Adult Measures (Mental Health/Substance Abuse):

In-strument	Domination	Data Pathway			
Instrument	Population	Administration	Frequency	Routing	
Brief Psychiatric Rating Scale (BPRS) (18-item scale measuring positive symptoms, general psychopathology and affective symptoms) PDAs with included software are available from: UK's Research & Data Management Center (UK RDMC) Harry.Hughes@rdmc.org 859-260-1960 Technical Assistance Contact: Louis.Kurtz@ky.gov	Adults served through crisis stabilization unit services Non-unit mobile programs are not included in this outcome measure.	Mental health professional with training in the assessment and with training in BPRS-C administration.	Initial: At intake/admission into crisis stabilization unit services Second: At discharge from crisis stabilization unit services	All data is entered into a handheld PDA (Tungsten E-2) and synchronized by Bluetooth Modem, to UK RDMC. Reports are available within 10 minutes of synchronization.	
KDMHMRS 502-564-4456					
Multnomah Community Ability Scale (MCAS) - Optional Collection of MCAS data is optional. UK RDMC will continue to supply forms and support the scanning and report generation for MCAS data for any regions that choose to continue using MCAS. Technical Assistance and forms available from: Hope.Barrett@ky.gov KDMHMRS 502-564-4860		Completed by clinician, case manager, or therapeutic rehabilitation program staff member in optional interview style with consumer.	Initial: Within 3-months of initial assessment/intake Ongoing: Every 6 months thereafter	Paper forms are mailed to: UK RDMC 1080 Export Street Suite 280 Lexington, KY 40504 Attn: Brent Seeders Paper forms will not be returned, but will be destroyed. CMHC should copy all needed information before mailing the forms to UK RDMC.	
MHSIP Adult Consumer Satisfaction Survey (28-item scale including functioning and social connectedness questions) Technical Assistance & Reporting Form available from: Hope.Barrett@ky.gov KDMHMRS 502-564-4860	All adults with mental health diagnoses who have been served by the CMHC.	Beginning with SFY2009 surveys, use the standardized methodology and sampling technique; to be determined with input from QMOT; a QMOT decision memo will document the standard.	Annually: Surveys are to be conducted during March/April.	Forms will be supplied by KDMHMRS. Contact Hope Barrett with the number of MHSIP forms needed. Paper forms are mailed to:	

Instrument	Population	Data Pathway			
mod different		Administration	Frequency	Routing	
				Paper forms will not be returned, but will be destroyed. CMHC should copy all needed information (e.g. open-ended questions) before mailing the forms to UK RDMC.	
Kentucky Treatment Outcome Study (KTOS) Technical Assistance (program) Robert.Walker@uky.edu UK CDAR 859-257-6623	Adults who have received outpatient or residential substance abuse services	Initial: Outpatient or residential staff persons	Initial Outpatient: Within first 3 treatment sessions that are used for assessment & treatment planning Initial Residential: Within first 3 days of admission	PDA – Information is encrypted and synched to UK CDAR. UK CDAR does follow-ups with random sample by telephone	
		Second: UK CDAR staff	Second (both Outpatient & Residential): 12 months post-treatment if identified in random sample and if the adult voluntarily participates		
KIDS NOW PLUS Detailed assessment of pregnant women: substance use, mental health, stress, physical health, partner/family issues, domestic violence	Pregnant women with high risk of substance use	Completed by KIDS NOW coordinator or case manager, information entered into a handheld PDA (Tungsten E-2).		Information is encrypted and synced to UK CDAR. CMHC retrieves info next working day, unencrypted and hard copy available for chart	
Technical Assistance Contact: Suzanne.Carrier@ky.gov KDMHMRS 502-564-4456 UK CDAR					
859-257-2355					
Opiate Replacement Treatment Programs Tools include: 1. Opiate Replacement Baseline	Adults with opiate dependence needing medical detoxification or	Completed by Clinician during admission and stabilization	Initial: At intake/admission	PDA based data synchronized to UK CDAR via Bluetooth modem	
 Opiate Replacement Client Activity Data set Opiate Replacement Follow-up (6month) PDAs and ASUS EEE's with included software are available from UK CDAR 	maintenance, participating in a CMHC opiate replacement treatment program	Completed by clinicians & nurses with change in dose, reportable urine screens, and program status changes	PRN	ASUS EEE micro laptop or other laptop using VPN to UK CDAR UK CDAR does follow-up with random sample of clients in treatment at 6 months	
Tom.Jackson@uky.edu				monus	

Instrument	Population	Data Pathway			
		Administration	Frequency	Routing	
UK CDAR 859-257-9061					
Technical Assistance (hardware)Contact: Tom.Jackson@uky.edu UK CDAR 859-257-9061					
Technical Assistance (program) Robert.Walker@uky.edu UK CDAR 859-257-6623					

Adult Measures (Mental Retardation):

Instrument	Population	Data Pathway			
		Administration	Frequency	Routing	
National Core Indicators (NCI) Pre Survey Form Forms available through UK HDI Note: Forms along with sample description will be distributed to the Centers (Target date: August 30) Forms are available at/through & Technical Assistance: UK HDI KJone@uky.edu	Adults with MR or DD who agree to participate in the interview project.	Case Manager		Mailed to UK Human Development Institute Attn: Kathy Sheppard Jones 209 Mineral Industries Bldg Lexington KY 40506	
National Core Indicators (NCI) Staff Turnover Survey Form Forms available through UK HDI Note: Forms along with sample description will be distributed to the Centers (Target date: August 30) Forms are available at/through & Technical Assistance: UK HDI	Direct support staff working with adults with MR or DD receiving community based supports.	Human Resources	1	Mailed to UK Human Development Institute Attn: Kathy Sheppard Jones 209 Mineral Industries Bldg Lexington KY 40506	

Instrument	Denulation	Data Pathway			
	Population	Administration	istration Frequency Routing		
KJone@uky.edu					

Child/Adolescent Measures (Mental Health/Substance Abuse):

Instrument	Damulatian	Data Pathway			
Instrument	Population	Administration	Frequency	Routing	
Brief Psychiatric Rating Scale for Children (BPRS-C) (21-item scale measuring childhood behavioral and emotional symptomatology) PDAs with included software are available from: UK's Research & Data Management Center (UK RDMC) Harry.Hughes@rdmc.org 859-260-1960 Technical Assistance Contact: Janice.Johnston@ky.gov or 502-564-4456 KDMHMRS	Children served through crisis stabilization unit services Non-unit mobile programs are not included in this outcome measure.	Mental health professional with training in the assessment of children & adolescents and with training in BPRS-C administration.	Initial: At intake/admission into crisis stabilization unit Second: At discharge from crisis stabilization unit	All data is entered into a handheld PDA (Tungsten E-2) and synchronized by Bluetooth Modem to UK RDMC. Reports are available within 10 minutes of synchronization.	
IMPACT Outcomes Management System Tools include: 1. Service Coordinator Checklist 2. Child Caregiver Survey (ages 3 - 11) 3. Adolescent Self Report Survey (ages 12 – 20) 4. Adolescent Caregiver Survey (ages 12 – 20) 5. Program Transfer/Exit	Children with SED who have been approved by the Regional Interagency Council (RIAC) for IMPACT services	Assigned IMPACT Service Coordinator (SC)/Some assistance from SC's supervisor possible when needed. The SC will enter basic demographic information and complete the Checklist (#1 at left) at baseline and update at each 6 month interval if applicable.	Baseline: SC to complete the SC Checklist and the baseline interview within 30 days of intake/admission into IMPACT services (RIAC approval date) Ongoing: 6 months from baseline 12 months from baseline 24 months from baseline 36 months from baseline No data collection beyond 36 mos. Final:	All data are to be entered into the handheld PDA (Tungsten E-2) and synchronized by IR Modem, at least weekly, to CDAR. The IR Modem requires an analog phone line (fax line). Note: Splitters were provided with each modem to allow Modem and fax machine to be in operation simultaneously. PDAs and Modems were provided, along with car chargers (for PDA) and hard cases. Intentional damage to the equipment will be the responsibility of	
Technical Assistance available from: <u>Lisa.Shannon@uky.edu</u> or 859-323-0249		The SC will interview the child caregiver, or the adolescent and	Complete the Transfer request form on the IMPACT website	the individual employee/CMHC. The equipment remains the property of the CMHC upon any employees' departure	

In administration	Domision.	Data Pathway			
Instrument	Population	Administration	Frequency	Routing	
at UK CDAR or Michele.Blevins@ky.gov or 502-564-4456, KDMHMRS		adolescent caregiver for their self report of survey questions on tools 2,3,& 4 at left. SC or other IMPACT Program staff will complete the Transfer or Exit (#5 at left)	needs to be transferred from one SC to another within the same region. Complete the Exit form on the PDA when a child is being exited/discharged from IMPACT services (RIAC date of approved exit) or transferred to a different CMHC.	from the IMPACT program. All users are required to sign a PDA user's agreement form. Copies of these forms are available from UK CDAR or KDMHMRS. Refer to the UK CDAR- IMPACT Outcomes Management System web site for further information about data collection or to review data reports or monitor data entry of PDA Users. http://cdar.uky.edu/IMPACT	
Early Childhood Mental Health Outcomes System Tools include: 1. Children (Under 3) – ECMH Caregiver Report 2. ECMH PROGRAM – Children Caregiver Report (ages 3-11) (Same as IMPACT above) Technical assistance available from: Lisa.Shannon@uky.edu or 859-323-0249, at UK CDAR or Beth.Armstrong@ky.gov at KDMHMRS 502-564-4456	Children age birth to five who enter services through, or are enrolled in, the Early Childhood Mental Health Program	ECMH Specialist or designated clinician/service coordinator /Some assistance from Specialist or supervisor is possible if needed. Entered on a hand held PDA (Tungsten E2).	Baseline: At intake/admission into ECMH services Ongoing 6 months from baseline 12 months from baseline 24 months from baseline 36 months from baseline Tinal: At time child is exited from the ECMH program or until he / she turns six years old.	All data will be entered into the handheld PDA (Tungsten E2) and synchronized to UK CDAR. The IR Modem requires an analog phone line (fax line). The ECMH Specialist will complete the Checklist (#1or #2 at left)	
Kentucky Treatment Outcome Study (KTOS) - Adolescents Data, training resources, and consent forms are available at UK's Center for Drug & Alcohol Research website: http://cdar.uky.edu/ktos/	Adolescents (under age 18) who have received outpatient or residential substance abuse services	Initial: Outpatient or residential staff persons Second: UK CDAR staff	Initial Outpatient: Within first 3 treatment sessions that are used for assessment & treatment planning Initial Residential: Within first 3 days of admission Second (both Outpatient & Residential): 12 months post-treatment if identified in random sample and if the youth voluntarily	Baseline data are submitted to UK CDAR in electronic format.	
MHSIP Youth Services Survey for Families (YSS-F) (28-item scale including functioning and	children who have	Beginning with SFY2009 surveys, use the standardized	participates Annually: Surveys are to be conducted during March/April.	Forms will be supplied by KDMHMRS. Contact Hope Barrett with the number of MHSIP forms needed.	

Instrument	Population	Data Pathway			
		Administration	Frequency	Routing	
social connectedness questions) Technical Assistance & Reporting Form Contact: Hope.Barrett@ky.gov KDMHMRS 502-564-4860	СМНС.	methodology and sampling technique; to be determined with input from QMOT; a QMOT decision memo will document the standard.		Paper forms are mailed to: UK RDMC 1080 Export Street Suite 280 Lexington, KY 40504 Attn: Brent Seeders	
MHSIP Youth Services Survey for Families (YSS-F) continued				Paper forms will not be returned, but will be destroyed. CMHC should copy all needed information (e.g. open-ended questions) before mailing the forms to UK RDMC.	