



**Juvenile Welfare Board**

Investing in children. Strengthening our community.

# **Data Quality Manual**

**Effective 10/1/2019**



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## A. Data Quality Manual Purpose

The JWB Data Quality Manual establishes the requirements for data collection and dissemination for the purpose of ensuring the consistency and integrity of the data for JWB funded programs being reported to and from the Juvenile Welfare Board (JWB).

The Grants Evaluation and Management System (GEMS) provided by Mosaic Network is the primary data collection system used by JWB. However, these requirements apply to all data submitted to JWB whether through GEMS, or through data transfers (e.g. SharePoint or Secure File Transfer Protocol (SFTP) server). Providers are expected to abide by all applicable data business requirements unless exceptions have been approved. All data submitted to JWB, regardless of delivery method, is owned by JWB and JWB maintains full discretion as to use of the data. The data business requirements in JWB's Data Quality Manual are governed, managed, and maintained by JWB and are reviewed at least annually.

## B. Data Security

The security of the JWB Information Technology infrastructure is a top priority for JWB. JWB's Security Policies address hardware, software, data confidentiality, and user access. JWB's security is audited annually by an independent IT security firm. Adherence to the JWB Security Policies and procedures enables the secure exchange and safekeeping of sensitive data by our staff, providers, and partners.

1. Participant identifying information must **never** be transmitted through e-mail to or from JWB.
2. All data transfers are governed by Memorandum of Agreement or the JWB provider agreement. No data will be transferred in or out of JWB without a signed agreement.
3. All data containing sensitive or confidential participant data being transferred to or from JWB must be done using the JWB secured SharePoint, SFTP site, GEMS, or other JWB approved method.
4. Identifiable data include, but are not limited to: names, addresses, social security numbers, student IDs, and health information.
5. To obtain, change, or terminate access to the approved data collection systems (GEMS, SharePoint, or SFTP), all users will complete the appropriate user access forms which must be approved by the user's supervisor and submitted to the assigned JWB staff member.
6. Providers must monitor user access on an ongoing basis to confirm that only the appropriate staff have access to JWB's data system(s). If changes are necessary, provider staff will complete and forward the appropriate access request form to the JWB Program Consultant and the appropriate help desk. User access will be monitored by JWB Program Consultants during the annual site visit.
7. All users must have a separate and unique access login and password and must protect it from discovery by others. **Accounts and/or passwords may not be shared.**
8. If a provider's staff member is involuntarily terminated, placed on involuntary administrative leave, or involuntarily relieved of their position's responsibilities for any reason, provider staff shall immediately notify the JWB Program Consultant **and** the appropriate help desk to have the user inactivated immediately. Provider staff must follow-up with the appropriate paperwork.
9. If a staff member has resigned and is no longer employed by the provider and/or program, the provider staff must submit a written request to terminate user access within five (5) business days of termination of employment.
10. Users must take advantage of security settings available through their operating system to either lock their computers manually or automatically when unattended. All users should follow the provider's technology and/or security policies and procedures.

## C. System Training

1. All provider staff that have any responsibility (supervisory or direct) for data entry or data quality monitoring will be trained according to JWB contract language.

## D. General Business Requirements

1. Providers receiving funds from JWB will enter data using the method(s) defined by the agreement between JWB and the provider. Subcontract providers will be required to enter data as specified in the agreement with their lead agency.
2. Providers that are contractually required to upload data to a JWB secure portal are required to follow the JWB Data Upload Guidelines. This document is provided to these providers as changes occur and is also available upon request. If field values do not correspond to JWB's suggested list, then a Data Dictionary must be provided.
3. Exceptions to the JWB Data Quality Manual must be documented in the Special Conditions section of the provider agreement.
4. Timeliness of participant data entry is a priority for JWB and is reviewed regularly. The timeliness of data entry must be documented in the Data Collection, Entry, and Quality Plan.
5. The provider is obligated to maintain data integrity and accuracy for all data.
6. The source of all data required by JWB should be supported and documented in either individual case files or other verifiable source documents or systems. A written Data Collection, Entry, and Quality Plan that outlines all procedures related to data collection, entry, security, and quality must be developed and maintained by the provider. One or more provider staff shall be appointed to review data quality on a regular basis as detailed by this plan Appendix 1 contains a planning tool for the agency to set up their Data Collection, Entry, and Quality Plan
7. The provider is responsible for developing, maintaining, and adhering to confidentiality policies and procedures that govern participant files and records, protection of participants' rights, research involving participants served, privacy afforded to participants (when applicable) and release of participant information as per the JWB agreement language and any other legal requirements. These policies and procedures must be incorporated into the provider's policies to protect participant data and prevent accidental or malicious disclosure of participant information.
8. Provider reports and data required to be uploaded to the JWB SharePoint or SFTP server is due on the 20<sup>th</sup> of the month unless otherwise specified in the Provider's agreement.

## E. Participant Data

1. A participant is a recipient of program services in a JWB funded program who resides in Pinellas County and to whom one of the following applies:
  - a. the participant is under the age of 18 or,
  - b. the participant is eighteen or older and receives services in a JWB funded school based program or,
  - c. the participant is eighteen or older and is the parent or guardian of a child under the age of eighteen or,
  - d. regardless of age, the participant is an expectant parent.

2. All participants must be entered into an approved data system, **regardless of funding source**, and the information collected must be consistent with the provider's Data Collection, Entry, and Quality Plan, the JWB Data Quality Manual, the program methodology, the JWB Agreement or other JWB approved documents, unless the collection of aggregate data has been approved.
3. Participants should not be entered into any JWB data collection system until they have signed a release of information for JWB or a data sharing agreement between the Provider and JWB exists, unless otherwise specified in the JWB agreement.

Providers will adhere to JWB's Written Statement of Purpose for collection of confidential data in compliance with Section 119.071(5), Florida Statutes. Providers must distribute a copy of this statement to recipients of JWB funded programs and services and obtain the signature of the recipient or recipient's responsible parent or guardian. A copy of this signed statement must be maintained in case files for each participant for whom a Social Security Number is provided to JWB.

The Provider will maintain in participant files a completed copy of a JWB approved form for authorizing client consent to release information for each participant receiving services. As allowed by law and Provider policy, the Provider will add JWB to consent forms.

4. For GEMS data entry, there are different demographic fields collected on Adults versus Children. Participants receiving adult services will have their information entered on the Adult tab regardless of age. Participants receiving child or youth services are entered on the Child tab regardless of age. A child record should always remain a child record, even if the child turns 18 during their episode of service.
5. In GEMS, all closed Household and Participant records must be archived. Providers may archive as frequently as they choose and as set forth in their Data Collection, Entry, and Quality Plan.

## F. Episodes

An episode is a period of time in which a participant is enrolled in a program or receiving services. Each episode will have an open date and eventually a close date and a closing reason. Service is defined as face-to-face service or correspondence between a provider and participant through phone call, email, or text message but does not include a one way correspondence from the provider to a participant.

1. Only one episode per participant should be open at any given time. Dates of any additional individual participant episodes should not overlap previously existing episodes for that participant.
2. The episode open date must be the date the participant enrolled in the program. Program enrollment is the date the participant becomes active in the program. This event is defined by the program and JWB Program Consultant and Evaluator.
3. The episode close date must be the last date the participant received services in the program. If there is no longer an expectation that service will continue to be provided (e.g., participant stopped showing up) the participant's episode shall be closed and the close date must be the last date of services as defined above and as noted in the case documentation.
4. If a participant's episode has been closed and the participant returns for service, a new episode must be created for the participant in the existing household under the existing participant record.
5. The Provider must develop and adhere to a reengagement process which specifies the time frame of closure for inactive participants who fail to return for services. This process must be included in the provider's Data Collection, Entry, and Quality Plan.
6. If a participant and episode record have been created but a service was never rendered, the participant should be deleted from GEMS or removed from the data uploads. Providers must have a timeframe defined in their Data Collection, Entry, and Quality Plan that outlines their procedure for timely removal.



7. If a program is no longer funded by JWB, all participant episodes must be closed and the close date must reflect either the last date of service or funding end date, whichever occurred first.

## **G. Performance Measurement**

1. Performance Measures must be collected as specified in the JWB agreement.
2. Service, Milestone, and Survey dates must be the date that the service or measurement occurred or the date the information was collected. If the measurement cannot be collected, the reason must be documented in the case file.
3. All required answers must be completed for all milestones and surveys.
4. If the agreement between the Provider and JWB requires the collection of data for performance measures, (e.g., surveys, assessments), the provider's Data Collection, Entry, and Quality Plan should include guidelines for ensuring the proper execution of the measure.

## **H. Program Services / Attendance**

1. A service must be entered for all participants to identify the individual and group or program-wide service for which the participant is engaged. In GEMS, services can be entered as a range service with start and end dates, or as roster services which are dates of individual service interactions. Specific services are entered as either range or roster. Services will be defined in the programs' GEMS Scope of Work Report. Providers who upload data to JWB through SharePoint, SFTP, or other secure portal must follow the JWB Data Upload Guidelines for services and/or attendance data.
2. See the JWB Financial Guidelines on JWB's website for rules regarding reimbursements that are tied to units of service, <https://www.jwbpinellas.org/wp-content/uploads/2018/06/JWB-Financial-Policies-and-Procedures-for-Funded-Programs-Effective-10.1.18.pdf>

## **I. Definitions and Guidelines**

### **General**

#### **Grants Evaluation and Management System (GEMS)**

The Grants Evaluation and Management System (GEMS) provided by Mosaic Network is the primary data collection system used by JWB. This web-based data collection system allows entry and reporting on programmatic and financial information for JWB and its funded agencies.

#### **SharePoint and SFTP Sites**

JWB's secured SharePoint Site and Secure File Transfer Protocol (SFTP) sites are used as repositories for data files when a Provider is excused from entering data into GEMS in lieu of a data export from their primary data system. A SFTP is a dedicated secured server for transferring files with confidential data. Providers that use these methods of sharing data with JWB are required to follow the JWB Data Upload Guidelines. This document can be requested from the Provider's Program Consultant, Evaluator, or from JWB's IT department.

#### **Scope of Work**

The GEMS Scope of Work Profile provides details of the program's setup including the Services, Milestones, Surveys, and Targets that are assigned to the program.

#### **Services**

A Service is a program-specific predefined activity that can be selected at either the individual level or the program level.

## **Milestones**

Milestones are program-specific questions that can be setup on the individual or program-wide level. A milestone is a single question such as: “Did this child meet the Developmental Goals?” These questions can have a Met/Not Met or Numeric response.

## **Surveys**

Surveys are program-specific questions that can be setup on the individual or program-wide level. A survey can contain multiple questions and can be Pre- and Post-Test data or multiple survey administration points.

Each survey is selected in conjunction with the program and JWB Evaluator. The questions and procedure for the administration of each survey varies by program. Data collection timeframes and processes, data entry, and data quality checks must be outlined in the program’s Data Collection, Entry, and Quality Plan.

## **Targets**

A target is a goal that is based on data input into Services, Milestones, or Surveys. For example, a target measuring the unique number of individuals served is based off the youth development service. This would be entered for each participant.

## **Data Entry Text Case**

When entering data, use Title or Proper case instead of all Upper Case or all Lower Case. For example, enter John Doe instead of JOHN DOE or john doe.

## **Household/Family**

A household record consists of all the required household information for those individuals who reside in the same physical household or who are receiving services as a family in a JWB-funded program. A household may contain one or more participants who reside in the same household or who receive services as a family unit even if not residing at the same physical address. Each Household or Family is assigned a unique ID. Within GEMS each Provider may assign their own unique ID or case code in the Agency Household ID field.

## **Participant/Member/Person**

Each household is made up of household members. A household member is a recipient of face-to-face services. Each Participant is assigned a unique ID called the Member ID or Person ID. Within GEMS each Provider may assign their own unique ID or case code in the Agency Member ID field.

## **Child**

A participant who is under the age of eighteen at time of intake or someone who is eighteen or older but receiving school based services.

## **Adult**

A participant who is eighteen years of age or older or who is receiving the services of an adult, i.e. participants under eighteen years of age and currently pregnant or a teen parent and receiving the services of an adult.

## **Carry Over**

A participant whose episode date begins in one JWB fiscal year (10/1 – 9/30) and active services continue into the next JWB fiscal year.

## **Episode**

An episode of service reflects the period of time during which face-to-face service(s) were rendered. Each episode will have an open date and eventually a close date and a closing reason. The episode open date must be the date the participant enrolled in the program. The episode close date must be the last date the participant received face-to-face services or direct phone or voice contact, but does not include voice mail, email or written contact.

## **Household / Family Fields**

1. Household fields apply to all members of the entire household regardless of whether or not each household member is receiving services in a JWB funded program. Fields specific to GEMS are identified as such below.
2. Household data is collected on the household of the participant or parent/guardian who signed the consent for services. All household data should consist of the combined information for all members residing in the household, regardless of relationship. This information includes fields such as total number of adults and children in the household and total annual gross income (as defined by the United States Census Bureau) of all members in the household.
3. If participants in a family are receiving services together but they do not live in the same physical location, household data should consist of the combined information for the household in which the child resides. Other family members who live in a different physical location but are receiving services together are added as members of the same household (i.e. they will have the same Household ID), but their information is not counted toward Household Income, Household Arrangement, or Adults and Children in Household. If the child is living in two locations, both 50% of the time, the parent or guardian signing the paperwork will function as their “primary” household for the purposes of collecting household information as outlined in this section.
4. During an active participant episode, household data must be updated as changes occur or at least annually based on participant episode open date. Updates should also be reflected in participant files through notes or other documentation.
5. A participant should never be active in more than one open household within the same program at the same time.
6. Household records should only be deleted in instances where they were entered in error or where active household records have been duplicated, or when no members remain in the household.
7. New household records should never be created for existing participants in existing households unless the household has truly changed such as in the case of a foster child changing foster care homes or in the case of a child who lived with their father, for example, then moved to live with their mother. In these cases, do not change the current household information as it would affect the remaining household members. Instead a new household should be created if that household does not already exist. The new Household ID can then be updated on the Child’s demographic page to associate that child with the new household. Lastly, if the old Household has no members attached, that Household should be deleted.

## **Household ID**

The Household ID is the same for all members of the household/family. In GEMS this field is automatically populated when the Household is created.

## **Agency Household ID (GEMS)**

A Provider defined household or family ID for the case. This field can be utilized to store a case or record number from the Provider’s case filing system or other data system.

## Household Last Name (GEMS)

The Household Last Name field in GEMS is used for searching and therefore should represent the last names of all family members. Therefore if two family members have two different last names, enter Smith / Jones to assist in finding either Smith or Jones in the future. For a child who resides in a foster home, enter the child's last name. For siblings with different last names who reside in the same foster home enter Smith / Jones to assist in finding either Smith or Jones in the future.

## Household Address 1, Address 2, City and ZIP Code (GEMS)

These fields should contain the physical street address for the primary place of residence of the family. Address information must be entered for each household. Use standard post office abbreviations for addresses i.e., St for Street, N for North, NW for Northwest etc. and no punctuation. For example: "14155 58th St N". For apartment, building, suite and lot numbers, please use Address Line 2. In GEMS, after selecting a City, the ZIP Codes associated with that City will appear in the ZIP Code drop down list. Within GEMS the Household address information is automatically copied to each new participant record. Upon update, address information can be copied between households and each member.

For Households that are:	Enter data as follows:
Using an alternate mailing address such as a P.O. Box	The alternate mailing address can be entered into the Household address fields. If the mailing ZIP Code is not available in the GEMS list, enter the ZIP Code in the Address Line 2 field and select the residential ZIP Code from the list.
Homeless	In Address 1 enter "0", Select "Homeless" for City and ZIP code
In a shelter, group home, institution, or residential treatment center	In Address 1 enter "1", Select "Shelter" for City and ZIP code
Address Legally Restricted	In Address 1 enter "2", Select "Address Legally Restricted" for City and ZIP code
Outside of Pinellas, but in Florida	Enter Address 1 as usual, In Address 2 put their City, State, and ZIP (ex. "Naples, FL 34101"), Select "Out of Pinellas County but in Florida" for the City and ZIP Code.
Outside of Pinellas, but in another state	Enter Address 1 as usual, In Address 2 put their City, State, and ZIP (ex. "Atlanta, GA 30306"), Select "Out of State" for the City and ZIP Code.

## Number of Adults / Adults in Household

For the Adults in Household field, the total number of adults (18 or older) who reside in the same physical location should be entered. If the adult participant resides in a group home or shelter with no other family members, the number of adults in household should be indicated as "1". In this situation the number of youth in household would be "0". If the adult participant resides in a group home or shelter with other family members, the actual number of adult family members in the temporary housing situation should be entered. If a child or children reside in a foster home, enter the number of adults in that foster home.

## Number of Minor Children / Children in Household

For the Children in Household field, the total number of children (under 18) who reside in the same physical location should be entered. If the youth participant resides in a group home or shelter with no other family members, the number of children in household should be indicated as “1”. In this situation the number of adults in household would be “0”. If the participant resides in a group home or shelter with other family members, the actual number of youth family members in the temporary housing situation should be entered. If a child resides in a foster home, then enter the current number of children in the foster home.

## Household Income Refused/Unknown (GEMS)

If Refused/Unknown is selected, the case file should document why the information was not able to be obtained. If Refused/Unknown is selected in GEMS, then the Household Income field should be empty. If a child resides in foster care or a group home this field should be selected.

## Household Income

Household Income is a required field in GEMS. This item refers to the total annual gross income of all members living in the same physical location before taxes. This information is typically used to determine Federal Poverty Level (FPL). The exact annual gross Household Income amount is required. If income is refused or unknown or a child resides in foster care or a group home a \$0 should **NOT** be entered into the income field, instead the income unknown check-box should be selected.

## Household Arrangement

The intent of collecting household arrangement information is to establish the closest definition that will allow comparison with Census Bureau data. Although it is not possible for every example to be cited, the participant should pick the category that most closely describes the household in which they reside.

Household Arrangement	Definition
Single Parent- Female Head of Household	Mother living with children – no other adult present who also parents children
Single Parent- Male Head of Household	Father living with children – no other adult present who also parents children
Dual Parent- Married	Two married parents (birth or adoptive)
Dual Parent- Non-Married Female Head of Household	Mother living with children and another adult who also parents children
Dual Parent- Non-Married Male Head of Household	Father living with children and another adult who also parents children
Other-Relative / Kinship Care – Male Head of Household	Single Male relative and children. Example: Uncle & nieces/nephews; Grandfather & grandchildren
Other-Relative / Kinship Care – Female Head of Household	Single Female relative and children. Example: Aunt & nieces/nephews; Grandmother & grandchildren
Other-Relative / Kinship Care – Married	Other married relatives. Example: Grandmother & Grandfather; Aunt & Uncle
Other-Non Relative	Primary is unrelated to others in household. Example: Child living in foster care or other non-relative placement
No dependents – married	Married couple with no children in home. Example: Couple whose children are all in foster care;
No dependents – couple, non-married	Two adults unrelated who share a home
No dependents – single female	Single Female with no children in home
No dependents – single male	Single Male with no children in home

## Referred From / How did you hear about this program

This item refers to the household as a whole and is not collected for each individual in the household. The intent of this item is to identify the primary source of referral to this program.

**2-1-1 Tampa Bay Cares:** any referral from Pinellas County's local information and referral service.

**Adult and Aging:** any agency providing specialized services to adults and seniors.

**Advertising (any media):** advertisement in any media (newspaper, radio, television, billboard, leaflet, bulletin, social media, etc.).

**Alcohol and/or Substance Abuse Services:** any public or private agency specializing in the treatment or prevention of alcohol or substance abuse.

**Case Management/Navigation:** any referral by an entity that provides the advocacy and coordination of services on behalf of an individual person who may be considered a case in different settings such as health care, nursing, rehabilitation, social work, disability insurance, employment, and law.

**Child Care:** any public or private child care provider.

**Child Protective Investigation (CPI):** any Child Protective Investigator officially recognized by the Pinellas County Sheriff's Department.

**Counseling Program:** any agency, public or private, that provides counseling to individuals, families, groups or a privately practicing professional who provides guidance or problem solving advice. (If the referral is from a mental health center, use "Mental Health Services" below)

**Court:** referred by any court with jurisdiction over families or juveniles.

**Death & Dying Services:** programs that provide services to the terminally ill and/or grief services to surviving family members.

**Developmental Intervention and Evaluation Services:** programs that provide evaluation and treatment for children with suspected or identified developmental delay or neuromuscular impairment or any other agency specializing in services to people with disabilities.

**Domestic Violence Provider:** any agency specializing in providing services to perpetrators or victims of domestic violence (including crisis shelters).

**Eckerd Community Alternatives (Community Based Care):** community based care services (foster care, adoption) that are contracted for by DCF and provided through Eckerd Youth Alternatives.

**Employment Assistance/Job Training:** any agency, public or private, specializing in vocational training or employment related services for non-handicapped persons such as Florida's Agency for Workforce Innovation program.

**Faith-based Organization:** organizations that provide social services, or religious or spiritual activities as part of their affiliation with a religious group, not including faith based parochial schools. NOTE: Referrals from a parochial school should be identified as "Private School".

**Family Support Services:** any program, public or private, that assists families in meeting their basic needs in times of crisis, needs or change.

**FDLRS-FL Diagnostic and Learning Resources System:** provides diagnostic and instructional support services to district exceptional student education programs and families of students with exceptionalities statewide.

**FL Dept of Children and Families (DCF):** any referral from DCF's Adult Services, Developmental Disabilities, Economic Services, Family Safety division or Substance Abuse or Mental Health divisions.

**FL Dept of Health:** referred from the Florida Department of Health / Pinellas County Health Department.

**FL Dept of Juvenile Justice:** any office or employee of the Florida Department of Juvenile Justice.

**Friend/Relative/Legal Guardian:** an informal referral by someone who is close to the participant or is an acquaintance, anyone related to the program participant or the participant's legal guardian.

**Family Services Initiative (FSI):** Collaborative partners including 211 Tampa Bay Cares, Personal Enrichment through Mental Health Services, Gulf Coast Jewish Family and Community Services, Juvenile Welfare Board, as well as various service providers and vendors. The system provides direct access for families through wrap around services. FSI provides an array of services, supports, coordination, information, referral and system navigation to assist families in achieving stability.

**Hospital:** any office or employee of a local area hospital.

**Housing Program:** any program that provides non-crisis related short or long- term housing services.

**Law Enforcement:** any agency or duly sworn officer thereof empowered by the state to enforce laws and having the power to arrest (this includes city police agencies or county sheriffs' departments).

**Legal Services:** any licensed attorney, private law firm, public defender or state attorney.

**Medical Services:** any public or private health service provider. NOTE: Mental health service providers should be entered as "Mental Health Services".

**Mental Health Services:** any public or private organizations concerned with meeting the needs of the mentally ill or those vulnerable to mental illness.

**Neighborhood Family Center:** A place in a neighborhood where families come together to meet each other, have fun together, learn together, and support each other.

**Pinellas County Health & Human Services:** Any referral by the Dental, Medical, Emergency or General Assistance, Indigent Burial, Mobile Medical Units or Summer Food Programs.

**Pinellas County School System:** any program offered by the Pinellas County School System or any teacher, counselor, principal, or other employee of the Pinellas County School System.

**Private School:** any teacher, counselor, principal, dean, or other employee of any private or parochial school not affiliated with the Pinellas County School System.

**Recreation Program:** any public or private recreation program or center.

**Refugee/Immigrant Services:** any public or private agency specializing in services to refugees or immigrants.

**Self:** participant decided to enter the program on his/her own.

**Shelter Services:** crisis-related temporary safe housing services (for example, runaway or homeless) excluding domestic violence shelters (use Domestic Violence Provider).

**Support Group:** any program which organizes and provides resources, peer support and guidance to a group of people with common goals or issues.

**Vocational Rehabilitation Services:** any agency, public or private, that offers training to participants who are mentally or physically disabled so they can do useful work and become more self-sufficient.

**Youth Development Program:** any program designed to support, guide and challenge young people. They are characterized by providing youth with opportunities for meaningful participation and service to others. These programs provide youth with opportunities to explore and develop values, interact with caring adults, and form considerate relationships with their peers.

## Participant / Member Fields

1. Participant-level fields apply to a specific individual in the household. In the GEMS system there are separate tabs for Adults and Children as there are a few field variations, i.e. School ID and Name are collected for Children and not for Adults.
2. During an active participant episode, participant data must be updated as changes occur or at least annually based on participant episode open date. Updates should also be reflected in participant files through notes or other documentation.
3. Participant records should only be deleted in instances where they were entered in error, where active participant records have been duplicated, or if a service was never rendered.

### Member ID

The Member ID is unique for each participant. In GEMS this field is automatically populated when the Child or Adult record is created.

### Agency Member ID

A Provider-defined member or person ID for the participant. This field can be utilized to store a case or record number from the Providers' case filing system or other data system. This field can be modified as needed by the provider organization.

### First Name, Middle Initial, Last Name, Last Name Suffix

The participant's full legal name must be entered. These fields should contain the full legal name of the participant. Avoid abbreviations and nicknames, i.e. enter Robert instead of Bob or Bobby. Do not include last name suffixes such as Jr., Sr., II, III, etc. in the last name field; use the separate Last Name Suffix field for this information.

### Date of Birth

The legal date that the participant was born.

### Gender\*

The participant's identified gender.

Male

Female

Trans Male: An individual who was assigned a female sex at birth and has a male gender identity

Trans Female: An individual who was assigned a male sex at birth and has a female gender identity

Gender Non-Conforming: An umbrella term for gender identities that are not exclusively masculine or feminine

- Definitions from <https://www.genderspectrum.org/the-language-of-gender/>

### Sex\*

Male

Female

Based on the biological attributes of men and women (chromosomes, anatomy, hormones)

\*Definition from the United States Census Bureau

### UID (GEMS)

GEMS automatically generates this Unique Identifier using the First Name, Last Name, DOB, and Gender fields. After this information has been entered, the user can click on "Click here to enter/edit client information and to check if the member already exists." This will produce a response of either "The information you have entered indicates that this client does not exist in the database." or "Existing



records with the same Unique ID # in Current Database.” By entering the Name, DOB, and Gender information first using this button GEMS will let the user know if they are entering a duplicate record before proceeding to complete all the data entry for this person. This check will also be done when saving the record.

### **Household ID (GEMS)**

The Household ID on the GEMS Adult and Children member pages is used to identify the Household or Family to which this participant belongs and is generated by the GEMS system.

### **Written Statement of Purpose**

Use this field to identify if a signed copy of the Written Statement of Purpose for collecting Social Security Numbers has been signed and is included in the participant case file. If the participant rescinds the form at any point after it has been originally signed, the Written Statement of Purpose field should be updated to “No” and the Social Security Number field should be updated to “999999999”. A record of the form being rescinded should be included in the participant case file. However, it is possible that JWB may have already relied on this approval before it receives notice of my withdrawal and that JWB may have already taken action based on the approval. Historical information previously reported to JWB will not be deleted.

### **Relationship to Head of Household**

Select from one of the following choices to identify how this participant is related to the Head of Household in which they reside whether or not the Head of Household is receiving services. Head of Household is defined as the member of the household who contributes more than half of the household’s income or makes most of the household decisions. The Head of Household is determined by the household members, not by program staff.

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <b>Spouse</b>                        | <b>Biological son or daughter</b> |
| <b>Adopted son or daughter</b>       | <b>Stepson or stepdaughter</b>    |
| <b>Brother or sister</b>             | <b>Father or Mother</b>           |
| <b>Grandchild</b>                    | <b>Parent-in-law</b>              |
| <b>Son-in-law or daughter-in-law</b> | <b>Other relative</b>             |
| <b>Roomer or Boarder</b>             | <b>Housemate or roommate</b>      |
| <b>Unmarried partner</b>             | <b>Other non-relative</b>         |
| <b>Self</b>                          |                                   |

### **Race**

Select the race the participant identifies from the Census Bureau defined list.

**American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia.

**Black or African American** - A person having origins in any of the black racial groups of Africa. “Haitian” can be used in addition to “Black or African American.”

**Multiracial** - Participant reports belonging to more than one race

**Native Hawaiian** - A person having origins in any of the original peoples of Hawaii

**Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)** - Participant is an Asian other than the options provided

**Other Pacific Islander (Fijian, Tongan, etc.)** - Participant is a Pacific Islander other than the options provided

**White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## **Ethnicity**

If the participant is of Hispanic, Latino or Spanish Origin, select the participant's ethnicity from the Census Bureau defined list; otherwise select No, not of Hispanic, Latino, or Spanish Origin.

**No, not of Hispanic, Latino, or Spanish Origin**

**Yes, Mexican, Mexican American, Chicano**

**Yes, Puerto Rican**

**Yes, Cuban**

**Yes, another Hispanic, Latino, or Spanish Origin**

## **Grade**

This field is available under the Child tab in GEMS and represents the current grade in which the child is enrolled. For summer programming it reflects the grade the child will be entering for the upcoming school year. If the episode remains open this information should be updated as the child progresses through school. Select the appropriate description from the dropdown list. The following items have specific definitions.

**Age 0-5, attending Child Care Center:** The participant is under the age of six and is enrolled and regularly attending at a licensed Child Care Center.

**Age 0-5, attending Family Day Care Home:** The participant is under the age of six and is enrolled and regularly attending at a licensed Family Day Care Home.

**Age 0-5, not attending Center or Family Care Home:** The participant is under the age of six and is not enrolled or regularly attending at a licensed child care facility.

**School Age, not currently enrolled:** Select this if the participant's is of school age, but it not enrolled or attending public or private school.

## **Education**

This field is available under the Adult tab in GEMS and represents the highest education level the participant has achieved. Select the appropriate description from the dropdown list.

## **Home Phone Number**

This field should contain the home phone number of the household.

## **Cell Phone Number**

For children, this should be the parent's cell phone number.

## **Email Address**

For children, this should be the parent's email address.

## **Social Security Number (SSN)**

A Social Security Number (SSN) is the participant's permanent identifying code assigned by the Social Security Administration. If a SSN is not available (the participant does not have, does not know, or refuses to provide), the pseudo SSN of 999999999 must be entered, and the reason the SSN was not provided must be documented in case records. Every attempt should be made to collect the SSN. If the actual SSN is later obtained, the SSN field must be updated. JWB should only receive SSNs for participants who have a signed Written Statement of Purpose.

## Student ID

The Student ID is the permanently assigned identifying code for a student in the Pinellas County School System. If the Student ID is uncollectible, a pseudo Student ID of 9999999999 (ten 9's) must be entered in the Student ID field if the child is not a student or refuses to provide. For children attending private school a pseudo Student ID of 7777777777 (ten 7's) must be entered in the Student ID field. Every attempt should be made to collect the Student ID. If the actual Student ID is later obtained the Student ID field must be updated. If the Student ID is legitimately less than 10 digits due to the participant transferring from another school district then add a zero to the front of the ID to get 10 digits.

## School Name

The name of the Kindergarten through 12<sup>th</sup> Grade school that the participant attends. If a participant is not in school or attends a school outside of Pinellas County use the N/A selection.

## Pregnant

This is a Yes/No field should identify if the participant is currently pregnant. After child birth, this item should be changed to No, the number of children in household should be changed to include the newborn, and the newborn should be added as a participant if appropriate.

## Program Site

Program Site is a mandatory field in GEMS. The program site reflects where the participant currently receives services. The program site list defaults to the first site in the list if a program has more than one site. This field should be updated if the participant's program site changes.

## Miscellaneous Fields

There are two miscellaneous fields (Misc 1 and Misc 2) that program staff can use to further identify a participant or track other important information. In some cases JWB staff may require specific data for one or both of these fields.

## Participant Address 1, Address 2, City and ZIP Code

These fields should contain the physical street address for the primary place of residence of the participant. Address information must be entered for each participant (adults and children). Use standard post office abbreviations for addresses i.e., St for Street, N for North, NW for Northwest etc. and no punctuation. For example: "14155 58th St N". For apartment, building, suite and lot numbers, please use Address Line 2. In GEMS, after selecting a City, the ZIP Codes associated with that City will appear in the ZIP Code drop down list. Within GEMS the Household address information is automatically copied to each new participant record. Upon update, address information can be copied between households and each member.

<b>For Participants that are:</b>	<b>Enter data as follows:</b>
Homeless	In Address 1 enter "0", Select "Homeless" for City and ZIP code
In a shelter, group home, institution, or residential treatment center	In Address 1 enter "1", Select "Shelter" for City and ZIP code
Address Legally Restricted	In Address 1 enter "2", Select "Address Legally Restricted" for City and ZIP code
Outside of Pinellas, but in Florida	Enter Address 1 as usual, In Address 2 put their City, State, and ZIP (ex. "Naples, FL 34101"), Select "Out of Pinellas County but in Florida" for the City and ZIP Code.

For Participants that are:	Enter data as follows:
Outside of Pinellas, but in another state	Enter Address 1 as usual, In Address 2 put their City, State, and ZIP (ex. "Atlanta, GA 30306"), Select "Out of State" for the City and ZIP Code.

## Referred To

The field identifies referrals made for the participant throughout the program. If there were multiple referrals for this participant, select all that are appropriate. If the participant returns for services and has a new episode, do not delete the previous data entered into this field; simply add the additional referrals as they are provided.

JWB strongly encourages Providers to collect and enter Referrals even though this field is not required.

**No Referral(s) Made:** an assessment of needs was completed and no referral(s) was required. If this selection is utilized no other referral items should be selected.

**2-1-1 Tampa Bay Cares:** a referral to Pinellas County's local information and referral service.

**Adoptions:** any private adoption agency.

**Adult & Aging:** any agency providing specialized services to adults and seniors.

**Alcohol and/or Substance Abuse Services:** any public or private agency specializing in the treatment or prevention of alcohol or substance abuse.

**Basic Needs Services:** any program, public or private, that assists families in meeting their basic needs in times of crisis, needs, or change or any program, public or private that provides assistance with household items such as food, clothing, dishes or other household goods.

**Child Care:** any public or private child care provider.

**Child Support Enforcement:** the Department of Revenue Child Support Enforcement Program.

**Counseling Program:** any agency, public or private, that provides counseling to individuals, families, groups including programs that provide services to the terminally ill and/or grief services to surviving family members.

**Dental Services:** any dentist for dental services.

**Developmental Evaluation and Intervention Services:** evaluation and treatment for children with suspected or identified developmental delay or neuromuscular impairment or any community agency that deals with developmental disabilities in children (for example, mental or physical handicaps).

**Disabilities:** agencies specializing in services to people with disabilities defined as temporary or permanent reduction in function, usually a result of a physical or mental condition or infirmity. NOTE: Agencies that specialize in treating developmental disabilities should be entered under "Developmental Evaluation and Intervention Services".

**Domestic Violence Services:** any agency specializing in providing services to perpetrators or victims of domestic violence (including crisis sheltering).

**Eckerd Community Alternatives (Community Based Care):** community based care services (foster care, adoption) that are contracted for by DCF and provided through Eckerd Youth Alternatives.

**Education:** any academic program offered by any public or private school (including credit or non-credit courses, adult education, Special Education, and English for Speakers of Other Languages – ESOL).

**Employment Assistance/Job Training:** any agency, public or private, specializing in vocational training or employment related services for non-handicapped persons including Florida's Agency for Workforce Innovation program.

**Faith-based Organization:** organizations that provide social services, or religious or spiritual activities as part of their affiliation with a religious group, not including faith based parochial schools. NOTE: Referrals to a parochial school should be identified as "Education".

**Family Services Initiative (FSI):** The Family Services Initiative consists of Juvenile Welfare Board and collaborative partners (core partners) including the 211 Regional Call Center/Pinellas Family Services Team, Central Florida Behavioral Health Network (utilization management), PEMHS (system navigation), service providers and vendors. Provides direct access for families through wrap around services. FSI provides an array of services, supports, coordination, information, referral and system navigation to assist families in achieving stability.

**Family Support Services:** any program, public or private, that assists families in meeting their basic needs in times of crisis, needs, or change or a program that provides funds for emergency needs such as rent or utilities.

**Financial Management/Debt Counseling/VITA:** any program, public or private that specializes in services that help people manage money, develop budgeting skills, or assist with debt management or tax preparation.

**FL Dept of Children & Families (DCF):** referred to any division of DCF including the Adult Services, Developmental Disabilities, Economic Services, Family Safety or Substance Abuse or Mental Health divisions.

**FL Dept Of Health:** any referral to the Florida Department of Health / Pinellas County Health Department.

**Florida Abuse Hotline:** The Florida Abuse Hotline accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect, or exploitation of a vulnerable adult. To make a report you can -

- Report online at <https://reportabuse.dcf.state.fl.us/>
- Call 1-800-962-2873
- Use 711 for Florida Relay Services
- Fax your report to 1-800-914-0004

If you suspect or know of a child or vulnerable adult in immediate danger, call 911.

**Housing:** any program that provides non-crisis related short or long- term housing services.

**Juvenile Justice:** referred to any court with jurisdiction over juveniles, any agency that serves youth involved with the justice system or any referral to any office or employee of the Florida Department of Juvenile Justice.

**Legal Services:** an agency or program that provides legal advice or services or any licensed attorney, private law firm, or public defender.

**Medical Services:** any clinic, family physician, radiologist, ophthalmologist, optometrist, hospital, emergency room, or any health service provider excluding mental health service providers. Mental health service providers should be entered under "Mental Health Services" below.

**Mental Health Services:** any public or private organizations concerned with meeting the needs of the mentally ill or those vulnerable to mental illness or a privately practicing professional who provides guidance or problem solving advice.

**Neighborhood Family Center:** A place in a neighborhood where families come together to meet each other, have fun together, learn together, and support each other.

**Parenting Education:** a program that provides information, resources, and or tools to promote change that improves the lives of children by supporting parents and caregivers.

**Pinellas County Health & Human Services:** Any referral to the County's Dental Assistance, Emergency Assistance, General Assistance, Indigent Burial, Medical Assistance, Mobile Medical Unit or Summer Food Program.

**Recreation Program:** any public or private recreation program or center.

**Refugee/Immigrant Services:** any public or private agency specializing in services to refugees or immigrants.

**Respite Care:** a service that provides periodic relief for the family or primary care giver.

**Shelter Services:** crisis related temporary safe housing services (for example runaway or homeless) excluding domestic violence shelters which should be entered as Domestic Violence Services.

**Support Group:** a program that organizes and provides resources, peer support, and guidance to a group of people with common goals or issues.

**Vocational Rehabilitation Services:** any agency public or private that offers training to participants who are mentally or physically disabled so they can do useful work and become more self-sufficient.

**Youth Development Program:** programs designed to support, guide and challenge young people. They are characterized by providing youth with opportunities for meaningful participation and service to others. These programs provide youth with opportunities to explore and develop values, interact with caring adults, and form considerate relationships with their peers.

*\* Definition taken wholly or in part from The Social Work Dictionary, Sixth Edition, Robert L. Barker, NASW Press, Washington, D.C., 2014.*

## Close Date

The last date the participant received services. Service is defined as face-to-face service or direct phone or voice contact, but does not include voice mail, email, or written contact.

## Closing Reasons

This field captures information regarding why each participant left the program or stopped receiving services.

**Completed Program:** the participant completed program services as defined in the Program Methodology.

**Transferred to another provider prior to completion of program:** the participant left the program but is receiving similar services from another provider as documented in the case file.

**Participant withdrew - with notice:** the participant informed the program that he/she no longer wished to, or would no longer be able to, attend activities and ceased participation prior to completion.

**Participant withdrew - health problems:** the participant was unable to participate further in program activities due to health problems.

**Participant withdrew - lack of transportation:** the participant was unable to obtain transportation to continue to attend program.

**Participant withdrew - without notice:** the participant ceased involvement (stopped showing up/dropped out) with the program unexpectedly and without notice.

**Participant lost eligibility - aged out:** the participant turned 18 and was no longer eligible for services offered to children only. Programs for young children will have their own appropriate age limit and can also use this closing reason.

**Participant lost eligibility - was arrested/incarcerated:** the participant was arrested and therefore no longer eligible for services or was the participant was incapable of attending program activities due to incarceration.

**Participant lost eligibility - moved out of service area:** the participant no longer resides in the geographic service area.

**Participant lost eligibility - violation of program rules:** the participant was discharged from the program for not adhering to the program rules.

**Participant lost eligibility - lack of progress:** the participant was not making satisfactory progress towards identified goals established by the program.

**Participant died:** participant deceased.

**Reunification:** when the youth has been returned to the biological home from which he/she was legally or informally removed.

**Funding Ended / Site Closed:** use only as approved.

**Program Funding Transferred:** use only as approved.

**Program Data transferred to Data Warehouse:** use only as approved.



## Program Wide Services (GEMS)

1. The Program Wide Data module in GEMS captures data that is applicable to the whole group activities and the activities for those programs that serve participants in groups and cannot reasonably collect individual participant data. These programs are asked to identify the program-specific group activity and provide the number of children & adults who participated along with any necessary details.

### **Service ID & Name**

This is a program-specific, pre-defined list created by the program's Evaluator which identifies the type of service or activity that should be entered for the program (e.g., Parent/Family Engagement, Support Group, etc.)

### **Activity Name / Title**

The name or title of the program wide service / activity

### **Begin Date / End Date**

The date the service or activity started and ended.

### **Location, Address, City, ZIP**

Used to identify the location where the service or activity took place.

### **Total # of Units**

This field is used to identify the number of hours or sessions for the service. The method for entering the number of units is pre-determined by JWB and the Provider.

### **Total # of Adults**

The number of adults 18 or older who attended the group service or activity. Do not include the presenter or any program staff.

### **Total # of Children**

The number of youth under the age of 18 who attended the group service activity. Do not include the presenter or any program staff.

### **Total # of Clients**

This field will automatically calculate the Total # of Adults plus the Total # of Children.

### **Presenter/Instructor**

The lead group activity facilitator or presenter.

### **Comments**

Optional field to provide any additional details for the group service / activity. Data that should be entered in this field will be determined by the program and JWB Evaluator.

## J. Appendix 1

### Planning Tool for Data Collection, Entry, and Quality Plan

**AGENCY NAME:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

A written Data Collection, Entry, and Quality Plan outlines all procedures related to data collection, entry, and quality control. The plan must be developed and maintained by the provider and include at a minimum the information below.

#### ACCESS TO DATA SYSTEMS

Please describe the:

1. Process for authorizing new user access
2. Process for monitoring access on an ongoing basis
3. Process for terminating access of departing staff  
(within 5 days if voluntary resignation, immediately if involuntary termination)

#### DATA SECURITY

Please describe the:

1. Information Technology or Security policies to protect participant data and prevent accidental or malicious disclosure of participant information, including but not limited to:
  - a. Privacy and confidentiality policies for provider staff
  - b. Procedures that govern participant files and records, such as ensuring all users must have a separate and unique access login and password and know they must protect it from discovery by others, keeping participant files kept in a secure location, handing printed reports containing confidential information, locking computer systems, etc.
  - c. Trainings to protect participant identifying information (e.g. Name, Address, Social Security Numbers, Student IDs, etc.)

#### ENTRY AND QUALITY CONTROL

Please describe the timeframes and processes for data collection, data entry, and data quality checks, including but not limited to:

1. Frequency of archiving participants and households. Providers may archive as frequently as they choose and as set forth in this plan, but no later than the JWB fiscal year data entry deadline. (see table)
2. A reengagement process which specifies the time frame of closure for inactive participants who fail to return for services. (see table)
3. How, when, and which staff positions are responsible for entering and verifying data (see table)
4. Timeframe for timeline removal of participants that had a participant and episode record have been created but a service was never rendered, the participant should be deleted from GEMS or removed from the data uploads. Providers must have a timeframe defined that outlines their procedure for timely removal.

5. A Continuous Quality Improvement (CQI) process should also be included in this document.
  - a. One or more provider staff shall be appointed to review data quality on a regular basis as detailed by this plan.
  - b. The CQI process should also include steps necessary to correct data inaccuracies
6. If the agreement between the Provider and JWB requires the collection of data for performance measures, (e.g., surveys, assessments), the provider's Data Collection, Entry, and Quality Plan should include guidelines for ensuring the proper execution of the measure.
7. If applicable, procedures for collecting and maintaining a participant wait list.

**TABLES**

Please identify in a table how, when, and which staff positions are responsible for entering and/or verifying data. Examples below:

Example Table 1

Position	Duties
Specialist	Data collection and application review
Staff Assistant	Data entry and maintenance
Supervisor	Quarterly review

Example Table 2

Activity	When and/or how often will this occur?	Staff position responsible
Entering data		
Updating participant information		
Closing inactive participants who fail to return for services		
Removal of participant records where an episode was opened but services were never rendered		
Archiving participants		

## K. Appendix 2

### Summary of Data Quality Manual for Data Entry into GEMS

Please note this document does not replace reviewing the full JWB Data Quality Manual found on JWB's website or GEMS homepage

#### Household Fields

**Agency Household ID:** Optional field that can be utilized to store a case or record number from your own case filing system or other data system if applicable

**Household Last Name:** The Household Last Name field in GEMS is used for searching and should represent the last names of all family members. Therefore if two family members have two different last names, enter Smith / Jones to assist in finding either Smith or Jones in the future.

**Household Address 1, Address 2, City and ZIP Code:** These fields should contain the primary address for the place of residence of the family. Use standard post office abbreviations (St for Street, N for North, etc) and no punctuation (e.g. "14155 58th St N"). For apartment, building, suite, and lot numbers, use Address Line 2

For Households that are:	Enter data as follows:
Using an alternate mailing address such as a P.O. Box	The alternate mailing address can be entered into the Household address fields. If the mailing ZIP Code is not available in the GEMS list, enter the ZIP Code in the Address Line 2 field and select the residential ZIP Code from the list.
Homeless	In Address 1 enter "0", Select "Homeless" for City and ZIP code
In a shelter, group home, institution, or residential treatment center	In Address 1 enter "1", Select "Shelter" for City and ZIP code
Address Legally Restricted	In Address 1 enter "2", Select "Address Legally Restricted" for City and ZIP code
Outside of Pinellas, but in Florida	Enter Address 1 as usual, In Address 2 put their City, State, and ZIP (ex. "Naples, FL 34101"), Select "Out of Pinellas County but in Florida" for the City and ZIP Code.
Outside of Pinellas, but in another state	Enter Address 1 as usual, In Address 2 put their City, State, and ZIP (ex. "Atlanta, GA 30306"), Select "Out of State" for the City and ZIP Code.

**Number of Minor Children / Children in Household:** Total number of children (under 18) who reside in the same physical location should be entered, including the participant if applicable. If in a shelter or group home count only the actual number of adult family members in the temporary housing situation

**Number of Adults / Adults in Household:** The total number of adults (18 or older) who reside in the same physical location should be entered, including the participant if applicable. If in a shelter or group home count only the actual number of adult family members in the temporary housing situation

**Annual Household Income:** Total annual gross income for all members living in the same physical location before taxes (as defined by the United States Census Bureau). If your program has income eligibility requirements, the exact annual gross Household Income amount is required. If the participant resides in a group home or shelter with no other family members, the income should be that individual's income. If a participant resides in foster care unknown should be selected for income.

If the program does not have an income eligibility requirement income and an income is refused or unknown, \$0 should NOT be entered. Instead the "Income Unknown/Refused" checkbox should be selected

**Household Income Refused/Unknown:** If Refused/Unknown is selected, the case file should document that it was refused and why the information was not able to be obtained

**Household Arrangement:** Select the category that most closely describes the household in which they reside.

**How did you hear about this program:** Select from drop-down list

### Participant Fields

**Agency Member ID:** Optional field that can be utilized to store a case or record number from your own case filing system or other data system if applicable

**UID:** GEMS automatically generates this Unique Identifier using the First Name, Last Name, DOB, and Gender fields. After this information has been entered, the user can click on “Click here to enter/edit client information and to check if the member already exists.” before proceeding to complete all the data entry for this person.

**Written Statement of Purpose:** Put yes if a signed copy is in the file

**Auto-Populate Episode Open Date:** Must select the current date or a date prior. Can be updated if the agreed-upon definition of an episode for the program requires this.

**Pinellas Student ID:** Enter 10-digit Pinellas School System student ID. Every attempt should be made to collect the Student ID.

- If the Student ID is not provided or the youth is not a student, enter 9999999999 (ten 9’s). If the actual Student ID is later obtained the Student ID field must be updated.
- For children attending private school a pseudo Student ID of 7777777777 (ten 7’s) must be entered in the Student ID field.
- If the Student ID is legitimately less than 10 digits due to the participant transferring from another school district then add a zero to the front of the ID to get 10 digits.

**Relationship to Head of Household:** Select from one of the choices to identify how this participant is related to the Head of Household in which they reside whether or not the Head of Household is receiving services. Head of Household is defined as the member of the household who contributes more than half of the household’s income or makes most of the household decisions. The Head of Household is determined by the household members, not by program staff.

**Race:** Select the race the participant identifies from the dropdown list. If Hispanic participants are unsure of which race to choose, the program can advise that “White” or “Other” are the most common options selected.

**Ethnicity:** If the participant is of Hispanic, Latino or Spanish Origin, select the participant’s ethnicity from the Census Bureau defined list; otherwise select No, not of Hispanic, Latino, or Spanish Origin.

**Grade (children only):** Enter the current grade in which the child is enrolled or for summer programming the grade the child will be entering for the upcoming school year. If the episode remains open this information should be updated as the child progresses through school

**School Name:** The name of the K-12 school that the participant attends. If a participant is not in school or attends a school outside of Pinellas County use the N/A selection.

**Education (adults only):** Select the highest education level the participant has achieved from the dropdown list

**Social Security Number (SSN):** Every attempt should be made to collect the SSN. If a SSN is not available (the participant does not have, does not know, or refuses to provide), enter 999999999 (nine 9’s). The reason the SSN was not provided must be documented in case records. If the actual SSN is later obtained, the SSN field must be updated. Only enter SSNs for participants who have a signed Written Statement of Purpose.

**Pregnant:** This is a Yes/No field should identify if the participant is currently pregnant. After child birth, this item should be changed to No, the number of children in household should be changed to include the newborn, and the newborn should be added as a participant if appropriate.

**Miscellaneous Fields:** There are two miscellaneous fields (Misc 1 and Misc 2) that program staff can use to further identify a participant or track other important information.

**Participant Address 1, Address 2, City and ZIP Code:** The Household address information is automatically copied to each new participant record. Upon update, address information can be copied between households and each member