

APPENDIX E
ENROLLMENT AND SERVICES DATA ELEMENTS

Data collected at enrollment into RPG

Case Enrollment

1. **Case ID:** *[enter 6-digit alpha-numeric id]*
2. **RPG Enrollment Date:** *[enter date]*
3. **Referral Source:** *Select one.*

<input type="checkbox"/> Child welfare agency (public or private)	<input type="checkbox"/> Hospital or clinic <input type="checkbox"/> Family support service agency <input type="checkbox"/> Indian/Native American Tribally Designated Organization <input type="checkbox"/> Self-referral/walk-in	<input type="checkbox"/> Court <input type="checkbox"/> Other (specify) <input type="checkbox"/> Don't know
<input type="checkbox"/> Substance use treatment provider		
<input type="checkbox"/> Mental or behavioral health provider		
- 3a. **Was the grantee the referring organization?** *Select one.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------
4. **Study assignment:** *Select one.*

<input type="checkbox"/> Treatment group	<input type="checkbox"/> Comparison group
--	---

Individual Enrollment

Ask of each individual enrolled

5. **Individual ID:** *[enter 6-digit alpha-numeric id]*
6. **RPG Enrollment Date:** *[enter date]*
Provide only for individuals added after initial case enrollment
7. **Gender:** *Select one.*

<input type="checkbox"/> Male	<input type="checkbox"/> Female
-------------------------------	---------------------------------
8. **Person Type:** *Select one.*

<input type="checkbox"/> Adult	<input type="checkbox"/> Child
--------------------------------	--------------------------------
9. **Date of Birth (or due date for unborn child):** *[enter date]*
10. **Race:** *Select all that apply.*

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
---	--	--
11. **Ethnicity:** *Select one.*

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
---	---
12. **Primary Language Spoken at Home:** *Select all that apply.*

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other <i>[specify]</i>
----------------------------------	----------------------------------	---

Ask of each child enrolled

13. **What is the child's current primary type of residence?** *Select one.*

<input type="checkbox"/> Private residence <input type="checkbox"/> Treatment facility	<input type="checkbox"/> Correctional facility/prison <input type="checkbox"/> Homeless/shelter	<input type="checkbox"/> Group home <input type="checkbox"/> Other (specify)
---	--	---
14. **Who are the primary adults in household that child lives with?** *Select all that apply.*
Skip Q14 if answer to Q13 is "Group home"

<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father	<input type="checkbox"/> Other relative <input type="checkbox"/> Non-relative foster parent	<input type="checkbox"/> Other (specify)
--	--	--
15. **Has the child lived in the same residence for the past 30 days?** *Select one.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------
16. **Is the child receiving Medicaid?** *Select one.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------

Ask of each adult enrolled

17. Highest Education Level: *Select one.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Up to 8th grade | <input type="checkbox"/> Some vocational/technical education | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate-level schooling or degree |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Associate's degree | |

18. Employment Status: *Select one.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Not employed and not looking for work, or unable to work |
| <input type="checkbox"/> Part-time employment | <input type="checkbox"/> Not employed but looking for work | |

19. Relationship Status: *Select one.*

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Never married | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced/widowed/separated |
|--|----------------------------------|---|

19a. Do you have a romantic partner that you live with all or most of the time? *Select one.*

Only respond to Q19a if answer to Q19 is "Never Married" or "Divorced/widowed/separated"

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

19b. Do you live with your spouse all or most of the time? *Select one.*

Only respond to Q19b if answer to Q19 is "Married"

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

20. In the past month, which sources of income have you had? *Select all that apply.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Disability/SSI | <input type="checkbox"/> Support from other individuals |
| <input type="checkbox"/> Public assistance (TANF, WIC, Food stamps/SNAP) | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Retirement/pension/spousal survivor's benefits | <input type="checkbox"/> Child support | <input type="checkbox"/> None |
| | <input type="checkbox"/> Child's benefits (SSI, survivor's benefits) | |

20a. In the past month, which income source was the largest? *Select one.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Disability/SSI | <input type="checkbox"/> Support from other individuals |
| <input type="checkbox"/> Public assistance (TANF, WIC, Food Stamps/SNAP) | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Retirement/pension/spousal survivor's benefits | <input type="checkbox"/> Child support | <input type="checkbox"/> None |
| | <input type="checkbox"/> Child's benefits (SSI, survivor's benefits) | |

Family Member Relationships

21. Select Focal Child: *Select one from list of children in case.*

22. Relationship to Focal Child: *Select one.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Biological parent | <input type="checkbox"/> Aunt/uncle | <input type="checkbox"/> Step-sibling by marriage |
| <input type="checkbox"/> Adoptive/pre-adoptive parent | <input type="checkbox"/> Parent's partner | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Step-parent by marriage | <input type="checkbox"/> Biological sibling (including half sibling) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Non-relative foster parent | <input type="checkbox"/> Adopted sibling | |
| <input type="checkbox"/> Grandparent | | |

23. Does the focal child live with other children in the case? *Select one.*

- | | | |
|--|---|---|
| <input type="checkbox"/> All of the children | <input type="checkbox"/> Some of the children | <input type="checkbox"/> None of the children |
|--|---|---|

24. Select Child Well-Being Reporter: *Select one.*

- | | | |
|--------------------------|--------------------------------------|---|
| [List of adults in case] | <input type="checkbox"/> Not in case | <input type="checkbox"/> No one has had care of child for 30 days |
|--------------------------|--------------------------------------|---|

25. Select Recovery Domain Adult: *Select one.*

- | | |
|--------------------------|---|
| [List of adults in case] | <input type="checkbox"/> Not in case/don't know |
|--------------------------|---|

26. Select Family Functioning Adult: *Select one from list of adults in case.*

Data collected at exit from RPG

Case Closure

27. RPG Case Closure Date: *[enter date]*

28. Primary reason for Case Closure: *Select one.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Successfully completed RPG program | <input type="checkbox"/> Family declined further participation | <input type="checkbox"/> Child entered out-of-home placement |
| <input type="checkbox"/> Family moved out of area | <input type="checkbox"/> Transferred to another service provider | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Unable to locate | <input type="checkbox"/> Miscarriage or fetal/child death | <input type="checkbox"/> (Continued) drug use |
| <input type="checkbox"/> Excessive missed appointments/unresponsive | <input type="checkbox"/> Parental death | <input type="checkbox"/> Other program noncompliance |
| | | <input type="checkbox"/> Other (specify) |

Closure Residence Update

This section updates information collected at enrollment from Questions 13, 14, 15, and 23.

- 29. What is the child's current primary type of residence? Select one.**
- | | | |
|---|---|--|
| <input type="checkbox"/> Private residence | <input type="checkbox"/> Correctional facility/prison | <input type="checkbox"/> Group home |
| <input type="checkbox"/> Treatment facility | <input type="checkbox"/> Homeless/shelter | <input type="checkbox"/> Other (specify) |
- 30. Who are the primary adults in household that child lives in? Select all that apply.**
Skip Q30 if answer to Q29 is "Group home"
- | | | |
|--|---|--|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Other relative | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Biological father | <input type="checkbox"/> Non-relative foster parent | |
- 31. Has the child lived in the same residence for the past 30 days? Select one.**
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|
- 32. Does the focal child live with other children in the case? Select one.**
- | | | |
|--|---|---|
| <input type="checkbox"/> All of the children | <input type="checkbox"/> Some of the children | <input type="checkbox"/> None of the children |
|--|---|---|

Revisit Child Well-Being Reporter

This section updates who will be reporting on the child well-being instruments at exit.

- 33. Select Child Well-Being Reporter: Select one.**
- | | | |
|--------------------------|---|---|
| [List of adults in case] | <input type="checkbox"/> Not applicable | <input type="checkbox"/> No one has had care of child for 30 days |
|--------------------------|---|---|

Unborn Child Update

These questions will be asked only for families that had an unborn child at the time of enrollment into RPG.

- 34. Has [individual ID of unborn child] been born? Select one.**
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|
- 34a. Is the mother still pregnant with [individual ID of unborn child]? Select one.**
Only respond to Q34a if answer to Q34 is "No"
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|
- Only ask the remaining questions if the child has been born (Q34 = Yes).*
- 34b. Child's date of birth: [enter date]**
- 34c. Child's gender: Select one.**
- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|
- 34d. Child's birth weight: Select one.**
- | | | |
|--|--|--|
| <input type="checkbox"/> Normal (5 pounds 8 ounces (2500 grams) or more) | <input type="checkbox"/> Low (3 pounds 5 ounces (1500 grams) to 5 pounds 7.99 ounces (2499 grams)) | <input type="checkbox"/> Very low (less than 3 pounds 5 ounces (1500 grams)) |
|--|--|--|
- 34e. Was the child born prematurely (less than 37 weeks gestation)? Select one.**
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|
- 34f. Did the child spend time in the Neonatal Intensive Care Unit (NICU)? Select one.**
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|
- 34g. Has the child been given a diagnosis of one or more of the following conditions related to substance exposure? Select all that apply.**
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Neonatal abstinence syndrome | <input type="checkbox"/> Neither |
| <input type="checkbox"/> Fetal alcohol syndrome disorder | <input type="checkbox"/> Don't know |
- 34h. Was the child exposed prenatally to opiates? Select one.**
Only respond to Q34h if answer to Q34g is "Neonatal abstinence syndrome"
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|
- 34i. Was the mother receiving supervised MAT during her pregnancy? Select one.**
Only respond to Q34i if answer to Q34h is "Yes"
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

1. **Date of Service** *[enter date]*
2. **Length of service interaction** *[enter length in minutes]*
3. **Case members in attendance** *[Select all that apply from list of members in the case]*
4. **Location of service:** *Select one.*

<input type="checkbox"/> Client's place of residence	<input type="checkbox"/> Residential treatment facility	<input type="checkbox"/> Other location
--	---	---
5. **Service provider** *[Select from list of grantee's individuals providing services to families enrolled in RPG]*
6. **Service Approach:** *Select one.*

<input type="checkbox"/> Service with individual family	<input type="checkbox"/> Service with multiple families	
---	---	--
7. **Service Type:** *Select one.*

<input type="checkbox"/> Case management or service coordination	<input type="checkbox"/> Screening or assessment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Support group or workshop	<input type="checkbox"/> Medication assisted treatment	<input type="checkbox"/> Court or legal
<input type="checkbox"/> Therapy or counseling	<input type="checkbox"/> Medical care or appointment	<input type="checkbox"/> Financial or material supports (such as vouchers or stipends)
<input type="checkbox"/> Parenting training/home visiting program	<input type="checkbox"/> Employment training	<input type="checkbox"/> Child care
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Academic education (child or adult)	<input type="checkbox"/> Other services
	<input type="checkbox"/> Housing	
8. **Model or Program Name** *[Select all that apply from list of grantee's program models, if applicable]*
9. **Service Focus** *Select all that apply.*

<input type="checkbox"/> Parenting skills	<input type="checkbox"/> Mental health treatment	<input type="checkbox"/> Housing
<input type="checkbox"/> Child care	<input type="checkbox"/> Trauma processing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Family activities	<input type="checkbox"/> Family group decision-making or planning	<input type="checkbox"/> Financial or material supports (such as vouchers or stipends)
<input type="checkbox"/> Visit facilitation	<input type="checkbox"/> Safety planning	<input type="checkbox"/> Needs assessment
<input type="checkbox"/> Adult SUD	<input type="checkbox"/> Financial planning	<input type="checkbox"/> Child developmental screening
<input type="checkbox"/> Discharge or recovery planning	<input type="checkbox"/> Employment training	<input type="checkbox"/> Evaluation data collection
<input type="checkbox"/> Youth SUD prevention	<input type="checkbox"/> Academic education (child or adult)	<input type="checkbox"/> Dealing with family crisis
<input type="checkbox"/> Medication assisted treatment	<input type="checkbox"/> Health education	<input type="checkbox"/> Court or legal
<input type="checkbox"/> Personal development and life skills	<input type="checkbox"/> Medical care or appointment	<input type="checkbox"/> Referrals
<input type="checkbox"/> Behavior management		<input type="checkbox"/> Other
10. **Referral Type** *Select all that apply.*
Only respond if "Referrals" is selected in Q9

<input type="checkbox"/> SUD treatment	<input type="checkbox"/> Academic education services	<input type="checkbox"/> Legal services
<input type="checkbox"/> Therapy or counseling	<input type="checkbox"/> Life skills development	<input type="checkbox"/> Medical/health care
<input type="checkbox"/> Parenting skills training	<input type="checkbox"/> Early intervention services	<input type="checkbox"/> Other
<input type="checkbox"/> Home visiting program	<input type="checkbox"/> Employment training	
<input type="checkbox"/> Housing	<input type="checkbox"/> Job placement services	
11. **How engaged would you say the client(s) was/were on average during this service interaction?**

<input type="checkbox"/> Engaged	<input type="checkbox"/> Somewhat engaged	<input type="checkbox"/> Not engaged
----------------------------------	---	--------------------------------------
12. **Why do you think the client(s) was/were not fully engaged?** *Select all that apply.*
Only respond to Q12 if answer to Q11 is "somewhat engaged" or "not engaged"

<input type="checkbox"/> Client is distracted or upset about life events (i.e., a sick child, pending child welfare case, housing instability, etc.)	<input type="checkbox"/> Presence of other individuals interfered with session activities
<input type="checkbox"/> Client is tired or not feeling well	<input type="checkbox"/> Disagreement between group members
<input type="checkbox"/> Client drug use or withdrawal	<input type="checkbox"/> Difficult for client to concentrate in service encounter space (i.e., outside noise, crowded space, frequent interruptions, etc.)
<input type="checkbox"/> Time constraints	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Client did not see the value in the content and/or activities presented in the session	