**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.*

□ Child welfare agency (public or private)

□ Substance use treatment provider

□ Mental or behavioral health provider

□ Hospital or clinic

□ Family support service agency

□ Indian/Native American Tribally Designated Organization

□ Self-referral/walk-in

□ Court

□ Other (specify)

□ Don’t know

3a. Was the grantee the referring organization? *Select one.*

□ Yes □ No □ Don’t know

4. Study assignment: *Select one.*

□ Treatment group □ Comparison group

**5. Have any members of this case been previously enrolled in your RPG Project?** *Select one***.**

**□** Yes □ No □ Don’t know

**Individual enrollment**

Ask of each individual enrolled

6. Individual ID*: [enter 6-digit alpha-numeric id]*

7. RPG Enrollment Date: *[enter date]*

*Provide only for those added after initial case enrollment*

8. Sex: *Select one.*

□ Male □ Female

9. Person Type: *Select one.*

□ Adult □ Child

10. Date of Birth (or due date for unborn child): *[enter date]*

10a. Is this a due date for an unborn child? *Select one.*

□ Yes □ No

11. Race: *Select all that apply.*

□ American Indian or Alaska Native

□ Asian

□ Black or African American

□ White

□ Native Hawaiian or Other Pacific Islander

12. Ethnicity: *Select one.*

□ Hispanic or Latino □ Not Hispanic or Latino

13. Primary language spoken at home: *Select all that apply.*

□ English

□ Spanish

□ Other (specify)

Ask of each child enrolled

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

□ Private residence

□ Treatment facility

□ Correctional facility/prison

□ Homeless/shelter

□ Group home

□ Other (specify)

□ Don’t know

15. Who are the primary adults in the household that the child lives with? *Select all that apply.*

*Skip Q15 if answer to Q14 is “Group home”*

□ Biological mother

□ Biological father

□ Other relative

□ Non-relative foster parent

□ Other (specify)

□ Don’t know

16. Has the child lived in the same residence for the past 30 days? *Select one.*

□ Yes □ No □ Don’t know

17. Is the child receiving Medicaid? *Select one.*

□ Yes □ No □ Don’t know

Ask of each adult enrolled

18. Highest Education Level: *Select one.*

□ Up to 8th grade

□ Some high school

□ High school diploma/GED

□ Some vocational/technical education

□ Vocational/technical diploma

□ Some college

□ Associate’s degree

□ Bachelor’s degree

□ Graduate-level schooling or degree

19. Employment Status: *Select one.*

□ Full-time employment

□ Part-time employment

□ Self-employed

□ Not employed but looking for work

□ Not employed and not looking for work, or unable to work

20. Relationship Status: *Select one.*

□ Never married □ Married □ Divorced/widowed/separated

20a. Do you have a romantic partner that you live with all or most of the time? *Select one.*

*Only respond to Q20a if answer to Q20 is “Never married” or “Divorced/widowed/separated”*

□ Yes □ No □ Don’t know

20b. Do you live with your spouse all or most of the time? *Select one.*

*Only respond to Q20b if answer to Q20 is “Married”*

□ Yes □ No □ Don’t know

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

□ Wages/salary

□ Public assistance (TANF, WIC, Food stamps/SNAP)

□ Retirement/pension/spousal survivor’s benefits

□ Disability/SSI

□ Unemployment benefits

□ Child support

□ Support from other individuals

□ Child’s benefits (SSI, survivor’s benefits)

□ Other (specify)

□ None

21a. In the past month, which income source was the largest? *Select one.*

□ Wages/salary

□ Public assistance (TANF, WIC, Food stamps/SNAP)

□ Retirement/pension/spousal survivor’s benefits

□ Disability/SSI

□ Unemployment benefits

□ Child support

□ Support from other individuals

□ Child’s benefits (SSI, survivor’s benefits)

□ Other (specify)

□ None

Family Member Relationships

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

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

□ Self

□ Biological parent

□ Adoptive/pre-adoptive parent

□ Step-parent by marriage

□ Non-relative foster parent

□ Grandparent

□ Aunt/uncle

□ Parent’s partner

□ Biological sibling (including half sibling)

□ Adopted sibling

□ Step-sibling by marriage

□ Cousin

□ Other (specify)

24. Does the Focal Child live with other children in the RPG Case? *Select one.*

□ All of the children

□ Some of the children

□ None of the children

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

*[List of adults in case]* □ Not in case **□** No one has had care of child for 30 days

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

[List of adults in case] □ Not in case/don’t know

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

Data collection at exit from RPG

Case Closure

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

29. Primary reason for case closure: *Select one.*

|  |  |  |
| --- | --- | --- |
| □ Successfully completed RPG program  □ Family moved out of area  □ Unable to locate  □ Excessive missed appointments/unresponsive | □ Family declined further participation  □ Transferred to another service provider  □ Miscarriage or fetal/child death  □ Parental death | □ Child entered out-of-home placement  □ Incarceration  □ Drug use (ongoing or relapse)  □ Other program noncompliance  □ Other (specify) |

Closure Residence Update

*This section updates information collected at enrollment from Questions 14, 15, 16, 17, and 24.*

30. Primary reason for case closure: *Select one.*

|  |  |  |
| --- | --- | --- |
| □ Private residence  □ Treatment facility  □ Correctional facility/prison | □ Homeless/shelter  □ Group home | □ Other (specify)  □ Don’t know |

31. Who are the primary adults in the household that the child lives with? *Select all that apply.*

*Skip Q31 if answer to Q30 is “Group home”*

□ Biological mother

□ Biological father

□ Other relative

□ Non-relative foster parent

□ Other (specify)

□ Don’t know

32. Has the child lived in the same residence for the past 30 days? *Select one.*

□ Yes

□ No

□ Don’t know

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

□ Yes

□ No

□ Don’t know

Revisit Child Well-Being Reporter

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

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

*[List of adults in case]*

□ Not applicable

□ No one has had care of child for 30 days

Unborn Child Update

35. Has [individual ID of unborn child] been born? *Select one.*

|  |  |  |
| --- | --- | --- |
| 🞏 Yes | 🞏 No | 🞏 Don’t know |

35a. Is the mother still pregnant with [individual ID of unborn child]? *Select one.*

*Only respond to 35a if answer to 35 is “No”*

|  |  |  |
| --- | --- | --- |
| 🞏 Yes | 🞏 No | 🞏 Don’t know |

*Only ask the remaining questions if the child has been born (Q35 = Yes).*

35b. Child’s date of birth: *[enter date]*

35c. Child’s sex: *Select one.*

|  |  |
| --- | --- |
| 🞏 Male | 🞏 Female |

35d. Child’s birth weight: *Select one.*

|  |  |  |
| --- | --- | --- |
| 🞏 Normal (5 pounds 8 ounces [2500 grams] or more)  🞏 Don’t know | 🞏 Low (3 pounds 5 ounces  [1500 grams] to 5 pounds 7.99 ounces [2499 grams]) | 🞏 Very low (less than 3 pounds 5 ounces [1500 grams]) |

35e. Was the child born prematurely (less than 37 weeks gestation)? *Select one.*

|  |  |  |
| --- | --- | --- |
| 🞏 Yes | 🞏 No | 🞏 Don’t know |

35f. Did the child spend time in the Neonatal Intensive Care Unit (NICU)? *Select one.*

|  |  |  |
| --- | --- | --- |
| 🞏 Yes | 🞏 No | 🞏 Don’t know |

35g. Has the child been given a diagnosis of one or more of the following conditions related to substance exposure? *Select all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Neonatal abstinence syndrome | 🞏 Fetal alcohol syndrome disorder | 🞏 Neither | 🞏 Don’t know |

35h. Was the child exposed prenatally to opiates? *Select one.*

*Only respond to Q35h if answer to Q35g is “Neonatal abstinence syndrome”*

|  |  |  |
| --- | --- | --- |
| 🞏 Yes | 🞏 No | 🞏 Don’t know |

35i. Was the mother receiving supervised MAT during her pregnancy? *Select one.*  
Only respond to Q35i if answer to Q35h is “Yes”

|  |  |  |
| --- | --- | --- |
| 🞏 Yes | 🞏 No | 🞏 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.*

* Client’s place of residence
* Residential treatment facility
* Phone
* Other location

1. Service provider *[Select from list of grantee’s individuals providing services to families enrolled in RPG]*
2. Service Approach: *Select one.*

* Service with individual family
* Service with multiple families

1. **Service Type:** *Select one.*

* Case management or service coordination
* Support group or workshop
* Therapy or counseling
* Parenting training/home visiting program
* Mentoring
* Screening or assessment
* Medication assisted treatment
* Medical care or appointment
* Employment training
* Academic education (child or adult)
* Housing
* Transportation
* Court or legal
* Financial or material supports (such as vouchers or stipends)
* Child care
* Other services

1. **Model or Program Name** *[Select all that apply from list of grantee’s program models, if applicable]*
2. **Service Focus** *Select all that apply.*

* Parenting skills
* Child care
* Family activities
* Visit facilitation
* Adult SUD
* Discharge or recovery planning
* Youth SUD prevention
* Medication assisted treatment
* Personal development and life skills
* Behavior management
* Mental health treatment
* Trauma processing
* Family group decision-making or planning
* Safety planning
* Financial planning
* Employment training
* Academic education (child or adult)
* Health education
* Medical care or appointment
* Housing
* Transportation
* Financial or material supports (such as vouchers or stipends)
* Needs assessment
* Child developmental screening
* Evaluation data collection
* Dealing with family crisis
* Court or legal
* Referrals
* Other

1. Referral Type *Select all that apply.*

*Only respond if “Referrals” is selected in Q9*

* SUD treatment
* Therapy or counseling
* Parenting skills training
* Home visiting program
* Housing
* Academic education services
* Life skills development
* Early intervention services
* Employment training
* Job placement services
* Legal services
* Medical/health care
* Other

1. Did the client exhibit any of the following behaviors during the service interaction? *Select all that apply.*

* Client arrived to the session on time
* Client demonstrated understanding of the information being presented
* Client stayed focused during the service interaction
* Client participated in the session and asked questions if needed
* Client took an active part in the setting of goals
* Client demonstrated they trusted the service provider
* Other (Specify)
* None of the above

1. 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”*

* Client is distracted or upset about life events (i.e., a sick child, pending child welfare case, housing instability, etc.)
* Client is tired or not feeling well
* Client drug use or withdrawal
* Time constraints
* Client did not see the value in the content and/or activities presented in the session
* Presence of other individuals interfered with session activities
* Disagreement between group members
* Difficult for client to concentrate in service encounter space (i.e., outside noise, crowded space, frequent interruptions, etc.)
* Other (Specify)
* None of the above