APPENDIX G

**ADMINISTRATIVE DATA ELEMENTS FOR OUTCOME AND IMPACT ANALYSIS:
RECOVERY, SAFETY, AND PERMANENCY**

Recovery Data

Recommended RPG format: CSV

Upload Information:

- Each grantee will upload one CSV file with each record representing one treatment episode for each adult in a case.
- Grantees will need to obtain the records directly from the relevant state (or county) substance abuse treatment agencies, and then submit those data elements to the cross-site evaluation. These data are available as part of those reported for the TEDS (Treatment Episode Data Set).
- Each grantee will upload one file twice a year (once in April and once in October).

Data Elements:

#	Field Name	Long Name	Definition	Values	Data Type	Field Size	Required?
1	GRANTID	Grantee ID	The identification number provided by the Children's Bureau to the RPG grantee	Numbers and letters are OK; no special characters; not case sensitive	Alphanumeric	8	Y
2	CASID	Case ID	The RPG identification number assigned to each case	Numbers and letters are OK; no special characters; not case sensitive	Alphanumeric	6	Y
3	RCVADID	Adult's ID	The adult's RPG identification number	Numbers and letters are OK; no special characters; not case sensitive	Alphanumeric	6	Y
4	TREATID	Treatment Episode ID	Unique identifier for a particular treatment episode for an adult	Numbers and letters are OK; no special characters; not case sensitive	Alphanumeric	6	N
5	ADMDATE	Date of first treatment services for this treatment episode	The day when the client receives his or her first direct treatment service for this treatment episode	MM/DD/YYYY	Date	10	Y

6	DISDATE	Discharge Date	Date of Discharge	The end date of all treatment settings for this treatment episode	MM/DD/YYYY	Date	N
7	REASON	Reason for Discharge	The reason for discharge associated with this treatment episode	1=treatment completed 2=left against professional advice 3=terminated by facility 4=incarcerated 5=death 6=other 7=unknown	Numeric	1	Conditional
8	PRMTYPE	Primary Substance Type	Primary substance abuse problem (type) at admission	01=None 02=Alcohol 03=Cocaine/Crack 04=Marijuana/Hashish 05=Heroin 06=Non-Prescription Methadone 07=Other Opiates and	Numeric	2	Y

| 9 | SECTYPE | Secondary Substance Type | Secondary substance abuse problem (type) at admission | 01=None
02=Alcohol
03=Cocaine/Crack
04=Marijuana/Hashish
05=Heroin
06=Non-Prescription Methadone
07=Other Opiates and Synthetics
08=PCP
09=Other Hallucinogens
10=Methamphetamines
11=Other Amphetamines
12=Other Stimulants
13=Benzodiazepines
14=Other non-Benzodiazepine Tranquilizers
15=Barbiturates
16=Other non-Barbiturate Sedatives or Hypnotics
17=Inhalants
18=Over-the-counter
20=Other
97=Unknown
98=Not Collected | Numeric | 2 | Y |

| 10 | TERTYPE | Tertiary Substance Type | Tertiary substance abuse problem (type) at admission | 01=None
02=Alcohol
03=Cocaine/Crack
04=Marijuana/Hashish
05=Heroin
06=Non-Prescription Methadone
07=Other Opiates and Synthetics
08=PCP
09=Other Hallucinogens
10=Methamphetamines
11=Other Amphetamines
12=Other Stimulants
13=Benzodiazepines
14=Other non-Benzodiazepine Tranquilizers
15=Barbiturates
16=Other non-Barbiturate Sedatives or Hypnotics
17=Inhalants
18=Over-the-counter
20=Other
97=Unknown
98=Not Collected | Numeric | 2 | Y |

11	PRMFREQ	Frequency of Use (Primary)	Frequency of use of primary substance type at admission	01=No Use in Past Month 02=1-3 Times in Past Month 03=1-2 Times in Past Week 04=3-6 Times in Past Week 05=Daily 96=Not Applicable 97=Unknown 98=Not Collected	Numeric	2	Y

| 12 | SECFREQ | Frequency of Use (Secondary) | Frequency of use of secondary substance type at admission | 01=No Use in Past Month
02=1-3 Times in Past Month
03=1-2 Times in Past Week
04=3-6 Times in Past Week
05=Daily
96=Not Applicable
97=Unknown
98=Not Collected | Numeric | 2 | Y |

13	TERFREQ	Frequency of Use (Tertiary)	Frequency of use of tertiary substance type at admission	01=No Use in Past Month 02=1-3 Times in Past Month 03=1-2 Times in Past Week 04=3-6 Times in Past Week 05=Daily 96=Not Applicable 97=Unknown 98=Not Collected	Numeric	2	Y

Safety and Permanency Data

Recommended RPG format: XML

Upload Information:

- Each grantee will upload one XML file with data on Case, Child, Maltreatment, Removal, and Placement information for each child in the case.
- Grantees will need to obtain the records directly from the relevant state (or county) child welfare agencies, and then submit those data elements to the cross-site evaluation. These data are available as part of those reported to states for NCANDS (National Child Abuse and Neglect Data System).
- Each grantee will upload one file twice a year (once in April and once in October).

Data Elements:

#	Field Name	NCANDS Field Name	Long Name	Definition	Values / Format	Data Type	Field Size	Required
1	GRANTID	-	Grantee ID	The identification number provided by the Children's Bureau to the grantee	No special characters; not case sensitive	Alphanumeric	8	Y
2	CASID	-	Case ID	The identification number assigned to each case by the grantee	No special characters; not case sensitive	Alphanumeric	6	Y
3	CHID	-	Focal Child ID	The focal child's identification number assigned by the grantee	No special characters; not case sensitive	Alphanumeric	8	Y
The following fields are for the Safety information. The elements only exist in the XML if the child has one or more abuse or neglect report								
4	RPTID	RPTID	Report ID	The encrypted identification number assigned to each report by the Child Welfare agency	No special characters; not case sensitive	Alphanumeric	12	Y
5	INCIDDT	INCIDDT	Incident Date	The month, day, and year on which the reported incident occurred	MM-DD-YYYY	Date	10	N
6	RPTDT	RPTDT	Report Date	The month, day, and year that the responsible agency was notified of the suspected child maltreatment	MM-DD-YYYY	Date	10	Y
7	RPTDISDT	RPTDISPDT	Report Disposition Date	The point in time at the end of the investigation or assessment when	MM-DD-YYYY	Date	10	Y

				a CPS worker declares a disposition to the child maltreatment report				
8	MALPHYS	-		Physical Abuse	See Glossary for a full definition	01=substantiated 02=indicated or reason to suspect 03=unsubstantiated 22=alternative response 88=other 99=unknown Blank=No allegation	Numeric	2	N
9	MALNGLT	-		Neglect	See Glossary for a full definition	01=substantiated 02=indicated or reason to suspect 03=unsubstantiated 22=alternative response 88=other 99=unknown Blank=No allegation	Numeric	2	N
10	MALMEDNGLT	-		Medical Neglect	See Glossary for a full definition	01=substantiated 02=indicated or reason to suspect 03=unsubstantiated 22=alternative response 88=other 99=unknown Blank=No allegation	Numeric	2	N
11	MALSEX	-		Sexual Abuse	See Glossary for a full definition	01=substantiated 02=indicated or reason to suspect 03=unsubstantiated 22=alternative response 88=other 99=unknown Blank=No allegation	Numeric	2	N
12	MALPSYCH	-		Psychological or Emotional Abuse	See Glossary for a full definition	01=substantiated 02=indicated or reason to suspect 03=unsubstantiated 22=alternative response 88=other 99=unknown Blank=No allegation	Numeric	2	N
13	MALOTH	-		Other Maltreatment	See Glossary for a full definition	01=substantiated 02=indicated or reason to suspect 03=unsubstantiated 22=alternative response	Numeric	2	N

					88=other 99=unknown Blank=No allegation			
14	MALDEATH	MALDEATH	Maltreatment Death	See Glossary for a full definition	1=yes 2=no 9=unknown or missing	Numeric	1	N
The following fields are for the Removal information. These elements only exist in the XML if the child has one or more removal episodes.								
15	RMVLID		Removal ID	Unique identifier to identify a particular removal for a focal child.	No special characters; not case sensitive	Alphanumeric	8	Y
16	DT_RMVL		Removal Date	The month, day and year the child was removed from his/her home for the purpose of being placed in foster care	MM-DD-YYYY	Date	10	Y
17	DT_END		Discharge Date	The month, day, and year this removal ended	MM-DD-YYYY	Date	10	N
18	DSCH_RSN		Discharge Reason	The reason for the discharge from this foster care episode	1 = Reunification with Parent(s) or Primary Caretaker(s) 2 = Living with Other Relative(s) 3 = Adoption 4 = Emancipation 5 = Guardianship 6 = Transfer to Another Agency 7 = Runaway 8 = Death of Child	Numeric	1	N
The following fields are for the Placement information. These elements only exist in the XML if the child has one or more placements within a removal episode.								
19	PLCMID		Placement ID	Unique identifier to identify a particular placement within a removal for a focal child	No special characters; not case sensitive	Alphanumeric	8	Y
20	PLCM_BGN		Placement Start Date	The month, day, and year this out of home placement began	MM-DD-YYYY	Date	10	Y
21	PLCM_STG		Placement Setting	The type of setting of this out of home placement	1 = Pre-Adoptive Home 2 = Foster Family Home (Relative) 3 = Foster Family Home (Non-Relative) 4 = Group Home 5 = Institution 6 = Supervised Independent Living	Numeric	1	N

					7 = Runaway 8 = Trial Home Visit			
22	PLCM_END		Placement End Date	The month, day, and year this out of home placement ended	MM-DD-YYYY	Date	10	N