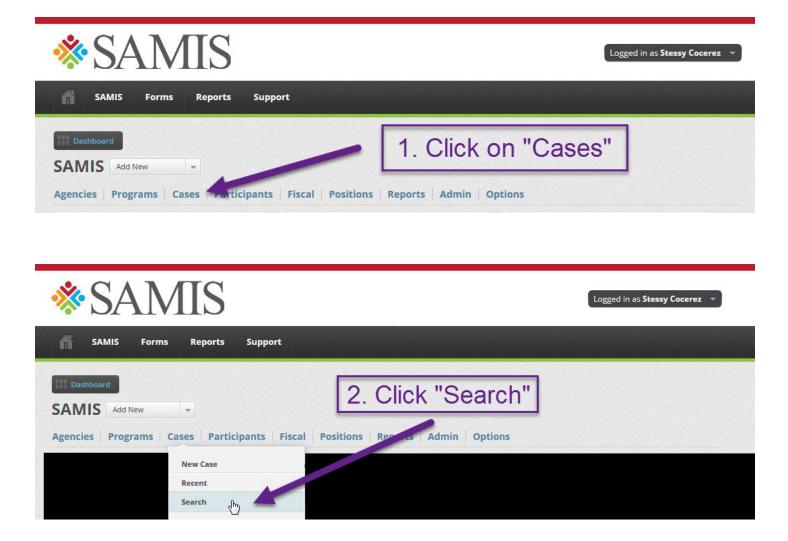
- TANF Yes/No
- Program Site (Appears only if entered by the SAMIS Administrator)
- Employment Status Work 40+ Hours per Week; Work less than 40 Hours per Week; Not Employed; Full-Time Student; Part-Time Student; On Disability; On Temporary Medical or Administrative Leave; or Retired
- Teen Parent Yes/No
- Foster Child Yes/No
- Special Needs Yes/No
- Misc. 1 100 Characters; Can be used for client/participant data to be determined by you and Community Services – Field Label is modifiable
- Misc. 2 100 Characters; Can be used for client/participant data to be determined by you and Community Services – Field Label is modifiable
- Birth Country Canada; Colombia; Cuba; Declined; Dominican Republic; Haiti; Jamaica; Mexico; Nicaragua; Other; Peru; or United States
- Cultural Influence American; Central/South America-Hispanic; Cuban, Declined; Dominican; English; German; Haitian; Irish; Italian; Other; Polish; Puerto Rican; Russian; or West Indian
- Language at Home Creole; Declined; English; French; Other; Portuguese; Sign Language; or Spanish
- Participant Address As stated
- Ethnicity Hispanic or Latino; or Not Hispanic Latino
- Current Grade Not Attending Preschool Age; Attending Preschool Age; Not Attending Not Preschool Age; Kindergarten; 1<sup>st</sup>; 2<sup>nd</sup>; 3<sup>rd</sup>; 4<sup>th</sup>; 5<sup>th</sup>; 6<sup>th</sup>; 7<sup>th</sup>; 8<sup>th</sup>; 9<sup>th</sup>; 10<sup>th</sup>; 11<sup>th</sup>; 12<sup>th</sup>; College; or N/A
- English Proficient Yes/No
- Health Insurance Yes/No
- Highest Grade Trade/Vocational School; Less than High School Diploma/Equivalent(GED); High School Diploma/Equivalent(GED); Some College; Associate's Degree; Bachelor's Degree; Graduate Degree; Refused; or Unknown
- Parent Name As stated
- Email Address As stated
- Phone Number As stated
- Military Family Yes/No

- Migrant Family Yes/No
- Dependency System Yes/No
- Delinquency System Yes/No
- Episode Data Not Usually Used by Agencies
  - Assessment Date As stated
  - FSP-Completed by 3<sup>rd</sup> Contact Yes/No
  - FCP-Family Solution Plan Date As stated
  - Number of Home Visits Scheduled As predicted
  - Number of Home Visits Received Actual
  - Number of face to face contacts As stated
  - Number of collateral contacts Others
  - Number of groups participating in As stated
  - Number of referrals As stated
  - Number of linked (confirmed) referrals As stated
  - Parenting pretest Score
  - Wellbeing pretest Score
  - Emotional Support pretest Score
  - o Material support pretest Score
  - Caring for child pretest Score
  - Parenting posttest Score
  - Wellbeing posttest Score
  - Emotional Support posttest Score
  - Material support posttest Score
  - Caring for child posttest Score
  - Strength-based Inventory
  - Reason for Participation (Secondary) As stated; Can be multiple
  - Activities/Services (Secondary) As stated; Can be multiple
- Referred To Currently Not Used

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	New Participant				
	Test Agency 1 > Test Program	m 1 > 10518: > New Particip	ant		
	First Name	Just		Middle Name	
	Last Name	Test		* Social Security No	
	TANF Employment Status	Select One 🔻	-	Program Site Teen Parent	Select One 👻
	Foster Child	Select One	•	Special Needs	Select One
	Misc. 1			Misc. 2	
	Birth Country	Select One 🔹		Cultural Influence	Select One
0. Fill out as much	Language at Home	Select One 👻		Veteran	Select One 👻
formation as you can.					
ease note that any eld with an asterisk (*)	Street No			Fraction	
required.	Pre Direction	Select One 💌		Street Name	
required.	Street Suffix	Select One 🔻		Street Direction	Select One 💌
	Apt/ Bldg/ Unit	Select One 🔻		Unit #	
	Address 2				
	Zip Ext			* Zip Code	Select One 🔻
	* City	Select One	-		
	Ethnicity	Select One		Current Grade	Select One
	English Proficient	Select One		Health Insurance	Select One
	Highest Grade	Select One	-	Parent Name	
	Email Address			Phone Number	
	Military Family	Select One 🔻		Migrant Family	Select One 🔻
	Dependency System	Select One 🔻		Delinquency System	Select One 💌
	* Involvement	Primary 👻		* Race	
	REASON FOR PARTIC	IPATION			
	* Primary		•	Secondary	Type To Filter
	ACTIVITY SERVICES				
	* Primary			<ul> <li>Secondary</li> </ul>	Type To Filter
					Abuse/Assualt- Perpetrator, Sexual Abuse
					Assault - Victim
					Advocacy
					Basic Needs Assistance     Behavior Management
					Budget Counseling
					Case Management
					Counseling (all forms)
					Crisis Intervention
					Economic Self Sufficiency Activities
					Family Support Serivices
. Click "Save". You ave now opened a	Referred To				
ew case and added a	Referred 10	Type To Filter			
articipant to that case.					
he proceeding page	After Saving, Go To	Detail Page 🔹			
nould give you an					
verview of the client Id the information you			Save	Cancel	
ecorded for them.					

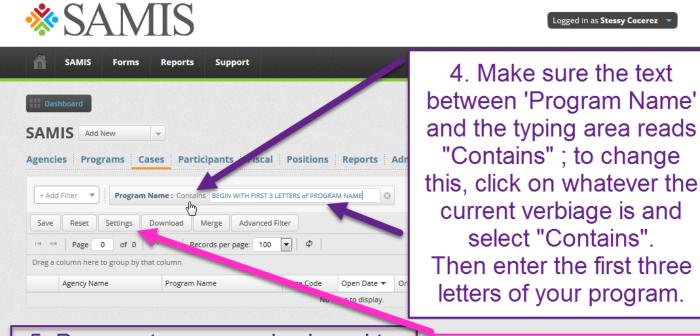
#### SEARCH FOR CLIENT CASES -

- If you need to search for a client case in order to make a change or verify information, please refer to the following instructions
- This will also be utilized when it comes time to close out your client case and enter your client performance measurement.



#### SEARCH FOR CLIENT CASES (CONT.

	3					Logged in as <b>Stessy</b>	y Cocerez 🔻
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						eveal ul	JDUOW
	Advanced Fi					am Nam	-
	Advanced F	ter		select "			-
	^	ter	and	select "			-
Original Case Code Participants	^	ter	and	select "			e" »
Original Case Code Participants Program Name	^	ter ▼ ¢ Di	and isplaying 1 to 100 Open Date •	select "F	Progra	am Nam	e" »
Original Case Code Participants	реде: 100	ter ▼ Φ Di Case Code 10956	and isplaying 1 to 100 Open Date •	Original Case Code	Participants	am Nam	e" »
Original Case Code Participants Program Name	Home	сазе Code 10956 10954	open Date • 10/19/2016	Original Case Code	Participants	Title 10956: 10-19-2016 -	e" »



5. Press enter on your keyboard to search. You should be given a list of all the cases in your program.

\*TIP: Press "Settings" to specify the columns (aka. fields) that you would like to see in the search results.

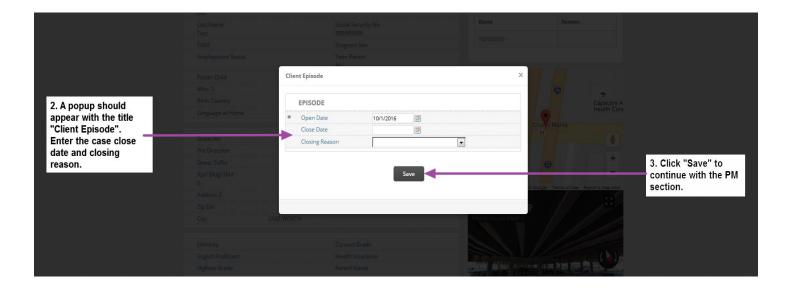
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## CLOSING A CASE –

Enter your client/participant performance measure as directed by the database instructions spreadsheet. This is also the time to Close the Case/Episode and enter the Closing Reason.

*SAMIS	5	Logged in	as Stessy Cocerez 🔻	
SAMIS Forms Repor	ts Support			
Dashboard		Search	Q	
SAMIS Add New -				
Agencies Programs Cases P	articipants Fiscal Positions Reports Ad	min Options		
Modify Modify Name/Regenerate Client	Code New Episode Performance Measures Add M	New Participant to Same Case Directions		
Just Test				
	/21/1991 - 25 Sex: F Race: White or Caucasi	an Participant ID: 10526 Open	Date: 10/1/2016	
Test Agency 1 > Test Program 1 > 10518 First Name just	> Just Test Middle Name	EPISODES		1. Once you have arrived at the Participant Detail
Last Name Test	Social Security No 99999999	Dates	leason	page for the desired client, click
TANF	Program Site	10/1/2016 -		on the gray row
Employment Status	Teen Parent No			within the "Episodes" box.
Foster Child	Special Needs	Map Satellite		Episodes box.
Misc. 1	Misc. 2		-	
Birth Country	Cultural Influence		Capscare A	
Language at Home	Veteran		Health Care	
		d Churo Mani	a	
Street No	Fraction		A	
Pre Direction	Street Name		+	
Street Suffix	Street Direction		T	
Apt/ Bldg/ Unit 0	Unit #	Google Map data @2016 Google Terms	of lise Report a man error	



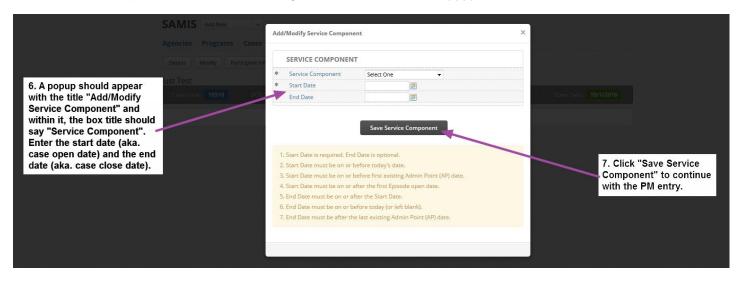
#### ENTERING A PERFORMANCE MEASUREMENT (PM) -

	<b>SAMIS</b>			Logged in as Stessy Cocerez 💌
	SAMIS Forms Reports	s Support		
	Dashboard		[	Search Q
	SAMIS Add New -			
		rticipants Fiscal Positions Reports Admin	Options	
	Modify Modify Name/Regenerate Client C	Tode New Episode Performance Measures Add New Pa	rticipant to Same Case Dir	ections
	Just Test Case Code: 10518 DOB: 10/2	1991-25 Sex Race: White or Caucasian	Participant ID: 10526	Open Date: 10/1/2016
			Torneponetor 10020	
	Test Agency 1 > Test Program 1 > 10518: >	> Just Test		
4. The screen should reflect your case episode dates				
aka. open / close dates) in	Ei st Name lust	Middle Name	EPISODES	
he "Episodes" box.	Last Name	Social Security No	Dates	Reason
rom here, you will click on	Test	999999999	10/1/2016 -	Successfully Completed
Performance Measures" to	TANF	Program Site	10/1/2016	Program
proceed to the next page.	Employment Status	Teen Parent No		
	Foster Child	Special Needs		
	Misc. 1	Misc. 2	Map Satellite	
	Birth Country	Cultural Influence		<b>5</b>
	Language at Home	Veteran		Capscare A Health Care
	Street No	Fraction	t l	Churro Mania
	Pre Direction	Street Name		
	Street Suffix	Street Direction		+
	Apt/ Bldg/ Unit 0	Unit #		<b>1</b>
	Addresser 2		Google	

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SAMIS Add New -			
Agencies Programs Cases Participants	Fiscal Positions Reports Admir	Options	
Details Modify Participant Info New Service C	Component Show Expired Service Components		
Just Test			
Case Code: 10518 DOB: 10/21/1991 - 25	Sex: F Race: White or Caucasian	Participant ID: 10526	Open Date: 10/1/2016
Test Agency 1 > Test Program 1 > 10518: > Just Test			
	5. Click on "New Service Component" to continue		

#### ENTERING A PM (CONT.) -

- Click to Select the Available Service Component (AKA: Service Category in FAA)
- Enter Component Start Date (First Episode Date/Case Open Date ; Format: mm/dd/yyyy)
- Enter Component End Date (Closing Date ; Format: mm/dd/yyyy)



# **SAMIS**

Dashboard			Sea	rch
CANUC				
SAMIS Add New -				
Agencies Programs Cases	Participants Fiscal Position	s Reports Admin Opti	ons	
Details Modify Participant In	nfo New Service Component Show Ex	pired Service Components		
Just Test				
Case Code: 10518 DOB	3: 10/21/1991 - 25 Sex: F R	ace: White or Caucasian Pa	rticipant ID: 10526	Open Date: 10/1/2016
Test Agency 1 > Test Program 1 > 1	10518: > Just Test			
A M (670) 40/4/0046 40/	04/0046			
(673): 10/1/2016 - 10/	/21/2016			
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	nt will be visible here.	Program Measure		
		Program Measure		
	upon Exit (2273)	Program Measure		
Outcome stateme	🖍 Upon Exit	Program Measure		
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Outcome stateme Admin Point Date	Vpon Exit (2273) 8. Clic image	Program Measure     k on the pencil     to continue to     xt page.		

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#### ENTERING A PM (CONT.) -

- Enter the Admin Point Date (Date Final Assessment Completed/Close Date ; Format: mm/dd/yyyy)
- Answer the Question Yes/No
- Select an Uncollected Reason <u>IF</u> you cannot answer "YES" or "NO" for the PM; otherwise leave blank.

	orms Reports Support				
Dashboard				Search	Q
				Jean and a second secon	~
SAMIS Add New	<b>•</b>				
Agencies Program	ns Cases Participants F	iscal Positions Repo	ts Admin Options		
Details Modify	Participant Info New Service Comp	oonent Show Expired Service	Components		
Just Test					
Case Code: 10963	DOB: 10/21/1991 - 25	Sex: F Race: White o	<b>r Caucasian</b> Participan	t ID: 10953 Open	Date: 10/1/2016
Test Agency 1 > Test P	rogram 1 > 10518: > Just Test				
restrigency in restri	Jast rest				
(673): 10/1/2016 -	10/21/2016				
(673): 10/1/2016 -		Φ	Program Measure		
Program Outo	ome		Program Measure		
Program Outo		ble here.	-		
Program Outo	ome	ble here. 9. Select th	e outcome assessmen		
Program Outo	ome	ble here. 9. Select th you can res with a "YES	e outcome assessmen pond to the outcome " or "NO", skip to step	question	
Program Outo	ome	ble here. 9. Select th you can res with a "YES	e outcome assessmen pond to the outcome o	question	
Program Outco     Outcome st     ADMIN POINT     Admin Point     Date	tatement will be visi	ble here. 9. Select th you can res with a "YES	e outcome assessmen pond to the outcome " or "NO", skip to step eed to step 10. 10. IF you <u>cannot</u> a	question 11. If not, answer the outcome	
Program Outo Outcome st ADMIN POINT Admin Point	tatement will be visi	ble here. 9. Select th you can res with a "YES	e outcome assessmen pond to the outcome " or "NO", skip to step eed to step 10. 10. IF you <u>cannot</u> a client was unable	question 11. If not, answer the outcome to be measured with	in the allotted
Program Outco     Outcome si     ADMIN POINT     Admin Point     Date     Uncollected Reason	ome tatement will be visi	ble here. 9. Select th you can res with a "YES	e outcome assessmen pond to the outcome e " or "NO", skip to step eed to step 10. 10. IF you <u>cannot</u> a client was unable time period, pleas	question 11. If not, answer the outcome	in the allotted ate "Uncollected
Program Outco     Outcome st     ADMIN POINT     Admin Point     Date	ome tatement will be visi	ble here. 9. Select th you can res with a "YES please proc	e outcome assessmen pond to the outcome e " or "NO", skip to step eed to step 10. 10. IF you <u>cannot</u> a client was unable time period, pleas	question 11. If not, answer the outcome to be measured with e select an appropri "Save Admin Point".	in the allotted ate "Uncollected

## ENTERING A PM (CONT.) –

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Agencies Programs Ca	ses Participants Fiscal	Positions Reports Admin Options
Details Modify Participar	nt Info New Service Component	Show Expired Service Components
Just Test		
Case Code: 10963	DOB: 10/21/1991 - 25 Sex:	Race: White or Caucasian Participant ID: 10953 Open Date: 10/1/2016
Test Agency 1 > Test Program 1	> 10518: > Just Test	
🖍 🗙 (673): 10/1/2016 - 1	10/21/2016	
🗠 Program Outcome		Program Measure
Outcome statem	nent will be visible	here.
Admin Point	✓ Upon Exit (2273)	
	10/21/2016	12. This should be your resulting screen. Once you've arrived to this screen, you have completed closing out your client's case and entered your client's performance measure / outcome.
Date	10/21/2010	