

NEORHYMIS v2.1 - BRIEF SERVICE CONTACT REPORT

Expiration date: 09/30/2013 — OMB Control No: 0970-0123

This instrument collects information regarding brief service contacts by Family and Youth Services Bureau (FYSB)-funded Basic Center or Transitional Living Program grantee agency staff.

A brief service contact occurs when a program staff member counsels or otherwise works for less than six (6) consecutive hours with either of the following:

- (1) a young person who has not been formally admitted to the program at the time of the contact
- (2) other individuals associated with a young person who has not been formally admitted to the program at the time of the contact.

However, create a RHYMIS Entrance Record for the youth if the period of contact includes a formal assessment or involves one of the following: a waiting list of less than 30 days, development of a transitional living plan, the expectation of aftercare, or continuing nonresidential services (e.g., to prepare a youth for the TLP experience). A brief contact should not be removed from the count even if a brief contact youth returns unexpectedly (even a few days later) and enters shelter or residential services.

A brief service contact might include, for example, a 45-minute phone consultation with a young person seeking assistance, in which you provided a referral to an appropriate program. Brief contacts may also be one-time interactions with parents, friends, and professionals to link a youth with appropriate services outside your FYSB program. They do not include contact with youth on the street or at an SOP drop-in center by street outreach staff.

Youth to whom Basic Center or Transitional Living Program staff provide informal, unstructured, or partial-day (drop-in type) services, but not an overnight stay or structured services by appointment, should be entered in a Brief Service Contact Record. A youth who receives more structured, FYSB-funded services—family counseling, mediation, or similar interventions—but is not sheltered overnight should not be entered in a Brief Service Contact Record, but rather in a regular Entrance Record, with the Setting for Service Delivery selected as Services to Prevent Shelter Entry.

As with turnaways, most grantees find it easiest to keep track of brief service contacts as they occur in a log and then summarize them in Brief Service Contact Records created at the end of the reporting period. Each agency can determine whether to define the reporting period for Brief Service Contact Records internally as 1 month, 6 months, or some other period of time.

Full and accurate reporting of these brief service contacts is important because it helps to inform the U.S. Congress and funding sources about brief services provided by grantees to link young people with appropriate services, often with preventive results.

Center ID: [display only]

Updated By: [display only]

Updated Date: [display only]

Reporting Period Covered

Start Date _____ (mm/dd/yyyy)

End Date _____ (mm/dd/yyyy)

1. Brief Contact Type (select **one** of the following):

| |
|---------|
| Call |
| Drop-In |
| Other |

2. Individual Contacting the Agency (select **one** of the following):

| |
|--|
| Youth himself/herself |
| Parent/legal guardian of young person |
| Relative or friend of young person |
| Other adult or youth calling on behalf of young person |
| Partner/spouse of young person |
| Youth professional calling on behalf of young person |
| Other professional calling on behalf of young person (such as a police officer, social worker, or school personnel) |

3. Contacts:

| |
|---|
| Please enter the total number for the specified contact type and individual contacting the agency for brief contact services during the reporting period. _____ |
|---|

4. System referrals: If referral was made to one of the “system” services below, please indicate which one. Otherwise, select “Not Applicable”.

NOTE: This referral check-off is to provide a rough headcount of current foster care, juvenile justice or mental health "system" youth (who are not included in the FYSB treatment population) whom you refer to or treat with system-funded services after they come to the FYSB shelter.

| |
|--|
| Foster Care/Child Welfare/ Independent Living System |
| Juvenile Justice System |
| Mental Health System |
| Other System |
| Not Applicable |