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  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 |
| 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 a CPS worker declares a disposition to the child maltreatment report | MM-DD-YYYY | Date | 10 | Y |
| 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  88=other  99=unknown Blank=No allegation | Numeric | 2 | N |
| 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  7 = Runaway  8 = Trial Home Visit | Numeric | 1 | N |
| 22 | PLCM\_END |  | Placement End  Date | The month, day, and year this out of home placement ended | MM-DD-YYYY | Date | 10 | N |