



**BROOKLYN AIDS TASK
FORCE
DATA MANAGEMENT
TOOLS & TIPS**

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Grids

MHRA: Co-Factors		January 2009 to December 2009			rev. 02/09		
TIMETABLE - 1st Quarter							
Jan 2009 TO Mar 2009							
Service Type	January	February	March	1st Quarter Total	YTD Total		
	Service Unit	Service Unit	Service Unit	Service Unit	Unit		
STI Screening - Urine	25	25	25	75	75		
STI Screening - Blood	25	25	25	75	75		
MH Screening	106	106	106	318	318		
SA Screening	106	106	106	318	318		
TIMETABLE - 2nd Quarter							
Apr 2009 TO Jun 2009							
Service Type	April	May	June	2nd Quarter Total	YTD Total		
	Service Unit	Service Unit	Service Unit	Service Unit	Unit		
STI Screening - Urine	25	25	25	75	150		
STI Screening - Blood	25	25	25	75	150		
MH Screening	106	106	106	318	636		
SA Screening	106	106	106	318	636		
TIMETABLE - 3rd Quarter							
Jul 2009 TO Sept 2009							
Service Type	July	August	September	3rd Quarter Total	YTD Total		
	Service Unit	Service Unit	Service Unit	Service Unit	unit		
STI Screening - Urine	25	25	25	75	150		
STI Screening - Blood	25	25	25	75	150		
MH Screening	108	106	106	320	956		
SA Screening	108	106	106	320	956		
TIMETABLE - 4th Quarter							
Oct 2009 TO Dec 2009							
Service Type	October	November	December	4th Quarter Total	YTD Total		
	Service Unit	Service Unit	Service Unit	Service Unit	Unit		
STI Screening - Urine	25	25	25	75	300		
STI Screening - Blood	25	25	25	75	300		
MH Screening	106	106	106	318	1274		
SA Screening	106	106	106	318	1274		

Co-Factors Team

Program Services	Projected #	Actual #	%	YTD
Jan – # MH/SU Screenings	106	55	52%	55
Jan – # STI Screenings	25	21	84%	21
Feb – # MH/SU Screenings	106	88	83%	143
Feb – # STI Screenings	25	32	128%	46
Mar – # MH/SU Screenings	106	113	106%	256
Mar – # STI Screenings	25	40	160%	86
Apr – # MH/SU Screenings	106	90	85%	346
Apr – # STI Screenings	25	25	100%	111
May – # MH/SU Screenings	106			
May – # STI Screenings	25			
Jun – # MH/SU Screenings	106			
Jun – # STI Screenings	25			
Jul – # MH/SU Screenings	106			
Jul – # STI Screenings	25			
Aug – # MH/SU Screenings	106			
Aug – # STI Screenings	25			
Sept – # MH/SU Screenings	106			
Sept – # STI Screenings	25			
Oct – # MH/SU Screenings	106			
Oct – # STI Screenings	25			
Nov – # MH/SU Screenings	106			
Nov – # STI Screenings	25			
Dec – # MH/SU Screenings	106			
Dec – # STI Screenings	25			

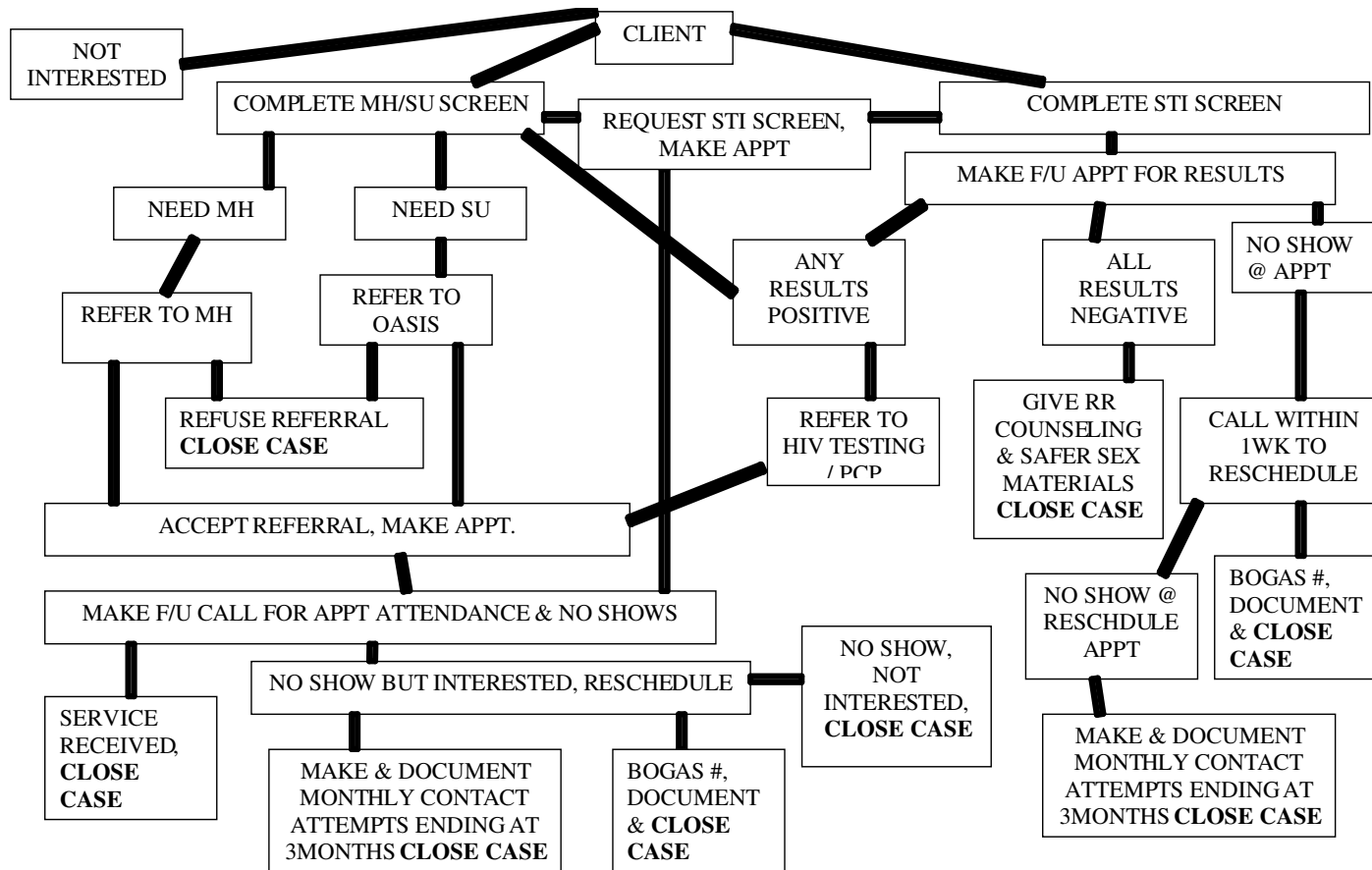
Comments:

In order to even out screenings by May 31st, aim for 5 STI Screenings and 177 MH/SU Screenings

Option 2 for MH/SU Screenings only

To even out by June 30th, aim for 140 Screenings in May and 140 Screenings in June.

Co-Factors Flow



CO FACTORS CLIENT FLOWCHART

Co-Factors Chart

CHART SAMPLE MHRA CO-FACTORS

Co-Factor Chart
Section I Screening & Assessment Form Demographic / Client Locator Form
Section II BATF Statement of Consent Notice of Privacy Client Bill of Rights Client Responsibilities AIRS Status Change Form
Section III Progress Notes
Section IV Linkage Forms Testing Log - Rainbow Results Log - Rainbow All Other Referrals
Section V Client Results Form STI Screening Form – yellow Lab Request – yellow Lab Results Mental Health Report
Section VI Chart Review Sheet

Mobile Van Daily Log

Harm Reduction Relapse Prevention DAILY LOG SHEET (Mobile Unit-HIV Testing Only)

DATE: ___/___/___ STAFF NAME _____ STAFFID# _____

Client Name	Client ID#	Service Code	Begin Time <i>Circle am or pm</i>	End time <i>Circle am or pm</i>
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm

Service Code/ Service Type	Service Code/ Service Type	Service Code/ Service Type
214 -HIV Testing	Crisis Intervention 162 -Direct Client Intervention (11/41)	
	446 - Interventions with others on behalf of client (11/41)	

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Harm Reduction Daily Log

Harm Reduction Relapse Prevention DAILY LOG SHEET

DATE: ___/___/___

STAFF NAME _____

STAFF ID# _____

Client Name	Client ID#	Service Code	Begin Time <i>Circle am or pm</i>	End time <i>Circle am or pm</i>
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm
			: am / pm	: am / pm

Service Code / Service Type	Service Code / Service Type	Service Code / Service Type
Harm Reduction Services:	Assessment & Referral for Substance Use	Other Programmatic Services:
395 - AOD Individual Counseling (10/87)	439 - Substance Use Assessment- Intake/Assess (10/184) (1 st half)	158 - Service Plan Development (11/169)
317 -AOD Group Counseling (10/87)	705 - Referral for Substance Abuse Tx. (10/184) (2 nd half)	648 - Service Plan Update (11/169)
1103 - Overdose Prevention- Individual (10/87)		702 -Reassessment (10/87)
1102 -Overdose Prevention-Training group (10/87)	Low Threshold AOD Services:	72 - Case Closure Activities (11/22)
Assessment & Referral For STI	1101 - Low Threshold AOD Services (10/87)	
1122 - Assessment for STI Screening (45/156) (1 st half)		
713 -Referral for Testing (45/156) (2 nd half)		

HIV Testing Chart Review Check List

EIS DEPARTMENT HIV TESTING		
CHART REVIEW FORM		
DATE: _____	PROGRAM: _____	CLIENT ID: _____
INTAKE & ASSESSMENT:		
Risk Assessment form complete	yes <input type="checkbox"/>	no <input type="checkbox"/>
Information sheet on Rapid Test (overview with client; sign)	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>EIS or HRR Basic Intake Form</i> completed (Use relevant program form)	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>HIPPA Privacy Notice</i> ; Grievance Procedure (signed, give client copy)	yes <input type="checkbox"/>	no <input type="checkbox"/>
Client Locator Form complete	yes <input type="checkbox"/>	no <input type="checkbox"/>
PRE-TEST COUNSELING:		
<i>HIV CT&R Part A</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>HIV Counseling, Testing, Referrals Part B</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Check list for HIV Counseling	yes <input type="checkbox"/>	no <input type="checkbox"/>
Initial Education Evaluation Form complete	yes <input type="checkbox"/>	no <input type="checkbox"/>
<i>Inform Consent to Perform HIV Testing Part B</i> (signed and dated)	yes <input type="checkbox"/>	no <input type="checkbox"/>
POST-TEST NEGATIVE:		
• Test Results (File Copy in chart)	yes <input type="checkbox"/>	no <input type="checkbox"/>
• Internal/External Client Referral Form (as needed)	yes <input type="checkbox"/>	no <input type="checkbox"/>
POST-TEST POSITIVE:		
a) Test Results (File Copy in chart)	yes <input type="checkbox"/>	no <input type="checkbox"/>
b) Internal/External Client Referral Form	yes <input type="checkbox"/>	no <input type="checkbox"/>
c) <i>HIV Counseling, Testing & Referrals Part D</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>
d) <i>AIRS Referral Tracking Form</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>
HIPPA Compliant Authorization Release of Medical Information and Confidential HIV Information Form completed and signed.		
	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Applicable <input type="checkbox"/>

Service Projections

TIMETABLE - 2nd Quarter Jun 2008 TO Jul 2008												
Service Type	Units	June		July		August		2nd Quarter Total		YTD Total		
		Service Unit	# Clients	Service Unit	#	Service Unit	# Clients	Service Unit	# Clients	Service Unit	# Clients	Unit
Rapid Testing	Encounters		70		70		60		200		200	0
AOD Counseling-Individual	Encounters		80		80		50		210		210	0
AOD Counseling-Group	Encounters		4	10	4	10	4	10	12	30	12	30
Assessment & Referral for STI	Encounters		20		10		10		40		40	0
Screening & Referral for Substance Use	Encounters		20		10		10		40		40	0
Overdose Prevention Training-Individual	Encounters		10		5		5		20		20	0
Overdose Prevention Training-Group	Encounters		1	7	1	7	1	7	3	21	3	21
Low Threshold AOD - Individual	Encounters		40		30		30		100		100	0
TIMETABLE - 3rd Quarter Jul 2008 TO Sept 2008												
Service Type	Units	September		October		November		3rd Quarter Total		YTD Total		
		Service Unit	# Clients	Service Unit	#	Service Unit	# Clients	Service Unit	# Clients	Service Unit	# Clients	unit
Rapid Testing	Encounters		50		50		50		150		150	0
AOD Counseling-Individual	Encounters		50		70		50		170		170	0
AOD Counseling-Group	Encounters		4	10	5	10	5	10	14	30	14	30
Assessment & Referral for STI	Encounters		10		10		30		50		50	0
Screening & Referral for Substance Use	Encounters		10		10		30		50		50	0
Overdose Prevention Training-Individual	Encounters		5		5		10		20		20	0
Overdose Prevention Training-Group	Encounters		1	7	1	6	1	6	3	19	3	19
Low Threshold AOD - Individual	Encounters		30		30		40		100		100	0
TIMETABLE - 4th Quarter Oct 2008 TO Dec 2008												
Service Type	Units	December		January		February		4th Quarter Total		YTD Total		
		Service Unit	# Clients	Service Unit	#	Service Unit	# Clients	Service Unit	# Clients	Service Unit	# Clients	Unit
Rapid Testing	Encounters		50		50		50		150		150	0
AOD Counseling-Individual	Encounters		50		50		40		140		140	0
AOD Counseling-Group	Encounters		5	10	6	10	4	20	15	40	15	40
Assessment & Referral for STI	Encounters		30		10		10		50		50	0
Screening & Referral for Substance Use	Encounters		30		10		10		50		50	0
Overdose Prevention Training-Individual	Encounters		10		5		5		20		20	0
Overdose Prevention Training-Group	Encounters		2	14	1	7	1	7	4	28	4	28
Low Threshold AOD - Individual	Encounters		50		40		30		120		120	0

