

# Data Element Guide

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## **Thriving Texas Families Program**

### **Family Health Services**

**Version 2.00**

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**TEXAS**  
Health and Human  
Services



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## 1. Overview

This document serves as a database instructional guide for HHSC funded Thriving Texas Families (TTF) Providers. The guide discusses each required TTF data element and the valid responses accepted by HHSC.

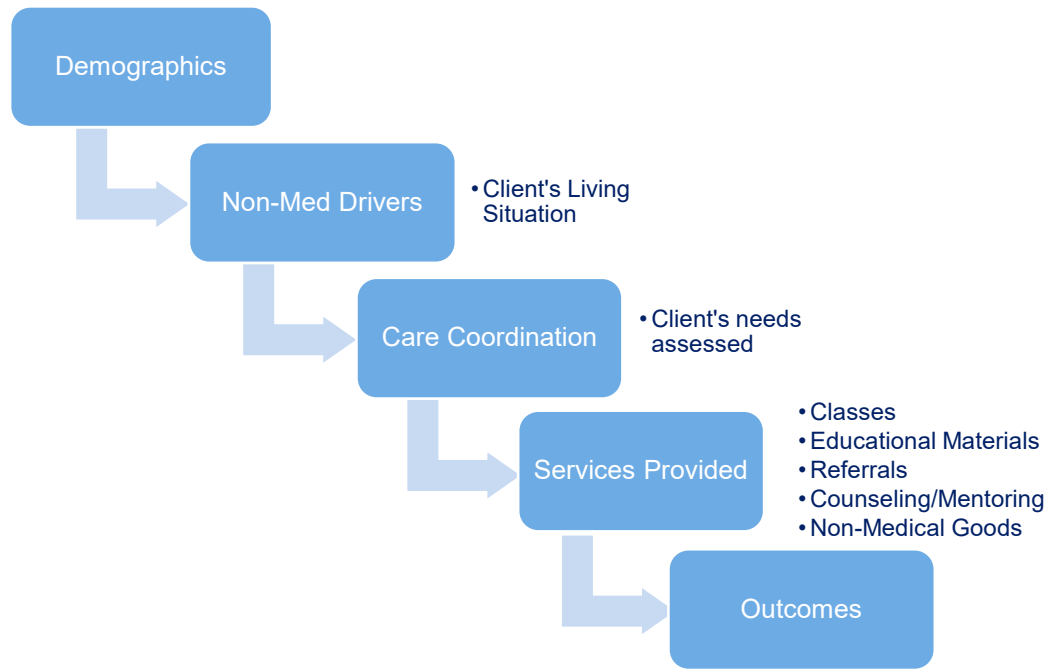
This guide will demonstrate the flow of a client through your organization's programs. There are 7 excel file uploads that will be entered monthly by the providers. The 7 sections of data are broken down to the following excel files:

1. Demographics
2. Non-Med Drivers
3. Care Coordination
4. Classes
5. Services
6. Referrals
7. Outcomes

Additional Technical Guidance:

- Demographic Excel File: Providers will start with the **demographic** excel file for each client. This establishes a client in the database and allows for the client to be tracked throughout your program.
- Once a client is established, they can now be assessed in the Non-Med Drivers and Care Coordination excel files.
  - ▶ Non-Medical Drivers: The Non-Med Drivers questions will give insight into a client's current living situation.
  - ▶ Care Coordination: will assess the client's needs.
- Classes, Educational Materials, Referrals and Counseling/Mentoring: After the client has been assessed, the client is now eligible to flow into one or all the services your organization recommends. Providers will enter data for each client on every service they receive for Classes, Educational Materials, Referrals, and Counseling/Mentoring.

- Outcomes: A client can now be measured for an outcome after completing all the steps and will be measured by post survey exams for the outcome aligned with their specific needs.



In each section you will find a description of each data element and an overview of the acceptable responses for each data element.

Should you wish to provide any additional details about provided services beyond what is defined in this document, HHSC encourages you to reach out to your assigned contract manager to share information or include supplementary documentation with your monthly data submissions.

This guide also provides the methodology HHSC uses to determine the following performance measures and for reporting to the Texas Legislative Budget Board.

- Unduplicated number of clients
- Number of TTF Services provided
- Percent of clients referred to and enrolled in Medicaid
- Percent of clients referred to and enrolled in Nurse Family Partnership

## 2. Client Demographic Information

### Data Elements and Accepted Responses

While contractors may import data into the TTF reporting workbook, the upload process must ensure that required data elements are adhered to, including the options for drop-down responses.

- Year – This is the reporting by fiscal year. YYYY.
- Month – This is the reporting month.
  - Accepted responses – This field is required and must be numerical and correspond with the calendar year. For example, when reporting data for January this column would reflect “1”.

**Client ID**– The client ID is a unique number assigned to the client upon entering the organization for allowable services and is assigned to the client by the TTF Provider. The client will keep this same client ID number throughout the fiscal year even if they return for additional services. For clients who receive TTF services in a subsequent fiscal year, they may or may not receive a new client ID number.

***Required:*** Minimum 1 character and maximum 20 characters.

**First Name**– Client’s First Name

***Required:*** Minimum 1 character and maximum 20 characters

**Middle Name**– Client’s Middle Name

***Required:*** Minimum 1 character and maximum 20 characters

**Last Name**– Client’s Last name

***Required:*** Minimum 1 character and maximum 20 characters

**DOB**– Client’s Date of Birth

***Required:*** MM/DD/YYYY Date of Birth Format

**Zip** – Client zip code.

***Required:*** Must be 5 digits

**Sex** – Gender of the client.

***Accepted Responses:***

- Female
- Male
- No Response

**Medicaid ID-** Client's Medicaid ID (voluntary)

**Not Required:** For clients who have Medicaid and wish to provide it, enter client's Medicaid ID.

**Returning Client** – Indicate whether the client is a returning client or not. A returning TTF client is someone who has already been reported to HHSC with services for the current fiscal year and is now continuing to receive services. This could be continual services or a client who stopped receiving services and is now returning within the same fiscal year.

***Accepted Responses:***

- 0
- 1

**Marital Status** – Client legal marriage status.

***Accepted Responses:***

- Single
- Divorced
- No Response
- Married
- Widowed

**Income Level-** Client's annual income

***Accepted Responses:***

- \$0-\$9,999
- \$50,000-\$59,999
- \$100,000 or More
- \$10,000-\$19,999
- \$60,000-\$69,999
- Prefer Not To Disclose
- \$20,000-\$29,999
- \$70,000-\$79,999
- \$30,000-\$39,999
- \$80,000-\$89,999
- \$40,000-\$49,999
- \$90,000-\$99,999

**Employment Status-** Is the client employed?

***Accepted Responses:***

- Employed Part Time
- Retired
- Employed Full Time
- Student
- Unemployed, Looking For Work
- Disabled, Not Able to Work
- Unemployed, Not Looking for Work
- Prefer Not To Disclose

**Client Type** – Grantee shall provide services to individuals who are Texas residents and meet one of the following Client types:

***Accepted Responses:***

- Adoptive Parent of a Child 36 Months or younger

- Approved Adoptive Parent of an unborn Child.
- Biological Father of Unborn Child
- Biological Parent of a Child 36 months or younger
- Former Participant who has experienced the loss of a Child.
- Parent or Legal Guardian of a pregnant Minor who is a Program Client
- Parent who experienced a miscarriage or loss of a Child <91 days before the parent begins participation in the services offered through the program
- Parent, Legal Guardian, or Adult Caregiver of a Child 36 Months or younger
- Pregnant Woman

**County** – The Texas county where the client resides.

***Required:*** Must be one of the county codes referenced in your data format guide.

**Race/Ethnicity** – This is determined by available ethnicities as described in the drop-down menu.

***Accepted Responses:***

- |                                  |  |
|----------------------------------|--|
| ➤ American Indian/ Alaska Native | ➤ Native Hawaiian/Other Pacific Islander |
| ➤ Asian                          | ➤ Other                                  |
| ➤ Black or African American      | ➤ Refused                                |
| ➤ Hispanic or Latino             | ➤ Unknown                                |
| ➤ Multi-Racial                   | ➤ White                                  |

**Age At Service** – The age of the client at the first time of service within the fiscal year.

***Required:*** Must be a number value from 1 to 99.

**Gestational age at enrollment (number of weeks)** – For clients who are pregnant when first receiving TTF services, please enter the gestational age at the first time of service within the fiscal year. For clients who are not pregnant, enter “0”. If the client becomes pregnant then it will require an update to the “client type” designation which will include the inclusion of gestational age.

***Required:*** Must be a whole number. N/A or Unknown are also accepted.

**Highest Level of Education** – Only utilize data descriptors as identified in the drop-down menu.

***Accepted Responses:***

- |                    |                              |
|--------------------|------------------------------|
| ➤ Not Completed    | ➤ Professional Certification |
| ➤ High School/ GED | ➤ Vocation Training          |
| ➤ Post Secondary   | ➤ No Response                |



**Number of Existing Children** – This is for TTF clients who meet the definition as determined by “client type”.

***Required:*** If ***client type*** was a pregnant woman or biological father of an unborn, the value must be 1. All other client types, the value must be 0.

### 3. Non-Med Drivers

#### Non-Medical Drivers of Health Assessment

Grantee must follow the below requirements to comply with the Non-Medical Drivers of Health Assessment for clients:

1. Standardized Screening Questions

Grantee must utilize the HHSC non-medical drivers of health standardized screening questions for all consenting clients. Grantee must use the questions and responses identified in the **HHSC Non-Medical Needs Screening form** and available in English and Spanish.

2. Informed Consent

As required by Texas Government Code §531.024183(d), Grantees or its Service providers may not perform a screening of clients using the standardized screening questions unless the Grantee or its Service Provider:

A. Informs the Client:

a. about the type of data that will be collected during the screening and the purposes for which the data will be used; and

b. that the collected data will become part of the Client's record or service plan; and

B. Obtains the Client's informed consent to perform the screening.

C. Grantee will be required to report all data collected through the non- medical drivers of health standardized screening questions to TTF.

3. Grantee must obtain the Client's informed consent before performing the screening and inform the woman that:

A. they have a right to decline the screening or services or choose to discontinue the screening or services at any time; and

B. declining or discontinuing the screening or services will not impact a client's right to receive other services.

4. Grantee is responsible to maintain written internal policies related to the use of the Non-Medical Drivers of Health Assessment.

#### Guidance for TTF Reporting

**Client ID-** Clients can be entered multiple times in a month for receiving the non-med driver assessment. The client should be added on separate line items for each time the assessment is administered in a month.

**Required:** Client Id is required - Minimum 1 character and maximum 20 characters.

**Consent-** Clients must consent before receiving this assessment

**Accepted Responses:**

➤ Yes

➤ No

➤ Other

**Food Worried-** Within the past 12 months, you worried that your food would run out before you had money to purchase more.

***Accepted Responses:***

➤ Often True

➤ Never True

➤ Sometimes True

➤ Declined

**Food Did Not Last-** Within the past 12 months, the food you bought didn't last and you didn't have money to purchase more.

***Accepted Responses:***

➤ Often True

➤ Never True

➤ Sometimes True

➤ Declined

**Food Help-** Would you like help with your food needs?

***Accepted Responses:***

➤ Yes

➤ Declined

➤ No

**Lack of Transportation Medical-** Within the past 12 months, has a lack of reliable transportation kept you from medical appointments or getting medications?

***Accepted Responses:***

➤ Yes

➤ Declined

➤ No

**Lack of Transportation Daily Living-** Within the past 12 months, has a lack of reliable transportation kept you from doing things you need to do, such as grocery shopping or getting to work or school?

***Accepted Responses:***

➤ Yes

➤ Declined

➤ No

**Transportation Help-** Would you like help with transportation?

***Accepted Responses:***

➤ Yes

➤ Declined

➤ No

**Living Situation-** What is your living situation today?

***Accepted Responses:***

- Steady Place
- Steady Place but worried
- No Steady Place
- Declined

**Problem Paying Utilities-** Do you have problems paying for utilities, such as electricity, gas, heat, air conditioning or water?

***Accepted Responses:***

- Yes
- No
- Declined

**Problems Utilities Not Working-** Do you have problems with utilities not working, such as electricity, gas, heat, air conditioning or water?

***Accepted Responses:***

- Yes
- No
- Declined

**Problems Pest-** Do you have problems with pests like bugs or mice?

***Accepted Responses:***

- Yes
- No
- Declined

**Problems Mold-** Do you have problems with mold?

***Accepted Responses:***

- Yes
- No
- Declined

**Problems Lead-** Do you have problems with lead paint or pipes?

***Accepted Responses:***

- Yes
- No
- Declined

**Problem Smoke CM-** Do you have problems with smoke or carbon monoxide detectors missing or not working?

***Accepted Responses:***

- Yes
- No
- Declined

**Housing Help-** Would you like help with your living situation?

***Accepted Responses:***

- Yes
- No

- Declined

**Childcare Assistance-** In the next 12 months, will you need help finding or paying for childcare?

***Accepted Responses:***

- Yes
- Declined
- No

**Childcare Help-** Would you like help with child care?

***Accepted Responses:***

- Yes
- Declined
- No

**Funding Source-** This will also correspond with the type of HHSC contract your organization has. Core Grantee/Pilot Program, Core Grantee, Pilot Program

***Accepted Responses:***

- Core/PP
- PP
- Core

**Service Date-** This field includes the date in which the client received the corresponding service

***Service Date Format:*** MM/DD/YYYY

**Service County-** In what county did the client receive services?

***Required:*** Must be one of the [County Codes](#).

**Service Channel-** This information includes the method in which the client received services. If the client received services in person, the channel would be face to face. If the client received services through a technology source such as Facetime and/or Zoom, the channel would be face to face technology. If the client received services via a telephone call without video, the channel would be telephone.

***Selections:***

- FTF
- Virtual
- Delivery
- Telephone
- Text
- Email



## 4. Care Coordination

The **Care Coordination** assessment helps identify a client's needs and goals in different aspects of their life. This assessment helps with developing a comprehensive plan for clients and can promote a streamline of services. These performance metrics will track clients' progress throughout an organization's programs, and this can lead to outcomes being achieved at the conclusion.

**Client ID-** Clients can be entered multiple times in a month for receiving care coordination.

***Required:*** Minimum 1 character and maximum 20 characters.

**Received Care Coordination-** Care coordination assessment is encouraged to be given to the client. Clients also have the option to refuse care coordination. If a client refuses care coordination, the "refused" option should be used for each category.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Medical Need-** Care coordinator determined the client needed to be assessed for a health care need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Need Medical Identified-** Care coordinator identified a health care need and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**H Need-** Care coordinator determined the client needed to be evaluated for a behavioral health need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**BH Identified-** Care coordinator identified a behavioral health need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Perinatal Depression-** Care coordinator identified perinatal depression, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Need Child Development-** Care coordinator determined the client needed to be evaluated for a child health and development need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Child Health and Development Need Identified-** Care coordinator identified a child health and development need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed For Material Assistance Need-** Care coordinator determined the client needed to be evaluated for a material assistance need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Material Assistance Need Identified-** Care coordinator identified a material assistance need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed for Infant Care Items-** Care coordinator determined the client needed to be evaluated for an infant care item need.

***Accepted Responses:***



- Yes
- No
- Other
- Refused

**Infant Care Item Need Identified-** Care coordinator identified an infant care item need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed for Adoption Services Need-** Care coordinator determined the client needed to be evaluated for an adoption services need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Adoption Services Need Identified-** Care coordinator identified an adoption services need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Need for Housing-** Care coordinator determined the client needed to be evaluated for a housing need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Housing Need Identified-** Care coordinator identified a housing need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Education Need-** Care coordinator determined the client needed to be evaluated for an educational need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Education Need Identified-** Care coordinator identified an educational need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Child Care Need-** Care coordinator determined the client needed to be evaluated for a childcare need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Child Care Need Identified-** Care coordinator identified a childcare need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Economic Need-** Care coordinator determined the client needed to be evaluated for an economic need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Economic Need Identified-** Care coordinator identified an economic need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Employment Need-** Care coordinator determined the client needed to be evaluated for an employment need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Employment Need Identified-** Care coordinator identified an employment need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Marriage Need-** Care coordinator determined the client needed to be evaluated for a marriage need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Marriage Need Identified-** Care coordinator identified a marriage need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Assessed Family Support Need-** Care coordinator determined the client needed to be evaluated for a family support need.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Family Support Need Identified-** Care coordinator identified a family support need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refuse

**Perinatal Depression Need Identified-** Care coordinator identified a perinatal depression need, and recommended services or referred the client.

***Accepted Responses:***

- Yes
- No
- Other
- Refused

**Funding Source-** This will also correspond with the type of HHSC contract your organization has. Core Grantee/Pilot Program, Core Grantee, Pilot Program

***Accepted Responses:***

- Core/PP
- Core
- PP

**Service Date-** This field includes the date in which the client received the corresponding service

***Service Date Format:*** MM/DD/YYYY

**Service County-** In what county did the client receive services?

Required: Must be one of the [County Codes](#).

**Service Channel-** This information includes the method in which the client received services. If the client received services in person, the channel would be face to face. If the client received services through a technology source such as Facetime and/or Zoom, the channel would be face to face technology. If the client received services via telephone call without video, the channel would be telephone.

***Selections:***

- |             |           |            |
|-------------|-----------|------------|
| ➤ FTF       | ➤ Virtual | ➤ Delivery |
| ➤ Telephone | ➤ Text    | ➤ Email    |

## 5. Classes

**Classes-** This service should be reported when providing a client with classes covering any of the accepted class types and their associated topics.

- Classes can be provided either individually or in a group setting, web-based or in-person.

**Client ID-** The client ID is a unique number assigned to the client upon entering the organization for services.

**Required:** Minimum 1 character and maximum 20 characters.

**Class Type-** This service should be reported when providing a client with classes covering topics which can include:

***Accepted Responses:***

- |                     |             |               |
|---------------------|-------------|---------------|
| ➤ Adoption          | ➤ Health    | ➤ Life Skills |
| ➤ Economic Supports | ➤ Pregnancy | ➤ Parenting   |
| ➤ Education         | ➤ Safety    | ➤ Other       |
| ➤ Employment        | ➤ Stress    |               |
| ➤ Family Foundation | Management  |               |

**Class type definitions and associated class topics:**

**Adoption** - Adoption is the legal process through which a child joins a family different from his or her birth parents. Moreover, adoption is a permanent, lifelong commitment to a child.

***Accepted Topics for this class type:***

- |                             |                    |
|-----------------------------|--------------------|
| ➤ Access Adoption Resources | ➤ Adoption Options |
|-----------------------------|--------------------|

**Economic Supports** - The various financial and service programs that help Texans with low incomes or specific needs access resources for healthcare, food, and other essentials.

***Accepted Topics for this class type:***

- |   |                      |
|---|----------------------|
| ➤ Accessing Legal and Government Assistance | ➤ Locating Resources |
|---|----------------------|

**Education** - The process of educating or teaching people about lifestyles and daily activities that promote physical, mental, and social well-being. This process may be provided to an individual or to a group of people.

***Accepted Topics for this class type:***

- Accessing Educational Options
- Educational Attainment

**Employment** – Employment refers to any work or labor performed for pay, including both paid jobs and self-employment. This can include traditional competitive employment, supported employment, or other vocational activities.

***Accepted Topics for this class type:***

- Interviewing
- Job Placement
- Job Readiness
- Job Training
- Resume Building
- Skill Building
- Stress in Employment

**Family Formation** – This refers to the process of establishing a stable and supportive family unit, often with a focus on encouraging parents to stay together and raise their children. This includes promoting healthy pregnancy and childbirth, increasing access to resources for family and child development, and helping parents develop successful parenting techniques.

***Accepted Topics for this class type:***

- Family Health
- Marriage
- Relationships

**Health** - The overall state of an individual's ability to function and participate in daily life. This includes addressing physical, mental, and behavioral health needs,

***Accepted Topics for this class type:***

- Alcohol and Tobacco Use
- Behavioral Health
- Grief Coping
- Impacts of Stress on Health
- Mental Health
- Nutrition
- Sex Education
- Screen Time
- Social Media Use
- Substance Abuse

**Life Skills** - Life skills refer to the abilities and competencies needed to navigate daily living and achieve independence. This includes both interpersonal and psychosocial skills that help individuals manage their lives effectively.

***Accepted Topics for this class type:***

- Budgeting
- Cooking
- Debt Management
- Laundry
- Personal Finance

**Parenting** - The actions and responsibilities related to a child's care, upbringing, and well-being. This could include birth parents, guardians, conservators, foster parents, and anyone involved in a child's care, including family members and cohabiting individuals.

***Accepted Topics for this class type:***

- Child Development
- Coparenting
- Childcare
- Parenting Strategies

**Pregnancy** – Pregnancy means the female human reproductive condition of having a living unborn child within the female's body during the entire embryonic and fetal stages of the unborn child's development from fertilization until birth.

***Accepted Topics for this class type:***

- Labor/Delivery
- Postpartum Care
- Postnatal
- Prenatal

**Safety** - Defined as the protection from harm, injury, or danger. This includes preventing or minimizing of risk.

***Accepted Topics for this class type:***

- Car Seat Safety
- Home Safety
- Child Abuse
- Intimate Partner Violence
- CPR
- Water Safety
- Emergency Preparedness
- Safe Sleep

**Stress Management** – This is designed to help individuals cope with the psychological effects of critical incidents. It includes consultation, counseling, debriefing, and intervention services.

***Accepted Topics for this class type:***

- Managing Stress During Pregnancy
- Stress in Parenting

**Other** – A class that does not fall under the scope of any of the other class types.

***Accepted Topics for this class type:***

- Other

**Post Test Taken**-Were class attendees administered a post class survey?

***Accepted Responses:***

- Yes
- Vacated
- No
- Refused

**Knowledge Increase**- Client reported an increase of knowledge in the subject matter after the class.

***Accepted Responses:***

- Yes
- No
- Refused

**Service Date-** This field includes the date in which the client received the corresponding service

***Service Date Format:*** MM/DD/YYYY

**Service County-** In what county did the client receive services?

Required: Must be one of the [County Codes](#).

**Service Channel-** This information includes the method in which the client received services. If the client received services in person, the channel would be face to face. If the client received services through a technology source such as Facetime and/or Zoom, the channel would be face to face technology. If the client received services via a telephone call without video, the channel would be telephone.

***Selections:***

- FTF
- Telephone
- Virtual
- Text
- Delivery
- Email



## 6. Services

**Client ID-** The client ID is a unique number assigned to the client upon entering the organization for services.

**Required:** Minimum 1 character and maximum 20 characters

**Service Type-** This field includes information on the type of service the client received.

### ***Accepted Responses Definitions:***

- **Counseling-** A face-to-face discussion between a client and a trained professional counselor or a therapist.
- **Mentoring-** Grantee or its contracted Service Providers must deliver quality mentoring and care coordination to each Client by qualified care coordinators. Qualified-care coordinators may include, but are not limited to, registered nurses, individuals with degrees in a related social services field, or certified community-health workers. Grantee must have a policy describing how the Grantee defines a “qualified care coordinator.”
- **Non-Medical Goods-** This service should be reported when providing a client with non-medical goods and services that meet the immediate or short-term needs of the client and that directly support or promote childbirth. Non- medical goods and services **may include but are not limited to** goods or services that meet the clients’ short-term needs related to food, clothing, and transportation including cribs and car seats which meet the current safety standards for use; maternity clothes; baby clothes; formula; baby food; diapers and any non-medical goods or services that support woman in her decision to breastfeed.
- **Housing-** Grantee or its contracted Service Providers may provide maternity housing for the duration of a client's pregnancy and up to 180 calendar days post-partum. Maternity home services may include but are not limited to: 13.1.1 Shelter; 13.1.2 Food; 13.1.3 Clothing; 13.1.4 Safety; and 13.1.5 Transportation to prenatal care, employment, other medical appointments, classes, and access to HHSC programs.
- **Educational Material Non-Reimbursable-** All educational materials provided by client-based providers.
- **Educational Material Reimbursable-** *\*\*\*This Option is for Fee-For-Service providers only.* An educational material accompanied by a class or at least a 15-minute counseling session during the same day.

**Service Detail-** The description of service the client received.

### ***Accepted Responses Definitions:***

- **Pregnancy-** Counseling, mentoring, or educational material regarding human reproductive condition of having a living unborn child within the female's body during the entire embryonic and fetal stages of the unborn child's development from fertilization until birth.
- **Health-** Counseling, mentoring, or educational material regarding the overall state of an individual's ability to function and participate in daily life. This includes addressing physical, mental, and behavioral health needs,
- **Behavioral health-** Counseling, mentoring, or educational material regarding the study and care of mental, emotional, and social well-being of a person.

- **Education-** Counseling, mentoring, or educational material regarding the process of educating or teaching people about lifestyles and daily activities that promote physical, mental, and social well-being. This process may be provided to an individual or to a group of people.
- **Parenting-** Counseling, mentoring, or educational material regarding the actions and responsibilities related to a child's care, upbringing, and well-being. This could include birth parents, guardians, conservators, foster parents, and anyone involved in a child's care, including family members and cohabiting individuals.
- **Adoption-** Counseling, mentoring, or educational material regarding the legal process through which a child joins a family different from his or her birth parents. Moreover, adoption is a permanent, lifelong commitment to a child.
- **Life skills-** Counseling, mentoring, or educational material regarding the abilities and competencies needed to navigate daily living and achieve independence. This includes both interpersonal and psychosocial skills that help individuals manage their lives effectively.
- **Child health and development-** Counseling, mentoring, or educational material regarding physical, emotional, cognitive, and social growth of a child from infancy to adolescence.
- **Financial management-** Counseling, mentoring, or educational material regarding the practice of planning, organizing, directing, and controlling one's own financial activities.
- **Educational-** Counseling, mentoring, or educational material regarding an individual seeking advancement in their education by actively pursuing further learning and skill development.
- **Economic-** Counseling, mentoring, or educational material regarding the various financial and service programs that help Texans with low incomes or specific needs access resources for healthcare, food, and other essentials.
- **Employment readiness-** Counseling, mentoring, or educational material regarding any work or labor performed for pay, including both paid jobs and self-employment. This can include traditional competitive employment, supported employment, or other vocational activities.
- **Marriage-** Counseling, mentoring, or educational material regarding marriage services that encompass the legal, ceremonial, and professional aspects of marriage, providing support and guidance to couples throughout their journey towards marriage and beyond.
- **Family support-** Counseling, mentoring, or educational material regarding family support that encompasses the variety of resources and assistance provided to promote their well-being, strengthen their capacity, and help them thrive.
- **Family formation-** Counseling, mentoring, or educational material regarding the process of establishing a stable and supportive family unit, often with a focus on encouraging parents to stay together and raise their children. This includes promoting healthy pregnancy and childbirth, increasing access to resources for family and child development, and helping parents develop successful parenting techniques.
- **Infant Item-** Non-medical good item specifically designed for infants. This can be diapers, formula, baby clothing, infant furniture, breastfeeding materials, and car seats.
- **Pregnancy Care Items-** Non-medical good items for comfort, health, and well-being during pregnancy.
- **Child Care Items-** Non-medical good items specifically designed for basic care of young children under the age of 3.
- **Family Care Items** Non-medical good item
- **Other-** For all services that is not defined in any other service detail option.
- **Navigation-** non-medical good option for transportation taken for appointments.
- **Emergency Shelter-** Housing service that provides temporary housing and support services to individuals and families who are experiencing homelessness or at risk of becoming homeless.
  - **Maternity home** Housing service that provides temporary housing and support services for pregnant women.

**Non-medical Goods Details-** The non-medical goods a client received.

**Note:** N/A should be selected if non-medical goods were not provided.

***Accepted Responses:***

- |  |                                      |   |
|--|--------------------------------------|---|
| ➤ Transportation for infant appointments | ➤ Child care items                   | ➤ Housing items                             |
| ➤ Diapers                                | ➤ Child clothing                     | ➤ Transportation for pregnancy appointments |
| ➤ Formula                                | ➤ Child supplies                     | ➤ Maternity clothing                        |
| ➤ Baby clothing                          | ➤ Car seat                           | ➤ Breastfeeding materials                   |
| ➤ Infant Furniture                       | ➤ Early learning supplies            | ➤ Pregnancy supplies                        |
| ➤ N/A                                    | ➤ Other                              |   |
| ➤ Transportation for child appointments  | ➤ Transportation-Family appointments |   |
|  | ➤ Food                               |   |

**Accepted Flow of Service Types, Service Detail, and Non-Medical Goods Details:**

<b><u>Service Type Selection</u></b>	<b><u>Service Detail Selections</u></b>	<b><u>NG Detail Selections</u></b>
<b>Counseling</b>	<ul style="list-style-type: none"> <li>➤ Pregnancy</li> <li>➤ Health</li> <li>➤ Behavioral health</li> <li>➤ Education</li> <li>➤ Parenting</li> <li>➤ Adoption</li> <li>➤ Life skills</li> <li>➤ Child Health and development</li> <li>➤ Financial management</li> <li>➤ Educational</li> <li>➤ Economic</li> <li>➤ Employment readiness</li> <li>➤ Marriage</li> <li>➤ Family support</li> <li>➤ Family formation</li> <li>➤ Other</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>

<b>Mentoring</b>	<ul style="list-style-type: none"> <li>➤ Pregnancy</li> <li>➤ Health</li> <li>➤ Behavioral health</li> <li>➤ Education</li> <li>➤ Parenting</li> <li>➤ Adoption</li> <li>➤ Life skills</li> <li>➤ Child Health and development</li> <li>➤ Financial management</li> <li>➤ Educational</li> <li>➤ Economic</li> <li>➤ Employment readiness</li> <li>➤ Marriage</li> <li>➤ Family support</li> <li>➤ Family formation</li> <li>➤ Other</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>
<b>Educational Materials</b>	<ul style="list-style-type: none"> <li>➤ Pregnancy</li> <li>➤ Health</li> <li>➤ Behavioral health</li> <li>➤ Education</li> <li>➤ Parenting</li> <li>➤ Adoption</li> <li>➤ Life skills</li> <li>➤ Child health and development</li> <li>➤ Financial management</li> <li>➤ Educational</li> <li>➤ Economic</li> <li>➤ Employment readiness</li> <li>➤ Marriage</li> <li>➤ Family support</li> <li>➤ Family formation</li> <li>➤ Other</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>➤ Navigation</li> <li>➤ Emergency Shelter</li> <li>➤ Maternity home</li> <li>➤ Other</li> </ul>	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>
<b>Nonmedical Goods</b>	<ul style="list-style-type: none"> <li>➤ Infant Items</li> <li>➤ Pregnancy Care Items</li> <li>➤ Child Care Items</li> <li>➤ Family Care Items</li> <li>➤ Other</li> </ul>	<b>Infant Items</b> <ul style="list-style-type: none"> <li>➤ Transportation for infant appointments</li> <li>➤ Diapers</li> <li>➤ Formula</li> <li>➤ Baby clothing</li> <li>➤ Infant Furniture</li> <li>➤ Car seat</li> </ul>

		<ul style="list-style-type: none"> <li>➤ Other</li> </ul> <p>Child Care Items</p> <ul style="list-style-type: none"> <li>➤ Transportation for child appointments</li> <li>➤ Food</li> <li>➤ Childcare items</li> <li>➤ Child clothing</li> <li>➤ Child supplies</li> <li>➤ Car seat</li> <li>➤ Early learning supplies</li> <li>➤ Other</li> </ul> <p>Family Care Items</p> <ul style="list-style-type: none"> <li>➤ Family Appointments</li> <li>➤ Food</li> <li>➤ Housing items</li> <li>➤ Other</li> </ul> <p>Pregnancy Care Items</p> <ul style="list-style-type: none"> <li>➤ Transportation for pregnancy appointments</li> <li>➤ Maternity clothing</li> <li>➤ Breastfeeding materials</li> <li>➤ Food</li> <li>➤ Pregnancy supplies</li> <li>➤ Other</li> </ul>
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**Funding Source-** This will also correspond with the type of HHSC contract your organization has. Core Grantee/Pilot Program, Core Grantee, Pilot Program

***Accepted Responses:***

- Core/PP
- Core
- PP

**Service Date-** This field includes the date in which the client received the corresponding service

***Service Date Format:*** MM/DD/YYYY

**Service County-** In what county did the client receive services?

Required: Must be one of the [County Codes](#).

**Service Channel-** This information includes the method in which the client received services. If the client received services in person, the channel would be face to face. If the client received services through a technology source such as Facetime and/or Zoom, the channel would be face to face technology. If the client received services via a telephone call without video, the channel would be telephone.

***Selections:***

- FTF
- Telephone

- Virtual
- Text

- Delivery
- Email

## 7. Referrals

**Client ID-** The client ID is a unique number assigned to the client upon entering the organization for services.

**Required:** Minimum 1 character and maximum 20 characters

**Service Type-** This field is to record the referral to enrollment process.

- **Referrals** for TTF clients should be driven by client need. Referrals provided under the TTF program must align directly with a client need and be something in which the client is or may be eligible for. Referral should, when possible, provide the client with detailed information about the program and how to apply. When possible and the client desires, TTF contractors/providers will assist the client with completing and submitting the program application.
- Client **enrollment** can be verified with direct enrollment acknowledgement from the client, or with verification from the associated program.

***Accepted Responses:***

- Referral
- Enrolled
- Not Enrolled
- No Contact
- Refused to Answer

**Type of Referral-** The category of referral a client received.

***Accepted Responses Definitions:***

- **Medical-** A referral made to a health care provider or governmental service that provides healthcare assistance.
- **Behavioral Health-** A referral made to programs assisting in mental, emotional, and social well-being of a person.
- **Child Health and Development-** A referral made to programs assisting in regarding physical, emotional, cognitive, and social growth of a child from infancy to adolescence.
- **Food-** A referral made to programs assisting in providing or helping clients find food options. This can also be governmental programs aiding,
- **Educational-** A referral made to programs assisting clients in advancement of their education by actively pursuing further learning and skill development.
- **Employment-** A referral made to programs assisting clients in finding employment.
- **Life Skill-** A referral made to programs assisting clients in improving their abilities and competencies needed to navigate daily living and achieve independence.
- **Marriage Support-** A referral made to programs assisting clients in improving or helping their marriage.
- **Family Support- -** A referral made to programs assisting clients in receiving child or spousal support.
- **Parenting Support-** A referral made to programs assisting clients in improving or helping their parenting skills.
- **Transportation- -** A referral made to programs assisting clients with finding transportation.
- **Safety-** A referral made to programs assisting clients in personal or child safety.

- **Housing-** A referral made to programs assisting clients in finding temporary or emergency shelters.
- **Utility-** A referral made to programs assisting clients with financial needs to cover utility costs.
- **Adoption-** A referral made to programs assisting clients with the adoption process.
- **Other-** A referral not described in all other options.

**Referred Program-** The program a client was referred to.

***Accepted Responses:***

- |                                    |                                      |  |  |
|------------------------------------|--------------------------------------|--|--|
| ➤ Local Family Support Programs    | ➤ Marriage Counseling                | ➤ WIC 211                                      | ➤ Housing and Urban Development          |
| ➤ Local Family Violence Center     | ➤ Medicaid                           | ➤ Local Employment Resources                   | ➤ HTW Family                             |
| ➤ Local Housing Program            | ➤ National Domestic Violence Hotline | ➤ Continuing Education Resources               | ➤ Local Adoption or Child Placing Agency |
| ➤ Local Life Skills Programs       | ➤ NFP                                | ➤ Children's Health Insurance Program          | ➤ Local Behavioral Health Programs       |
| ➤ Local Mental Health Authority    | ➤ Other                              | ➤ Child Health and Dental Program              | ➤ Local Child Care Program               |
| ➤ Local Marriage Support Authority | ➤ Prevention and Early Intervention  | ➤ Counselor                                    | ➤ Local Child Development Resource       |
| ➤ Local Primary Care               | ➤ Primary Health Care                | ➤ Other County or City Program                 | ➤ Local Child Health Resource            |
| ➤ Local Public Health Office       | ➤ Regional Education Service Centers | ➤ Child Support Division                       | ➤ Local College Resources                |
| ➤ Local Parenting Support Programs | ➤ Substance use Programs             | ➤ Department of Family and Protective Services | ➤ Local Education Resources              |
| ➤ Local Transportation Program     | ➤ TANF                               | ➤ ECI  | ➤ Local Food Bank                        |
| ➤ Local Utility Program            | ➤ Temporary Shelter                  | ➤ FVP  | ➤ Local Food Program                     |
| ➤ Local Workforce Solutions Office | ➤ Trade School Resources             | ➤ GED Resources                                |  |
|                                    | ➤ TWC                                | ➤ Housing Authority                            |  |
|                                    | ➤ FPP                                | ➤ HMP  |  |
|                                    | ➤ Local Community Resource           |  |  |
|                                    | ➤ SNAP                               |  |  |



**Type of Referral associated with Referred Program:**

<b><u>Service Type Selections</u></b>	<b><u>Accepted Referred Programs</u></b>
<b><u>Medical</u></b>	<ul style="list-style-type: none"> <li>➤ Medicaid</li> <li>➤ NFP</li> <li>➤ HTW</li> <li>➤ Primary Health Care</li> <li>➤ FPP</li> <li>➤ Prenatal and Dental Program</li> <li>➤ Children's Health Insurance Program</li> <li>➤ Local Primary Care</li> <li>➤ County or City Program</li> <li>➤ Local Public Health Office</li> <li>➤ Other</li> <li>➤ 211</li> </ul>
<b><u>Behavioral Health</u></b>	<ul style="list-style-type: none"> <li>➤ Local Mental health authority</li> <li>➤ Substance use programs</li> <li>➤ 211</li> <li>➤ Other</li> <li>➤ Local behavioral health programs</li> <li>➤ Counselor</li> <li>➤ Local behavioral health authority</li> </ul>
<b><u>Child Health and Development</u></b>	<ul style="list-style-type: none"> <li>➤ ECI (Early Childhood Intervention)</li> <li>➤ Child Health and Dental Program</li> <li>➤ 211</li> <li>➤ Other</li> <li>➤ Local Child Health Resources</li> <li>➤ Local Child Development Resources</li> <li>➤ Local Public Health Office</li> <li>➤ NFP (Nurse Family Partnership)</li> </ul>
<b><u>Food</u></b>	<ul style="list-style-type: none"> <li>➤ SNAP (Supplemental Nutrition Assistance Program)</li> <li>➤ WIC (Women, Infants, and Children)</li> <li>➤ local food bank</li> <li>➤ local food program</li> <li>➤ 211</li> <li>➤ Other</li> </ul>
<b><u>Educational</u></b>	<ul style="list-style-type: none"> <li>➤ TWC (Texas Workforce Commission)</li> <li>➤ 211</li> <li>➤ Other</li> <li>➤ Local education resources</li> <li>➤ Local college resources</li> <li>➤ GED resources</li> <li>➤ Continuing education resources</li> <li>➤ Trade school resources</li> <li>➤ Regional education service centers</li> </ul>

<b><u>Employment</u></b>	<ul style="list-style-type: none"> <li>➤ TWC (Texas Workforce Commission)</li> <li>➤ 211</li> <li>➤ Other</li> <li>➤ Local employment resources</li> <li>➤ Local workforce solutions office</li> </ul>
<b><u>Life Skills</u></b>	<ul style="list-style-type: none"> <li>➤ TANF (Temporary Assistance for Needy Families)</li> <li>➤ 211</li> <li>➤ TWC (Texas Workforce Commission)</li> <li>➤ Other</li> <li>➤ Local life skills programs</li> </ul>
<b><u>Marriage Support</u></b>	<ul style="list-style-type: none"> <li>➤ HMP (Healthy Marriage Program)</li> <li>➤ 211</li> <li>➤ Other</li> <li>➤ Local marriage support programs</li> <li>➤ Marriage Counseling</li> </ul>
<b><u>Family Support</u></b>	<ul style="list-style-type: none"> <li>➤ Prevention and Early Intervention</li> <li>➤ Child Support Division</li> <li>➤ 211</li> <li>➤ Other</li> <li>➤ Local family support programs</li> </ul>
<b><u>Parenting Support</u></b>	<ul style="list-style-type: none"> <li>➤ Prevention and Early Intervention</li> <li>➤ 211</li> <li>➤ Other</li> <li>➤ Local parenting support programs</li> <li>➤ NFP (Nurse Family Partnership)</li> </ul>
<b><u>Transportation</u></b>	<ul style="list-style-type: none"> <li>➤ 211</li> <li>➤ Other</li> <li>➤ local transportation program</li> </ul>
<b><u>Safety</u></b>	<ul style="list-style-type: none"> <li>➤ HHSC Family Violence Program</li> <li>➤ National Domestic Violence hotline</li> <li>➤ Local family violence center</li> <li>➤ 211</li> <li>➤ Other</li> </ul>
<b><u>Housing</u></b>	<ul style="list-style-type: none"> <li>➤ Housing and Urban Development</li> <li>➤ Housing Authority</li> <li>➤ Temporary Shelter</li> <li>➤ Local housing program</li> <li>➤ 211</li> <li>➤ Other</li> </ul>
<b><u>Utility</u></b>	<ul style="list-style-type: none"> <li>➤ Local utility program</li> <li>➤ 211</li> <li>➤ Other</li> </ul>
<b><u>Child Care</u></b>	<ul style="list-style-type: none"> <li>➤ TWC (Texas Workforce Commission)</li> <li>➤ Local child care program</li> <li>➤ 211</li> <li>➤ Other</li> </ul>

<b><u>Adoption</u></b>	<ul style="list-style-type: none"> <li>➤ Department of Family and Protective Services</li> <li>➤ Local adoption or child placing agency.</li> <li>➤ 211</li> </ul>
<b><u>Other</u></b>	<ul style="list-style-type: none"> <li>➤ Open ended field.</li> </ul>

**Reason Not Enrolled-** Why was the client unable to enroll?

***Accepted Responses:***

- Ineligible
- No Space in program
- Waitlisted
- Other

**Funding Source-** This will also correspond with the type of HHSC contract your organization has. Core Grantee/Pilot Program, Core Grantee, Pilot Program

***Accepted Responses:***

- Core/PP
- Core
- PP

**Total Service Contacts-** The number of times a client was contacted after being referred.

***Required:*** Must be a whole number between 1-20

**Service Date-** This field includes the date in which the client received the corresponding service

***Service Date Format:*** MM/DD/YYYY

**Service County-** In what county did the client receive services?

***Required:*** Must be one of the [County Codes](#).

**Service Channel-** This information includes the method in which the client received services. If the client received services in person, the channel would be face to face. If the client received services through a technology source such as Facetime and/or Zoom, the channel would be face to face technology. If the client received services via telephone call without video, the channel would be telephone.

***Selections:***

- FTF
- Telephone
- Virtual
- Text
- Delivery
- Email

## 8. Outcomes

**Outcomes** should be reported when a client has completed your organization's program(s). A client can report achieving an outcome through an exit survey. This post survey assessment should include all the outcome types listed below:

- Medical Health
- Behavioral Health
- Adoption
- Child health and development
- Educational
- Child care
- Housing
- Life Skills
- Employment readiness
- Economic Supports
- Family Formation
- Marriage

If a client expresses an increase in knowledge for any of these types of outcomes, an outcome achieved should be reported.

**Client ID-** The client ID is a unique number assigned to the client upon entering the organization for services.

**Required:** Minimum 1 character and maximum 20 characters

**Outcome Type-** Category of outcome the client achieved. Clients were assessed and needs were identified for these outcome types. They then received services, attended classes, or were referred/enrolled in other government/local services. At the completion of a program, the client was given a post survey and reported their needs were satisfied for the following outcome types:

- **Medical Health**- Client Improved medical health knowledge through program, and/or benefited from services to improve their health.
- **Behavioral Health**- Client Improved behavioral health knowledge through program, and/or benefited from services to improve their behavioral health.
- **Adoption**- Client Improved behavioral health knowledge through program, and/or benefited from services to find an adoption resource.
- **Child health and development**- Client Improved child health and development knowledge through program, and/or benefited from services to improve their child health and development.
- **Educational**- Client Improved educational knowledge through program, and/or benefited from services to find an educational resource to further education.
- **Child care**- Client Improved child care resource knowledge through program, and/or benefited from services to find child care help.
- **Housing**- Client used program to find housing in a temporary shelter, emergency shelter, or an alternate form of safe housing.
- **Life Skills**- Client Improved life skills knowledge through program, and/or benefited from services to improve life skills.
- **Employment readiness**- Client Improved employment readiness knowledge through program, and/or benefited from services to find employment,
- **Economic Supports**- Client Improved economic knowledge through program, and/or benefited from services to find economic support.

- **Family Formation-** Client found the program beneficial to forming their family, and/or used program services to provide essential non-med goods for their family.
- **Marriage-** Client found program beneficial to improving their marriage.

**Increase knowledge Support-** Client expressed an increase of knowledge for available support and resources in the outcome type selected.

***Accepted Responses:***

- |          |            |
|----------|------------|
| ➤ Yes    | ➤ Declined |
| ➤ No     | ➤ N/A      |
| ➤ Unsure |            |

**Increase Knowledge Access-** Client expressed an increase of knowledge for available options and how to access options in the outcome typed selected.

***Accepted Responses:***

- |          |            |
|----------|------------|
| ➤ Yes    | ➤ Declined |
| ➤ No     | ➤ N/A      |
| ➤ Unsure |            |

**Increase Knowledge Confidence-** Client expressed an increase of confidence to accomplish goals in the outcome typed selected.

***Accepted Responses:***

- |          |            |
|----------|------------|
| ➤ Yes    | ➤ Declined |
| ➤ No     | ➤ N/A      |
| ➤ Unsure |            |

**Increase Knowledge Skills-** Client expressed an increase of ability to implement new skills in the outcome typed selected.

***Accepted Responses:***

- |          |            |
|----------|------------|
| ➤ Yes    | ➤ Declined |
| ➤ No     | ➤ N/A      |
| ➤ Unsure |            |

**Increase Knowledge Impact-** Client expressed an increase of knowledge for one's impact in parenting in the outcome type selected.

***Accepted Responses:***

- |       |            |       |
|-------|------------|-------|
| ➤ Yes | ➤ Unsure   | ➤ N/A |
| ➤ No  | ➤ Declined |       |

**Increase Knowledge Family Dynamic-** Client expressed an increase of knowledge for family dynamics impact on parenting in the outcome type selected.

***Accepted Responses:***

- Yes
- No
- Unsure
- Declined
- N/A

**Increase Knowledge Parenting Strategies-** Client expressed an increase of knowledge in parenting strategies in the outcome type selected.

***Accepted Responses:***

- Yes
- No
- Unsure
- Declined
- N/A

**Funding Source-** This will also correspond with the type of HHSC contract your organization has. Core Grantee/Pilot Program, Core Grantee, Pilot Program

***Accepted Responses:***

- Core/PP
- Core
- PP

**Total Service Contacts-** The number of times a client was contacted after being referred.

***Required:*** Must be a whole number between 1-20

**Service Date-** This field includes the date in which the client received the corresponding service

***Service Date Format:*** MM/DD/YYYY

**Service County-** In what county did the client receive services?

***Required:*** Must be one of the [County Codes](#).

**Service Channel-** This information includes the method in which the client received services. If the client received services in person, the channel would be face to face. If the client received services through a technology source such as Facetime and/or Zoom, the channel would be face to face technology. If the client received services via a telephone call without video, the channel would be telephone.

***Selections:***

- FTF
- Telephone
- Virtual
- Text
- Delivery
- Email

## 9. Updates and Revisions

HHSC reserves the right to amend the data element guide regarding updates and revisions.

### Revision Log:

<b>Revision Version</b>	<b>Summary of Changes</b>	<b>Approver</b>	<b>Approval Date</b>
2.0	New TTF data guide	Joy Borjes, FYSS Associate Commissioner	
2.1	Update additional data reporting requirements	Joy Borjes, FYSS Associate Commissioner	<b>10/7/2025</b>