

GOAL: To improve data quality in FamLink ‘IL Provider Notes’ by requiring and standardizing some data elements.

This training document reviews the 5 sections of the ‘IL Provider Notes’ template and how to insert (copy and paste) into FamLink in order to standardize data elements.

The template consists of 5 data elements sections

Blank Template:

A screenshot of a spreadsheet template with columns A through E. Row 1 contains the headers: 'Date of Service', 'Provider ID', 'Contact Type', 'Contact Mode', and 'Narrative'. A red arrow points to cell A1, which is labeled 'Data Element 1'.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2					
3					
4					
5					
6					

DATA ELEMENT 1: Date of Service – this is the date the contact or service occurred

Directions: Place your cursor and select Data Element 1 – enter the date the service occurred using the MM/DD/YYYY format. MM indicates the month, DD indicates the day, and YYYY indicates the year.

Observe: By entering May 19th, Data Element 1 populates with a standardized date in the MM/DD/YYYY format.

A screenshot of the spreadsheet template where the date '5/19/2020' has been entered into cell A1. A red arrow points to this cell.

	A	B	C	D	E	F
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative	
2	5/19/2020					
3						
4						
5						
6						

DATA ELEMENT 2: Provider_ID – this is a unique Provider identification number that has been assigned to your organization.

A screenshot of the blank spreadsheet template with a red arrow pointing to cell B1, which is labeled 'Data Element 2'.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2					
3					
4					
5					
6					

Directions: Place your cursor and select Data Element 2 – a list of Provider_ID numbers should appear. Select your organizations unique Provider identification number. Please refer to the table as a reminder of provider names and associated Provider_IDs.

*New Provider_ID numbers as of 04/01/2021

Provider Name	FamLink Provider_ID
Catholic Charities of the Diocese of Yakima	3866
Community Youth Services	4574
Institute for Family Development	48052
YWCA Clark County	142981
Youthnet	175193
YMCA of Greater Seattle	214600
River of Life Ministries/IGNITE	224661
Pierce County Alliance	341034*
Hullette, Gwendolyn M.	449976
Service Alternatives Inc.	1844210*
Olive Crest	1844263*
Volunteers of America	1846176*

Observe: By selecting Provider_ID for Pierce County Alliance-PCA (341034) from the list, Data Element 2 populates with the required data.

A	B	C	D	E
Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
5/19/2020	341034			

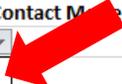
DATA ELEMENT 3: Contact Type – this requires you to select one contact type for each IL Provider Note.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2					
3					
4					
5					
6					

Directions: Place your cursor and select Data Element 3 – a list of Contact Type options should appear. Select the contact that best fits the service attempted or delivered.

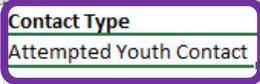
Contact Type	Examples
Established Youth Contact	Two-way communication from provider to youth (e.g., face-to-face, phone call, or video meeting)
Attempted Youth Contact	One-way communication from provider to youth (e.g., text, email, voicemail message)
Other Contact	Communications with other individuals associated with youth (e.g., foster parent, adoptive parent, social workers, teachers, supervisors, apartment managers, etc.)
None	Case note, progress update, summary report on youth that does not involve communication

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2	5/19/2020	341034	<div style="border: 1px solid black; padding: 2px;"> Established Youth Contact Attempted Youth Contact Other Contact None </div>		
3					
4					
5					
6					
7					



Observe: By selecting Attempted Youth Contact from the list, Data Element 3 populates with the required data.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2	5/19/2020	341034	Attempted Youth Contact		
3					
4					
5					



DATA ELEMENT 4: Contact Mode – this requires you to select one contact mode for each IL Provider Note. Select ‘Other’ if the IL Provider Note contact Mode is not provided in the drop down list or if the IL Provider Note contains multiple contact types.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2					
3					
4					
5					
6					



Data
Element
4

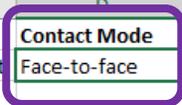
Directions: Place your cursor and select Data Element 4 – a list of Contact Mode options should appear. Select the contact mode that best fits the service attempted or delivered.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2	5/19/2020	341034	Attempted Youth Contact	<div style="border: 1px solid black; padding: 2px;"> Text Face-to-face Video Email Phone Call Messenger Other </div>	
3					
4					
5					
6					
7					



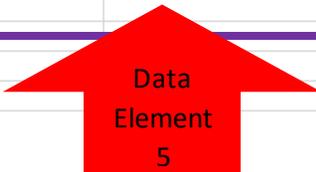
Observe: By selecting Face-to-face contact mode from the list, Data Element 4 populates with the required data.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2	5/19/2020	341034	Attempted Youth Contact	Face-to-face	
3					
4					
5					
6					



DATA ELEMENT 5: Narrative – this requires you to complete the IL Provider Note with additional information to support the required and standardized Data Elements.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2					
3					
4					
5					
6					



Data
Element
5

Directions: Place your cursor and select Data Element 5 – the data element should highlight. Enter in text to support the other data.

Observe: By completing the narrative, the IL Provide Note template is complete and is ready to be copy and pasted into the IL Provider Note section in FamLink.

	A	B	C	D	E
1	Date of Service	Provider ID	Contact Type	Contact Mode	Narrative
2	5/19/2020	341034	Attempted Youth Contact	Face-to-face	CM drove to FL school for quarterly f2f, but youth was no-show. CM will text to reschedule.
3					
4					
5					

Observe: The completed IL Provider Note template has been copied and pasted into the IL Provider Note section in FamLink. Check all information is correct, save IL Provider Note, and close.

FamLink Print Grammar Check Help

Youth Information

Name: [LEWIS, PEGGY, J. \(1891381\)](#) DOB: 01/30/1969 Gender: Female [Search](#)

Created Date: 12/06/2019 Date Last Updated: 03/31/2020 Last Updated by: LEWIS, PEGGY Highest Grade Completed: Initial IL Referral:

Independent Living Provider: VOA ALEXANDRIA HOUSE (181890)

Actions
[Actions Log Page](#)
[Transition Plan for Youth Exiting Care](#)

Checklist
 Vital Documents

Documents
 IL Notes

Independent Living Assessment Plan NYTD Services **IL Notes** Baseline Age 19 Follow-up Age 21 Follow-Up

IL Provider Service Notes

5/19/2020| 181890| Attempted Youth Contact| Face-to-Face| CM drove FL school for quarterly f2f, but youth was no-show. CM will text to reschedule.

Save **Close**