

Attachment A

FDTC Data Collection Form

Public Burden Statement: 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. The OMB control number for this project is 0930-0330. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

SECTION A. RECORD MANAGEMENT

A.1 FDTCID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

A.2 CASEID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

A.3 ADULTID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

A.4 Date file opened with FDTC program. [FILE_O]

|_|_|_|_|_| / |_|_|_|_|_| / |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Month Day Year

A.5 Date file closed with FDTC program. [FILE_C]

|_|_|_|_|_| / |_|_|_|_|_| / |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Month Day Year

A.6 Data Collection Period [COLLPER]

- Baseline
- 6 Month Follow-up
- 12 Month Follow-up
- Discharge

SECTION B. ADULT DEMOGRAPHICS [ONLY AT BASELINE]

B.1 What is the adult's relationship to the index child? [ARLTNSHP]

- Biological mother
- Biological father
- Step mother
- Step father
- Adoptive mother
- Adoptive father
- Foster mother
- Foster father
- Presumptive father
- Grandmother (maternal or paternal)
- Grandfather (maternal or paternal)
- Aunt (maternal or paternal)
- Uncle (maternal or paternal)
- Significant Other (unmarried partner of parent/caregiver)
- Other Relationship – includes other relatives not specified and non-relatives (e.g., godparents, other non-biological caregivers)
- Relationship not known

B.2 What is the adult's date of birth? [ADOB] [*The system will only save month and year. To maintain confidentiality, day is not saved.]

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
Month Day Year

B.3 What is the adult's gender? [ASEX]

- Male
- Female

B.4 Is the adult Hispanic/Latino? [AETHN]

- No
- Yes

B.5 What is the adult's race? Please answer yes or no for each of the following. (Mark all that apply)

	N	Y	
A. American Indian/ Alaska Native	<input type="radio"/>	<input type="radio"/>	[ARACAI]
B. Asian	<input type="radio"/>	<input type="radio"/>	[ARACAS]
C. Black or African American	<input type="radio"/>	<input type="radio"/>	[ARACBL]
D. Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	[ARACNH]
E. White	<input type="radio"/>	<input type="radio"/>	[ARACWH]

B.6 Is the adult a prior perpetrator of substantiated child maltreatment? [A_PRIOR]

- No
- Yes
- Don't Know

B.7 Is the adult pregnant? [PREG]

- Pregnant
- Not Pregnant
- Don't Know

B.8 What is the adult's marital status? [MARITAL]

- Never married
- Now married
- Separated
- Divorced
- Widowed
- Unknown

B.9 Date enrolled FDC [FDCOPEN]

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
Month Day Year

**B.10 What is the adult's primary substance problem reported at treatment admission?
(Choose only one). [SUB1]**

- Alcohol
- Cocaine/crack
- Marijuana/hashish
- Heroin/other opiates (*total*)
 - Heroin
 - Oxycontin/ oxycodone
 - Hydrocodone (Lortab)
 - Other opiates/ synthetics
 - Non-prescription methadone
- Hallucinogens/ psychedelics
- Methamphetamine
- Other amphetamines/ stimulants
- Benzodiazepines
- Barbiturates
- Other tranquilizers or sedatives
- Inhalants
- Other drugs
- Unknown/ missing

B.11 During the 30 days prior to treatment admission, on how many days has the adult used any of the following:

	NUMBER OF DAYS	UNKNOWN/ MISSING	
A. Alcohol	_ _ _	<input type="radio"/>	[ALCOHOL1]
B. Cocaine/crack	_ _ _	<input type="radio"/>	[COCAINE1]
C. Marijuana/hashish	_ _ _	<input type="radio"/>	[MARIJ1]
D. Opiates	_ _ _	<input type="radio"/>	[OPIATES1]
E. Heroin	_ _ _	<input type="radio"/>	[HEROIN1]
F. Oxycontin/oxycodone	_ _ _	<input type="radio"/>	[OXYCO1]
G. Hydrocodone	_ _ _	<input type="radio"/>	[HYDROCO1]
H. Other opiates/synthetics	_ _ _	<input type="radio"/>	[OTHOPIA1]
I. Non-prescription methadone	_ _ _	<input type="radio"/>	[METHADO1]
J. Hallucinogens/psychedelics	_ _ _	<input type="radio"/>	[HALLUC1]
K. Methamphetamine	_ _ _	<input type="radio"/>	[METH1]
L. Other amphetamines/stimulants	_ _ _	<input type="radio"/>	[OTHSTIM1]
M. Benzodiazepines	_ _ _	<input type="radio"/>	[BENZO1]
N. Barbiturates	_ _ _	<input type="radio"/>	[BARBIT1]
O. Other tranquilizers or sedatives	_ _ _	<input type="radio"/>	[TRANQ1]
P. Inhalants	_ _ _	<input type="radio"/>	[INHAL1]
Q. Other drugs	_ _ _	<input type="radio"/>	[OTHDRUG1]

B.12 In the 30 days prior to admission, how many times has the adult been arrested?
[ARREST1]

|_|_|_| Times

Don't Know

SECTION C. INFORMATION ABOUT THE PARENT

C.1 What is the adult's current living situation? [LIVARAG]

- Homeless (client has no fixed address; includes shelters)
- Dependent living (client is living in a supervised setting such as a residential institution, including jail/prison, halfway house or group home).
- Independent living (client is living alone or with others without supervision)
- Don't know

C.2 What is the number of years of school completed? [EDUC]

|__|_| Highest Grade Completed

- Don't know

C.3 Is the adult currently employed? [EMPLOY]

- Full time
- Part time
- Unemployed
- Not in labor force
- Don't know

C.4 For how many children has the parent lost parental rights? [TPR]

|__|_| Number of Children

- Don't Know

C.5 For parents/caregivers who enter substance abuse treatment, what type of treatment do they enter? [PUBPRVTX]

- Public
- Private
- Not applicable
- Don't know

C.6 What type of treatment setting is the adult currently in? [TXSET]

- Detox, 24-hour, hospital inpatient
- Detox, 24-hour, free-standing residential
- Rehabilitation/ Residential – Hospital (other than detox)
- Rehabilitation/ Residential – Short term (<=30 days)
- Rehabilitation/ Residential – Long term (>30 days); may include transitional living such as halfway house
- Ambulatory – Intensive Outpatient (at minimum, client receives treatment lasting 2 or more hours per day for 3 or more days per week)
- Ambulatory – Non-intensive outpatient
- Ambulatory – Detoxification (outpatient)
- Unknown

C.7 What is the adult’s discharge status? [TXSTATUS]

- Treatment completion
- Left against professional advice (dropped out)
- Terminated by facility
- Transferred to another treatment program or facility (and known to report)
- Transferred to another treatment program or facility, but did not report
- Incarcerated
- Death
- Other
- Unknown
- Not applicable – still in treatment

SECTION D: SUPPORTIVE SERVICES

For the Supportive Services listed below, please indicate if the Adult has been assessed for each type of service and whether the service has been initiated.

D.1 Parent Training/Child Development Training Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for parent training/child development training needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[APARENT1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[APARENT2]

D.2 Mental Health or Counseling Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for mental health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AMH1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AMH2]

D.3 Trauma Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for trauma needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[TRAUMA1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[TRAUMA2]

D.4 Child Care Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for child care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ACHCARE1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ACHCARE2]

D.5 Transportation Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for transportation needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ATRANSP1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ATRANSP2]

D.6 Housing Assistance Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for housing needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AHOUSE1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AHOUSE2]

D.7 Family Planning Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for family planning needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[FAMPL1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[FAMPL2]

D.8 Domestic Violence Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for domestic violence needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ADOMVIO1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ADOMVIO2]

D.9 Employment or Vocation Training/Education Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for employment or vocation training/education needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AEMPLY1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AEMPLY2]

D.10 Continuing Care/Recovery Support Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for continuing care/recovery support needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ACONTCR1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ACONTCR2]

D.11 Legal Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for legal needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[LEGAL1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[LEGAL2]

D.12 Primary Medical Care Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide This	Unknown	
A. Screened and/or assessed for primary medical care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AMED1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[AMED2]

D.13 Dental Care Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for dental care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ADENTAL1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[ADENTAL2]

SECTION E. ADULT DISCHARGE ITEMS [COMPLETE ONLY AT DISCHARGE]

E.1 During the 30 days prior to discharge from treatment, on how many days has the adult used any of the following:

	NUMBER OF DAYS	UNKNOWN/ MISSING	
A. Alcohol	__ __	<input type="radio"/>	[ALCOHOL2]
B. Cocaine/crack	__ __	<input type="radio"/>	[COCAINE2]
C. Marijuana/hashish	__ __	<input type="radio"/>	[MARIJ2]
D. Opiates	__ __	<input type="radio"/>	[OPIATES2]
E. Heroin	__ __	<input type="radio"/>	[HEROIN2]
F. Oxycontin/oxycodone	__ __	<input type="radio"/>	[OXYCO2]
G. Hydrocodone	__ __	<input type="radio"/>	[HYDROCO2]
H. Other opiates/synthetics	__ __	<input type="radio"/>	[OTHOPIA2]
I. Non-prescription methadone	__ __	<input type="radio"/>	[METHADO2]
J. Hallucinogens/psychedelics	__ __	<input type="radio"/>	[HALLUC2]
K. Methamphetamine	__ __	<input type="radio"/>	[METH2]
L. Other amphetamines/stimulants	__ __	<input type="radio"/>	[OTHSTIM2]
M. Benzodiazepines	__ __	<input type="radio"/>	[BENZO2]
N. Barbiturates	__ __	<input type="radio"/>	[BARBIT2]
O. Other tranquilizers or sedatives	__ __	<input type="radio"/>	[TRANQ2]
P. Inhalants	__ __	<input type="radio"/>	[INHAL2]
Q. Other drugs	__ __	<input type="radio"/>	[OTHDRUG2]

E.2 In the 30 days prior to discharge from treatment, how many times has the adult been arrested? [ARREST2]

|__|__| Times

Don't Know

E.3 Did the adult complete family drug court? [FDCCOMP]

- No
- Yes
- Not Applicable/did not enroll

E.3.A. Date exited FDC [FDCCLOSE]

_	_	/	_	_	/	_	_	_	_
Month			Day			Year			

SECTION F. CHILD DEMOGRAPHICS [ONLY AT BASELINE]

F.1 What is the child’s date of birth? [CHBDATE] [*The system will only save month and year. To maintain confidentiality, day is not saved.]

_	_	/	_	_	/	_	_	_	_
Month			Day			Year			

F.2 What is the child’s gender? [CHSEX]

- Male
- Female

F.3 Is the child Hispanic/Latino? [CHETHN]

- No
- Yes

F.3 What is the child’s race? Please answer yes or no for each of the following. (Mark all that apply)

	N	Y	
A. American Indian/ Alaska Native	<input type="radio"/>	<input type="radio"/>	[CHRACAI]
B. Asian	<input type="radio"/>	<input type="radio"/>	[CHRACAS]
C. Black or African American	<input type="radio"/>	<input type="radio"/>	[CHRACBL]
D. Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	[CHRACNH]
E. White	<input type="radio"/>	<input type="radio"/>	[CHRACWH]

F.5 Is the child currently enrolled in school? [SCHOOL]

- No
- Yes
- Don’t Know

F.5.A [If yes] What grade? [GRADE]

- Pre-School
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade/high school diploma/equivalent
- Voc/tech program after high school but no voc/tech diploma
- Voc/tech diploma after high school
- Don't Know

F.6 Is parental/caregiver methamphetamine use a contributing factor to the child welfare case? [METHFACT]

- No
- Yes
- Don't Know

F.6.A [If yes] Was manufacturing/production of methamphetamine an allegation or factor in the child welfare case? [MANUF]

- No
- Yes
- Don't Know

F.6.B [If yes] Was the sales of methamphetamine an allegation or factor in the child welfare case? [SALES]

- No
- Yes
- Don't Know

SECTION G: CHILD MALTREATMENT AND PLACEMENT

G.1 Has there been a substantiated allegation of maltreatment during the past 6 months? [MALTXVIC]

- No
- Yes

G.2 Has the child been removed from the home? [REMOVED]

- No
- Yes

G.3 What was the date the child removed from the home? [REMOVDT]

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
Month Day Year

G.4 What was the date of discharge from foster care or out-of-home care? [FCDISDT]

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
Month Day Year

G.5 What is the reason for discharge from foster care or out-of-home care? [FCDISP]

- Not applicable
- Reunification with parent(s) or primary caregiver(s)
- Living with other relative
- Adoption
- Emancipation
- Relative guardianship
- Transfer to another agency
- Runaway
- Death of child
-

SECTION H: SUPPORTIVE SERVICES PROVIDED TO THE CHILD

For the Supportive Services listed below, please indicate if the child has been assessed for each type of service and whether the service has been initiated.

H.1 Developmental Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for developmental needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHDEV1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHDEV2]

H.2 Mental Health or Counseling Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for mental health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHMH1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHMH2]

H.3 Primary Pediatric Health Care Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for primary pediatric health care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHMED1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHMED2]

H.4 Substance Abuse Prevention Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for substance abuse prevention and education needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHSAP1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHSAP2]

H.5 Substance Abuse Treatment Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for substance use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHSATX1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHSATX2]

H.6 Educational Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for educational needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHEDUC1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHEDUC2]

H.7 Neurological Effects of Prenatal Substance Use Exposure

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for neurological effects of prenatal substance use exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[NEURO1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[NEURO2]

H.8 Dental Care Services

	N	Y	Not Identified as a Need	Our Program Does Not Provide this	Unknown	
A. Screened and/or assessed for dental care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHDENTAL1]
B. Services initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[CHDENTAL2]

I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP]

1. What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED].

- 01 = Deceased at time of due date
- 11 = Completed interview within specified window
- 12 = Completed interview outside specified window
- 21 = Located, but refused, unspecified
- 22 = Located, but unable to gain institutional access
- 23 = Located, but otherwise unable to gain access
- 24 = Located, but withdrawn from project
- 31 = Unable to locate, moved
- 32 = Unable to locate, other (SPECIFY) _____

2. Is the client still receiving services from your program?

- Yes
- No

[IF THIS IS A FOLLOW-UP INTERVIEW STOP NOW, THE INTERVIEW IS COMPLETE.]

J. DISCHARGE STATUS
[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE]

1. On what date was the client discharged?

|_|_|_|_| / |_|_|_|_|_| / |_|_|_|_|_|_|_|_|_|_|
MONTH DAY YEAR

2. What is the client's discharge status?

- 01 = Completion/Graduate
 - 02 = Termination
- If the client was terminated, what was the reason for termination? [*SELECT ONE RESPONSE.*]
- 01 = Left on own against staff advice with satisfactory progress
 - 02 = Left on own against staff advice without satisfactory progress
 - 03 = Involuntarily discharged due to nonparticipation
 - 04 = Involuntarily discharged due to violation of rules
 - 05 = Referred to another program or other services with satisfactory progress
 - 06 = Referred to another program or other services with unsatisfactory progress
 - 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
 - 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
 - 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
 - 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
 - 11 = Transferred to another facility for health reasons
 - 12 = Death
 - 13 = Other (Specify)_____