**HHS RHY Program Specific Data Elements Form for HMIS: All Clients** *(Collect information about all household members)*

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| --- | --- |
| **Data Collection Instructions:*** ***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Please print a copy to have available.*
 | **HMIS Tips:*** *Use the General HMIS Instructions & your program’s (funder) Supplemental User Guide for complete data entry instruction.*
* *EDA to Entry provider. Set backdate when prompted after searching for a client. Date should match project start date.*
* *If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “don’t know” or “Client prefers not to answer” unless the Client doesn’t know or prefers not to answer.*
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Program Entry (in HMIS: use Entry/Exit Tab)

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| 1. Provider: 2. Type: RHY 3. Project Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year) |

Entry Assessment (IN HMIS: Entry/Exit Tab)

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| Data Collection Instructions* *All answers must be accurate as of the project start date.*
 | HMIS Tips* *Add Entry/Exit. Confirm Provider, Type, and Project Start Date. Save & Continue.*
* *Entry Assessment will appear in a pop-up window.*
 |

**1a. Referral Source to program**

* Self-Referral
* Individual (i.e. parent, guardian, etc.)
* Outreach Project
* Temporary Shelter
* Residential Project
* Hotline
* Child Welfare / CPS
* Juvenile Justice
* Law Enforcement / Police
* Mental Hospital
* School
* Other Organization
* Client doesn’t know
* Client prefers not to answer
* Data not collected

**1b. *If Outreach Project is selected*, Number of times approached by outreach prior to entering project?**

|  |
| --- |
| **Basic Center Programs only** |
|  **Date of BCP Status Determination** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **Youth Eligible for RHY Services?*** Yes
* No

***If No,* reason why services are not funded by BCP grant*** Out of age range
* Ward of state – Immediate Reunification
* Ward of the Criminal Justice System - Immediate Reunification
* Other

***If Yes,* Runaway youth?*** Yes
* No
 |

 **2. Sexual Orientation**

* Gay
* Lesbian
* Bisexual
* Questioning/Unsure
* Other
* Client doesn’t know
* Client prefers not to answer
* Data not collected

**3.** **Last Grade Completed**

* Less than Grade 5
* Grades 5-6
* Grades 7-8
* Grades 9-11
* Grade 12 / High school diploma
* School program does not have grade levels
* GED
* Some college
* Associate’s degree
* Bachelor’s degree
* Graduate degree
* Vocational certification
* Client doesn’t know
* Client prefers not to answer
* Data not collected

**4. School Status**

* Attending school regularly
* Attending school irregularly
* Graduated from high school
* Obtained GED
* Dropped out
* Suspended
* Expelled
* DK □ X □ DNC

**5. Employed?**

* Yes
* No
* DK □ X □ DNC

***If Yes,* Type of Employment?**

* Full-time
* Part-time
* Seasonal/sporadic/day labor
* Data not collected

***If No,* Why not employed?**

* Looking for work
* Unable to work
* Not looking for work
* Data not collected

**6. General Health Status**

* Excellent
* Very good
* Good
* Fair
* Poor
* Client doesn’t know
* Client prefers not to answer
* Data not collected

**7. Dental Health Status**

* Excellent
* Very good
* Good
* Fair
* Poor
* Client doesn’t know
* Client prefers not to answer
* Data not collected

**8. Mental Health Status**

* Excellent
* Very good
* Good
* Fair
* Poor
* Client doesn’t know
* Client prefers not to answer
* Data not collected

**9. Pregnant**

* Yes ***If Yes,* Projected Birth Date \_\_\_/\_\_\_/\_\_\_\_**
* No
* Client doesn’t know
* Client prefers not to answer
* Data not collected

**10. Formerly a Ward of Child Welfare/Foster Care Agency**

* Yes
* No
* Client doesn’t know
* Client prefers not to answer
* Data not collected

***If Yes,* Number of Years**

* Less than one year
* 1 to 2 years
* 3 to 5 or more years
* Data not collected

***If Less than one year,* Number of Months (1-11)**

**11. Formerly a Ward of Juvenile Justice System**

* Yes
* No
* Client doesn’t know
* Client prefers not to answer
* Data not collected

***If Yes,* Number of Years**

* Less than one year
* 1 to 2 years
* 3 to 5 or more years
* Data not collected

***If Less than one year,* Number of Months (1-11)**

**12. Family Critical Issues**

Unemployment – Family Member

□ Yes □ No

Mental Health Disorder – Family Member

□ Yes □ No

Physical Disability – Family Member

□ Yes □ No

Alcohol / Substance Use Disorder – Family Member

□ Yes □ No

Insufficient Income to Support Youth – Family Member

□ Yes □ No

Incarcerated Parent of Youth

□ Yes □ N

Services - *Services are recorded for all Heads of Household and Adults. If service benefits entire household, it may be recorded solely for the Head of Household. Services which require repeat visits for the same kind of service are only required to enter the first service of the type*

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| **HMIS Tips:*** Click on the “Service Transactions” Tab
* Use “Add Service” button to add a service
* Enter Start Date/End Date, and Service Type
* Save & Continue.
* Select Type of RHY Service
* Save & Exit
* NOTE: Some service types are intended for specific program types
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Type (write in name from list)** | **Start date** | **End date** |  | **RHY Service Types** |
|   | / / | / / |  | Community service/service learning (CSL) | Pre-natal care |
|   | / / | / / |  | Employment and training services | Substance use disorder treatment |
|   | / / | / / |  | Life skills training | Education |
|   | / / | / / |  | Post-natal care for mother | Home-based services |
|   | / / | / / |  | Street-based Services | Post-natal newborn care |
|  | / / | / / |  | Criminal justice/legal services | STD testing |
|  | / / | / / |  | Health/medical care | Substance Use Disorder Ed/Prevention Services |
|  | / / | / / |  | Parenting education for youth with children |

Program Exit (in HMIS: use Entry/Exit Tab)

**Name**: **HMIS ID:**

*First Middle Last Suffix*

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| **HMIS Tips:** *(From the head of household’s record, if additional members were added to single entry)** *Complete Exit from the head of household’s record, if additional members were added to single entry.*
* *Use the General HMIS Instructions & your program’s (funder) Supplemental User Guide for complete data entry instruction.*
* *EDA to Entry Provider. No need to backdate.*
* *Entry/Exit Tab: click pencil next to exit date. Continue to the Exit Assessment.*
 |

**All RHY Programs**

**Ever received something in exchange for sex (e.g. money, food, drugs, shelter)** □ Yes □ No □ DK □ X □ DNC

*If yes* for ever received anything in exchange for sex. In the past three months? □ Yes □ No □ DK □ X □ DNC

*If yes* for ever received anything in exchange for sex. How many times?

*If yes* for ever received anything in exchange for sex. Ever made/persuaded/forced to have sex in exchange for something? □ Yes □ No □ DK □ X □ DNC

*If yes* for ever made/persuaded/forced to have sex in exchange for something. In the last three months? □ Yes □ No □ DK □ X □ DNC

**Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?** □ Yes □ No □ DK □ X □ DNC

**Ever promised work where work or payment was different than you expected?** □ Yes □ No □ DK □ X □ DNC

*If yes* for either "Workplace violence threats" or "Workplace promise difference" Felt forced, coerced, pressured, or tricked into continuing?

□ Yes □ No □ DK □ X □ DNC

*If yes* for either "Workplace violence threats" or "Workplace promise difference" In the last three months? □ Yes □ No □ DK □ X □ DNC

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* Good
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* Poor
* Client doesn’t know
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* Data not collected

**Mental Health Status**

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* Good
* Fair
* Poor
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* Client prefers not to answer
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**Project Completion Status (MGH and TLP only)**

* Completed Project
* Youth voluntarily left early
* Youth was expelled or otherwise involuntarily discharged from project

***If* expelled or otherwise involuntarily discharged from project, Select the major reason**

* Criminal activity/destruction of property/violence
* Non-compliance with project rules
* Non-payment of rent/occupancy charge
* Reached maximum time allowed by project
* Project terminated
* Unknown/disappeared

**Counseling received by client**

□ Yes □ No

***If yes*** to "Counseling received by client" - Identify the type(s) of counseling received:

**Individual** □ Yes □ No

**Family** □ Yes □ No

**Group - including peer counseling** □ Yes □ No

**Number of sessions received by exit:**

**Total number of sessions planned in youth's treatment or service plan:**

**A plan is in place to start or continue counseling after exit** □ Yes □ No

**Safe and Appropriate Exit (MGH and TLP only)**

**Exit destination safe – as determined by the client** □ Yes □ No □ DK □ X □ DNC

**Exit destination safe – as determined by the project/caseworker** □ Yes □ No □ Worker does not know

**Client has permanent positive adult connections outside of project** □ Yes □ No □ Worker does not know

**Client has permanent positive peer connections outside of project** □ Yes □ No □ Worker does not know

**Client has permanent positive community connections outside of project** □ Yes □ No □ Worker does not know

Post-Exit: All RHY Programs

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| **HMIS Tips:*** *Use the General HMIS Instructions & your program’s (funder) Supplemental User Guide for complete data entry instruction.*
* *EDA to Entry provider. No need to backdate*
* *Click on the “Follow Ups” icon next to the correct entry in the Entry/Exit tab*
* *Select* ***Update*** *for Review Type and enter the date of the review.*
* *Aftercare entries should be between the date of project exit up to 90 days (3 months) after the date of exit.*
 |

**Aftercare Date:** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_\_

**Aftercare was provided**

* Yes
* No
* Client prefers not to answer

**If yes to “Aftercare was provided” – Identify the primary way it was provided:**

* Via email/social media
* Via telephone
* In person: one-on-one
* In person: group