APPENDIX H

Administrative data elements for outcome and impact analysis: recovery, safety, and permanency

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| *THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 144 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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.*  OMB Approval number: 0970-0527, Expiration Date: XX/XX/XXXX. |

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 |