

Data Collected for TAYLRD

- Collect at beginning of first visit, use to collect contact information, compare to sex offender registry for safety and to find commonalities among clients
- It is essential to complete the following questions at the bottom of the form:
 1. Does the youth have natural supports?
 2. Are the youth's basic needs met (food, clothing, shelter)?
 3. Does the youth appear to be in crisis or report any crisis?
 4. Does the youth appear physically and emotionally well?

Screening *Describe and report any follow-up action or referral.*

Does the youth have natural supports? _____

Are the youth's basic needs met? (food, clothing, shelter) _____

Does the youth appear to be in crisis or report any crisis? _____


Does the youth appear physically and emotionally well? _____

- Use for attendance, services, referrals, and add information into TAYLRD Database

[illegible]

3. Member Application

- Completed by the third visit, collects demographic information, asks arrest/conviction history, and states three commitments of membership



Membership Application

Section 1

Contact Information

Name: _____

What would you like us to call you? _____

1. What is your gender?

- ☐ MALE
- ☐ FEMALE
- ☐ TRANSGENDER
- ☐ OTHER (SPECIFY) _____
- ☐ REFUSED

- The Three Commitments of Membership

The Three Commitments of Membership

- I will follow the law to the best of my ability while at the center.
- I will be engaged in the pursuit of learning or employment.
- I will identify and work toward a personal goal. My goal is: _____

By signing below, I agree to the three commitments and confirm that I have completed the above questions honestly and completely.

Name _____ Date _____

Signature _____

- Membership Application Procedures are on the last page of the application

Membership Application Procedures:

1. Staff will strongly emphasize that TAYLRD is excited that youth came to the center. We will welcome youth, letting them know that we want them here.
2. Staff will gather information for the screening in a conversational manner and will ask the youth "How are you feeling/doing today."
3. Staff will inform participants that we need emergency contact information, information for our grant reporting requirements, ways to reach you for facility closures, etc.
4. Staff will sit down and assist youth with filling out the application.
5. Staff will specifically point out that, with regard to criminal history, TAYLRD is only interested in violent offenses and criminal misconduct.
6. Section 3 will be detached from the first two pages and filled out by the staff member alone.
7. Youth will be contacted with the results within one business day.

4. Mental Health and Substance Abuse Screeners, specifically for Trauma-Related Experiences and Suicide Screening

- Gain SS

5. National Outcome Measures (NOMs)

- Assessment used to measure TAY well-being in the last 30 days. It consists of 70+ interview questions, takes 20-30 minutes to complete and helps identify TAY needs, measure success of services, and is used to report progress to funding agency. NOMs is a REQUIREMENT for the TAYLRD grant. Complete within first 3 visits/contacts.
- On the drop-in center page of the TAYLRD website, there is a link within KNACK to complete the tool. There are also two NOMs forms available on the TAYLRD Home Page. One is a printable form to complete offline and the other is a fillable PDF for sending digitally.

**Substance Abuse and Mental Health Services
Administration (SAMHSA)**

Center for Mental Health Services (CMHS)

**National Outcome Measures (NOMs)
Client-Level Measures for
Discretionary Programs Providing
Direct Services**

SERVICES TOOL

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2022

- The consent form to participate in NOMS is also available on the TAYLRD website:



NATIONAL OUTCOME MEASURES (NOMs) STUDY

Introduction

You are being asked to be in the evaluation of TAYLRD 2.0. You were invited as a participant because you have started receiving services.

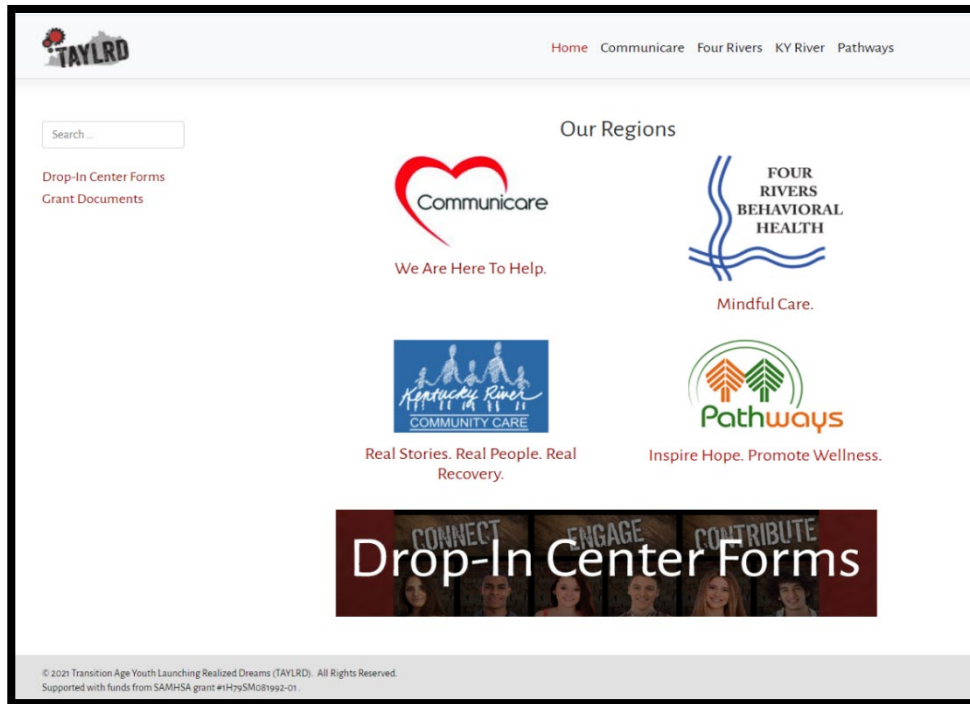
Purpose of Study

You are being asked to complete the survey in order to provide information we can use to: Provide better services to children and young adults and their families, measure whether our services are effective, and report on the impact of our services to our funding agency.

Description of the Study Procedures

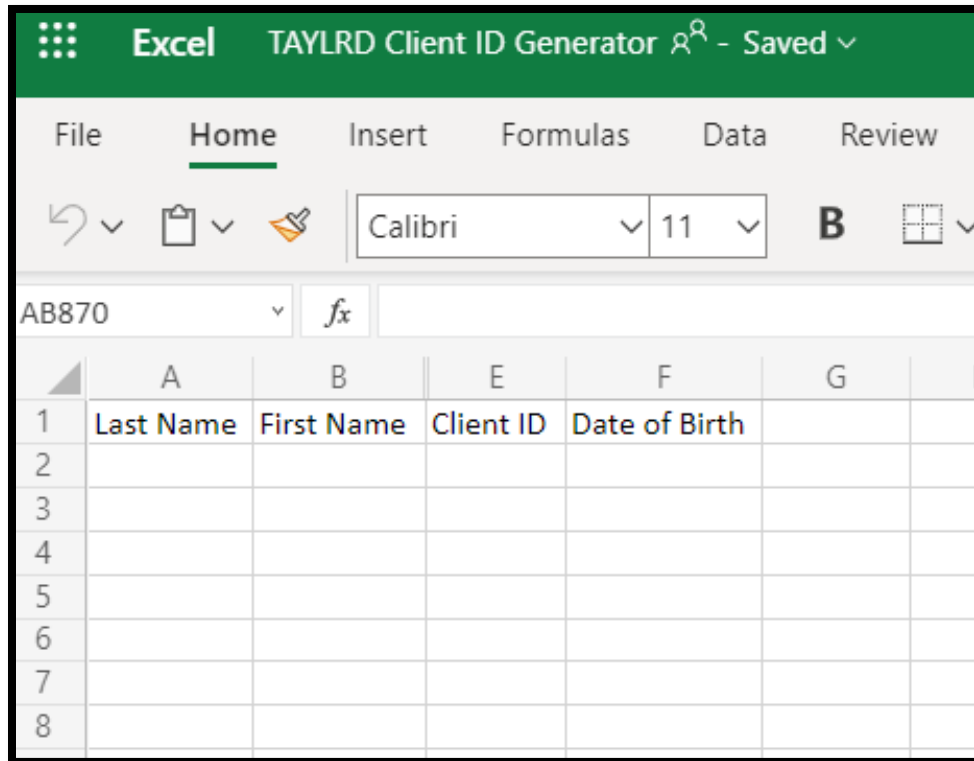
If you agree to be in this study, you will be asked to answer questions about yourself. Some of these questions are very personal. These include questions about things like: your mental health, alcohol/drugs, employment, and education. The survey will probably take about 30 minutes.

- ★ All forms can be accessed on the [TAYLRD Site](#)

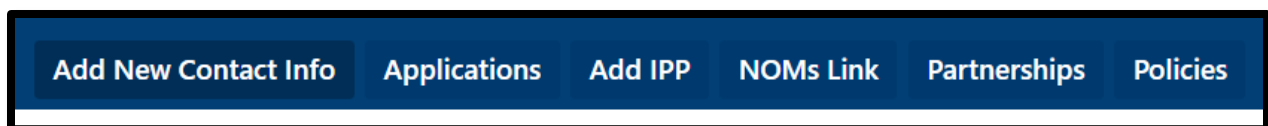


[TAYLRD Database](#)

- Enter: Client Services and Referrals based on the Sign-In Sheets using Client IDs - NOT Names
 - Client IDs can be generated in the attached spreadsheet titled: TAYLRD Client ID Generator, which is specific for each drop-in center, see example below.



- The Client ID spreadsheet should be kept in one location. If it is used in multiple locations, duplicate Client IDs could be generated and compromise the data.
- Choose the region in the top menu bar
- When you select the KNACK Links, there are 6 data tabs
 1. Add new contact info
 2. Applications
 3. NOMs Link
 4. Add IPP
 5. Partnerships
 6. Policies



Add New Contact Info

1. Click on 'Add New Contact Info' tab
2. Choose the appropriate site name
3. Enter Client ID
4. Indicate if client is involved Foster Care or Juvenile Justice (based on membership application)
5. Select 'Services' or 'Referrals' based on what is being entered
6. Click Submit

The screenshot shows a web application interface with a dark blue header bar containing navigation tabs: 'Add New Contact Info', 'Applications', 'NOMS Link', 'IPP', 'Partnerships', and 'Policies'. Below the header, a message states: 'If you receive an error message when you attempt to enter a client, it means that the client has already been entered with that ID there. If you do not have Services or Referrals to enter for the client, you may continue.' The main heading is 'Add Service or Referral'. The form includes a 'Site:' dropdown menu with 'Paducah' selected. Below this is a 'Client ID:' text input field. A section titled 'Foster Care or Juvenile Justice Involvement' contains four radio button options: 'Foster Care', 'Juvenile Justice', 'No', and 'Unknown'. Another section titled 'Do you have any services or referrals to add for this client?' contains three radio button options: 'No', 'Yes - Services', and 'Yes - Referrals'. A blue 'Submit' button is located at the bottom of the form. At the very bottom, a link reads 'Powered by Knack'.

7. Add services or referrals based on checklist
8. Enter corresponding date of service or referral
9. If other information should be added, check appropriate box and submit or if nothing else should be added check 'No' and submit

[Add New Contact Info](#) > [Add Service](#)

Add Service

Resource: *

- ☐ Alcohol & Drug Treatment Services
- ☐ Anger Management
- ☐ Assessment & Evaluation
- ☐ Basic Needs
- ☐ Bus Passes
- ☐ Case Management
- ☐ Churches/Faith-Based
- ☐ Clinical Services
- ☐ Computer Access
- ☐ Drop-in Services
- ☐ Education - Adult Basic Education GED
- ☐ Employment Supports
- ☐ Family Support
- ☐ Financial Management Workshop
- ☐ Group Therapy
- ☐ Housing Services
- ☐ Individual Therapy
- ☐ Life Skills Training
- ☐ Medication Management
- ☐ Mental Health
- ☐ Mentoring
- ☐ Other
- ☐ Parenting Classes
- ☐ Peer Support
- ☐ Supported Employment
- ☐ Transitional Housing
- ☐ Vocational Training Program

Date of Service *

Do you have any other services or referrals to add for this client? *

☐ No

☐ Yes - Services

☐ Yes - Referrals

[Submit](#)

Entering existing client info

1. Find Client ID in the Client ID generator spreadsheet (use CTRL+F to highlight Client's name and locate Client ID)
2. Choose 'Applications'
3. Find the Client's ID number in the list and click 'View' under 'Application Details'
4. Click on 'Add Service' or 'Add Referral' based on data to enter
5. Follow steps 4-7 above

KY River Drop-in Center Database

[Add New Contact Info](#) [Applications](#) [Add IPP](#)

[Add Application](#)

Applications

search by keyword [search](#)

Showing 1-25 of 152 [Add filters](#)

Client ID	Application Details
TEST TEST TEST	view

Add IPP

Screening

1. Enter the date for which the screening or outreach event was completed.
2. Enter the number of emergency contact form screeners completed.

3. The number entered for emergency contact form screeners completed will prompt the appropriate number of fields to enter each Client ID which matches the Client ID on the Client ID Generator.

Add IPP

Screening

Select the of Number of Emergency Contact Forms Screeners completed. The form will provide you with this number of entry fields.

For clients who have screened through the emergency contact form, Enter Client ID from Client ID Generator.

Date *

Number of emergency contact form screeners completed

2

#1 - Screened Client ID (match Client ID from Client ID generator)

#2- Screened Client ID (match Client ID from Client ID generator)

4. Enter the number of Gain-SS completed. Please note that only the Gain-SS counts will be used to count towards the TAYLRD screening target. It is important to track and count every Gain-SS completed.

Number of Gain-SS completed (for those clients who were not screened through the completion of the emergency contact form)

5. Enter the number of Needs Surveys completed by the CMHC and/or community partners. **This will not be the number of Needs Surveys completed at Outreach Events.** Please see guidance on [Needs Surveys and How to Use it](#) below.

Total Number of Needs Surveys Completed by CMHC and/or Community Partners: Do not include the number of Needs Surveys completed at an Outreach Event.

Outreach – Please refer to guidance: *What is an Outreach Event?* Below

1. Enter name of event.

Outreach

Entering text in the Outreach event name field will pull up further questions about that event.

For each question, enter the number of individuals contacted through program outreach efforts (strategies/activities). Count the number of individuals, not the number of contacts.

Outreach Event 1 - Name

2. Once name is entered, 6 additional questions will appear:
 - Write a short description of the activity
 - Write the primary audience or target group for the activity
 - Write where the activity took place
 - Write how many young people attended the activity (not including staff facilitating the event)
 - Write how many young people completed a Needs Survey
 - Explain how the youth and staff were involved in the planning, coordination, and implementation of the activity
3. Up to 4 Outreach events can be entered for a date in a single submission. If there are more than 4 events in a 24-hour period, the additional events can be documented in another submission using the same date.
4. **Important:** Best practice is to appoint one person responsible to enter data daily when closing the Drop-In, if daily is not possible then weekly is the next best option.

What is an Outreach Event?

Please keep in mind that outreach is not the same as awareness. Outreach is a strategy designed to increase access and participation in treatment services for the population of focus as a result of the grant. The intent is to capture information about one-on-one contacts with individuals. Contacts can be made on the streets, via telephone, in different program settings, at drop-in centers, or in community settings. General appointment reminders and contacts as a part of services provided would not count. Count the number of individuals, not the number of contacts.

What can we count for TAYLRD?

- The number of youth/individuals who received information on TAYLRD services via one-on-one, face-to-face conversations at community events, fairs, meetings, or presentations.
- The number of youth/individuals who received information on TAYLRD services via detailed conversation/information exchange in social media (Facebook messages, twitter direct messages).
- The number of youth/individuals who attended meetings where TAYLRD services were discussed in one-on-one conversations.

- The number of youth/individuals who dropped off after first center visit, and who were contacted by TAYLRD staff at a later date to engage them back in services.
- The number of TAYLRD members who have not dropped by in the last 3 months (after they became members), who were contacted by TAYLRD staff for the purposes of enhancing youth engagement.
- The number of youth who are NOT TAYLRD drop-in center members, but who receive services at CMHC and have received personally directed information about TAYLRD services.
- The number of TAYLRD members with whom the TAYLRD staff had a conversation about considering a treatment or related service.

Needs Survey – Please refer to guidance: [Needs Survey and How to Use It](#) Below

1. Check that all information needed to contact the young person is filled in.

Name: _____ Date of Birth: _____ Phone: _____
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2. Check that all questions are answered to gather the most accurate information.


How satisfied are you with your mental health right now?			
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
How supported do you feel in your life currently?			
Very Unsupported	Unsupported	Supported	Very Supported

3. Complete the For Staff Use Only portion of the form after the young person has finished filling out the questions.

For Staff Use Only

If any, what immediate needs did the young person identify?

Did the young person provide any information that indicated they were in crisis or needed emotional support immediately? If yes, what did the staff provide? Please explain.



Needs Survey and How to Use It

Please note, the Needs Survey is not the same thing as the Emergency Contact Form. This survey is designed specifically to assess the need for program services (behavioral health services and related supports) and can be used at Outreach events to gather quick information from young people and to follow up with them after an Outreach event. Needs Surveys can also be used by agency service providers and community partners to gather quick information from young people and share with drop-in centers. It is meant to be handed to the young person to fill out themselves and requires a staff response after the interaction. Each survey is specific per region and should be used accordingly.

Steps for Utilizing the Needs Survey

- Have printed copies at Outreach events on a table or clipboard
- Offer to young people who are interested in assessing their needs
- From the conversation and information gathered, complete the staff portion of the Needs Survey
- Provide copies to agency service providers and community partners, establish an agreed upon means to collect completed surveys from partners and to communicate about its use

NOMs

NOMS Forms available on [TAYLRD Site](#)

- Baseline NOMs interviews are scheduled on or before the third visit to the drop-in center and can be completed during or outside drop-in center hours depending on staff and individual youth needs.
 - **Youth do not fill out the NOMs form on their own. It is an interview.**

- To encourage completion of the NOMs, TAY will receive a \$20 gift card for completing a baseline interview. For a reassessment (these are important because they show progress) TAY will receive a \$25 gift card.
- Obtain signature on Consent Form (available on the TAYLRD Site, use link above).
- After the first (baseline) NOMs interview, clients should have one 6-month reassessment interview. A discharge interview occurs when a client leaves because they no longer need services, refuse/withdraw from treatment, age out of services, or otherwise cease coming to the center and contact has not been made for 90 days or more.
 - ★ **There is a 60-day “window” when reassessments must be completed for the federal government to count it toward the reassessment interview rate. You will receive a reminder email from HDI when clients are due for reassessment (i.e., when the 60-day window begins). You must complete the interview and return it to HDI within that window for it to be counted.**
 - ★ **If a reassessment interview cannot be completed or a young person refuses to complete the interview, please conduct an administrative reassessment (completing the reassessment without the interview) within the eligibility window. This can be done prior to discharging the young person if contact has been made, he/she/they are engaged with the drop-in center, or may complete a discharge interview when appropriate.**
- Submit completed NOMs to HDI by:
 1. Using this [NOMs link](#) to the online platform and enter data directly into the form

OR

 2. Complete PDF version of the NOMs by hand, scan, and email to HDI: Taylor.Mora@uky.edu and CalisaFitzpatrick@uky.edu

The Interview Process

Treat the client with respect. Be mindful of confidentiality, consent (they can stop the interview at any time or refuse to answer questions), comfort, and signs of being re-traumatized by the interview questions. Due to the nature of the questions, it is important that participants know to expect that it is an in-depth interview that can be intense at times. It is also important to let them know that the information they provide helps drop-in center staff to understand their needs and how to best support them.

The NOMs page-by-page:

The following guidance is for the paper (PDF) version of the tool. If completing the tool online through the link provided, the sections to complete will automatically appear based on interview type (Baseline, Reassessment, Discharge).

➤ Page 3

- Record Management: Collected at Baseline, Reassessment, and Discharge even when an interview is not conducted. Enter the **Client ID using the same Client ID as in the TAYLRD Database**
- Choose the Site ID from the drop-down menu on the digital survey, or enter county name on paper copy (for example, Knott)
- Grant ID can be left blank, digital survey will not ask for this
- Enter type of assessment (baseline, reassessment, or discharge), and the date of the interview. Please double check Client ID for accuracy and that all information is completed.
- Enter the client's month and year of birth as the two-digit month (MM) and four-digit year (YYYY), please double check entry
- Indicate if the assessment interview was conducted
 - If yes, then provide date in MM/DD/YYYY format
 - If no, then choose only one option to answer the question, "why not?"

➤ Page 4-8: Behavioral Health Diagnoses:

- Answer question 1 regarding screening for trauma-related experience and question 2 regarding suicide screen (may review GAIN-SS responses to inform)
- A Mental Health Diagnosis can be indicated if **made by a clinician or if there is an existing diagnosis accessible within the agency's medical records. It is also possible that a diagnosis would not be available at Baseline but would be available at Reassessment or Discharge – please confirm.** Diagnosis can be entered within 30 days of the interview, please get in touch with HDI.
- High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis is an option if during the interview a young person has indicated there is a need for intervention – experiencing homelessness for example.
- Z codes may be chosen "based on self-reported data and/or information documented by any member of the care team" if their documentation is included in the client record.

Centers for Medicare and Medicaid Services, "Using Z Codes: The Social Determinants of Health (SDOH) Data Journey to Better Health"

<https://www.cms.gov/files/document/zcodes-infographic.pdf>

➤ Page 9-10: Demographic data: Complete for Baseline Only. Please ask the question and read the choices to the client.

➤ Page 11: Functioning: Please note that words in ALL CAPS are directions for the interviewer. **Bolded text** should be read to the client. For example, in Question 1 under FUNCTIONING on page 7, you read "**How would you rate your overall health right now?**" and read **Excellent, Very Good, Good, Fair, Poor.** Do not read NO RESPONSE/REFUSED (in all caps).

➤ Page 12: Stability in Housing:

- Ask client 1a-1f. Substance Abuse and Mental Health Services Administration coding (SAMHSA) guidelines for this question are as follows:

- *Homeless*—Defined as living in a shelter, on the street (in cars, vans, or trucks), outdoors, or in a park.
- *Hospital for mental health care*—Defined as a hospital for the care and treatment of patients affected with acute or chronic mental illness; includes a stay in the psychiatric ward of a general hospital. Do not count veterans' hospitals.
- *Detox/inpatient or residential substance abuse treatment facility*—Defined as a medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.
- *Correctional facility (Jail, prison, [juvenile] facility)*—Defined as living in lockup and/or holding cells in courts or other locations, in addition to living in a prison facility.
- *Emergency Room*—The department of a hospital that provides immediate treatment for acute illnesses and trauma. It also includes urgent care or care outside of normal hours without an appointment.
- For question 2, do not read response options to the client, select only one response for where the client has been living for most of the time in the past 30 days. If the client lives with their parents and it is a stable living environment, select 'Private Residence.' If client is not staying with parents or family in a stable living environment and the client's answer does not fall in one of the other response options, select 'Other' and specify.

These are the definitions of the response options as provided by SAMHSA:

- *PRIVATE RESIDENCE*—Count living in a room, boarding house, public or subsidized housing, hotel/motel, room at the YMCA/YWCA, and living in an RV or trailer.
 - *PLEASE NOTE: If a client is staying in a hotel/motel or a room at a YMCA/YWCA or someplace similar as a temporary, safe place to be, please choose 'OTHER' and be specific with the location.*
- *FOSTER HOME*—Count living in a standard foster care arrangement with or without a standard treatment component. Count living in a private home with care provided by foster care parents.
- *RESIDENTIAL CARE*—Count living in a residential facility that provides long-term care given to adults or children who stay in a residential setting rather than in their own home or family home.
- *CRISIS RESIDENCE*—Crisis residence provides 24-hour rapid crisis stabilization and multi-disciplinary evaluation for individuals who do not meet criteria for an acute or subacute inpatient level of care but need help transitioning to community services and supports (i.e., connect with case manager, outpatient, etc.).
 - *PLEASE NOTE: A young person in a crisis house may meet this definition. If there is any uncertainty of how to indicate a young person that needs crisis housing, please choose 'OTHER' and provide specific information.*

- *RESIDENTIAL TREATMENT CENTER*—Count living in a live-in health care facility providing therapy for substance use disorders, mental illness, or other behavioral problems.
 - *INSTITUTIONAL SETTING*—Count hospitalization or other institutions not listed as a response option as “institution”.
 - *JAIL/CORRECTIONAL FACILITY*—Count living in lockup and/or holding cells in courts or other locations, in addition to living in a juvenile detention center or “youth only” correctional facility with high structure and supervision.
 - *HOMELESS/SHELTER*—Count living in a shelter, on the street (in cars, vans, or trucks), outdoors, or in a park.
 - *OTHER (SPECIFY)*—The client provides an answer that does fall into the any of the listed categories. Please capture the specific response from the client.
 - *DON'T KNOW*—The client does not know where they have been living most of the time.
- Page 13: Education and Employment: Ask the client these questions.
 - Page 14: Crime and Criminal Justice Status: Ask the client these questions.
 - Page 15: Perception of Care: Asked at Reassessment and Discharge only. Read each statement and response option of Yes or No. Do not read NO RESPONSE/REFUSED, but select as appropriate if client does not answer or refuses to answer. Question 2 is answered by grantee staff.
 - Page 16: Social Connectedness: Read each statement and response option of Yes or No. Do not read NO RESPONSE/REFUSED, but select as appropriate if client does not answer or refuses to answer.
 - Skip pages 17-22
 - Page 23: These questions are asked at Baseline, Reassessment, and Discharge.
 - Skip pages 24-27
 - Pages 28-29: Services Received and Clinical Discharge Status
 - All questions are answered by grantee staff. Please confirm if services were provided or not provided during the young person’s involvement with the program. Select ‘Service Not Available’ when appropriate, please confirm yes or no response prior to choosing ‘Unknown’.
 - Question 1 is answered by grantee staff at Reassessment and Clinical Discharge only. For identifying Core and Support Services, the following generally apply but confirm based on what the client being interviewed received or did not receive:
 - Core Services
 - Screening – Yes, by completion of the GAIN-SS
 - Assessment – Yes, by completion of the NOMs interview or another assessment competed
 - Treatment Planning or Review – Yes, through staff meetings
 - Psychopharmacological Services – This is not a typical drop-in center service
 - Mental Health Services – Yes

- Co-occurring Services – Yes or No
- Case Management – Yes or No
- Trauma-specific Services – If therapist is using a specific model, then yes, typically not a service within the drop-in center
- Was the client referred to another provider for any of the above core services? - Yes or No
- Support Services
 - Medical Care – Typically No
 - Employment Services – Yes, if participating in IPS
 - Family Services – Yes, if resources were provided to aid the wellbeing of families which may include parenting, child development, marriage education, evidence-based family psychoeducation
 - Child Care – No, this is not currently a service at the drop-in centers
 - Transportation – If the client is receiving transport to or from the drop-in center, then yes
 - Education Services – Yes or No
 - Housing Support – Yes or No
 - Social Recreational Activities – This will always be a Yes if the client is engaged with the drop-in center
 - Consumer-Operated Services – No, the definition of this service does not align with TAYLRD programming
 - HIV Testing – No, this is not a typical service offered at the drop-in centers
 - Was the client referred to another provider for any of the above support services? - Yes or No
- Questions 2-3 are answered at Clinical Discharge only.
 - Please note on discharge status, 'Other' is ONLY selected if nothing else applies. Examples would be that the client aged out of the program or moved away during treatment.

Have questions? We are here to help!

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