**Springfield Community Information System**

**Information Gathering Document**

Thank you in advance for your careful review and completion of this document.

This document will serve as the preliminary information collection for

agency/project assessment, readiness, and implementation of ServicePoint®.

Institute for Community Alliances

**information gathering document**

Thank you in advance for your careful review and completion of this document. This document will serve as the preliminary information collection for agency/program assessment, readiness and implementation of ServicePoint®. This is a **critical information gathering step** to understanding the scope of each Organizations’ structure and service provision to the community. This information will also be used to create the “White and Yellow Pages”, or resource guide, of the Springfield Community Information Systems (CIS) participating organizations. This document may grow as the assessment process continues as it will be the primary document used at your site visit.

Please complete the following:

1. Provider Appendix (use the exercise on p. 2 to “Draw your tree”). Complete 1 worksheet for each provider identified in your diagram where referrals may be accepted, or client level data entry will occur.
2. User Appendix (COMPLETE “Who needs Access” EXERCISE ONLY), Identify Agency Administrator for your organization.
3. Data Collection and Reporting – Complete One for each provider/ program, unless you are a small organization with only 2-3 programs and processes and outcomes are consistent.

## **General Organization questions**

**Name of Umbrella Organization: Community Partnership of the Ozarks**

**3** # of projects (multiple services may exist within each project) **3** # of Sites/ Locations

**3** # of staff/ users/ named – auditable data entry users (these users will be named on Appendix B)

**APPENDIX A Prep Work: Draw your Tree!**

The Goal of Appendix A is to begin to collect details on each organizations’ “Provider Structure”. The term provider may represent a service grant (specific funder), a reporting “bucket” for your organization, a project, etc. **Providers may also be specific referral resources where no users will enter data, but that need referrals attached to them for the project outcomes.**

*Each organization will need to create a separate Appendix A for each “Provider”.* You will note that some “Providers” are administrative (i.e. Crisis Services below) and DO NOT collect data… you can still create a worksheet for an admin provider in your structure, simply mark No to the question “Direct Service Provider”.

Here is an example with **multiple “providers” in an organizational set up by service type**:



**APPENDIX A 1 of 3 (i.e. 1 of 3)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Name:** | **Caring Communities** | **Agency/Program AKA:** |  |
| **“Umbrella” Provider:** | **CPO** | | |
| Contact Person: | Provide full name of contact person | Contact Title: | **Senior Social Worker** |
| Contact Email: | example@cpozarks.org | Contact Phone: | 417-555-2020 |
| **Provider Profile** | Describe your project, who you help, and the services you provide to the community below. | | |
| Caring Communities program works in 10 Title I elementary schools, 2 middle schools, and 1 K-8th grade school. Our senior social worker provides crisis intervention and referrals to families. | | | |
| **Location Information** | | | |
| Street Address: **330 N Jefferson** | | | |
| City: | **Springfield** | State/ZIP: | **65806** |
| County: | **Greene** | | |
| Mailing Address (if other): | | | |
| Mailing City: |  | Mailing State/ZIP: |  |

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| --- | --- |
| **Additional Information** | |
| Website Address: | **http://www.cpozarks.org/caring-communities/** |
| Direct Service Provider? | Yes  No |

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| --- | --- | --- | --- | --- | --- |
| **Provider Name:** | **Caring Communities** | | **Agency/Program AKA:** |  | |
| **Services Provided by THIS Provider** | | | | |
| **Direct Services Provided (From Taxonomy Codes)** | | Example Taxonomy Services:  **FP-0500…………………Advocacy**  **PH-1000………………...Case/Care Management**  **RP-1500………………...Crisis Intervention**  **PH-1250………………...Child Care Providers**  **PS-1500…………………Children’s Play Groups**  **TH-2600…………………Disaster Relief Services**  **PN-8100.0200-180……. Domestic Violence Support Groups**  **HD-1800…………………Early Childhood Education**  **NT-8900…………………Undesignated Temporary Financial Assistance**  **BH-1800…………………Emergency Shelter**  **ND………………………. Employment**  **PH-2360.2400…………. Family Support Centers/Outreach**  **DM-2000…………………Financial Management Workshops**  **BD-1800…………………Emergency Food**  **PN-8100.6500-030……...Adoption and Foster/Kinship Care Support Groups**  **LH-6300.6550…………...Personal Health Care Advocate Services**  **ND-3500………………...Job Finding Assistance**  **ND-2000.6500-360……. Job Readiness**  **RP………………………...Mental Health Assessment and Treatment**  **PH-6100…………………Parenting Education**  **LH-6300.5500…………...Medical Social Work**  **NT………………………...Temporary Financial Assistance**  **RX-8450…………………Substance Use Disorder Treatment Programs**  **NL-1000.8500-830……...TANF Appeals/Complaints**  **PH-1400.5000…………...Mentoring Programs**  **In the space below, list other services provided that aren’t on the checklist above; use common terms that can be matched to taxonomy codes in ServicePoint:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Name:** |  | **Agency/Program AKA:** |  | |
| **Target Populations Served** | Low income families and students per federal poverty guidelines.  (What criteria does the target population need to meet to qualify for the program? For example, define “low income”, include age requirements, marital status, etc. This can be written or typed on a separate piece of paper if necessary.) | | |
| **List the most common “Refer To” Provider and the services they provide.** | |  |  |  | | --- | --- | --- | | ***Provider Name*** | ***Services Provided***  ***(see taxonomy above)*** | ***ServicePoint users?***  ***Y/ N*** | | **OACAC** | **PH-1000 Case/Care Mgt** | **Y** | | **CPO-One Door** | **BH-1800 Emergency Shelter** | **Y** | | **Care to Learn** | **BD-1800 Emergency Food** | **N- SPS internal referral** | | **Weekend Backpack** | **BD-1800 Emergency Food** | **N- SPS internal referral** | |  |  |  | |  |  |  | |  |  |  |   ***Please include referral workflow diagrams as appropriate.*** | | |
| **Additional services/ referral detail** | **I.e. REFERRAL FORM REQUIRED, ELIGIBILITY REQUIREMENTS, ETC**  **No referral form, the Case Manager gets the client’s permission to contact the agency, makes the initial contact, then connects the family to the source.** | | |

**APPENDIX B: Who needs Access?**

Each staff person in your agency requiring access to ServicePoint for either data entry or reporting will need to have a User Appendix B worksheet created for implementation. However, for purposes of the site visit and to aid in determining the correct user access for each user, **please complete the chart below for all of the users in your program(s)/ provider(s). You may add columns as needed.**

There are two common user roles in ServicePoint®; **Admin and Data Entry**. For each user, please indicate the functionality required for the user. Admin users will automatically have data entry functionality. Also indicate if the user may need limited access, such as a volunteer or an intern.

Certain users will require access to multiple providers. If a user needs to wear “multiple hats,” please indicate in the “user needs access” column.

Lastly, please indicate “Yes”, runs reports, if the user will need to access client level reporting in ServicePoint.

* Create a List of the users you anticipate will need access to ServicePoint®

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | Data Entry or Admin? | | User needs Limited Access? Y/ N | | User Needs Access to Multiple Programs? Y/ N | | Runs Reports? Y/ N | |
| First and Last name  **(Caring Communities and Making Sense of Money)** | | admin | | n | | y | | y |
| First and Last name  (Caring Communities) | | data entry | | n | | n | | y |
| **First and Last name**  **(Making Sense of Money)** | | data entry | | n | | n | | y |
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Appendix C: Data Collection, Reporting, Community Involvement

***NOTE for completing Appendix C****: This section is intended to paint a picture of the business process for a clients’ movement through your program and subsequent reporting requirements. You may choose to draw a “Flow Chart” for these services. Also,* ***please gather intake forms, assessment forms, screening forms, etc. for analysis during the information gathering process.***

**Describe current data collection procedures (i.e. intake forms, other data systems, excel files, etc.):**

**List all required reports for either funders or organization as a whole:**

**Describe the organizations role in the community. *You may also draw a referral flow diagram here.***

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