

County of Los Angeles - Department of Mental Health
Transition Age Youth Division

Drop-In Center Monthly Report
Instruction Guide

Scroll Down ↓	TAY DATA LOG AND SERVICES REVIEW GUIDE
Section	TAY DATA LOG
Select Reporting Month	This represents the current calendar month during which you are completing the report.
Select Reporting Year	This represents the current fiscal year.
Select Contractor Name/Drop-In Center	Select the name of Contractor/Drop-In Center from the drop-down menu.
REPORT IS ASKING FOR THE NUMBER OF CLIENTS	
Extended Hours	TAY clients served outside of the regular business weekday and/or hours i.e. weekends, and after hours.
Client Ethnicity	Based on client's (self-identified) ethnicity, enter the total number of clients served for each subsection.
Total Number of Visits	Total of Returning Clients and New Registrants.
Number of New Registrants	New Registrants Only - meaning the client's first time utilizing Drop-in center services within the current fiscal year. A client who is a 1st time user of services. *Note: The client may be registered (in agency system) for other programs/services offered by the provider/agency, but has not ever utilized Drop-In Center services. If the client has ever used Drop-In Center services, they would not be considered a new registrant.
Male / Cisgender	New Registrants Only - male (sex was assigned male at birth and identifies as a boy or a man) count for the current reporting month.
Female / Cisgender	New Registrants Only - female (sex was assigned female at birth and identifies as a girl or a woman) count for the current reporting month.
Transgender Male / Transfeminine	New Registrants Only - transgender male (assigned male at birth but whose gender identity is more female) count for the current reporting month.
Transgender Female / Transmasculine	New Registrants Only - transgender female (assigned female at birth but whose gender identity is more male) count for the current reporting month.
Non-Binary / Genderqueer	New Registrants Only - non-binary (identifies with more than one gender, no gender, or have a fluctuating gender identity)count for the current reporting month.
Another Gender Not Listed	New Registrants Only - another gender identity (e.g. 2-Spirit) not listed count for the current reporting month.
Questioning	New Registrants Only - questioning (in the process of determining their sexual orientation and/or gender identity) count for the current reporting month.
Declined to Respond	New Registrants Only - who declined to respond (or did not identify either male, female, transgender or another) count for the current reporting month.
Client Age Range	New Registrants Only - client's age range, for the current reporting month.
Number of Clients That Have Children	New Registrants Only - who confirmed having child/ren for the current reporting month (not the number of children).
Geographic History	New Registrants Only - how many clients reported from the geographic areas: SOUTHERN CALIFORNIA, CENTRAL CALIFORNIA, NORTHERN CALIFORNIA, or OUT-OF-STATE for the current reporting month.
Sexual Orientation	New Registrants Only - who identified their sexual orientation as either LESBIAN, GAY, HETEROSEXUAL/STRAIGHT, BISEXUAL/PANSEXUAL, QUESTIONING, ANOTHER SEXUAL ORIENTATION NOT LISTED (e.g. asexual/queer) or DECLINED TO RESPOND for the current reporting month.
Housing	New Registrants Only - who reported being HOMELESS:The federal government defines homeless as a place not fit for human habitation, streets, car, emergency shelter, a transitional or supportive housing program for those who originally came from the streets or a shelter and/or short-term housing arrangement/hotel. AT RISK OF BEING HOMELESS: Currently living in an unstable living situation or the youth is in danger of losing his/her current residence. STABLE HOUSING: Currently living in a stable living situation and not in danger of losing his/her current residence.
Systems History	New Registrants Only - who reported DCFS: history of DCFS, for the current reporting month. JUVENILE JUSTICE/PROBATION: Client's history of juvenile justice/probation, for the current reporting month.
Education	New Registrants Only - who reported: having earned a HIGH SCHOOL DIPLOMA / GED, SOME COLLEGE (attends/ed but did not graduate), COLLEGE DEGREE (Associate's/Bachelor's), or NO HIGH SCHOOL DIPLOMA/ GED.
Employment	New Registrants Only - who reported being EMPLOYED (Full-time or Part-Time Paid Work; paid internships can be included) or UNEMPLOYED (Not being paid for work).
Substance Use History	New Registrants Only - who reported having used (legal/illegal) substances WITHIN THE PAST 45 DAYS, MORE THAN 45 DAYS AGO, or NO HISTORY of substance use.
Section	SERVICES REVIEW
Class/Group Participation	Document the number of clients that attended classes or groups during the reporting month. This is a cumulative count for the reporting month. Please submit using the following categories: DAILY ENGAGEMENT, SEEKING SAFETY, EMPLOYMENT-FOCUSED GROUP, CREATIVE ACTIVITY GROUP, SUBSTANCE USE/ABUSE GROUP, TRAUMA-FOCUSED GROUP, EDUCATION-FOCUSED GROUP, and/or fill in "OTHER" for additional groups not listed. Along side the class mark (P) for peer facilitated groups and (S) for staff facilitated groups. Mark "SS" for Seeking Safety Groups if the name of the group is not titled "Seeking Safety".
Services Provided To Registrants	Document the number of clients that received supportive services i.e. lunch, dinner, linkages, shower and/or fill in "OTHER" for additional services offered during the reporting month. This is a cumulative count for the reporting month.
Partnerships/Collaborations Developed	List all community collaborative efforts and partnership events including the agency name, type of service and outcome of Outreach and Engagement.
Comments	Please provide a narrative regarding any new or modified changes to the Drop-in Center. This includes, but is not limited to, new groups, discontinuation of any service/group, HIPPA Compliant success stories etc.
Homeless Statistics	Completed for Extended Hours New Registrants Only - who stated they were homeless. Number of clients should be the same as total number of homeless clients reported in Extended Hours reporting. The percentage will calculate automatically .

Los Angeles County - Department of Mental Health
Quality and Risk Management

CLINICAL EVENT REPORT (CER)

**This CER must be submitted to DMH staff within 48 hours of the event.*

Contractor Name:	Program:	TAY Name:	TAY Age:	TAY Gender:
Contractor Address:	Event Date:	Event Location:	TAY State ID #:	Date Notified DMH:

Event Type (Check all that are applicable):

- Law Enforcement Required
- PMRT/SMRT Required
- Hospitalization Required - Medical or Psychiatric
- Threat to Safety of Others
- TAY Self-Injury (Not Suicide Attempt)
- Suspected or Known Suicide Attempt
- Adverse Drug Reaction/Overdose
- Alleged Assault by TAY to Others or by Staff Member to TAY
- Suspected/Alleged Homicide by TAY/Staff;
- Suspected/Alleged Inappropriate Interpersonal Relationship with TAY by Staff;
- Threat of Legal Action;
- Death of TAY or Staff Member
- Temporary/Permanent Closure of Facility
- Other:

Describe the Event (Include important facts, which includes the names of staff involved in the event. Attach other available and relevant information, e.g. articles, post-event team review.):

THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL

CLICK ON DOCUMENT TO ACCESS

SAMPLE

County of Los Angeles - Department of Mental Health
 Transition-Age Youth (TAY) Drop-In Center
 TAY DATA LOG

CONTRACTOR NAME/DROP-IN CENTER: _____

DMH CONTRACT NUMBER: _____

MONTH/YEAR OF SERVICE: _____

The data captured for this report month should be for services provided during EXTENDED HOURS OF OPERATION ONLY.
 (Contractor/Drop-In Center sign-in sheet may be used as a basis for this report.)

Date of Visit	Registrant Status	Client Name	Age Range	Ethnicity	Gender Identity	Gender/Sex Assignment at Birth	Pronoun Used	Sexual Orientation	Veteran Status	Education	Housing	Systems History	Substance Use/Abuse	Does TAY have Child/ren?	Geographic History

SELECT REPORTING MONTH	SELECT REPORTING YEAR	SELECT CONTRACTOR NAME/DROP-IN CENTER	NUMBER OF TAY SERVED	COMMENTS (Please specify any special events and/or activities held for TAY)					
GROUP PARTICIPATION	Daily Engagement								
	Seeking Safety								
	Employment Group								
	Creative Activity Group								
	Substance Use/Abuse Group								
	Trauma Group								
	Education Group								
	Health Group								
	Other (if not listed above):								
	Other (if not listed above):								
SERVICES PROVIDED TO TAY	Breakfast			PARTNERSHIPS AND COLLABORATIONS DEVELOPED (Example- Agency Name: Department of Rehabilitation/ Type of Service: Job Fair/ Outcome of O&E: 300 Attendees, 2 people were hired.)					
	Lunch								
	Dinner								
	Laundry								
	Shower								
	Clothing								
	Linked to Mental Health Services								
	Linked to Substance/COD Services								
	GED/Education Assistance								
	Employment Assistance								
	Housing Assistance								
	Housing Linkage (Temporary/Permanent Housing)								
	Transportation (TAP Cards, Uber/Lyft, Staff Driven)						AGENCY NAME	TYPE OF SERVICE	OUTCOME OF OUTREACH AND ENGAGEMENT (O&E)
	Case Management/Counseling								
	Medical Care Referral								
SSI/GR/CalWORKs									
Other (if not listed above):									
Other (if not listed above):									

Homeless Statistics		
Total Number of New TAY Registrants Who Reporting Homelessness During Extended Hours of Operation:		
Period Of Unstable Housing	Total # of TAY	Total Percentage
More Than 1 Year		
6 Months - 1 Year		
Less Than 6 Months		
Less Than 7 Days		
Reason/s For Unstable Housing	Total # of TAY	Total Percentage
Kicked Out/Disowned Due To Sexual Orientation Or Gender Identity		
Voluntarily Left To Be Independent		
Asked To Leave For Financial Reasons		
Abuse Or Unsafe Situation		
Left Or Aged Out Of Foster Care		
Unemployed		
My Choice		
No Family		
Mental Health		
Drug And/Or Alcohol Use		
Do Not Want To Return To DCFS		
Housing In The Past 7 Days	Total # of TAY	Total Percentage
Car, Park, Street, Vacant Building, Etc.		
Emergency Shelter, Transitional Housing Program,		
Friend House/s		
Family Home		
Rental Housing: Apartment/Home/Room/Space		
Hotel Or Motel		
Jail, Prison, Or Juvenile Hall		
Out Of State		
Hospital, Substance Abuse Treatment Or Psychiatric Facility		

**County of Los Angeles - Department of Mental Health
 Transition-Age Youth (TAY) Drop-In Center
 EMPLOYMENT SPECIALIST (ES) TRACKING LOG**

The data captured for this reporting month should be for services provided during EXTENDED HOURS OF OPERATION ONLY.
**If Contractor has more than one Employment Specialist, right click Employment Specialist #6 tab, click on "Move or Copy", and check box "Create A Copy", name the sheet "ES #2".*

CONTRACTOR NAME/DROP-IN CENTER: _____

EMPLOYMENT SPECIALIST NAME: _____

MONTH/YEAR OF SERVICE: _____

Date	Client Name	Demographic Information			Type of Support Provided to Client <small>(select from drop-down menu)</small>	If Client Obtains Employment or Is Already Employed		
		Client's Age	Client's Gender	Client's Race/ Ethnicity		Name of Employer	Date of Employment	Length of Time

CONTRACTOR NAME/DROP-IN CENTER: _____
CLINICIAN NAME: _____
MONTH/YEAR OF SERVICE: _____

The data captured for this report month should be for services provided during EXTENDED HOURS OF OPERATION ONLY.		
Date of Trauma-Informed Services Training	Clinician/Staff Who Attended	Topic of Seeking Safety Training

The data captured for this report month should be for services provided during EXTENDED HOURS OF OPERATION ONLY.							
Date	Type of Session (select)	TAY Name	TAY's Age	TAY's Gender	TAY's Race/Ethnicity	Topic	Clinician/Facilitator Name

DROP-IN CENTER (DIC) REPORT

This form is to be included with each invoice.

CONTRACTOR NAME/DROP-IN CENTER: _____
DMH CONTRACT NUMBER: _____
MONTH/YEAR OF SERVICE: _____

EXTENDED HOURS SCHEDULE AS STATED ON WORK						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

MONTHLY STAFF ROSTER						
Staff Name	Position	Full/Part Time	Ethnicity	Linguistic Capabilities <small>(Enter All)</small>	Total <u>Extended Hours</u> Worked for Reporting Period	Select Funding Source Staff Position

**County of Los Angeles - Department of Mental Health
 Transition-Age Youth (TAY) Drop-In Center (DIC) Report**

SOW Attachment 7
SAMPLE

Select Week #	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sub-Total
Date:								
Extended Hours of Operation: Open to Closing								

Date	Staff Name	Start Time	End Time		Date	Staff Name	Start Time	End Time

Total Number of Extended Hours of Operation for the Reporting Period: 0	
<i>of my knowledge.</i>	
Signature: _____	Date: _____
Please complete, print, sign, and submit with invoice.	

**County of Los Angeles - Department of Mental Health
Transition-Age Youth (TAY) Drop-In Center
MHSA - SERVICES COST INVOICE**

SOW Attachment 8
SAMPLE

FISCAL YEAR: _____
SEND ORIGINAL TO: County of Los Angeles - Department of Mental Health Attn: Provider Reimbursement Section 510 S. Vermont Ave, 15th Floor Los Angeles, CA 90020
CONTRACTOR NAME/DROP-IN CENTER: _____
DMH CONTRACT NUMBER/ SERVICE AREA: _____
DMH VENDOR NUMBER: _____
PROGRAM: <u>DROP-IN CENTER FOR TRANSITION-AGE YOUTH (TAY)</u>
FUNDING SOURCE: <u>MHSA</u>
MONTH/YEAR OF SERVICE: _____

DESCRIPTION OF COSTS FOR EXTENDED HOURS/DAYS OF OPERATION	AMOUNT
1. DIRECT STAFFING: The center shall provide a minimum of three (3) staff to provide Drop-In Center services during extended hours.	
1.A. - Salary	\$ -
1.B. - Benefits	\$ -
1.C. -Training Costs For New Staff Only	\$ -
1.D. - Office Supplies	\$ -
DIRECT STAFF TOTAL	\$ -
2. SUPPORT STAFF - Center shall provide a minimum of two (2) staff to provide Drop-In Center services during extended hours as follows:	
- One (1) FTE Peer Support Specialist	
2.A. Salary	\$ -
2.B. Benefits	\$ -
2.C. Training Costs for New Staff Only	\$ -
2.D. Supplies	\$ -
- One (1) FTE Employment Specialist	
2.A. Salary	\$ -
2.B. Benefits	\$ -
2.C. Training Costs for New Staff Only	\$ -
2.D. Supplies	\$ -
- Other FTE and/or PT Staff and Interns	
2.A. Salary	\$ -
2.B. Benefits	\$ -
2.C. Training Costs for New Staff Only	\$ -
2.D. Supplies	\$ -
SUPPORT STAFF TOTAL	\$ -
3. ADMINISTRATIVE STAFF (Example: Fiscal staff that provide administrative support during extended hours of operation only.)	
3.A. Salary	\$ -
3.B. Benefits	\$ -
3.C. Training Costs for New Staff Only	\$ -
3.D. Supplies	\$ -
ADMINISTRATIVE STAFF TOTAL	\$ -

**County of Los Angeles - Department of Mental Health
Transition-Age Youth (TAY) Drop-In Center
MHSA - SERVICES COST INVOICE**

4. SUPPORTS FOR YOUTH	
4.A. - New Clothing and/or Shoes - (e.g., Sweaters, Socks, Undergarments, Pants, Shirts, Seasonal Clothing, etc.) If Purchasing Clothing and/or Shoes for a Specific TAY, a Letter of Justification Must Be Submitted and DMH's Approval Letter Must Accompany the Corresponding Invoice.	\$ -
4.B. - Nutritional Meals and/or Healthy Snacks Including Hot Meals	\$ -
4.C. - Access To Public Transportation (e.g., Metro TAP Cards) Up to \$25 Allowed One Time Per Month Per TAY	\$ -
4.D. - Access To Transportation: Ride-Hailing Services (e.g., Lyft/Uber) Up to 25 Miles One-Way/50 Miles Round-Trip, Allowed One Time Every 6 Months Per TAY	\$ -
4.E. - Hygiene Products – e.g., Shampoo, Soap, Toothpaste, Toothbrush, etc.;	\$ -
4.F. - Supplies For Group Activities (e.g., Therapeutic Manuals, Art Supplies, Computer Programs)	\$ -
4.G. - Recreational Supplies (e.g., Playing Cards, Board Games, Wi-Fi Access)	\$ -
4.H. - Outreach and Engagement Materials and/or Fees (Letter of Justification Must Be Submitted and DMH's Approval Letter Must Accompany the Corresponding Invoice.)	\$ -
4.I. - Survival Kits (e.g., Blankets, Sleeping Bags, Seasonal Necessities, etc.)	\$ -
4.J. - Identity Documents (e.g., DMV CDL/ID, Birth Certificates, etc.)	\$ -
4.K. - Food Gift Card - Up to \$25 Allowed One-Time Per Month Per TAY	\$ -
4.L. - School Supplies/Fees- Up to \$50 Allowed One Time Per Month Per TAY	\$ -
4.M. - Motels/Hotels - Up to \$100 Per Night Allowed for a Maximum of Five (5) Nights Stay One-Time Every 6 Months Per TAY (Letter of Justification to Request Stays Over 5 Nights Must Be Submitted to DMH and DMH's Approval Letter Must Accompany the Corresponding Invoice.)	\$ -
4.N. - Gift Card Incentives - (e.g., Amazon, Starbucks, Target, etc.) Up To \$25 Including Any Processing Fees Allowed One-Time Per Month Per TAY	\$ -
SUPPORTS FOR YOUTH TOTAL	\$ -
5. OPERATIONAL COST	
5.A. - Utilities	\$ -
5.B. - Insurance	\$ -
5.C. - Housekeeping/Janitorial	\$ -
5.D. - Security Guard(s)	\$ -
OPERATIONAL COST TOTAL	\$ -
<i>I hereby certify that the above services and costs are eligible for reimbursement under the terms and conditions of the MHSA Master Agreement Work Order for TAY Drop-In Center services. These costs are accurate to the best of my knowledge and solely for services provided during extended hours of operation on weekdays (Monday – Friday) and weekends (Saturday and Sunday). All supporting documentation will be maintained in a separate file for the period specified under the Record Retention and Inspection Audit Settlement provision in the MHSA Master Agreement.</i>	\$ -
Signature: _____ Date: _____ Print Name: _____ Title: _____ Phone: _____	
LAC-DMH Program Approval	
Approved by (signature): _____ Date: _____ Print Name: _____ Title: _____	

**County of Los Angeles - Department of Mental Health
 Transition-Age Youth (TAY) Drop-In Center
 PREVENTION AND EARLY INTERVENTION (PEI) - SERVICES COST INVOICE**

SOW Attachment 9
SAMPLE

FISCAL YEAR: _____

SEND ORIGINAL TO:
 County of Los Angeles - Department of Mental Health
 Attn: Provider Reimbursement Section
 510 S. Vermont Ave, 15th Floor
 Los Angeles, CA 90020

CONTRACTOR NAME/DROP-IN CENTER: _____

DMH CONTRACT NUMBER/ SERVICE AREA.: _____

DMH VENDOR NUMBER: _____

PROGRAM: SEEKING SAFETY / OTHER TRAUMA-INFORMED CARE

FUNDING SOURCE: MHSA-PEI

MONTH/YEAR OF SERVICE: _____

DESCRIPTION OF COSTS FOR EXTENDED HOURS/DAYS OF OPERATION	AMOUNT	
1. DIRECT STAFFING: One (1) Full-Time Equivalent (FTE) Mental Health Clinician <u>and</u> One Half (0.5) Part-Time (PT) Clinical Staff		
1.A. - Salary	\$ -	
1.B. - Benefits	\$ -	
1.C. - Training Costs For New Staff Only		
1.D. - Supplies	\$ -	
DIRECT STAFF TOTAL	\$ -	
2. ADMINISTRATIVE SUPPORT		
2.A. - Salary	\$ -	
2.B. - Benefits	\$ -	
2.C. - Office Supplies	\$ -	
ADMINISTRATIVE SUPPORT TOTAL	\$ -	
<i>I hereby certify that the above services and costs are eligible for reimbursement under the terms and conditions of the MHSA Master Agreement Work Order for TAY Drop-In Center services. These costs are accurate to the best of my knowledge and solely for services provided during extended hours of operation on weekdays (Monday – Friday) and weekends (Saturday and Sunday). All supporting documentation will be maintained in a separate file for the period specified under the Record Retention and Inspection Audit Settlement provision in the MHSA Master Agreement.</i>	TOTAL	\$ -

Signature: _____ Date: _____

Print Name: _____

Title: _____ Phone: _____

LAC-DMH Program Approval

Approved by (signature): _____ Date: _____

Print Name: _____ Title: _____