

Georgia Accountability Courts External Data Dictionary



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Council of Accountability Court Judges

[External] CACJ Data Dictionary



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Please note: yellow highlights indicate updates for the new fiscal year. Green cells reflect new data elements.



Assessment

Field	Description	Field Type	Values
ASAM Level	<p>Pre-specified results of the ASAM patient placement criteria screening.</p> <p><i>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.</i></p>	List Values	0.5 1 2.1 2.5 3.1 3.3 3.5 3.7 4 OTP
ASAM Level Date	<p>Date of the ASAM patient placement criteria screening.</p> <p><i>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.</i></p>	Date	
Benefit Type	Type of public benefits received.	List Values	Medicaid Medicare Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance for Needy Families (TANF) Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) Veterans Affairs (VA) Special Supplemental Nutrition for Women, Infants, and Children (WIC) Other

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Field	Description	Field Type	Values
Benefit Type Start and End Dates	<p>Start and end date of benefit type received.</p> <p><i>Required to be entered for each benefit type received. End date should be left blank if participant is still receiving the benefit.</i></p>	Date	
Diagnosis/ Diagnostic Impression	<p>Diagnosis is the participant’s diagnosis from a certified physician. Diagnostic impression is a clinician’s opinion of a diagnosis without a formal diagnosis.</p> <p><i>Required to be entered for all accepted participants with an active or active-residential status, and for whom treatment data are entered.</i></p>	List Values	<p>Trauma/stress-related disorders</p> <p>Dissociated disorders</p> <p>Depressive disorders</p> <p>Disruptive, impulse-control, and conduct disorders</p> <p>Bipolar disorders</p> <p>Anxiety disorders</p> <p>Somatic symptom and related disorders</p> <p>Obsessive-compulsive disorders</p> <p>Substance use disorder</p> <p>Schizophrenia spectrum and other psychotic disorders</p> <p>Neurocognitive disorders</p> <p>Personality disorders</p> <p>Neurodevelopmental disorders</p>
Diagnosis Level	<p>Level determines prioritization of services.</p> <p><i>Required to be entered if treatment data are entered.</i></p>	List Values	<p>Primary</p> <p>Secondary</p> <p>Tertiary</p>
Diagnosis Reason	<p>Categorizes whether diagnosis is substance-related or not.</p> <p><i>Required to be entered if treatment data are entered.</i></p>	List Values	<p>General medication condition</p> <p>Unknown</p> <p>Substance-induced/related</p>

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Field	Description	Field Type	Values
Insurance Type	Type of insurance received.	List Values	Public Private
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	
Risk Assessment Type	Type of approved risk assessment tool used. <i>Required to be entered for all accepted participants.</i>	List Values	Other START LSI-R DUI-RANT NGA LS-CMI YASI
Risk Assessment Date	Date approved risk assessment tool was conducted. <i>Required to be entered for all accepted participants.</i>	Date	
Risk Assessment Results	Raw score from an approved risk assessment tool. <i>Required to be entered for all accepted participants.</i>	Text	

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Field	Description	Field Type	Values
Risk/Need Level	<p>Summary risk/need level based on approved assessment tool(s).</p> <p><i>Required to be entered for all accepted participants.</i></p>	List Values	High High risk/high need High risk/low need Low Low risk/high need Moderate Very high Very low
Substance Use Disorder Level	<p><i>Mild:</i> 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.</p> <p><i>Moderate:</i> 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.</p> <p><i>Severe:</i> 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.</p>	List Values	Moderate Mild Severe



Demographics

Field	Description	Field Type	Values
Certification Type	Educational achievement during program participation that is not a formal degree but improves a participant’s ability to obtain employment or progress in their employment.	List Values	Automobile CARES CDL Computer Construction Cosmetology Education Electrician Forklift HVAC Manufacturing Medical OSHA Paralegal Peer Support Plumbing ServSafe Web Development Welding Work Ready Other – <i>must define</i>
Certification Completion Date	Date the certification type was completed or awarded.	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 No Unknown

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Field	Description	Field Type	Values
Date of Birth	Participant's birth date. <i>Required to be entered for all accepted participants.</i>	Date	
DCA Funded	Whether or not the participant's housing type is funded by DCA.	List Values	Yes – emergency shelter grant Yes – rapid rehousing Yes – dual enrolled Not DCA Funded
Degree Type	Type of educational degree received during program participation.	List Values	GED High School Associate Bachelor's Master's Doctoral
Degree Date	Date degree type was obtained.	Date	
Drug Free Newborn DOB	Date of birth for baby born to female participant during program participation unaffected by drugs at birth.	Date	
Gender Identity	Self-identified gender. <i>Required to be entered for all submitted participants.</i>	List Values	Male Female Transgender Non-binary

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Field	Description	Field Type	Values
Education Level	Highest level of education achieved. <i>Required to be entered for all accepted participants.</i>	List Values	Associates degree Bachelors degree Elementary High school/GED Middle Professional or graduate degree Some college 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. <i>Required to be entered for all accepted participants.</i>	List Values	Disability Full-time Part-time less than 20 hours Part-time more than 20 hours Retired Student/training Unemployed Vocational rehab
Employment Status at Exit	Employment status at the time the participant exits the program. <i>Required to be entered when a participant exits from the program, regardless of exit status.</i>	List Values	Disability Full-time Part-time less than 20 hours Part-time more than 20 hours Retired Student/training Unemployed Vocational rehab
Employment Status Date	Date of the most recent change in employment status.	Date	

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Field	Description	Field Type	Values
Ethnicity	<p>Whether a participant identifies as Hispanic or not.</p> <p><i>Required to be entered for all submitted participants.</i></p>	List Values	Yes No Unknown
Employment Assistance Date	<p>Date(s) of any employment assistance programs, training, or similar.</p>	Date	
Employment Assistance Type	<p>Type of employment assistance offered.</p>	List Values	Vocational training Job skills Supported employment
Housing Status Type	<p>Participant's current living situation.</p> <p>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).</p> <p><i>Date and type of housing required for both stable and unstable housing status.</i></p>	List Values	Unstable, Stable House/apartment that is not public housing Public housing unit or Section 8 unit Residential treatment facility Transitional housing, halfway house, group home, hotel/motel Homeless/street, shelter, abandoned building, vacant unit, car With friend or relative Work release/incarcerated
Housing Status Date	<p>Date the Housing Type and Status were reported.</p> <p><i>Required to be entered if housing status submitted.</i></p>		

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Field	Description	Field Type	Values
Income Level at Entry	<p>Income level at the time the participant enters the program.</p> <p><i>Required to be entered for all accepted participants.</i></p>	List Values	<p>\$1,000-\$4,999</p> <p>\$5,000-\$9,999</p> <p>\$10,000-\$14,999</p> <p>\$15,000-\$19,999</p> <p>\$20,000-\$24,999</p> <p>\$25,000-\$34,999</p> <p>\$35,000-\$44,999</p> <p>\$45,000-\$54,999</p> <p>\$55,000-\$64,999</p> <p>\$65,000-\$74,999</p> <p>\$75,000 or higher</p> <p>Under \$999</p> <p>No income</p>
Income Level at Exit	<p>Income level at the time the participant exits the program.</p> <p><i>Required to be entered when a participant exits from the program, regardless of exit status.</i></p>	List Values	<p>\$1,000-\$4,999</p> <p>\$5,000-\$9,999</p> <p>\$10,000-\$14,999</p> <p>\$15,000-\$19,999</p> <p>\$20,000-\$24,999</p> <p>\$25,000-\$34,999</p> <p>\$35,000-\$44,999</p> <p>\$45,000-\$54,999</p> <p>\$55,000-\$64,999</p> <p>\$65,000-\$74,999</p> <p>\$75,000 or higher</p> <p>Under \$999</p> <p>No income</p>
Income Level Date	<p>Date of the most recent income level determination.</p> <p><i>Required to be entered for all accepted participants.</i></p>	Date	

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Field	Description	Field Type	Values
Income Level Poverty	Whether or not the participant’s annual income is at or under the poverty line.	List Values	Yes No Unknown
Limited English Proficiency	Whether or not the participant is fluent in the English language, often because it is not their native language. <i>Required to be entered for all accepted participants.</i>	List Values	Yes No Unknown
Military Service (Branch)	Branch of service the participant served in. <i>Required to be entered for veteran treatment court participants.</i>	List Values	Army Navy Marines Air Force Coast Guard
Military Service Capacity	Status of a participant’s military service. <i>Required to be entered for veteran treatment court participants.</i>	List Values	Active Reserve National Guard Retired Discharged – Honorable Discharge Discharged – General Discharge Discharged – Other than Honorable Discharge Discharged – Bad Conduct Discharge Discharged – Dishonorable Discharged Discharged – Entry-level Separation Discharged – Dismissal Discharged - Unknown

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Field	Description	Field Type	Values
Pregnant	Female participant's pregnancy status.	List Values	Yes No Unknown
Race	Participant's self-identification with one or more social groups. <i>Required to be entered for all submitted participants.</i>	List Values	American Indian/Alaskan Native Asian Native Hawaiian or Other Pacific Islander Black/African American Caucasian/White Other
Reentry Partnership Housing	Whether the participant lives in pre-approved RPH housing. <i>Required to be entered for all accepted participants in an adult accountability court.</i>	Yes/no	Yes No
Residence County	County in which the participant resides. <i>Required to be entered for all submitted participants.</i>	Text	[all counties listed]
Sex	Sex assigned at birth. <i>Required to be entered for all submitted participants.</i>	List Values	Male Female

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Field	Description	Field Type	Values
State ID Number	<p>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)).</p> <p><i>Required to be entered for all accepted participants except for family treatment courts and juvenile programs.</i></p>	Text	

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 Other parent Relatives Supervised family Foster care Emergency
Child Date of Birth	Date of the child's birth for each of the participant's biological child(ren).	Date	
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	

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Field	Description	Type	Values
Child Gender	Gender for each of the participant's biological child(ren).	List Values	Male Female
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	
Child Status	Living status of participant's child(ren).	List Values	Living with spouse Living with parent No longer in home Living with family Alternative care placement – emergency Alternative care placement – foster care Alternative care placement – other parent Alternative care placement – relatives Alternative care placement – institution Alternative care placement – supervised family
Child Status Date	Date of living status of participant's child(ren).	Date	
Custody Status	Court-mandated custody status of participant's child(ren).	List Values	Partial No contact Supervised visitation Full
Custody Status Date	Date of court-mandated custody status of participant's child(ren).	Date	

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Field	Description	Type	Values
Dependency Case Referral Type	Type of dependency case based on referral (at intake). <i>If Family Preservation type is entered, removal this quarter must be entered.</i>	List Values	Foster care Family preservation
Participant Visitation Date	Date in which a participant is scheduled to have a visit with child.	Date	
Participant Visitation Attendance	Attendance record of visitation. <i>Required to be entered of if Participant Visitation Date is entered.</i>	List Values	Attended Attended late Cancelled No show
Permanency Status	State's status of permanency for child(ren) of a participant while in the program.	List Values	Reunification Adoption Planned permanent living arrangement Guardianship Foster care Temporary placement
Permanency Status Date	Date of state's status of permanency for child(ren) of a participant while in the program.	Date	



Intake

Field	Description	Type	Values
Acceptance Date	Date the participant was formally accepted into the program. <i>Required to be entered for all accepted participants.</i>	Date	
Acceptance Type	Type of acceptance of the participant into the program. More than one acceptance type can be reported if applicable. <i>Required to be entered for all accepted participants.</i>	List Values	Pre-adjudication Post-adjudication Probation Revocation Dependency
Arrest Date	Date in which a participant was arrested for the referral charge(s). <i>Required to be entered for all submitted participants. For family treatment and/or juvenile programs, the filing date should be entered.</i>	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	
Decline/Denial Date	Date that a referred participant opted to decline or was denied participation. <i>Required to be entered if Eligibility Denial Reason is entered.</i>	Date	



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

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Field	Description	Type	Values
Eligibility Denial Source	Source of participant denial.	List Values	Team Member Objection – Prosecutor Team Member Objection – Defense Attorney Team Member Objection – Treatment Team Member Objection – Other Program-related Case-related Participant-Decline
Eligibility Determination Date	Date the potential participant was determined eligible by the program.	Date	
Exit Date	Date of the participant’s exit from the program.	Date	
Exit Status	Program status of the participant at exit from the program.	List Values	Graduated Completed Terminated-Noncompliance Terminated-Withdrawal Discharged-Administrative Discharge Discharged-Transferred Discharged-Dismissal
Grant Fund Type	Type of grant funding being received to fund the Participant’s costs of being in the program	List Values	SCF Federal
Orientation Date	Date that a new participant was given a program orientation.	Date	
Plea Date	Date that a participant formally pled or otherwise entered the program.	Date	



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Field	Description	Type	Values
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	
Referral Source	Role/agency of who referred the participant.	List Values	Defense attorney Court Family Prosecutor School Probation Parole Other Law enforcement Juvenile services Family services Self Sheriff Treatment provider
Review/Screening (Legal) Date	Date that the prosecutor completed the legal review or screening of a potential participant.	Date	
Staffing Approval Date	Date the team approved a referred participant.	Date	
Treatment Start Date	Date a participant began treatment services.	Date	



Juvenile

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



Monitoring

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 Programmatic Treatment-based
Case Management Session Virtual	Indicates whether the case management session was held remotely or in-person.	List Values	Yes No
Community Service	Number of community service hours completed.	Number of hours	
Community Service Date	Date the community service was completed.	Date	
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	
Drug Test Date	Date the drug test was administered. <i>Required to be entered for all active participants' drug tests.</i>	Date	

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

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

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Field	Description	Type	Values
Electronic Monitoring End Date	Date at which electrotonic monitoring ended.	Date	
Electronic Monitoring Type	Type of electronic monitoring used. <i>Required to be entered if Electronic Monitoring Start Date is entered.</i>	List Values	Other Fingerprint/biometric RF GPS SCRAM Ignition interlock Voice verification MEMS Kiosk
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	
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 No – excused No – unexcused
Judicial Status Hearing Virtual	Indicates whether the judicial status hearing was held remotely or in-person.	List Values	Yes No

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Field	Description	Type	Values
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 Addictionologist Other medical Nursing MAT Psychiatrist
Primary Drug of Choice	Participant's first drug of choice.	List Values	Alcohol Crack/Cocaine Ecstasy/MDMA Hallucinogens Heroin Inhalants Marijuana/Cannabinoids Amphetamines/Meth(amphetamines) Prescription opioids Benzodiazepines Other prescriptions Other Synthetic cannabinoids Synthetic opioid None

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Field	Description	Type	Values
Secondary Drug of Choice	Participant's second drug of choice.	List Values	Alcohol Crack/Cocaine Ecstasy/MDMA Hallucinogens Heroin Inhalants Marijuana/Cannabinoids Amphetamines/Meth(amphetamines) Prescription opioids Benzodiazepines Other prescriptions Other Synthetic cannabinoids Synthetic opioid None
Supervision Services Contact Date	Date(s) of any surveillance or field supervision contact. <i>Required to be entered if Contact Duration is entered.</i>	Date	
Supervision Services Contact Duration	Amount of time in minutes of the surveillance or field supervision contact. <i>Required to be entered if Contact Date is entered.</i>	Number	
Supervision Virtual	Indicates whether the supervision session was remote or in-person.	List Values	Yes No

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Field	Description	Type	Values
Tertiary Drug of Choice	Participant's third drug of choice.	List Values	Alcohol Crack/Cocaine Ecstasy/MDMA Hallucinogens Heroin Inhalants Marijuana/Cannabinoids Amphetamines/Meth(amphetamines) Prescription opioids Benzodiazepines Other prescriptions Other Synthetic cannabinoids Synthetic opioid None



Phase

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



Sanction/Incentive

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

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



Treatment

Field	Description	Type	Values
Ancillary Services	Type of ancillary service received by the participant.	List Values	Employment – resume writing assistance Employment – job interview prep Employment – vocational training Employment – social security/disability assistance Education – GED prep Education – SAT and/or GRE prep Education – adult literary assistance Education – life skills Education – health Mentoring Alumni group Relationship counseling – family Relationship counseling – domestic relations Connection to services – medical/dental Connection to services – transportation Connection to services – housing
Ancillary Service Date	Date service was delivered.	Date	
MAT Screened	Whether the participant was screened for medication-assisted treatment or not.	List Values	Yes – screened No – not screened
MAT Start Date	Date in which participant begins medication-assisted treatment. <i>Required to be entered if MAT Prescribed is entered.</i>	Date	

[External] CACJ Data Dictionary



Field	Description	Type	Values
MAT End Date	Date in which participant ends medication-assisted treatment.	Date	
MAT Referral Date	Date of the Medication-assisted Treatment referral.	Date	
MAT Prescribed	Type of Medication-assisted Treatment prescribed. Required if MAT Start Date is entered. 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 Blend of Buprenorphine and Naloxone Buprenorphine Disulfiram Methadone Naltrexone Other – for opioid use Other for alcohol use
MAT Denial Reason	Reason for denial for Medication-assisted Treatment.	List Values	Declined to participate Medical disqualification Recent drug use Funding availability

[External] CACJ Data Dictionary



Field	Description	Type	Values
MAT Completion	Whether or not MAT was completed.	List Values	Terminated non-compliance removal Completed Terminated-withdrawal Administrative discharge
MAT Level of Compliance	Whether or not the participant is receiving the medication-assisted treatment prescription as prescribed.	List Values	Partial Yes – as prescribed Refused
MAT Delivery Method	Method in which MAT is delivered to participant. Film (buccal or sublingual) <i>Required to be entered if MAT Prescribed is entered.</i>	List Values	Extended release injectable Film Liquid Tablet
Psychotropic Medication	Type of psychotropic medication prescribed to participant.	List Values	Anti-anxiety agents Antidepressants Antipsychotics Mood stabilizers Stimulants Other
Session Date	Date(s) of any treatment session received by the participant. <i>Required to be entered with Treatment Session Type and Session Type.</i>	Date	

[External] CACJ Data Dictionary



Field	Description	Type	Values
Session Type	Type of treatment session received by the participant. <i>Required to be entered with Treatment Session Type and Date.</i>	List Values	Group session Individual session 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 No – excused No – unexcused



<p>Treatment Session Type</p>	<p>Name of evidence-based curricula received by the participant.</p> <p><i>Required to be entered with Session Date and Type.</i></p>	<p>List Values</p>	<p>Acceptance and Commitment Therapy (ACT) Anger Management Celebrating Families Change – Flex Modules Change – Interactive Journaling Change – Lessons Learned Change – Life Skills Change – Living as if Change – My Personal Journal Change – Quiet Moments Change – Recreation and Leisure Change – Values for Responsible Living Change – Understanding Change Cognitive Behavioral Therapy (CBT) Cognitive-Behavioral Interventions for Substance Abuse/Use (CBI-SA/CBI-SU) CBI – Family Co-occurring Disorders Program Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization Reprocessing (EMDR) Family Violence Intervention Program (FVIP) Illness Management Individual Therapy Individual – Trauma Inpatient Program Integrated Dual Disorders Treatment (IDDT) Interactive Journaling LifeSkills Living in Balance (LIB) Matrix Matrix – Early Recovery Skills Matrix – Relapse Prevention Matrix – Family</p>
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		<p>Moral Reconation Therapy (MRT) Motivational Enhancement Therapy (MET) Motivational Interviewing MRT – Life and Liberty MRT– Staying Quit MRT – Trauma MRT – Untangling Relationships MRT – Winning the Invisible War New Direction – Alcohol and Other Drug Use New Direction – Criminal and Addictive Thinking New Direction – Intro to Treatment New Direction – Preparing for Release New Direction – Relapse Prevention New Direction – Socialization Nurturing Parenting Partners for Change Outcomes Management System (PCOMS) Peer Support Play Therapy Prime for Life Prime Solutions Psychosocial Rehabilitation (PSR) Rational Emotive Behavior Therapy (REBT) Relapse Prevention Therapy (RPT) Responsible Decisions SafeCare Seven Challenges Seeking Safety Strengthening Families TCU Mapping Enhanced Counseling Thinking for a Change (T4C)</p>
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[External] CACJ Data Dictionary



Field	Description	Type	Values
			Trauma Recovery and Enhancement Model (TREM) Trauma-focused Cognitive Behavioral Therapy (TF-CBT) Wellness Recovery Action Plan (WRAP) Non-evidence-based Other-evidence-based
Treatment Session Virtual	Indicates whether a treatment session was held remotely or in-person.	List Values	Yes No

Last revision date June 12, 2023 RM