# Georgia SHINES Portal

#### **October 22, 2010**



#### **Purpose of ECEM Vendor Portal**

- All children in the state's custody must receive a purposeful visit each and every month from a case manager, in all placement settings including CPAs and CCIs.
- A case manager for these purposes includes the DFCS assigned Case Manager as well as Case Managers assigned or contracted to provide case management or visiting responsibilities.
- The GA SHINES Portal allows direct entry of Purposeful Visit Contacts into GA SHINES by CCI and CPA vendor designees:
  - Removes burden of duplicate data entry from both case managers and agency employees
  - Improves documentation (capture once, no chance to miss data on copy and paste)
  - Improves accuracy of ECEM reporting

#### **Vendor Portal Key Concepts**

#### $\blacksquare$ Is it secure?

- Portal website is secured and password protected
- Portal users may only ever access data for children in their care as recorded via Georgia SHINES Placement Information page (approved by supervisor)
- Password administration occurs at user level users always identify and reset own passwords without password sharing
- Georgia SHINES Portal is a distinct application from GA SHINES; therefore, there is no way for users to "accidentally" access Georgia SHINES data not meant for access through the Portal

#### **☑** How do users register?

- Users self register for site
- DFCS staff grant facility and agency administrators rights to administer resource
- Administrators may then approve registrations for their staff
- ☑ What are the benefits of the Georgia SHINES Portal?
  - Provides a window on current state of GA SHINES data
  - Promotes communication about children placed with providers (such as placement moves or RBWO program changes) throughout the month
  - Increases information sharing and transparency of data

#### **Vendor Portal Pages**

There are seven pages available to provider (CPA/CCI) users:

- Login
- Registration/Vendor Staff Detail
- Child List
  - Displays list of children currently in care or who have recently left the agency or facility's care
  - Users may only access information for children in care of their agency
  - Additional information including current RBWO program, Per Diem Rate, and Waiver Rate as recorded in Georgia SHINES (when applicable)

#### • Facility/Agency – Homes List

- Shows agencies to which a user is assigned
- Homes List view shows the list of CPA homes currently assigned to an agency as recorded in Georgia SHINES

#### **Vendor Portal Pages cont.**

#### • Portal Child Detail

- Provides information on person demographics, current placement, case manager contact information, child characteristics that may affect placement, and list of contacts made with the child
- Portal Contact Detail
  - Entry of Purposeful Visit contacts for children in care
  - Provides access to record a Safety, Permanency, and Well-Being Narrative
- Staff List
  - Provides access to list of users assigned to an agency or facility

## Login Page

#### Georgia SHINES Portal is used by:

- 1. Providers
- 2. Eligible ILP youth completing NYTD survey

SHINES Portal	SYS		HILDREN SERVICES
Georgia.gov > Agencies & Organizations > Departme	nt of Human Services > DFCS > SH	HINES Portal	<u>Help</u>
* E-mail Address:	on to Georgia SHINES Portal		
* Password:		Log On	]
<u>Click here to register as a new user. This does not appl</u> <u>NYTD youth user.</u>	<u>y to</u>		<u>Click here to reset your</u> password

## **Registration/Vendor Staff Detail**

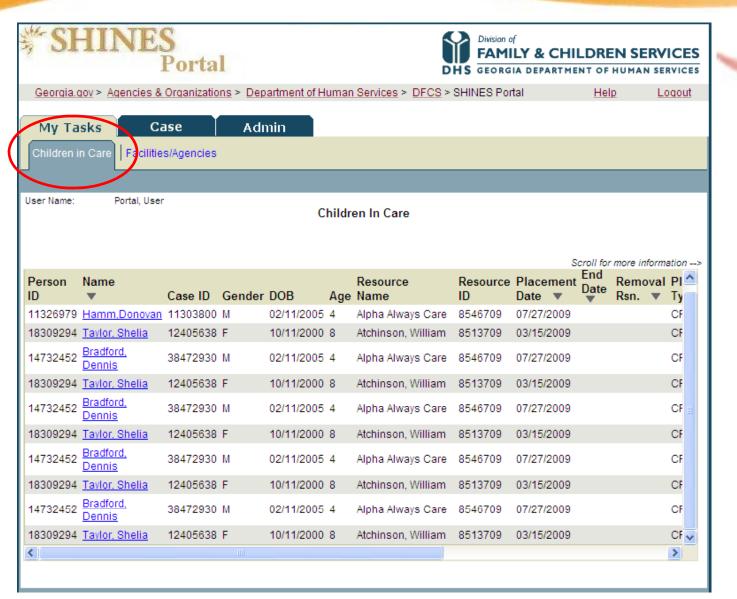
SHINES Portal		ILDREN SERVICES
Georgia.gov > Agencies & Organizations > Dep	artment of Human Services > DFCS > SHINES Portal	Help
	SHINES Portal Registration	
Basic Data		
* First	Middle * Last [ Initial: Name:	Request Type:
* Title:		Placement
* Email:		Provider Admin
* Phone Number:	Ext:	Placement
* Office		Provider User
Address:		NYTD User
* City:	* State: Georgia 🖌	
* Zip:	* County: 🗸 🗸	Vendor:
Access Request		List of all approved
* Request Type:	×	CPA/CCI Providers
t Vendor:	×	
t Other:		

#### **Registration/Vendor Staff Detail cont.**

Human Services policy on respecting the confidentiality of an individu	may not be released to anyone except in compliance with O.C.G.A
* I accept the agreement	
Password	
* New Password:	
* Re-Enter New Password:	
Security Questions	
* Question 1:	* Answer 1:
* Question 2:	* Answer 2:
	Answer 3:

Effective October 4, 2010, registered providers are now able to reset their passwords in the Georgia SHINES Portal. This will enable Portal users the ability to manage their own user accounts and avoid having to take the additional step of calling the Help Desk for assistance.

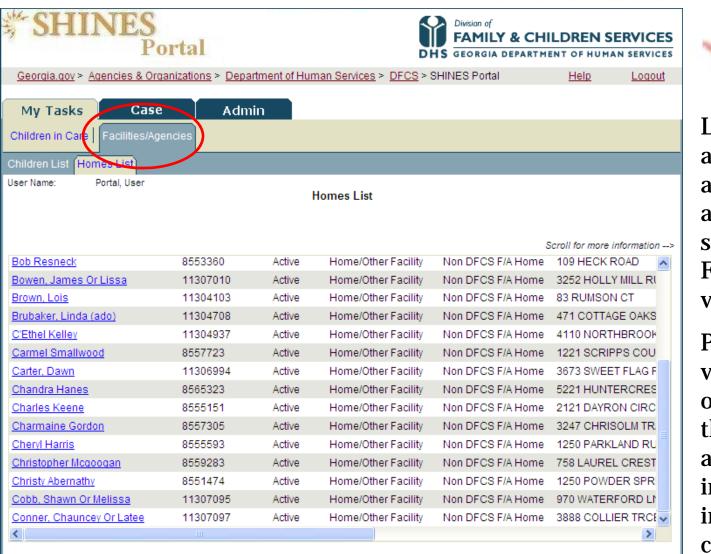
## **Children in Care**



This list page also displays:

- •Placement Type
- •Legal County
- •RBWO Program
- •Basic Rate
- •Waiver Rate

## **Facility/Agency – Homes List**



List of all private agency foster homes assigned to the agency that was selected using the Facility/ Agency List view.

Providers can validate the accuracy of homes assigned to their agency and to access a list children in care by the home in which they are currently placed.

## **Portal Child Detail**

学 <b>SH</b> ]	INES Portal						OREN SE	
<u>Georgia.gov</u> >	Agencies & Organization	is > <u>Departme</u>	ent of Human Services	DFCS > SHINE	S Portal		<u>Help</u>	Logout
My Tasks	Case	Admin						
Portal Child Detail								
Name:	Portal,User		Portal Child Det					
			Portal Child Det	all				
Back to Child Li	st							
Person Demo								
Person ID:	14300075							
First Name:	Sarah	Middle Na	me: A	L	ast Name:	Lewis		
Case ID:	2634532							
Gender:	Female	DOB:	10/17/2005	A	ge:	3		
Current Place			_	_				
Resource Nam	-	Alexander		Resource		2398		
Placement Date		05/23/200	19	End Date:				
Removal Reaso	on:							
Placement Type	9:	CPA Fam	ily Foster Home	Sibling Placemen	t: Yes			
Legal County:		Fulton						
RBWO Program	1:	Base WO						
Basic Rate:		\$23.95		Waiver Ra	ite: \$7.2	23		



#### **Portal Child Detail cont.**

Case Manager/Supervisor Data				
Primary Case Manager Name	Misty Johnson	Title	Case Manager	
Phone	770-658-7245			
Office Location	2 Peachtree Center Ave			
Supervisor Name	Carl Monroe	Title	Supervisor	
Phone	770-658-2345			
Office Location	2 Peachtree Center Ave			
V Person Characteristics				
Category	Characteristic			
Child Behavior	Assaultive Behavio	)r		
Child Behavior	Self Abuse			
Child - Mental/Emotional	Emotionally Distur	bed - Diagnosed		
Child - Mental/Emotional	Paraphilia			
Other	Tribal Member			

V Contact L	ist				
Date	Туре	Purpose	Name	Contacted By	Agency
06/30/2009	Announced Face to Face	Case Manager Child Visit	Sarah Lewis	James Taylor	Kids House
07/13/2009	Unannounced Face to Face	Case Manager Child Visit	Sarah Lewis	James Taylor	Kids House
07/31/2009	Announced Face to Face	Case Manager Child Visit	Sarah Lewis	James Taylor	Kids House
08/17/2009	Announced Face to Face	Case Manager Child Visit	Sarah Lewis	James Taylor	Kids House

Providers can only view contacts entered by the provider – contacts entered by DFCS are not accessible.

Add

## **Contact Detail**

# SHINI	ES Portal	DHS	Division of FAMILY & CHILDREN SERVICES GEORGIA DEPARTMENT OF HUMAN SERVICES
<u>Georgia.gov</u> > <u>Agencie</u>	<u>s &amp; Organizations</u> > <u>Department of Human S</u>	ervices > DFCS > SHIN	NES Portal <u>Help Loqout</u>
	Case Admin		
Portal Child Detail			
	Contac	t Detail	* required field t conditionally required field
Contact Information			
Contact/Summary Type:		Entered On:	00/00/0000
Entered By: Title:	Portal,User CPA/CCI Case Manager	Entered On.	08/20/2009
Contacted By:	CPA/CCI Authorized Case Worker	Portal, User	
	O DFCS Staff		
	◯ Other		
* Contact Date:		* Time:	AM 🗸 Attempted
* Method:	~		
‡ Location:	¥	Name of Agency:	Family First
‡ Others Contacted:	<b>v</b>	Permission to c	ross county lines

#### **Contact Detail cont.**

#### \* Purpose

Narrative Type:

Narrative

O Standard

	•									
	Adoption - Chil	d Specific Interview		Foster Pare	ent/Biological Family		Review	(		
	Child Daily Ro	utine		Family Mov	es During Investigatio	on 🗌	SI - Adr	ministrativ	e Review Packet	
	CM - Foster Pa	rent/Caretaker		Home Asse	essment		Sibling	Visit		
	CM - Father Vis	sit		Initial Place	ment		Specia	I Investiga	ation - 48 Hour Staf	ling
	Case Manager	Child Visit		Invited pers follow up or	on to orientation (Inqu nly)	uiry		ne Visit - C Intial Faci	Child in Non- lity	
	CM - Mother Vis	sit		Law Enforc	ement		State O	ffice Over	sight	
	Courtesy Interv	iew		Legal Trial	Preparation		SI Hom	ne Visit - C	Child in Private Age	псу
	Case Planning	I		MDT			SI Scho Public :		Children in Private	or
	Child Preparat	ion		Medical			Safety F	Resource		
	Child Religious	s Practices		Monitoring			SI Hom Facility	ne Visit - C	Child in Residential	
	Court Action			Notification			SI Hom Home	ne Visit - C	Child in State Opera	ted
	Child Special S	Skills/Achievements		NYTD Prep	aration		Staffed	Case		
	Collateral			Placement			Superv	isor Revie	ew	
	Diligent Search	ı		Parent Chil	d Visit		Specia	l Investiga	ation	
	Diligent Search	n for Runaway		Pre-Placem	ient		Other			
	Facility Visit			Risk Asses	sment					
Princ	ipals/Collater	als Contacted or D	iscussed	I/In Refere	Dee To					
			Private		Discussed/In					^
Nam	ie	Contacted	Conver	sation	Reference To	Туре		Role	Relation/Interes	t
Appl	eseed,Johnny					Principal		No Role	First Cousin	=
1july	28,Son					Principal		Primary Child	Self	

O Parent/Child Visitation

New enhancement: Discussed/In **Reference To column** 

**Providers are** restricted to using only the Safety, Permanency, and Well-Being Narrative.

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NIo

Safety, Permanency and Wellbeing

Save

## **Staff Detail**

₩ <sup>SF</sup> SF	HINES Portal				Division of FAMILY & CHI GEORGIA DEPARTME		
Georgia.g	ov > Agencies & Organization	is > Department of	Human Services	> DFCS > SHINI	ES Portal	Help	Logout
My Tas StaffList	sks Case	Admin					
Staff Detail							
User Name: User ID:	User,lesha 2		Staff Detail				
Basic Data	a						
* First Name:	Test		Middle Initial:		* Last Name:	User	
* Title: * Email:	User testuser@nomail.com						
* Phone Number:	(404) 222-1233		Ext:	1233			
* Office Address:	1 Office Park						
	Suite 1100						
* City:	Atlanta		* State:	Georgia	~		
* Zip:	30303 - 1233		* County:	Cobb	~		
						I	Save



Associated	l Vendors						
Res	ource Name	Resource ID	Туре	S	tatus	Start Date	End Date
O Ben	chmark Family Services, Inc	8000058	Placement Provider	User A	ctive	12/02/2009	
<b>Current Pa</b>							
assword							
Vew Passw : Re-Enter I Password:	-						Save
Security Q	uestions						
Question	renders selected.	y in high school?	*	* Answer	1: bai	nd	
Question	2: What was the color of your fi	rst car?	~	* Answer	2: bla	ck	
	3: In what city or town was you		*	* Answer		anta	