



# Juvenile Welfare Board

Investing in children. Strengthening our community.

## **Data Quality Manual** **Effective 10/1/2023**

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## A. Definitions

**Absence:** a participant who is not present in the scheduled program time at least one half of the program time shall be counted absent from that program. To be counted present for the program on a day in which the program is scheduled, a participant must be in attendance for at least one half of the scheduled program time that day.

**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.

**Provider [Referred to as Site in Apricot 360]:** 501©3 organization, government entity, or institute for higher learning that receives funding from JWB.

**Apricot 360:** JWB's participant data management platform

**Attendance:** a program specific predefined activity that is collected as the service is received in a group setting and indicates dates of individual participation.

**Carry Over:** a participant whose enrollment and service date begins in one JWB fiscal year (10/1—9/30) and continues into the next JWB fiscal year.

**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.

**Class:** A Provider's program in which attendance data will be collected under.

**Close Date:** the last date the participant is enrolled in the program.

**Date of Birth:** the legal date a participant was born.

**Document Folder:** The location in which all forms pertaining to a specific participant are maintained and accessed. Each participant entered in Apricot 360 will have their own document folder.

**Enrollment:** a period of time in which a participant is active in a program and receiving services.

**Excused Absence:** a participant must be in the program unless the absence has been permitted or excused for one of the reasons listed below.

- Medical – need to note in the file an excused absence, more than 5 days medical note
- Documented extended learning – letter from school with length and days student would be attending the program. Extended learning is considered to be academic related and does not include extracurricular activities.
- Court order
- Bereavement (immediate family member)
- Religious holidays
- Work
- COVID-19

Excused absences do not include school closed days or exclusions from the program due to extracurricular activities.

**Forms:** An area of data collection within Apricot360.

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

**Name of Head of Household:** the member of the household who contributes more than half of the household's income or makes most of the household decisions.

**Household:** includes all people who occupy a housing unit.

**Household ID:** Automatically generated ID used to identify the Household or Family to which a participant belongs.

**Household Income:** refers to the total annual gross income of all members living in the same physical location before taxes.

**Site/Location:** The physical area where services are provided. Site/Location can include a program site, community site, in-home, at school, or virtual. If a program is based at school, their site location should only be listed as the program site with the associated school name, not “at school”.

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

**Participant ID:** Automatically generated ID used to identify the participant

**Performance Measure:** this is a contractual metric that determines if a program is meeting its intended goals.

**Program:** A service or a group of services delivered to children and/or families with a set of outputs and outcomes to determine the volume and effectiveness of services.

**Program Subtype:** JWB identified program classification.

**Program-wide service:** an activity delivered to a group of participants or individual services reported in aggregate.

**Record ID:** A unique Apricot360 system generated ID. This unique ID is created for each new data entry form created within the system regardless of what form is being filled out. Record IDs can be found on all Forms, and will be used for Participant ID and Household ID.

**Relationship to Head of Household:** how a participant is related to the head of household in which they reside whether or not the head of household is receiving services.

**Secured File Transfer Protocol (SFTP) Sites:** used as repositories for data files when a Provider is excused from entering data into Apricot 360 in lieu of a data export from their primary data system.

**Service:** A program-specific predefined activity that can be selected at either the individual level or the program level. Services can include a face-to-face service or correspondence between a provider and participant through direct phone, voice contact, email, text message, virtual programming, or telehealth but does not include a one-way correspondence from the provider to a participant (voice mail, email, or written contact).

**Sex:** based on the biological attributes of men and women (chromosomes, anatomy, hormones).

**Bonterra:** Organization that hosts and manages Apricot360.

**Surveys:** program-specific questions that can be set up 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.

**Unexcused Absence:** Absences that are not inclusive of the previously defined excused absence. This includes:

- Sports
- Vacations
- Unknown reason for the absence

**User Roles/ Access:** level created within Apricot360 by a system Administrator to ensure users have the appropriate level of access to any program that they have been assigned to maintain.

**Term:** A particular iteration of a Class in time. Terms will identify the physical location, time period (program days calendar), and any particular services offered during that time.

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

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

## **B. Data Quality Manual Purpose**

The JWB Data Quality Manual establishes the requirements for participant 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).

Apricot360 (Apricot) provided by Bonterra is the primary participant data collection system used by JWB. However, these requirements apply to all participant data submitted to JWB whether through Apricot, or through Direct Data Uploads (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.

As previously mentioned, this document governs the data collection of Apricot, SharePoint, and Direct Data Uploads. While a lot of the data collected across these systems are the same, there are differences in terminology as well as certain fields. A program's unique data entry requirements are documented in the program's Data Sheet, which is signed by the program and the assigned evaluator. However, to help understand some of the general differences this document will be divided into sections specific to Apricot and Direct Data Uploads. Where there are similarities amongst the systems the information will be in combined sections.

## **C. 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, Direct Data Upload Folder, Apricot, or other JWB approved method.
4. Identifiable data include, but are not limited to names, addresses, student IDs, and health information.
5. To obtain, change, or terminate access to the approved participant data collection systems, such as Apricot, SharePoint, and Direct Data Upload 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 participant 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 annually.
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 JWB Admins 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 on or before their last day 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. Apricot has implemented an automatic system time-out after a certain period of inactivity.

#### **D. 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. JWB will provide quarterly system trainings that are open to provider staff.

#### **E. General Business Requirements**

1. Providers receiving funds from JWB will enter participant 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 participant data to a JWB secure portal are required to follow the JWB Data Upload Guidelines. Each provider will have a uniquely tailored version of this document specific to their Provider. This document is given 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 Provider Data Management Plan.
5. The provider is obligated to maintain data integrity and accuracy for all data.
6. The source of all participant data required by JWB should be supported and documented in either individual case files or other verifiable source documents or systems. A written Provider Data Management 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 Provider to set up their Provider Data Management 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 15th of the month unless otherwise specified in the Provider's agreement.

#### **F. Participant Data**

1. All participants must be entered into an approved data system, regardless of funding source, and the information collected must be consistent with the Provider Data Management 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.



2. 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.

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. To be considered valid and completed a consent form can be physically signed or electronically signed by a HIPAA compliant signature software. As allowed by law and Provider policy, the Provider will add JWB to consent forms.

3. For Apricot data entry, there are different demographic fields collected on Adults versus Children. Participants receiving services will need to be identified as a child or an adult on the Participant Profile Form. Participants receiving child services shall be identified as a child. A child record should always remain as a child record, even if the child turns 18 during the program enrollment. Participants receiving adult services shall be identified as an adult.

## **G. Apricot Specific Fields and Data Entry**

### **Enrollment**

Each enrollment will have an open date and eventually a close date and a closing reason.

1. Only one enrollment per participant should be open at any given time. Dates of any additional individual participant enrollments should not overlap previously existing enrollments for that participant.
2. The enrollment open date must be the date the participant enrolled in the program. This event is defined by the program and JWB Program Consultant and Evaluator and captured within the program's Data Sheet.
3. The enrollment close date must be the last date the participant received services in the program. If there is no longer an expectation that services will continue to be provided (e.g., participant stopped showing up) the participant's enrollment 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 enrollment has been closed and the participant returns for service, a new enrollment must be created for the participant in the existing household under the existing participant record.
5. The Provider must develop and adhere to a re-engagement 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 Data Management Plan, and outlined in the program's Data Sheet.
6. If a participant and enrollment record have been created but a service was never rendered, the participant should be deleted from Apricot. *The Provider will need to reach out to the Apricot administrator at [provider-support@jwbpinellas.org](mailto:provider-support@jwbpinellas.org) to have a participant deleted.*
7. If a program is no longer funded by JWB, all participant enrollments must be closed and the close date must reflect either the last date of service or funding end date, whichever occurred first. This shall be done by the Provider before their final reimbursement.

### **Performance Measurement**

1. Performance Measures must be collected as specified in the JWB agreement.
2. Service and form 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 forms.
4. If the agreement between the Provider and JWB requires the collection of data for performance measures, (e.g., surveys, assessments), the Provider Data Management Plan should include guidelines for ensuring the proper execution of the measure.

## Program Services / Attendance

1. A service or attendance must be entered for all participants to identify the individual and group or program-wide service for which the participant is engaged. In Apricot, services are entered based off each service interaction. This can be done through the specific services forms or the Classes & Terms tool.

## Attendance Timeline

All attendance should be entered as soon as possible. A timeline for data entry should be documented in the Provider's Data Management Plan. JWB recommends that data should be entered within two weeks.

## Term Guidelines (Apricot)

- a. A Term and the associated calendar should be set up based on your specified program sub-type (i.e., OST, Early Learning, etc.). If you do not know your program sub-type reach out to your assigned evaluator:
  - i. Early Learning – Terms should be created based on the full programming year or the JWB fiscal year.
  - ii. OST – Terms should be separated into school year and summer. For example, one term would identify SY20-21 and another term would identify Summer 2021.
  - iii. Literacy – Terms should be separated into school year and summer. For example, one term would identify SY20-21 and another term would identify Summer 2021.
  - iv. Youth Development/Mentoring – Terms should be created based on the full programming year or the JWB fiscal year.
  - v. Neighborhood Family Centers – Terms should be created based on the full programming year or the JWB fiscal year.
- b. Each Program Site/Location should have its own term as determined by the program sub-type mentioned above. For example, if your program offers services at Site A and Site B, each site should have its own Term. This means for programs that are required to have multiple term calendars and also have multiple sites, you will have multiple Terms for each program site. These will be identified using the naming convention specified below.
- c. Terms and the associated calendar should be set up prior to the beginning of the Fiscal Year or prior to the beginning of each specified term, whichever comes first.
- d. Changes to the calendar are allowed during the fiscal year (i.e., Hurricane Day). Please note that changes to the calendar will cause attendance to appear as if it hasn't been entered; however, will still be captured within the system tables. If an attendance was incorrectly entered on a day in which the program should be closed, attendance must be deleted first and then the calendar should be updated.
- e. Terms should be set up based on your designated program sub-type (i.e., OST, Youth Development/Mentoring) and as appropriate to your programs open and closed days.
- f. A naming convention for all Terms must be followed based on your program sub-type:
  - i. Early Learning – ProgramLocation|SYXX-XX
  - ii. OST – ProgramLocation|SYXX-XX or ProgramLocation|Summer XX
  - iii. Literacy – ProgramLocation|SYXX-XX or ProgramLocation|Summer XX
  - iv. Youth Development/Mentoring - ProgramLocation|SYXX-XX
  - v. Neighborhood Family Centers – ProgramLocation|SYXX-XX

## Program Site/Location Assignment Guidelines

- a. Program Sites or Locations are based off the services that a participant receives. This will be noted on the services form or through the Terms.

## Attendance Guidelines

- a. The ability to use the Excused Absences function within the Classes & Terms tool must be toggled on or off at the creation of a Term. Not all programs use this function, and the use of this function must be approved by the Evaluator.
- b. All excused absences must be noted in the participant file. The following absences are considered excused:
  - Medical – need to note in the file an excused absence, more than 5 days medical note
  - Documented extended learning – letter from school with length and days student would be attending the program Extended learning is considered to be academic related and does not include extracurricular activities.
  - Court order
  - Bereavement (immediate family member)
  - Religious holidays
  - COVID-19 exclusions – if the participant is excluded from the program due to having COVID-19 or being defined as a close contact
- c. The following absences are considered unexcused:
  - Sports
  - Vacations
  - Unknown reasons
  - Work
- d. Attendance should only be entered after it has occurred.

## H. Guidelines for Apricot

### General

#### Surveys

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 Provider Data Management Plan.

#### 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. When creating a Class or Term use camel case where there are no spaces between words. For example, use ProviderA|ProgramName or ProgramSiteA|SY21-22 instead of Provider A | Program Name or Program Site A | SY 21-22.

#### 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 is assigned a unique Record ID.

#### Participant/Member/Person

Each household is made up of household members. A household member is a recipient of services. Each Participant is assigned a unique ID called the Record ID.

## **Enrollment**

An enrollment reflects the period during which service(s) were rendered. Each enrollment will have an open date and eventually a close date and a closing reason. The enrollment open date must be the date the participant enrolled in the program. The enrollment close date must be the last date the participant received services as defined above.

## **Household / Family Fields**

1. Household information **MUST** be created before adding a participant. Every household should have participant(s) linked.
2. 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.
3. 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.
4. 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.
5. During an active participant enrollment, household data must be updated as changes occur or at least annually based on participant enrollment open date. Updates should also be reflected in participant files through notes or other documentation.
6. A participant should never be active in more than one open household within the same program at the same time.
7. 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. Providers will need to reach out to [provider-support@jwbpinellas.org](mailto:provider-support@jwbpinellas.org) with requests to delete households.
8. New household records should never be created for existing participants in existing households unless the household has truly changed. For example, a new household would be created and linked to an existing participant profile in the case of a foster child changing foster care homes. In the case of a child who lived with their father, for example, then moved to live with their mother, a new household would need to be created and linked. In these cases, the participant should be linked with the new household, and the old household association should be removed.

## **Household ID/Record ID**

The Household ID is the same for all members of the household/family. In Apricot this field is automatically populated when the Household is created and can be found in the General Household Information area of the Household form.

## **Name of Head of Household**

The Name of Head of Household field in Apricot is one of the items that can be searched on and therefore should be the full name of the Head of Household or the member of the household who contributes more than half of the household’s income or makes most of the household decisions. For a child who resides in a foster home, enter the child’s name.

## 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 youths 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 (Apricot)

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 Apricot, 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 Apricot unless household income is indicated as refused/unknown. This information is typically used to determine the 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 checkbox 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

<b>Other-Relative / Kinship Care – Married</b>	Other married relatives. Example: Grandmother & Grandfather; Aunt & Uncle
<b>Other- Non-Relative</b>	Primary is unrelated to others in household. Example: Child living in foster care or other non-relative placement
<b>No dependents – married</b>	Married couple with no children in home. Example: Couple whose children are all in foster care;
<b>No dependents – couple, non-married</b>	Two adults unrelated who share a home
<b>No dependents – single female</b>	Single Female with no children in home
<b>No dependents – single male</b>	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 Provider 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 Provider specializing in the treatment of 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 childcare provider.

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

**Counseling Program:** any Provider, 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 Provider specializing in services to people with disabilities.

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

**Community Based Care Lead Agency:** community-based care services (foster care, adoption) that are contracted for by DCF.

**Employment Assistance/Job Training:** any Provider, public or private, specializing in vocational training or employment related services for non-handicapped persons such as Florida’s Provider 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 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 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 Provider 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 Provider 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 Provider, 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 Profile

1. Household information **MUST** be created before adding a participant. Every participant should have a linked household.
2. If the participants parents or guardians are receiving services as a family, but live in separate households, household data should consist of the combined information for the household in which the child resides.
3. Participant-level fields apply to a specific individual in the household. In the Apricot system there is a radial button on the Participant Demographic Information Form where Services Type can be selected for adult or child. There are a few field variations, i.e. School ID and Name that are collected for Children and not for Adults. This should be selected based on the type of services to be received by the participant.
4. During an active participant enrollment, participant data must be updated as changes occur or at least annually based on participant enrollment open date. Updates should also be reflected in participant files through notes or other documentation.
5. 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. This function can only be performed by a JWB Apricot Administrator. *Providers will need to reach out to [provider-support@jwbpinellas.org](mailto:provider-support@jwbpinellas.org) with requests to delete participants.*

## Participant ID/Record ID

The Record ID is the unique ID for each participant. In Apricot this field is automatically populated when the participant is entered into the system. The Record ID can be found on the Participant Profile form under the System Fields area.

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

The participant's full legal name, first and last name at minimum, 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
- Gender Non-Conforming
- Trans Male
- Trans Female



## Sex

- Male
- Female

\*Definition from the United States Census Bureau

## Race

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

<b>American Indian or Alaska Native</b>	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.
<b>Asian</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia.
<b>Black or African American</b>	A person having origins in any of the black racial groups of Africa. "Haitian" can be used in addition to "Black or African American."
<b>Native Hawaiian</b>	A person having origins in any of the original peoples of Hawaii
<b>Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)</b>	Participant is an Asian other than the options provided
<b>Other Pacific Islander (Fijian, Tongan, etc.)</b>	Participant is a Pacific Islander other than the options provided
<b>Two or More Races</b>	Participant reports belonging to more than one race
<b>White</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<b>Prefer not to answer</b>	Option used when a participant has not indicated their race or if they choose not to supply this information

## 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**

**Prefer not to answer**

## Education

The participant's highest level of education should be selected. Options differ if the participant is identified as receiving adult or child services. For adults, education options range from those who did not graduate high school up to a doctorate degree. If a participant is identified as having child services, then they should select the current grade in which the child is enrolled. For summer programming education level should denote the grade the child will be entering for the upcoming school year. If the enrollment remains open this information should be updated as the child progresses through school. For those participants who are receiving child services, but may not be of school age or enrolled in school, please select from one of the options below:

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

**School Age, grade unknown:** Select this if the participant's is of school age, but grade is unknown.

### **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 unavailable or if the participant refuses to provide the ID, a pseudo-Student ID of 9999999999 (ten 9's) must be entered in the Student ID field. 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.

### **School Name**

The name of the kindergarten through 12th 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 or School Not Listed option or other.

### **Social Security Number**

This field should only be filled out if you are required to by JWB. This will be denoted in your contract. Otherwise, this field should be left blank.

### **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.

### **Does this Person Speak a Language other than English at home?**

It is reasoned that English is spoken at home, but we want to understand all the languages spoken. If the participant speaks a language other than English at home, please select yes. This will bring up another question asking what the primary, or main, language spoken in the home is. Select the most frequently spoken language from the following:

- English
- Spanish
- Chinese
- Vietnamese
- Korean
- Russian
- Arabic
- Tagalog
- Polish
- French
- Haitian Creole
- Portuguese
- Japanese
- Italian
- Other

## Current Living Situation

Select from one of the following choices to identify the current housing arrangement in which the participant resides.

Current Living Situation	Definition
Have Physical Address	The address of the location in which the participant resides. This is the defaulted option.
Legally Restricted	An address that is legally protected from being released or required.
Unsheltered	An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
Sheltered	An individual or family currently residing or living in an emergency shelter or hotel/motel paid for by a shelter program.
Safe Haven	A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.
Institutional Setting	A setting where the individual is under the care of a professional organization or the government (e.g. an inpatient treatment program, a jail, or group home).
Temporary Housing Situation	A short-term housing situation where individuals and families are able to stay for less than 24 months (e.g., transitional housing, couch surfing, self-pay hotel/motel).
Potentially Permanent Housing Situation	A housing situation where the individual or family may be able to stay long-term (e.g., with a significant other or a close family member where adequate space is available).

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

This only appears only if “Have physical address” is selected. 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.

## Linked Household (Apricot)

On the participant profile form, household information will appear under the linked household field. If the participant is not linked to a household(s) the field will appear blank. If the field is blank a household MUST be linked to the participant.

## 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. This designation will occur in the linked household field after the household and the participant have been linked.

- Spouse
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or Mother
- Grandchild

- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or Boarder
- Housemate or roommate
- Unmarried partner
- Other non-relative
- Self

## Enrollment

### Start Date

This should be the first day a participant is active within the program.

### 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 Provider.

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

**Alcohol and/or Substance Abuse Services:** any public or private Provider specializing in the treatment of 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 childcare provider.

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

**Counseling Program:** any Provider, 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 Provider 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 Provider specializing in providing services to perpetrators or victims of domestic violence (including crisis sheltering).

**Community Based Care Lead Agency:** community-based care services (foster care, adoption) that are contracted for by DCF.

**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 Provider, public or private, specializing in vocational training or employment related services for non-handicapped persons including Florida’s Provider 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 GCJFCS, PEMHS (system navigation), service providers and vendors. Provides direct access for families through wrap around services. FSI provides an array of services, support, 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 Provider 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 Provider 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 Provider 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 Provider 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, direct phone, voice contact, or telehealth 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.

<b>Completed Program</b>	the participant completed program services as defined in the Program Methodology
<b>Transferred to another provider prior to completion of program</b>	the participant left the program but is receiving similar services from another provider as documented in the case file
<b>Participant withdrew-with notice:</b>	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
<b>Participant withdrew- health problems:</b>	the participant was unable to participate further in program activities due to health problems
<b>Participant withdrew- lack of transportation:</b>	the participant was unable to obtain transportation to continue to attend program
<b>Participant withdrew-without notice:</b>	the participant ceased involvement (stopped showing up/dropped out) with the program unexpectedly and without notice
<b>Participant lost eligibility-aged out</b>	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
<b>Participant lost eligibility - was arrested/incarcerated</b>	the participant was arrested and therefore no longer eligible for services or was the participant was incapable of attending program activities due to incarceration
<b>Participant lost eligibility-moved out of service area</b>	the participant no longer resides in the geographic service area
<b>Participant lost eligibility - violation of program rules</b>	the participant was discharged from the program for not adhering to the program rules

<b>Participant lost eligibility - lack of progress</b>	the participant was not making satisfactory progress towards identified goals established by the program
<b>Participant died</b>	participant deceased
<b>Reunification</b>	when the youth has been returned to the biological home from which he/she was legally or informally removed
<b>Funding Ended / Site Closed</b>	use only as approved
<b>Data Source Changed</b>	use only as approved, when changing from Apricot to a Direct Data Upload

## I. Program Wide Services (Apricot)

The Program Wide Data module in Apricot 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.)

<b>Activity Name / Title</b>	The name or title of the program wide service / activity
<b>Begin Date / End Date</b>	The date the service or activity started and ended.
<b>Total # of Adults</b>	The number of adults 18 or older who attended the group service or activity. Do not include the presenter or any program staff.
<b>Total # of Children</b>	The number of youths under the age of 18 who attended the group service activity. Do not include the presenter or any program staff.
<b>Total # of Clients</b>	This field will automatically calculate the Total # of Adults plus the Total # of Children.
<b>Location/Site Name, Address, City, ZIP</b>	Used to identify the location where the service or activity took place. Once you select a Site Name the address should automatically fill in. If a program is based at school, their site location should only be listed as the program site with the associated school name, not "at school".
<b>Presenter/Instructor</b>	The lead group activity facilitator or presenter.
<b>Comments</b>	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. Direct Data Upload Specific Fields and Data Entry

### Episodes

1. Each episode will have an open date and eventually a close date and a closing reason.
2. 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.
3. The episode open date must be the date the participant enrolled in the program. This event is defined by the program and JWB Program Consultant and Evaluator.



4. 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.
5. 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.
6. The Provider must develop and adhere to a re-engagement 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 Data Management Plan
7. If a participant and episode record have been created but a service was never rendered, the participant should be removed from the data uploads. Providers must have a timeframe defined in their Provider Data Management Plan that outlines their procedure for timely removal.
8. If there are no services for 30 calendar days, then the episode needs to be closed by the provider.
9. 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. This shall be done by the Provider before their final reimbursement.

### **Performance Measurement**

1. Performance Measures must be collected as specified in the JWB agreement.
2. Service and Measure 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 Data Management Plan should include guidelines for ensuring the proper execution of the measure.

### **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. Providers who upload data to JWB through SharePoint, Direct Data Uploads, or other secure portal must follow the JWB Data Upload Guidelines for services and/or attendance data.

### **Roster Entry Timeline**

All roster entries should be entered as soon as possible. A timeline for data entry should be documented in the Provider's Provider Data Management Plan. JWB recommends that data should be entered within two weeks.

### **Program Site Assignment Guidelines**

- a. All participants are required to have a site assignment.

### **Roster Services Guidelines**

- a. Excused absences must be identified differently in the upload provided. Use of this must first be approved by the JWB Program Evaluator.
- b. All excused absences must be noted in the participant file. The following absences are considered excused:
  - Medical – need to note in the file an excused absence, more than 5 days medical note

- Documented extended learning – letter from school with length and days student would be attending the program
  - Court order
  - Bereavement (immediate family member)
  - Religious holidays
- c. The following absences are considered unexcused:
- Sports
  - Vacations
  - Unknown

## **K. Guidelines For Direct Data Uploads**

### **General**

#### **SharePoint**

Providers who use this method of sharing data with JWB are required to provide data in a JWB approved format and time frame and should reference their JWB contract.

#### **SFTP Sites (Direct Data Uploads)**

Providers that use this method 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.

#### **Surveys**

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 Provider Data Management Plan.

#### **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.

#### **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.

## **Episode**

1. 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. If there are no services for 30 calendar days, then the episode needs to be closed by the provider. 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.
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.

## **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 youths 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

This information is typically used to determine the 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 checkbox 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 parent's 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 parent's children
Dual Parent- Non-Married Male Head of Household	Father living with children and another adult who also parent's 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 Provider 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 Provider specializing in the treatment of 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 childcare provider.

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

**Counseling Program:** any Provider, 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 Provider specializing in services to people with disabilities.

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

**Community Based Care Lead Agency:** community-based care services (foster care, adoption) that are contracted for by DCF.

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

### **Person ID**

The Person ID is unique for each participant.

### **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 participants identified gender.

- Male
- Female
- Gender Non-Conforming
- Trans Male
- Trans Female

### **Sex**

- Male
- Female

\*Definition from the United States Census Bureau

## 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."

**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

**Two or more races** - Participant reports belonging to more than one race

**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

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 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 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 childcare 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

For children this should be their current grade. For adults this should be the highest level of education achieved. See the Education sheet for preferred values.

## SSN

Only required by program if in JWB contract

## 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.

## 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.

## School Name

The name of the kindergarten through 12th 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.

## Program Site

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.

For Participants that are:	Enter data as follows:
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.

## 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.

**Adoptions:** any private adoption Provider.

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

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

**Alcohol and/or Substance Abuse Services:** any public or private Provider specializing in the treatment of 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 childcare provider.

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

**Counseling Program:** any Provider, 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 Provider 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 Provider specializing in providing services to perpetrators or victims of domestic violence (including crisis sheltering).

**Community Based Care Lead Agency:** community-based care services (foster care, adoption) that are contracted for by DCF.

**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 Provider, public or private, specializing in vocational training or employment related services for non-handicapped persons including Florida’s Provider 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 GCJFCS, 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 Provider 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 Provider 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 Provider 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 Provider 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, direct phone, voice contact, or telehealth 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.

## L. Appendix 1

### Planning Tool for Data Management Plan

**PROVIDER NAME:** \_\_\_\_\_

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

**A written Provider Data Management 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:

- a. Process for authorizing new user access
  - i. Providers will need to submit forms. For Apricot access, Providers must fill out and submit the access form to their Program Consultant. For Direct Data Uploads, Providers seeking access must reach out to Michael Havelka ([mhavelka@jwbpinellas.org](mailto:mhavelka@jwbpinellas.org)).
- b. Process for monitoring access on an ongoing basis
  - i. Providers must monitor user access on an ongoing basis to confirm that only the appropriate staff have access to JWB's participant 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 annually.
- c. Process for terminating access of departing staff
  - i. 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 JWB Admins to have the user inactivated immediately. Provider staff must follow-up with the appropriate paperwork.
  - ii. 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 on or before their last day of employment.

#### **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 time frames and processes for data collection, data entry, and data quality checks, including but not limited to:

1. A re-engagement process which specifies the time frame of closure for inactive participants who fail to return for services. (See table)
2. How, when, and which staff positions are responsible for entering and verifying data (see table)
3. **For Apricot:** If a record needs to be deleted, the provider must reach out to [provider-support@jwbpinellas.org](mailto:provider-support@jwbpinellas.org). They will need to include the participant record ID and the record ID of the item to be deleted. **For Direct Data Uploads:** If a participant record needs to be deleted that has already been submitted to JWB, the provider must submit written documentation of the participant IDs that need to be removed. The provider must also remove the participants from their exported upload files. If a service or measure record needs to be deleted the provider will remove the record from the upload file.
4. 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.
5. If the agreement between the Provider and JWB requires the collection of data for performance measures, (e.g., surveys, assessments), the Provider Data Management Plan should include guidelines for ensuring the proper execution of the measure.
6. 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		



## M. Appendix 2

### Apricot Data Fields

Type	Field Label	Type	Required	Description	Note/Comment
Household	Household ID/Record ID	Numeric	Yes	Unique ID to identify the Household or Family to which a participant belongs	Automatically populated when the Household is created
Household	Name of Head of Household	String	Yes	First and Last Name of the Head of Household or the member of the household who contributes more than half of the household's income or makes most of the household decisions	
Household	Number of Adults	Numeric	Yes	Total number of adults (18 or older) who reside in the same physical location	
Household	Number of Minor Children	Numeric	Yes	Total number of children (under 18) who reside in the same physical location	
Household	Household Income Refused/Unknown	Yes/No	No	Check box if household income is indicated as refused/unknown	
Household	Household Income	Numeric	Yes	Total annual gross income of all members living in the same physical location before taxes	Required unless household income is indicated as Refused/Unknown

Household	Household Arrangement	Drop Down	Yes	Household arrangement information is to establish the closest definition that will allow comparison with Census Bureau data	Drop down menu options: Single Parent - Female Head of Household, Single Parent - Male Head of Household, Dual Parent - Married, Dual Parent-Non-Married Female Head of Household, Dual Parent- Non-Married Male Head of Household, Other-Relative / Kinship Care - Female Head of Household, Other-Relative / Kinship Care - Male Head of Household, Other-Relative / Kinship Care - Married, Other- Non Relative, No dependents - married, No dependents - couple, non-married, No dependents - single female, No dependents, single male
Participant	Participant ID / Record ID	Numeric	Yes	The Record ID is the unique ID for each participant	Automatically populated when the participant is entered into the system
Participant	First Name, Middle Name, Last Name, Last Name Suffix	String	Yes	The participant's full legal name	First and last name at minimum, must be entered; 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
Participant	Date of Birth	Date	Yes	The legal date that the participant was born	

Participant	Gender	Drop Down	No	The participant's identified gender	Drop Down Options: Male, Female, Gender Non-Conforming, Trans Male, Trans Female
Participant	Sex	Drop Down	Yes	The biological attributes of men and women (chromosome, anatomy, hormones)	Drop Down Options: Male, Female
Participant	Race	Drop Down	Yes	The race the participant identifies from the Census Bureau defined list	Drop Down Options: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian, Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, etc.), Other Pacific Islander (Fijian, Tongan, etc.), Two or More Races, White, Prefer not to answer
Participant	Ethnicity	Drop Down	Yes	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	Drop Down Options: 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, Prefer not to answer

Participant	Services Type	Radio Button	Yes	Indicates whether the participant is receiving services as an adult or a child	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. 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. This influences the available options for the Education, School Name, and Student ID fields
Participant	Education	Drop Down	Yes	The participants highest level of education; Students enrolled in school during the school year should indicate their current grade; Students enrolling during the summer should indicate the grade they will be entering	Drop down options differ if the participant is identified as receiving adult or child services; For adults, education options range from did not graduate high school up to a doctorate degree; If a participant is identified as having child services then they should select the current grade in which the child is enrolled

Participant	Student ID	Numeric	No	The School ID is the permanently assigned identifying code for a student in the Pinellas County School System	If the Student ID is unavailable or if the participant refuses to provide the ID, a pseudo Student ID of 9999999999 (ten 9's) must be entered in the Student ID field. 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.
Participant	School Name	Drop Down	No	The name of the Kindergarten through 12th Grade school that the participant attends	If a participant is receiving child services, but is not in school or attends a school outside of the Pinellas County use the N/A or School Not Listed Option
Participant	Social Security Number	Numeric	Program Specific	Nine Digit number issued to U.S. citizens	Only enter if required by JWB and denoted in your contract. Otherwise this field should be left blank.
Participant	Home Phone Number	Numeric	No	Home phone number of the household	
Participant	Cell Phone Number	Numeric	No	Cell phone number of the participant	For children, this should be the parent's cell phone number
Participant	Email Address	String	No	Email address	For children, this should be the parent's email address

Participant	Does this Person Speak a Language other than English at home?	Drop Down	Yes	Primary language spoken in the home	Yes / No; If Yes, please select the most frequently spoken language from the drop down
Participant	Primary Language Spoken	Drop Down	Yes	As to indicate the primary language spoken in the home other than English	This is only a required field if the participate indicates another language is spoken at home. Drop down options: English, Spanish, Chinese, Vietnamese, Korean, Russian, Arabic, Tagalog, Polish, French, Haitian Creole, Portuguese, Japanese, Italian, American Sign Language, Other
Participant	Current Living Situation	Drop Down	Yes	Current housing arrangement in which the participant resides	Drop down options: Have Physical Address, Legally Restricted, Unsheltered, Sheltered, Safe Haven, Institutional Setting, Temporary Housing Situation, Potentially Permanent Housing Situation
Participant	Address 1, Address 2, City and ZIP Code	String	No	Physical Street address for the primary place of residence of the participant	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.

Participant	Linked Household	String	Yes	Household information will appear under the linked household field	If a participant is not linked to a household, the field will appear blank. If the field is blank, a household MUST be linked to the participant.
Participant	Relationship to Head of Household	Drop Down	No	Participant's relationship to the Head of Household in which they reside	Drop down options: Spouse, Biological son or daughter, Adopted son or daughter, stepson or stepdaughter, Brother or sister, Father or Mother, Grandchild, Parent-in-law, Son-in-law or daughter-in-law, Other relative, Roomer or Boarder, Housemate or roommate, Unmarried partner, Other non-relative, Self
Episode	Episode Open Date	Date	Yes	First day a participant is active within the program	
Episode	Referred From	Drop Down	Yes	Primary source of referral to this program	Please refer to list of Drop Down options
Episode	Referred To	Radial button	No	Referrals made for the participant throughout the program	If there are multiple referrals for a 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.
Episode	Episode Close Date	Date	No	Last date the participant received services	Service is defined as face-to-face service, direct phone, voice contact, or telehealth but does not include voice mail, email, or written contact.

Episode	Episode Closing Reason	Drop Down	No	Information regarding why each participant left the program or stopped receiving services	Drop Down options: Completed program, Transferred to another provider prior to completion of program, Participant withdrew- with notice, Participant withdrew- health problems, Participant withdrew - lack of transportation, Participant withdrew- without notice, Participant lost eligibility - aged out, Participant lost eligibility - was arrested/incarcerated, Participant lost eligibility - moved out of service area, Participant lost eligibility - violation of program rules, Participant lost eligibility - lack of progress, Participant died, Reunification, Funding Ended / Site Closed
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