Virginia Specialty Docket Database
Data Dictionary

Virginia Specialty Docket Database Referrals Module		
Variable Name	**Definition**	**Data Type**
Referral Number	The unique ID auto-generated for each referral.	Alphanumeric Text
Case Number	The unique ID auto-generated for each accepted case.	Alphanumeric Text
Assessment Number	The unique ID auto-generated for each initiated referral assessment	Alphanumeric Text
Locality	The locality responsible for the management of the specialty docket case.	Text
Referring Locality	The city or county that referred the client to the specialty docket program. This should be the same entry as in the locality field unless the candidate is referred by a city or county outside the specialty docket's service area.	Text
Model	Type of specialty docket model, either adult, juvenile, family, or DUI recovery court. May also include veterans and behavioral/mental health dockets.	Text
Program	Name of specialty docket program.	Text
Participant	First and last name of specialty docket participant.	Text
Created by	First and last name of the specialty docket staff who created initial referral.	Text
Referred Date	Official date of referral into the associated specialty docket program.	Text
Referred By	The agency/person that referred the client to the specialty docket program.	Text
Phase	The current phase of the referral based on the actions performed.	Responses: • Pending Assessment: The Referral has been created, but it does not currently have an associated assessment or case. • Assessed: The Referral has been assessed. It does not currently have an associated case • Accepted: The Referral has now been accepted as a case in the Specialty Docket Program. It is no longer an active referral. • Rejected: The Referral was marked as rejected and will not become a Case in the Specialty Docket Program. It is no longer listed as an active Referral.
Screening Intercept	Defines the agency or organization that initially screened the client for the specialty docket program.	Text

Reason Referred	The reason for which the client is being referred to the specialty docket program.	Responses: • Change lifestyle: The candidate wants to change their addictive lifestyle. • Maintain employment: The candidate does not want to lose job. • Recommended by someone: The candidate's PO, attorney, Court Service Monitor, or the judge strongly recommended referral. • Stay out of detention: The juvenile wishes to stay out of detention. • Stay out of jail: The candidate was offered the program to stay out of jail. • Retain Custody: The court has ordered participation in the specialty docket so that the client can retain custody of children. • Regain Custody (Foster Care): The court has ordered participation in the specialty docket so that the client can regain custody of children in foster care. • Regain Custody (Relative): The court has ordered participation in the specialty docket so that the client can regain custody of children living with a relative. • Permanency for Children: The clients hopes to gain permanent home for the children. • Subsequent DUI Offense: The client had an additional DUI offense. • Other: Other reason or reason unknown.
Court Record Number(s)	Lists all court record numbers associated with the client.	Alphanumeric Text
Offense(s)	List of all Offenses associated with the client. At least one offense must be added to accept the Referral as a Case in the specialty docket.	Text
Created By	First and last name of program personnel who created referral records.	Text
Created Date	Date referral records were created.	Date
Other Referral Reason	If other selected for Referral Reason, the details of the referral reason must be entered here.	Text
Comments	Additional information related to the Referral. Added in free text format.	Text
Employment Status	Employment status at the time of referral.	Responses: • Disabled: Unable to work due to disability • Full-time with benefits: Working 32 hours or more per week with employer providing benefits such as: medical insurance, holiday pay, advancement opportunities and/or paid vacation • Full-time-32hrs +/week: Works 32 hours a week or more, but receives no benefits • Working less than 32 hrs./wk.: Works 31 hours or less per week

Education Level	Enter the highest level of education completed at the time of program entry.	Responses: • Primary School: Highest grade completed is 5th or below. • Middle School: Highest grade completed is 6th, 7th or 8th • High School: Highest grade completed is 9th, 10th, or 11th • GED • High School Graduate • Vocational Training: Trade school such as plumbing, electrical, masonry or carpentry • Some College • Bachelor's: Bachelor's degree • Post-Bachelor's education
Current School Status	Current school status at time of referral.	Responses: • Currently enrolled in school/education program • Currently NOT enrolled in school/education program
Marital Status	Marital status at time of referral.	Responses: • Single • Married • Divorced • Separated • Widowed • Cohabitating • Other
License Status	License status at the time of program referral.	Responses: • Expired license: License expired and not renewed • Restricted license: License restricted to work and/or treatment Revoked license including habitual offender status: License revoked for various reasons • Suspended license: License suspended due to drug offense, unpaid fines, fees or other reason • Valid license: Licensed to operate a moving vehicle Learner's Permit: Not able to operate a moving vehicle w/o supervision • Never had a license: No license was ever issued

Housing Status	Housing status at time of referral.	Responses: • Halfway Home/Group Home: Lives with others Homeless Street or no address • Lives with parents, guardian, or relative as dependent: Lives with parents, guardian, or relative as a dependent • Lives with someone else: Lives in someone else's apartment, room or house other than a parent • Long-term Residential Placement: Currently enrolled in a program which requires 90 days or more voluntary or involuntary stay. • Owns or rents home: Owns or rents an apartment or house Shelter: Residing in a temporary shelter • Short-term Residential: Currently enrolled in a program which requires 90 days or less. Stay can be voluntary or involuntary.
Recent Housing	Primary housing status over the six-month period prior to program referral.	Responses: • Halfway Home/Group Home: Has lived with others Homeless Street or no address • Lives with parents, guardian, or relative as dependent: Client had lived with parents, guardian, or relative as a dependent • Lives with someone else: Has lived in someone else's apartment, room or house other than a parent • Long-term Residential Placement: Was enrolled in a program which requires 90 days or more voluntary or involuntary stay. • Owns or rents home: Owned or rented an apartment or house Shelter: Residing in a temporary shelter • Short-term Residential: Was enrolled in a program which required 90 days or less. Stay could have been voluntary or involuntary.
Disposition Date	Date of disposition on the instant offense .	Date
Adjudication Date	Date of adjudication on the instant offense	Date
Notification Date	Date of return to court if not accepted into the specialty docket.	Date
Physical Removal Date	Date of notification to the court of specialty docket acceptance status (accepted or not accepted).	Date
Foster Care Review Date	Date of foster care review (Family Court)	Date
Foster Care Entry Date	Date that the participant's child entered into foster care system (Family Court)	Date
1st Permanency Planning Date	Date of first permanency planning hearing (Family Court)	Date
2nd Permanency Planning Date	Date of second permanency planning hearing (Family Court)	Date
Protective Order Date	Date of effectiveness of Protective Order (Family Court)	Date
Parental Rights Terminated	Date of involuntary termination of parental rights (Family Court)	Date
Reunification?	Did reunification occur (Family Court)?	Y/N

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Eligible for Specialty Docket?	Is the client eligible for the specialty docket?	Y/N
Reason Not Eligible	If the client is not eligible for the specialty docket, a response is required.	Text
Not Eligible as of	Date the client was found ineligible for the specialty docket.	Date
Not Eligible Comment	If the client is not eligible for the specialty docket, a response is recommended.	Text
Willing to Participate?	Is the client willing to participate in the specialty docket?	Y/N
Reason Not Willing	If the client is not willing to participate in the specialty docket, a response is required.	Text
Defense Attorney	The name of the client's Defense Attorney	Text
Prosecutor	Name of Commonwealth's Attorney.	Text
Date of Arrest	Date that the client was initially arrested. Associated with instant offense .	Date
Is Active	Is the client's Case Management record active?	Y/N
Date of Jail Release	Date that the client was released from Jail. Associated with the instant offense.	Date
Date Rejected	Date the Referral was rejected. (If Referral is accepted, will remain blank).	Date
Dates from Referral to Assessment	Number of days between Referral Date and Date Assessed. Will remain 0 until assessment is performed.	Integer
Days from Assessment to Acceptance/Rejection	Number of days between Assessment and Acceptance or Rejection. Will remain blank until Referral is either accepted or rejected.	Integer
Days from Arrest to Enrollment	Number of days between the Date of Arrest and Date Accepted. Will remain 0 until Referral is accepted. Will also remain 0 if arrest date is never entered.	Integer
Days from Enrollment to Jail Release	Number of days between date accepted and date of jail release. Will remain 0 until Referral is accepted. Will remain 0 if Jail Release date is left empty.	Integer
Demographics		
Gender	Client's self-identified gender, as reported at time of referral.	Responses: • Male • Female • Non-Binary/Other
Race	Client's self-identified race, as reported at time of referral.	Responses: • White • African American/Black • Native American • Other
Ethnicity	Client's self-identified ethnicity , as reported at time of referral.	Responses: • Hispanic • Non-Hispanic
Age	Client's self-identified age, at time of referral.	Integer

Preferred Language	Client's preferred language of communication.	Text
Age at time of Referral	Client's age, at time of referral.	Integer
RANT		
Referral Number	The unique ID auto-generated for each referral.	Alphanumeric Text
Date and Time Completed	Date and time RANT was completed.	Date/Time
High Risk	Is the client High Risk?	Y/N
High Need	Is the client Low Risk?	Y/N
1. Current Age	Identify the client's current age.	Date
2. Homeless during the past 12 months	Has the client been homeless at any point during the past 12 months?	Y/N
3. Number of address changes during the past 12 months	How may address changes did the client have during the past 12 months? If the client has remained at the same residential address for the past 12 months, enter 0.	Integer
4. Number of months in past 12 months engaged in regular legal employment for 20 or more hours per week	How many months, during the past 12 months, did the client engage in regular legal employment for 20 or more hours per week? Do not include volunteer or non-paid employment. If the client has not engaged in any employment, for any reason (disability, incarceration, etc.), enter 0.	Integer
5. Age of onset of criminal activity	At what age did the client begin engaging in criminal activity.	Integer
6. Number of prior diversion programs or de novo referrals	Total number of post diversion programs or de novo referrals	Integer
7. Number of prior deferred prosecutions	Total number of prior deferred prosecutions	Integer
8. Number of bench warrants for failure to appear in past 3 years	Total number of bench warrants for failure to appear in the past 3 years	Integer
9. Number of prior felony convictions	Total number of prior felony convictions	Integer
10. Number of prior serious misdemeanor convictions	Total number of prior serious misdemeanor convictions	Integer
11. Number of other misdemeanor convictions	Total number of other misdemeanor convictions	Integer
12. Age of onset of regular substance use	At what age did the client begin regularly using controlled substances. Allow the client to define "regularly".	Integer
13. Number of prior substance abuse treatment episodes or attempts	How many times has the client engaged in substance abuse treatment (either extended treatment or short-term, sporadic treatment)?	Integer
14. Withdrawal syndrome in the past 12 months	Has the client experienced withdrawal symptoms in the past 12 months?	Y/N
15. Binge use and loss of control in the past	Has the client experienced binge use and loss of control in the past 12 months?	Y/N

12 months		
16. Cravings or compulsions in the past 12 months	Has the client experienced cravings or compulsions in the past 12 months?	Y/N
17. Chronic substance abuse-related medical condition	Has the client experienced chronic substance abuse-related medical condition?	Y/N
18. Amount of time during the past 12 months spent interacting with other people who are engaged in criminal activity, including illicit drug use	Estimated amount of time during the past 12 months the client spent interacting with other people who are engaged in criminal activity, including illicit drug use.	Responses • Some • A lot • Most of the time • None
19. Major Axis I mental health diagnosis	Does the client have a Major Axis I mental health diagnosis?	Y/N
Drug History		
Assessment Number	The unique ID auto-generated for each initiated referral assessment	Integer
Drugs Used	The drug used by the client.	Text
Preferred Method	The client's preferred method of using the drug.	Responses: • Snort • Injection • Oral • Inhaling (huffing) • Smoke.
Frequency of Drug Use	The client's self-reported average frequency of use.	Responses: • Daily • 2-3 times per week • Once per week • 3-4 times per month • Once per month • Less than once a month • No current use in the past 6 months
Age First Used	The client's self-reported age of onset drug use.	Integer
Date Last Used	Date of last drug use.	Date
Preferred Order	The client's self-reported preferential order of drugs used.	Integer
Comment	Insert comments about drug history.	Text
Assessment		
Felony Arrests	Number of felony arrests client has at time of referral.	Integer
Misdemeanor Arrests	Number of misdemeanor arrests client has at time of referral.	Integer
Misdemeanor Convictions	Number of misdemeanor convictions client has at time of referral.	Integer
Allergies		Y/N
Diabetes		Y/N
Vision Problems	Does the client have a history of the following?	Y/N
Head Injury Hearing Problems		Y/N
Hepatitis C		Y/N
HIV Positive		Y/N
Pregnant		Y/N
Taking any Prescribed Medication		Y/N

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Smoke		Y/N
Tuberculosis		Y/N
Previously in Foster Care	Identify whether the client was every in foster care.	Y/N
Prior Termination of Parental Rights Ordered	Identify whether the client has ever had his/her parental rights terminated.	Y/N
Blackouts	Identify whether the client has a history of the following drug related concerns.	
Delirium Tremors		
Intravenous Drug Use		
Overdosed		
Prior In-Patient Treatment		Y/N
Other Type of In-Patient Treatment		
Prior Out-Patient Substance Abuse Treatment	Identify whether the client has a history of the following drug related concerns.	Y/N
Committed Any Violent Acts	Does the client have a history of the following?	Y/N
Violent Thoughts		
Family History of Crime of Addiction		
Attempted Suicide		
Thoughts of Suicide		
Issues related to Grief and Loss		
Diagnosis of Anti-Social Personality Disorder		
Abused or Neglected Another Person		
Prior Emotionally Abused		
Prior Physically Abused		
Prior Sexually Abused		
Exposed to Alcohol as an Infant		
Diagnosed with PTSD (Post traumatic Stress Disorder)		
Treated with PTSD		
Diagnosed with a TBI (Traumatic Brain Injury)		
Treated for a TBI		
Experienced MST (Military Sexual Assault)	Identify whether the client has ever experienced military sexual assault.	Y/N
Military Mentor	Identify whether the client has served as a military mentor.	Y/N
Eligible for Benefits	Identify whether the client is eligible for military-related benefits.	Y/N
Currently Receiving Benefits	Identify whether the client is receiving military-related benefits at the time of referral.	Y/N
Injury/Disabilities Resulting from Service	Identify whether the client sustained an injury or disability resulting from military service, prior to referral.	Y/N
Currently Receiving Benefits from Injury/Disability	Identify whether the client is receiving benefits related to an injury or disability resulting from military service.	Y/N
Military Sexual Trauma Experienced during Service	Identify whether the client is experienced military sexual trauma during service.	Y/N

Military Sexual Trauma Comment	If Y for "Identify whether the client has experienced military sexual trauma during service", it is recommended that a comment be added.	Text
Is Active?	Is the referral active?	Y/N
Military Info		
Have you ever served in the military?	Has the referral served in the military at any point?	Y/N
Are you currently serving in the military?	Is the referral currently serving in the military?	Y/N
Military History		
Branch	Responses: Y/N	Responses: • Air Force • Army • Coast Guard • Marines • Navy • Army National Guard • Navy Reserve • Marine Corps Reserve • Air National Guard • Air Force Reserve • Coast Guard Reserve
Rank	If the referral served in the military, identify the appropriate Rank from the dropdown list.	Responses: E-1, E-2, E-3, E-4, E-5, E-6, E-7, E-8, E-9, W-1, W-2, W-3, W-4, W-5, O-1, O-2, 0-3, O-4, O-5, O-6, O-7, O-8, O-9, O-10,Special
Specialty	If the referral served in the military, select the appropriate Specialty from the dropdown list. Options are contingent upon selection at Branch.	Responses: • Airforce: Special Forces; Equipment • Army: Filed Artillery; 69W; Aviation Armoire; Supply Clerk; Artillery; Air Traffic Management Control; Cook • Coast Guard • Marines: Aviation Mech/Air Crew; Military Police • Navy: AT • Army National Guard • Army Reserve • Navy Reserve • Marine Corps Reserve: O1-5-1; Diesel Mechanic • Air National Guard • Air Force Reserve • Coast Guard
Entry Date	Start date of military service	Date
Discharge Date	Date referral was discharged from military service.	Date

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		Responses:
Discharge Type	A military discharge is provided when a member of the armed forces is released from service. Select the most appropriate military discharge for the client.	• Bad Conduct • Clemency • Dishonorable • Entry Level Separation • General • Honorable • Other than Honorable
Military Deployment		
Conflict	Identify the conflict for which the referral served. Select the most appropriate conflict from the list of options.	Responses: • Iraq OND • Iraq OIF • Afghanistan OFS • Afghanistan OEF • Persian Gulf ODS • Lebanon and Grenada Tonkin Gulf • Vietnam Era • Korean Conflict • World War II
Start Date	Enter the date the client's deployment started.	Date
End Date	Enter the date the client's deployment ended.	Date
Served in Combat	Identify whether the client served in combat.	Y/N
Served Abroad	Identify whether the client served abroad.	Y/N

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Virginia Specialty Docket Database Cases Module		
Variable Name	**Definition**	**Data Type**
Case Number	The unique ID auto-generated for each accepted case.	Alphanumeric Text
Docket Number	Client's docket number	Text
Color Code	The color code provided to group clients. If client has not been assigned a color code, this field will remain empty.	Text
Client	Client's first, middle, and last names.	Text
Program	The program associated with the Case. .	Text
Locality	The locality responsible for the management of the specialty docket case.	Text
Model	Type of specialty docket model, either adult, family, juvenile or DUI recovery court docket. May also include veterans and behavioral/ mental health dockets.	Text
Case Phase	Database generated phase of the Case.	**DO NOT UPDATE.** Options: • Referral: Only used for historical cases. Going forward this stage will not be available as there is now a separate object for Referrals. • Case Management: The Case is currently in the case management stage. • Follow-Up: The Case was either graduated or terminated and is now in the Follow-up phase.
Current Phase	Current phase of the Client.	Integer Responses: • 0 • 1 • 2 • 3 • 4 • 5

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Current Status	Designates the current status of the case. Automatically populated from most recent case status listed on case.	Responses: • Active: Client is currently coming into the program as required. • Completed Specialty Docket: Client completed the specialty docket program successfully or unsuccessfully. • Absconder: Client has had no attendance at any specialty docket service for 14 days. • Incarcerated: Client has been incarcerated for more than 7 days. This does not include Incarceration as a Sanction. • Residential Treatment: Client is currently in a residential treatment program in the community or a jail-based program. • Administrative Probation: Client has graduated from the specialty docket program but remains on the specialty docket roll under supervision by probation and/or treatment providers. • Aftercare: Client is currently participating in the treatment aftercare component of the program.
Date Accepted	Date the client was accepted into the specialty docket program	Date
Restitution Ordered	Was the client ordered to pay restitution?	Y/N
Restitution Amount Ordered	Amount of restitution the client is ordered to pay.	Integer
Restitution Balance Remaining	If restitution was ordered, how much? Automatically populated from Restitution fee added to case.	Integer
Referral Number	The unique ID auto-generated for each referral.	Alphanumeric Text
Assessment Number	The unique ID auto-generated for each initiated referral assessment	Alphanumeric Text
Grants	Select HIDTA if the client receives services funded by a HIDTA grant.	Response: • HIDTA
MAT Prescription Name	Lists the MAT Prescription name. Will only be visible if MAT record is added to the case	Text
MAT Start Date	Date the MAT started. Will only be visible if MAT record is added to the case	Date
MAT End Date	Date the MAT ended. Will only be visible if MAT record is added to the case	Date
Days from Referral to Assessment	Days elapsed from date of referral to date of assessment. Autogenerated by database.	Integer
Days from Arrest to Enrollment	Days elapsed from date of arrest to program enrollment. Autogenerated by database.	Integer
Days from Enrollment to Jail	Days elapsed from jail to program enrollment. Autogenerated by database.	Integer
Release Date	Date client was released from jail.	Date

Virginia Specialty Docket Database
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Next Court Date	Date of client's next court date.	Date
Exit Type	The primary reason why the client was exited from the specialty docket program.	Responses: • Death: Client died prior to completion of program. • Program. Closed: Client transferred due to program closure. • Successfully Completed Specialty Docket: Client successfully completed all treatment & legal components of the specialty docket program, including aftercare and administrative probation requirements (if applicable). • Terminated - Absconding: Client was formally terminated from the program because he/she has not made him/herself available for treatment/court and his/her whereabouts are unknown. • Terminated - Excessive Relapses: Client was formally terminated from the program due to excessive substance abuse relapses, as determined by the individual specialty docket team. • Terminated - New Criminal Offense: Client was terminated from the program due to committing a new criminal offense. • Terminated - Other Client was formally terminated from the program due to another reason not previously listed. • Terminated - Repeated Minor Violations: Client was formally terminated from the program because the client has had repeated minor violations that meet the termination criteria as determined by the specialty docket team.
Exit Date	The date the client exited the specialty docket.	Date
Graduation Ceremony Date	The date of participation in the graduation ceremony.	Date
Longest Days Clean	Current number of days sober based on positive drug tests.	Integer
Days in Program	Total number of days that the client has been enrolled in the specialty docket program.	Integer
SSI/SSDI Status at Enrollment	The client's health insurance status at the time of enrollment. May differ from the status at the time of referral.	Responses: • Applied • In-progress • Denied • Accepted • Pending Reconsideration
Health Insurance Status at Enrollment	The client's health insurance status at the time of enrollment. May differ from the status at the time of referral.	Responses: • Has coverage • Has Medicaid • Has Neither coverage nor Medicaid

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Receiving Mental Health Treatment Services at Time of Enrollment	Y designates that the client is receiving mental health treatment services, not provided by the specialty docket, at the time of enrollment.	Y/N
Housing Status at Discharge	The client's housing status at the time of discharge.	Responses: • Halfway Home/Group Home: Lives with others • Homeless: No housing, no address • Lives with parents, guardian, or relative as dependent: Client lives with parents, guardian, or relative as a dependent • Lives with someone else: Lives in someone else's apartment, room or house other than a parent • Long-term Residential Placement: Currently enrolled in a program which requires 90 days or more voluntary or involuntary stay. • Owns or rents home: Owns or rents an apartment or house • Shelter: Residing in a temporary shelter. • Short-term Residential Treatment: Residing in a residential treatment facility for a period of less than 90 days
SSI/SSDI Status at Discharge	The client's health insurance status at the time of discharge.	Responses: • Applied • In-progress • Denied • Accepted • Pending
Health Insurance Status at Discharge	The client's health insurance status at the time of enrollment. May differ from the status at the time of referral.	Responses: • Has Coverage • Has Medicaid • Has Neither Coverage nor Medicaid
Status		
Case Number	The unique ID auto-generated for each accepted case.	Alphanumeric Text
Status Name	Designates the status of the case.	Responses: • Active: Currently coming into the program as required. • Completed Specialty Docket: Completed the specialty docket program successfully or unsuccessfully. • Absconder: No attendance at any specialty docket service for 14 days. • Incarcerated: Currently incarcerated for more than 7 days. This does not include Incarceration as a Sanction. • Residential Treatment: Currently in a residential treatment program in the community or a jail-based program. • Administrative Probation: Client has graduated from the specialty docket program but remains on the specialty docket roll under supervision by probation and/or treatment providers. • Aftercare: Currently participating in the treatment aftercare component of the program.

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Start Date	Start date of the status	Date
End Date	End date of the status.	Date
Description	Required for each status	Text
Days in Status	Number of days the client remained in the status.	Integer
Phase		
Case Number	The unique ID auto-generated for each accepted case.	Alphanumeric Text
Phase Name	Current phase of the client. Denotes progress throughout program participation.	Responses: • 0 • 1 • 2 • 3 • 4 • 5
Start Date	Start date of the phase.	Date
End Date	End date of the phase. If this is the first phase, this should be blank.	Date
Description	Comments are optional for each phase.	Text
Days in Phase	Number of days the client remained in the phase.	Integer
Community Service		
Case	The unique ID auto-generated for each accepted case.	Alphanumeric Text
Service Type	Type of community service	Responses: • Maintenance • Food prep • General services • Office work • Other
Service Date	Date of community service.	Date
Non-Profit	If the Service was performed for a non-profit organization, select Y in the dropdown next to the text, Non-Profit.	Y/N
Service Amount	The amount in dollars the worked hours equal.	Integer
Hours	The number of hours worked during the instance of service.	Integer
Comment	Comments are optional.	Text
Drug Test Results		
Case Number	The unique auto-generated ID for each accepted case.	Alphanumeric Text
Enrolled in MAT Program	Identify whether the Client is enrolled in the MAT program.	Y/N

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Test Name	Name/type of drug test administered	Responses: • Breath test • Excused • Missed screen • Oral swab • Urine screen • Urine lab test • Blood test • Breath and urine • Hair test • Scream • Self-report
Drug Test Result	Result of the drug test	Responses: • Negative • Administrative Positive (used in the following situations: client is late for test, dilutes test, or fails to appear for test) • Positive
Number of Tested Drugs	Number of drugs tested	Integer
BAC	Blood Alcohol Content, as noted by the drug test	Integer
Drugs Present	List of drug(s) found present in the client's sample.	Text
Comment	Comments are optional.	Text
Supervision		
Supervision Date	Date of Supervision.	Date
Supervision Type	Supervisions include any visits or interactions with the client.	Responses: • Breathalyzer • Correspondence • Court • Curfew check • Drug screen • Field visit • Jail visit • Office visit • Other • Phone contact
Units of Service	Length of time (in hours).	Integer
Provider	Staff who initiated contact with client.	Text
Comments	Comments are optional	Text
MAT		
Prescription	If a client has been prescribed medication to act as Medication Assisted Treatment, this must be completed.	Text
Start Date	Date of MAT prescription.	Date
End Date	Last day of client's prescription.	Date
Clinic	Clinic, health care organization, or physician that prescribed the MAT drug to the client.	Text
Comments	Comments are optional	Text

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Sanction		
Sanction	Sanction administered to client by program.	Text
Reason	Reason for sanction.	Text
Start Date	Start date of sanction.	Date
Completed Date	End date of sanction.	Date
Comment	Comments are optional.	Text
Incentive		
Incentive Type	Incentives administered to client by specialty docket program.	Text
Incentive Reason	Reason for incentive	Text
Date	Date incentive was administered.	Date
Comment	Comments are optional.	Text