

## **APPENDIX F**

### **ENROLLMENT AND SERVICES DATA ELEMENTS**

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 15 minutes per response for case enrollment, 1 minute per response for case closure, 1 minute per response for case closure of prenatal cases, and 2 minutes per response for service logs, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*  
OMB Approval number: 0970-0527, Expiration Date: XX/XX/XXXX.

## 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
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4. **Study assignment:** *Select one.*

<input type="checkbox"/> Treatment group	<input type="checkbox"/> Comparison group	
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### 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
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8. **Person Type:** *Select one.*

<input type="checkbox"/> Adult	<input type="checkbox"/> Child
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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
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11. **Ethnicity:** *Select one.*

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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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>
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#### 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)
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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)
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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
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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
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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	
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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
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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	