2021-2024 WRAP+ Data Collection Form
Complete at end of quarter for each WRAP+ Client (Rev. 9/6/23)

Client Name		**DOB:**	
Form Completed by:		**Date:**	
Year Being Reported:	**Circle one:** 2021 2022	2023	2024
Quarter Being Reported:	**Circle one:** Q1 (Jan-Mar) Q2 (Apr-Jun) Q3 (Jul-Sep) Q4 (Oct-Dec)		

Data Element	RESPONSE	#
RISK ASSESSMENT		
Received this quarter?	Trish	43A
Type of assessment?	Trish	
Assessed risk level?	Trish	43B
CASE MANAGEMENT		
Received this quarter?		
Received a case or transition plan for the 1st time this quarter?		48
MENTAL HEALTH SERVICES		
Assessed for services this quarter?		50A
Received services this quarter?		50B
Received for 1st time this quarter?		50C
Participant sent to hospital or inpatient due to MH crisis during reporting period?		74
SUBSTANCE USE DISORDER SERVICES		
Assessed for services this quarter?		51A
Received services this quarter?		51B
Received for 1st time this quarter?		51C
Enrolled at least 90 days in substance use disorder program?		54A
If yes, was person tested for use of alcohol or illicit substances?		54A
If tested, did person test positive on any test?		54B
CO-OCCURRING DISORDER SERVICES		
Assessed for services this quarter?		55A
Received services this quarter?		55B
If yes, what type? (Parallel, Sequential, Integrated?)		56
Received for 1st time this quarter?		55C
EMPLOYMENT SERVICES		
Assessed **as needing** services?		57A
If yes, standard or supportive?		57A
Received services this quarter?		57B
If yes, standard or supportive?		57B
If yes, obtained job?		58B
If yes, had job for 90 days+?		58C
Rec'd services for 1st time this Q?		57C
If yes, standard or supportive?		57C
EDUCATION SERVICES		
Assessed **as needing** services this Q?		59A
Received services this quarter?		59B
If yes, rec'd GED certificate?		60A
If yes, rec'd HS diploma?		60B
If yes, earned vocational cert?		60C
If yes, earned higher ed degree?		60D
Rec'd for 1st time this quarter?		59C

Data Element	RESPONSE	#
HOUSING SERVICES		
Assessed **as needing** services this quarter?		61A
If yes, standard or supportive?		61A
Received services this quarter?		61B
If yes, standard or supportive?		61B
How many obtained housing this Q?		62B
Were housed for 90+ days?		62C
Received for 1st time this quarter?		61C
If yes, standard or supportive?		61C
MEDICATION ASSISTED TREATMENT (MAT)		
Eligible for MAT this quarter?		66A
Received MAT this quarter?		66A
If yes, what type? (Methadone, Suboxone, Naltrexone/Vivitrol?)		65
PROGRAM COMPLETION		
Leave program during reporting period?		67.
Reason for leaving program?		
Successful completion		69.
Court/criminal involvement		70A.
Lack of engagement		70B.
Absconding		70C.
Relocating or case transfer		70D.
Death or serious illness		70E.
Other (specify)		70F.
RECIDIVISM (only complete if Yes to #67)		
Participant sent to jail/prison?		71
Reason: admin/technical violation?		72.
Reason: new charge		72
How many days in jail during reporting period?		73
HEALTH INSURANCE SERVICES		
Did person already have health ins?		ACA3
If yes, what type of coverage? (MA, etc)		ACA3
If no, was person eligible for insurance?		ACA3
If eligible, was person enrolled in health care coverage this quarter?		ACA3
If enrolled, what type of coverage?		ACA3
Insurance at program exit?		ACA3

Additional Data (new participants only)	Date	Score
Application Date		
When accepted to program (target popul)		
Completed Diagnostic Assessment		
Completed CD Assessment		
First mtg with CM? (or accepted into TC)		
Kalene Complete Below		
BJMHS Score		
TCUDSV Score		
Criminal Justice Involvement Score		
MN PAT Score		