# [External] CACJ Data Dictionary

## Contents

**Assessment**

| Field | Description | Field Type | Values |
|---|---|---|---|
| **ASAM Level** | Pre-specified results of the ASAM patient placement criteria screening.<br><br>*Required to be entered for accepted participants in a drug, DUI, or juvenile drug court, or any court type when a substance use disorder diagnosis is entered.* | List Values | 0.5<br>1<br>2.1<br>2.5<br>3.1<br>3.3<br>3.5<br>3.7<br>4<br>OTP |
| **ASAM Level Date** | Date of the ASAM patient placement criteria screening.<br><br>*Required to be entered for accepted participants in a drug, DUI, or juvenile drug court, or any court type when a substance use disorder diagnosis is entered.* | Date | |
| **Risk Assessment Type** | Type of approved risk assessment tool used.<br><br>*Required to be entered for all accepted participants.* | List Values | Other<br>START<br>LSI-R<br>DUI-RANT<br>NGA<br>LS-CMI |
| **Risk Assessment Date** | Date approved risk assessment tool was conducted.<br><br>*Required to be entered for all accepted participants.* | Date | |

| Field | Description | Field Type | Values |
|---|---|---|---|
| **Risk Assessment Results** | Raw score from an approved risk assessment tool.<br><br>*Required to be entered for all accepted participants.* | Text | |
| **Risk/Need Level** | Summary risk/need level based on approved assessment tool(s).<br><br>*Required to be entered for all accepted participants.* | List Values | High<br>High risk/high need<br>High risk/low need<br>Low<br>Low risk/high need<br>Moderate<br>Very high<br>Very low |
| **Diagnosis/ Diagnostic Impression** | Diagnosis is the participant's diagnosis from a certified physician. Diagnostic impression is a clinician's opinion of a diagnosis without a formal diagnosis.<br><br>*Required to be entered for all accepted participants with an active or active-residential status, and for whom treatment data are entered.* | List Values | Trauma/stress-related disorders<br>Dissociated disorders<br>Depressive disorders<br>Bipolar disorders<br>Anxiety disorders<br>Somatic symptom and related disorders<br>Obsessive-compulsive disorders<br>Substance use disorder<br>Schizophrenia spectrum and other psychotic disorders<br>Neurocognitive disorders<br>Personality disorders<br>Neurodevelopmental disorders |
| **Diagnosis Level** | Level determines prioritization of services.<br><br>*Required to be entered if treatment data are entered.* | List Values | Primary<br>Secondary<br>Tertiary |

| Field | Description | Field Type | Values |
|-------|-------------|------------|--------|
| **Diagnosis Reason** | Categorizes whether diagnosis is substance-related or not.<br><br>*Required to be entered if treatment data are entered.* | List Values | General medication condition<br>Unknown<br>Substance-induced/related |
| **Substance Use Disorder Level** | *Mild*: Indicates that a participant only presents 2-3 symptoms from a list of 11 symptoms in the DSM-V; symptoms must occur or be present within the past 12 months.<br>*Moderate*: Indicates that a participant only presents 4-5 symptoms from a list of 11 symptoms in the DSM-V; symptoms must occur or be present within the past 12 months.<br>*Severe:* Indicates that a participant presents 6 or more symptoms from a list of 11 symptoms in the DSM-V; symptoms must occur or be present within the past 12 months. | List Values | Moderate<br>Mild<br>Severe |
| **Number of Overdoses** | Participant's self-reported number of prior overdoses. | Number | |
| **Last Overdose Date** | Date of the most recent overdose as reported by the participant. | Date | |

## Demographics

| Field | Description | Field Type | Values |
|---|---|---|---|
| **Residence County** | County in which the participant resides.<br><br>*Required to be entered for all submitted participants.* | Text | [all counties listed] |
| **State ID Number** | Unique number generated by the Georgia Bureau of Investigation to identify a person in the Georgia criminal history database (formally known as Georgia Crime Information Center (GCIC)).<br><br>*Required to be entered for all accepted participants except for family treatment courts and juvenile programs.* | Text | |
| **Gender Identity** | Self-identified gender.<br><br>*Required to be entered for all submitted participants.* | List Values | Male<br>Female<br>Transgender<br>Non-binary |
| **Sex** | Sex assigned at birth.<br><br>*Required to be entered for all submitted participants.* | List Values | Male<br>Female |
| **Race** | Participant's self-identification with one or more social groups.<br><br>*Required to be entered for all submitted participants.* | List Values | American Indian/Alaskan Native<br>Asian<br>Native Hawaiian or Other Pacific Islander<br>Black/African American<br>Caucasian/White<br>Other |

| Field | Description | Field Type | Values |
|-------|-------------|------------|--------|
| **Ethnicity** | Whether a participant identifies as Hispanic or not.<br><br>*Required to be entered for all submitted participants.* | List Values | Yes<br>No<br>Unknown |
| **Pregnant** | Female participant's pregnancy status. | List Values | Yes<br>No<br>Unknown |
| **Date of Birth** | Participant's birth date.<br><br>*Required to be entered for all accepted participants.* | Date | |
| **Drug Free Newborn DOB** | Date of birth for baby born to female participant during program participation unaffected by drugs at birth. | Date | |
| **Military Service (Branch)** | Branch of service the participant served in.<br><br>*Required to be entered for veteran treatment court participants.* | List Values | Army<br>Navy<br>Marines<br>Air Force<br>Coast Guard |
| **Military Service Capacity** | Status of a participant's military service.<br><br>*Required to be entered for veteran treatment court participants.* | List Values | Active<br>Reserve<br>National Guard<br>Retired |

| Field | Description | Field Type | Values |
|---|---|---|---|
| **Limited English Proficiency** | Whether or not the participant is fluent in the English language, often because it is not their native language.<br><br>*Required to be entered for all accepted participants.* | List Values | Yes<br>No<br>Unknown |
| **Education Level** | Highest level of education achieved.<br><br>*Required to be entered for all accepted participants.* | List Values | Associates degree<br>Bachelors degree<br>Elementary<br>High school/GED<br>Middle<br>Professional or graduate degree<br>Some college<br>Some high |
| **Education Level Date** | Date is the date of the most recent change or completion in highest education level. | Date | |
| **Employment Status at Entry** | Employment status at the time the participant enters the program.<br><br>*Required to be entered for all accepted participants.* | List Values | Disability<br>Full-time<br>Part-time less than 20 hours<br>Part-time more than 20 hours<br>Student/training<br>Unemployed<br>Vocational rehab |

| Field | Description | Field Type | Values |
|---|---|---|---|
| **Employment Status at Exit** | Employment status at the time the participant exits the program.<br><br>*Required to be entered when a participant exits from the program, regardless of exit status.* | List Values | Disability<br>Full-time<br>Part-time less than 20 hours<br>Part-time more than 20 hours<br>Student/training<br>Unemployed<br>Vocational rehab |
| **Employment Status Date** | Date of the most recent change in employment status. | Date | |
| **Chronic/Unstable Unemployment** | Whether or not the participant has had a history of chronic unemployment or unstable employment, related to employment status. | List Values | Yes<br>No<br>Unknown |
| **Income Level at Entry** | Income level at the time the participant enters the program.<br><br>*Required to be entered for all accepted participants.* | List Values | $1,000-$4,999<br>$10,000-$14,999<br>$15,000-$19,999<br>$20,000-$24,999<br>$25,000-$34,999<br>$35,000-$44,999<br>$45,000-$54,999<br>$5,000-$9,999<br>$55,000-$64,999<br>$65,000-$74,999<br>$75,000 or higher<br>Under $999<br>No income |

| Field | Description | Field Type | Values |
|---|---|---|---|
| **Income Level at Exit** | Income level at the time the participant exits the program.<br><br>*Required to be entered when a participant exits from the program, regardless of exit status.* | List Values | $1,000-$4,999<br>$10,000-$14,999<br>$15,000-$19,999<br>$20,000-$24,999<br>$25,000-$34,999<br>$35,000-$44,999<br>$45,000-$54,999<br>$5,000-$9,999<br>$55,000-$64,999<br>$65,000-$74,999<br>$75,000 or higher<br>Under $999<br>No income |
| **Income Level Date** | Date of the most recent income level determination.<br><br>*Required to be entered for all accepted participants.* | Date | |
| **Income Level Poverty** | Whether or not the participant's annual income is at or under the poverty line. | List Values | Yes<br>No<br>Unknown |
| **Employment Assistance Date** | Date(s) of any employment assistance programs, training, or similar. | Date | |
| **Employment Assistance Type** | Type of employment assistance offered. | List Values | Vocational training<br>Job skills<br>Supported employment |

| Field | Description | Field Type | Values |
|---|---|---|---|
| **Reentry Partnership Housing** | Whether the participant lives in pre-approved RPH housing.<br><br>*Required to be entered for all accepted participants in an adult accountability court.* | Yes/no | Yes<br>No |
| **Housing Status Type** | Participant's current living situation.<br><br>With a friend or relative: participant is currently residing with a friend/relative short-term and not in reference to having co-habitants (ie. living with their mother long-term).<br><br>*Date and type of housing required for both stable and unstable housing status.* | List Values | Unstable, Stable<br><br>House/apartment that is not public housing<br>Public housing unit or Section 8 unit<br>Residential treatment facility<br>Transitional housing, halfway house, group home, hotel/motel<br>Homeless/street, shelter, abandoned building, vacant unit, car<br>With friend or relative<br>Work release/incarcerated |
| **Housing Status Date** | Date the Housing Type and Status were reported.<br><br>*Required to be entered if housing status submitted.* | | |
| **DCA Funded** | Whether or not the participant's housing type is funded by DCA. | List Values | Yes – emergency shelter grant<br>Yes – rapid rehousing<br>Yes – dual enrolled<br>Not DCA Funded |

## Family Treatment Court

| Field | Description | Type | Values |
|---|---|---|---|
| **Alternate Care Placement Date** | The date a child was placed in alternate care. | Date | |
| **Alternate Care Placement Type** | The type of alternate care a child was placed in. | List Values | Institution<br>Other parent<br>Relatives<br>Supervised family<br>Foster care<br>Emergency |
| **Child Date of Birth** | Date of the child's birth for each of the participant's biological child(ren). | Date | |
| **Child Gender** | Gender for each of the participant's biological child(ren). | List Values | Male<br>Female |
| **Child Status** | Living status of participant's child(ren). | List Values | Living with spouse<br>Living with parent<br>No longer in home<br>Living with family<br>Alternative care placement – emergency<br>Alternative care placement – foster care<br>Alternative care placement – other parent<br>Alternative care placement – relatives<br>Alternative care placement – institution<br>Alternative care placement – supervised family |
| **Child Status Date** | Date of living status of participant's child(ren). | Date | |

| Field | Description | Type | Values |
|---|---|---|---|
| **Custody Status** | Court-mandated custody status of participant's child(ren). | List Values | Partial<br>No contact<br>Supervised visitation<br>Full |
| **Custody Status Date** | Date of court-mandated custody status of participant's child(ren). | Date | |
| **Permanency Status** | State's status of permanency for child(ren) of a participant while in the program. | List Values | Reunification<br>Adoption<br>Planned permanent living arrangement<br>Guardianship<br>Foster care<br>Temporary placement |
| **Permanency Status Date** | Date of state's status of permanency for child(ren) of a participant while in the program. | Date | |
| **Child Removed Date** | Date(s) in which a participant's child has been removed while in the program. | Date | |
| **Child Reunified Date** | Date(s) in which a participant's child has been reunified with the participant while in the program. | Date | |
| **Dependency Case Referral Type** | Type of dependency case based on referral (at intake).<br><br>*If Family Preservation type is entered, removal this quarter must be entered.* | List Values | Foster care<br>Family preservation |

| Field | Description | Type | Values |
|---|---|---|---|
| **Child Foster Care Start Date** | Date in which a FTC participant's child was placed into foster care. | Date | |
| **Child Foster Care End Date** | Date in which a FTC participant's child ended foster care placement. | Date | |
| **Participant Visitation Date** | Date in which a participant is scheduled to have a visit with child. | Date | |
| **Participant Visitation Attendance** | Attendance record of visitation.<br><br>*Required to be entered of if Participant Visitation Date is entered.* | List Values | Attended<br>Attended late<br>Cancelled<br>No show |

**Intake**

| Field | Description | Type | Values |
|-------|-------------|------|--------|
| **Arrest Date** | Date in which a participant was arrested for the referral charge(s).<br><br>*Required to be entered for all submitted participants. For family treatment and/or juvenile programs, the filing date should be entered.* | Date | |
| **Complaint Date** | Date that a complaint was filed against a juvenile, and such complaint precipitated the juvenile's entry into a juvenile accountability court program. | Date | |
| **Plea Date** | Date that a participant formally pled or otherwise entered the program. | Date | |
| **Referring Charge** | Most serious charge, as determined by the accountability court team, at program entry. | Text | |
| **Referral Date** | Date of a referral of a potential participant regardless of the referral source. | Date | |

| Field | Description | Type | Values |
|---|---|---|---|
| **Referral Source** | Role/agency of who referred the participant. | List Values | Defense attorney<br>Court<br>Family<br>Prosecutor<br>School<br>Probation<br>Parole<br>Other<br>Law enforcement<br>Juvenile services<br>Family services<br>Self<br>Sheriff<br>Treatment provider |
| **Review/Screening (Legal) Date** | Date that the prosecutor completed the legal review or screening of a potential participant. | Date | |
| **Eligibility Determination Date** | Date the potential participant was determined eligible by the program. | Date | |
| **Eligibility Denial Source** | Source of participant denial. | List Values | Team Member Objection – Prosecutor<br>Team Member Objection – Defense Attorney<br>Team Member Objection – Treatment<br>Team Member Objection – Other<br>Program-related<br>Case-related<br>Participant-Decline |

| Field | Description | Type | Values |
|---|---|---|---|
| **Grant Fund Type** | Type of grant funding being received to fund the Participant's costs of being in the program | List Values | SCF<br>Federal |
| **Eligibility Denial Reason** | Reason for eligibility denial.<br><br>*Required to be entered if Eligibility Denial Source entered.* | List Values | Legal – Length of criminal history<br>Legal – Violent crime in present offense<br>Legal – Sex offender<br>Legal – Gang affiliation<br>Legal – Drug dealer/trafficker – past and/or present<br>Legal – Legal issues in other courts/circuits<br>Treatment – Alternative program more appropriate<br>Treatment – Lower level of care needed<br>Treatment – Higher level of care needed<br>Legal – Other<br>Treatment – Other<br>Program-related – Housing<br>Program-related – Transportation<br>Program-related – At capacity<br>Program-related – Out of Jurisdiction<br>Program-related – Other<br>Case-related – Sentence not long enough<br>Case-related – New crime/violation arrest<br>Case-related – Codefendant<br>Case-related – Other<br>Participant Decline – Requirements too strict<br>Participant Decline – Program length<br>Participant Decline – Prefers other program<br>Participant Decline – Not interested<br>Participant Decline – Other |

| Field | Description | Type | Values |
|---|---|---|---|
| **Decline/Denial Date** | Date that a referred participant opted to decline or was denied participation.<br><br>*Required to be entered if Eligibility Denial Reason is entered.* | Date | |
| **Staffing Approval Date** | Date the team approved a referred participant. | Date | |
| **Acceptance Date** | Date the participant was formally accepted into the program.<br><br>*Required to be entered for all accepted participants.* | Date | |
| **Acceptance Type** | Type of acceptance of the participant into the program.<br><br>*Required to be entered for all accepted participants.* | List Values | Pre-adjudication<br>Post-adjudication<br>Probation Revocation<br>Dependency |
| **Orientation Date** | Date that a new participant was given a program orientation. | Date | |
| **Treatment Start Date** | Date a participant began treatment services. | Date | |

| Field | Description | Type | Values |
|-------|-------------|------|--------|
| **Exit Status** | Program status of the participant at exit from the program. | List Values | Graduated<br>Completed<br>Terminated-Noncompliance<br>Terminated-Withdrawal<br>Discharged-Administrative Discharge<br>Discharged-Transferred<br>Discharged-Dismissal |
| **Exit Date** | Date of the participant's exit from the program. | Date | |

**Juvenile**

| Field | Description | Type | Values |
|---|---|---|---|
| **GPA** | Most recent GPA of the juvenile participant or their graduating overall GPA. | List Values | 0.01-0.99<br>1.00-1.99<br>2.00-2.99<br>3.00-3.99<br>4.00+<br>NA |
| **Not in School Reason** | Reason for the juvenile not currently in school. | List Values | Dropped out<br>Already have GED/diploma<br>Expelled<br>Home school |
| **Education Status** | Current status of juvenile participant's education. | List Values | In school<br>Enrolling<br>Completed<br>Suspended<br>Expelled<br>Home school<br>Not in school |
| **Education Status Date** | Date of the most recent change in education status. | Date | |

## Monitoring

| Field | Description | Type | Values |
|---|---|---|---|
| **Primary Drug of Choice** | Participant's first drug of choice. | List Values | Alcohol<br>Crack/Cocaine<br>Ecstasy/MDMA<br>Hallucinogens<br>Heroin<br>Inhalants<br>Marijuana/Cannabinoids<br>Amphetamines/Meth(amphetamines)<br>Prescription opioids<br>Benzodiazepines<br>Other prescriptions<br>Other<br>Synthetic cannabinoids<br>None |
| **Secondary Drug of Choice** | Participant's second drug of choice. | List Values | Alcohol<br>Crack/Cocaine<br>Ecstasy/MDMA<br>Hallucinogens<br>Heroin<br>Inhalants<br>Marijuana/Cannabinoids<br>Amphetamines/Meth(amphetamines)<br>Prescription opioids<br>Benzodiazepines<br>Other prescriptions<br>Other<br>Synthetic cannabinoids<br>None |

| Field | Description | Type | Values |
|---|---|---|---|
| **Tertiary Drug of Choice** | Participant's third drug of choice. | List Values | Alcohol<br>Crack/Cocaine<br>Ecstasy/MDMA<br>Hallucinogens<br>Heroin<br>Inhalants<br>Marijuana/Cannabinoids<br>Amphetamines/Meth(amphetamines)<br>Prescription opioids<br>Benzodiazepines<br>Other prescriptions<br>Other<br>Synthetic cannabinoids<br>None |
| **Crisis Intervention Episode Date** | The response to an event that disrupts the balance of the participant who then experiences a failure of usual coping mechanisms, that requires clinical intervention. | Date | |
| **Hospital-Psychiatric Hospitalization Date** | Date(s) of any involuntary hospitalizations. | Date | |
| **Hospital Emergency Room Visit Date** | Date(s) of any hospital or emergency room visits for routine medical care while in the program. | Date | |

| Field | Description | Type | Values |
|---|---|---|---|
| **Drug Test Date** | Date the drug test was administered.<br><br>*Required to be entered for all active participants' drug tests.* | Date | |
| **Drug Test Method** | Method of delivery of testing, or how the drug test was delivered.<br><br>*Required to be entered for all active participants' drug tests.* | List Values | Breathalyzer<br>Cup<br>External lab<br>Internal lab<br>Other |
| **Drug Test Observed** | Whether or not the drug test was observed.<br><br>*Required to be entered for all active participants' drug tests.* | List Values | Yes<br>No<br>Unknown |
| **Drug Test Type** | Type of drug test administered.<br><br>*Required to be entered for all active participants' drug tests.* | List Values | Saliva<br>Breath<br>Blood<br>Hair<br>Sweat<br>Urine |
| **Drug Test Random** | Indicates whether a drug test was random or scheduled.<br><br>*Required to be entered for all active participants' drug tests.* | List Values | Random<br>Scheduled |
| **Drug Test Result** | Result of the drug test.<br><br>*Required to be entered for all active participants' drug tests.* | List Values | Approved positive<br>Positive<br>Diluted<br>Negative<br>Inconclusive |

| Field | Description | Type | Values |
|---|---|---|---|
| **Drug Test Substances** | Substance(s) for which the drug test screened.<br><br>*Required to be entered for all active participants' drug tests.* | List Values | Alcohol<br>Crack/Cocaine<br>Ecstasy/MDMA<br>Hallucinogens<br>Heroin<br>Inhalants<br>Marijuana/Cannabinoids<br>Amphetamines/Meth(amphetamines)<br>Prescription opioids<br>Benzodiazepines<br>Other prescriptions<br>Other<br>Synthetic Cannabinoids<br>Violation-No Substance |
| **Drug Test Comments** | Description of the drug test results. | List Values | Excused<br>Inconclusive<br>Negative<br>Positive – Approved<br>Positive – Admitted Use<br>Positive – Denied<br>Positive – Diluted<br>Positive – No Show<br>Positive – Refused<br>Positive – Not producing a sample |
| **Electronic Monitoring Start Date** | Date of initiation of electrotonic monitoring.<br><br>*Required to be entered if Electronic Monitoring Type is entered.* | Date | |

| Field | Description | Type | Values |
|---|---|---|---|
| **Electronic Monitoring End Date** | Date at which electrotonic monitoring ended. | Date | |
| **Electronic Monitoring Type** | Type of electronic monitoring used.<br><br>*Required to be entered if Electronic Monitoring Start Date is entered.* | List Values | Other<br>Fingerprint/biometric<br>RF<br>GPS<br>SCRAM<br>Ignition interlock<br>Voice verification<br>MEMS<br>Kiosk |
| **Judicial Status Hearing Date** | Date(s) of any judicial status hearings (court dates). | Date | |
| **Judicial Status Hearing Attendance** | Indicates whether the participant attended a scheduled judicial status hearing. | List Values | Yes<br>No-excused<br>No-unexcused |
| **Judicial Status Hearing Virtual** | Indicates whether the judicial status hearing was held remotely or in-person. | List Values | Yes<br>No |
| **Medical Session Date** | Date(s) of any medical sessions with a doctor or nurse. | Date | |
| **Medical Session Type** | Type of medical session attended. | List Values | Psychologist<br>Addictionologist<br>Other medical<br>Nursing<br>MAT<br>Psychiatrist |

| Field | Description | Type | Values |
|---|---|---|---|
| **Case Management Session Date** | Date(s) of any case management sessions (clinical or programmatic). | Date | |
| **Case Management Session Type** | Type of case management session attended. | List Values | Other<br>Programmatic<br>Treatment-based |
| **Case Management Session Virtual** | Indicates whether the case management session was held remotely or in-person. | List Values | Yes<br>No |
| **Community Service** | Number of community service hours completed. | Number of hours | |
| **Community Service Date** | Date the community service was completed. | Date | |
| **Supervision Services Contact Date** | Date(s) of any surveillance or field supervision contact.<br><br>*Required to be entered if Contact Duration is entered.* | Date | |
| **Supervision Services Contact Duration** | Amount of time in minutes of the surveillance or field supervision contact.<br><br>*Required to be entered if Contact Date is entered.* | Number | |
| **Supervision Virtual** | Indicates whether the supervision session was remote or in-person. | List Values | Yes<br>No |

## Phase

| Field | Description | Type | Values |
|---|---|---|---|
| **Phase** | Phase the participant is in in the program.<br><br>*Required to be entered for all accepted participants.* | List Values | 1<br>2<br>3<br>4<br>5/aftercare |
| **Participant Status** | Participant's current program status.<br><br>*Required to be entered for all accepted participants.* | List Values | Active<br>Active-Residential<br>Inactive<br>Inactive-AWOL<br>Active – No Treatment Required |
| **Participant Status Date** | Date of the participant's last change in status. | Date | |
| **Phase Change Date** | Date a participant entered their current phase.<br><br>*Required to be entered for all accepted participants.* | Date | |

## Sanction/Incentive

| Field | Description | Type | Values |
|-------|-------------|------|--------|
| **Incentive Type** | Type of incentive awarded to the participant.<br><br>*Required to be entered with Incentive Date.* | List Values | Verbal praise/recognition in court<br>Small tangible awards<br>Reduced community restrictions/supervision requirements<br>Travel privileges<br>Symbolic rewards<br>Moderate tangible rewards<br>Point systems<br>Posted accomplishments<br>Fishbowl drawings<br>Writing commendations<br>Commencement ceremony<br>Supervised social gatherings<br>Fee credit/reduction<br>Community service credit/reduction<br>Other |
| **Incentive Date** | Date the incentive was awarded to the participant.<br><br>*Required to be entered with Incentive Type.* | Date | |
| **Behavior Violation Date** | Date of the non-compliant behavior. | Date | |
| **Sanction Date** | Date the sanction was issued to the participant in correspondence with the behavior violation.<br><br>*Required to be entered with Sanction Type.* | Date | |

| Field | Description | Type | Values |
|-------|-------------|------|--------|
| **Sanction Type** | Type of sanction issued to the participant.<br><br>*Required to be entered with Sanction Date.* | List Values | Verbal admonishment<br>Letter of apology/essay<br>Daily log/journaling<br>Life skills assessment<br>Jury box observation<br>Increased community/supervision restrictions/requirements<br>Community service<br>Fines/fees<br>Day reporting<br>Electronic monitoring<br>Home detention<br>Jail<br>Termination<br>Behavior contract<br>Warrant/court order/revocation hearing |
| **Jail Length** | Length of time in hours a participant spent incarcerated.<br><br>*Required if Jail Sanction was issued.* | Number | |
| **Treatment Response** | Whether a treatment response is issued in correspondence to the behavior violation. | Text | |

**Treatment**

| Field | Description | Type | Values |
|-------|-------------|------|--------|
| **Evidence Based Treatment** | Indicates whether the curricula provided is evidence-based per CACJ's approved list. | List Values | Yes<br>No<br>Unknown |
| **MAT Screened** | Whether the participant was screened for medication-assisted treatment or not. | List Values | Yes – screened<br>No – not screened |
| **MAT Start Date** | Date in which participant begins medication-assisted treatment.<br><br>*Required to be entered if MAT Prescribed is entered.* | Date | |
| **MAT End Date** | Date in which participant ends medication-assisted treatment. | Date | |
| **MAT Referral Date** | Date of the Medication-assisted Treatment referral. | Date | |

| Field | Description | Type | Values |
|---|---|---|---|
| **MAT Prescribed** | Type of Medication-assisted Treatment prescribed. Required if MAT Start Date is entered.<br><br>Acamprosate (Campral), Buprenorphine (Belbuca, Subutex, Butrans, Sublocade), Methadone (Methadose, Dolophine), Blends of Buprenorphine and Naloxone (Suboxone, Zubsolv, Bunavail, Cassipa), Disulfiram (Antabuse, Temposil), Naltrexone (ReVia, Vivitrol, Depade) | List Values | Acamprosate<br>Blend of Buprenorphine and Naloxone<br>Buprenorphine<br>Disulfiram<br>Methadone<br>Naltrexone<br>Other – for opioid use<br>Other for alcohol use |
| **MAT Denial Reason** | Reason for denial for Medication-assisted Treatment. | List Values | Declined to participate<br>Medical disqualification<br>Recent drug use<br>Funding availability |
| **MAT Completion** | Whether or not MAT was completed. | List Values | Terminated non-compliance removal<br>Completed<br>Terminated-withdrawal<br>Administrative discharge |
| **MAT Level of Compliance** | Whether or not the participant is receiving the medication-assisted treatment prescription as prescribed. | List Values | Partial<br>Yes-as prescribed<br>Refused |
| **MAT Delivery Method** | Method in which MAT is delivered to participant.<br><br>Film (buccal or sublingual)<br><br>*Required to be entered if MAT Prescribed is entered.* | List Values | Extended release injectable<br>Film<br>Tablet |

| Field | Description | Type | Values |
|---|---|---|---|
| **Session Date** | Date(s) of any treatment session received by the participant.<br><br>*Required to be entered with Treatment Session Type and Session Type.* | Date | |
| **Session Type** | Type of treatment session received by the participant.<br><br>*Required to be entered with Treatment Session Type and Date.* | List Values | Group session<br>Individual session<br>Other |
| **Treatment Session Duration** | Amount of time in minutes of the treatment session received by the participant. | Number | Minutes |
| **Treatment Session Attendance** | Indicates if a participant attended a scheduled treatment session. | List Values | Yes<br>No-excused<br>No-unexcused |

| Treatment Session Type | Name of evidence-based curricula received by the participant.<br><br>*Required to be entered with Session Date and Type.* | List Values | Acceptance and Commitment Therapy (ACT)<br>Anger Management<br>Celebrating Families<br>Cognitive Behavioral Therapy (CBT)<br>==Cognitive-Behavioral Interventions for Substance Abuse/Use (CBI-SA/CBI-SU)==<br>==CBI- Improving Family Relationships==<br>Criminal and Addictive Thinking<br>Dialectical Behavioral Therapy (DBT)<br>Eye Movement Desensitization Reprocessing (EMDR)<br>Family Violence Intervention Program (FVIP)<br>Hazelden Co-occurring Disorders Program<br>Hazelden LifeSkills<br>Individual Therapy/Counseling<br>Individual-Trauma<br>Inpatient program<br>Integrated Dual Disorders Treatment<br>Living in Balance (LIB)<br>Matrix Early Recovery Skills and Relapse Prevention<br>Moral Reconation Therapy (MRT)<br>Motivational Enhancement Therapy (MET)<br>Motivational Interviewing<br>MRT-Discovering Life and Liberty in the Pursuit of Happiness<br>MRT- Staying Quit<br>MRT-Untangling Relationships<br>MRT-Winning the Invisible War<br>Non-evidence-based<br>Other-evidence-based<br>Partners for Change Outcomes Management System (PCOMS)<br>Peer Support Services<br>Play Therapy |

| Field | Description | Type | Values |
|---|---|---|---|
| | | | Prime for Life<br>Prime Solutions<br>PSR – Psychosocial Rehabilitation – Ind.<br>Rational Emotive Behavior Therapy (REBT)<br>Relapse Prevention Therapy (RPT)<br>SafeCare<br>Seeking Safety<br>Seven Challenges<br>Strengthening Families<br>TCU Mapping Enhanced Counseling<br>Thinking for a Change (T4C)<br>Trauma Recovery and Enhancement Model (TREM)<br>Trauma-focused Cognitive Behavioral Therapy (TF-CBT)<br>Wellness Recovery Action Plan (WRAP) |
| **Treatment Session Virtual** | Indicates whether a treatment session was held remotely or in-person. | List Values | Yes<br>No |

| Field | Description | Type | Values |
|---|---|---|---|
| **Ancillary Services** | Type of ancillary service received by the participant. | List Values | Employment – resume writing assistance<br>Employment – job interview prep<br>Employment – vocational training<br>Employment – social security/disability assistance<br>Education – GED prep<br>Education – SAT and/or GRE prep<br>Education – adult literary assistance<br>Education – life Skills<br>Education – health<br>Mentoring<br>Alumni group<br>Relationship counseling – family<br>Relationship counseling – domestic relations<br>Connection to services – medical/dental<br>Connection to services – transportation<br>Connection to services – housing |
| **Ancillary Service Date** | Date service was delivered. | Date | |
| **Psychotropic Medication** | Type of psychotropic medication prescribed to participant. | List Values | Anti-anxiety agents<br>Antidepressants<br>Antipsychotics<br>Mood stabilizers<br>Stimulants<br>Other |

Last revision date July 15, 2022 RM