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=death6=other 7=unknown | Numeric | 1 | Conditional |
| 8 | PRMTYPE | Primary Substance Type | Primary substance abuse problem (type) at admission | 01=None02=Alcohol03=Cocaine/Crack04=Marijuana/Hashish05=Heroin06=Non-Prescription Methadone07=Other Opiates and Synthetics08=PCP09=Other Hallucinogens10=Methamphetamines11=Other Amphetamines12=Other Stimulants13=Benzodiazepines14=Other non-Benzodiazepine Tranquilizers15=Barbiturates16=Other non-Barbiturate Sedatives or Hypnotics17=Inhalants18=Over-the-counter20=Other97=Unknown98=Not Collected | Numeric | 2 | Y |
| 9 | SECTYPE | Secondary Substance Type | Secondary substance abuse problem (type) at admission | 01=None02=Alcohol03=Cocaine/Crack04=Marijuana/Hashish05=Heroin06=Non-Prescription Methadone07=Other Opiates and Synthetics08=PCP09=Other Hallucinogens10=Methamphetamines11=Other Amphetamines12=Other Stimulants13=Benzodiazepines14=Other non-Benzodiazepine Tranquilizers15=Barbiturates16=Other non-Barbiturate Sedatives or Hypnotics17=Inhalants18=Over-the-counter20=Other97=Unknown98=Not Collected | Numeric | 2 | Y |
| 10 | TERTYPE | Tertiary Substance Type | Tertiary substance abuse problem (type) at admission | 01=None02=Alcohol03=Cocaine/Crack04=Marijuana/Hashish05=Heroin06=Non-Prescription Methadone07=Other Opiates and Synthetics08=PCP09=Other Hallucinogens10=Methamphetamines11=Other Amphetamines12=Other Stimulants13=Benzodiazepines14=Other non-Benzodiazepine Tranquilizers15=Barbiturates16=Other non-Barbiturate Sedatives or Hypnotics17=Inhalants18=Over-the-counter20=Other97=Unknown98=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 Month02=1-3 Times in Past Month03=1-2 Times in Past Week04=3-6 Times in Past Week05=Daily96=Not Applicable97=Unknown98=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 Month02=1-3 Times in Past Month03=1-2 Times in Past Week04=3-6 Times in Past Week05=Daily96=Not Applicable97=Unknown98=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 Month02=1-3 Times in Past Month03=1-2 Times in Past Week04=3-6 Times in Past Week05=Daily96=Not Applicable97=Unknown98=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 |