REQUIRED DATA

New Hampshire Judicial Branch: FY2025

Reporting Checklist

This checklist is designed to help courts collect the necessary data at each decision point. To ensure full system utilization and allow for complex analysis, courts are encouraged to collect all available data elements, not just those that are required. The lists build on each other, so each section—referral, decline/deny/acceptance, active, and exit—should be completed.

Quality Assurance Checklist

REFERRALS

All referrals, regardless of the eligibility decision, must be reported. The following data fields are required for each referral:

- o   Name
- o   Date of Birth (DOB)
- o   Arrest Date
- o   County of Residence
- o   Eligibility Decision Date
- o   Ethnicity
- o   Gender
- o   Race
- o   Risk Assessment Date
- o   Risk Assessment Results

- o   Risk Assessment Type
- o   Risk Level
- o   Sex at Birth
- o   Referral Date
- o   Referral Source
- o   Referral Criminal Charge
- o   Living status (homeless, rent, own)
- o   Legal Screen Date
- o   Legal Screen Result

DECLINED PARTICIPANTS

The following data fields are required for each referral who declined participation:

- o   Declined Date
- o   Eligibility Denial Source (Participant-Decline)

- o   Eligibility Denial Reason (Participant Decline – *enter specific reason*)

DENIED PARTICIPANTS

*Any data field with an asterisk means that it is not required, but strongly recommended.

The following data fields are required to be entered for each referral who was denied participation.

- o Eligibility Date
- o Eligibility Denial Source
- o Eligibility Denial Reason

- o Legal Screen Date*
- o Legal Screen Result*

ACCEPTED PARTICIPANTS

The following data fields are required for each accepted participant:

- o Acceptance Date
- o Acceptance Types
- o Allergies* (General Health Condition)
- o Benefits Received Date*
- o Benefits Received*
- o Current Medications
- o Date of Assessment
- o Employment End Date (if applicable)
- o Employment Start Date
- o Employment Status
- o Employment Status at Entry
- o Employment Status Date
- o Highest Education Level
- o Income Level
- o Income Level at Entry
- o Income Level Date
- o Legal Screen Date*
- o Legal Screen Result*
- o Limited English Proficiency
- o Military Capacity (VTC)* (Required for Vet Court)
- o Military Service (VTC)* (Required for Vet Court)
- o Military Service Discharge Type* (Required for Vet Ct)

- o Orientation Date*
- o Participant Address
- o Participant Phone
- o Participant Social Security # (Personal Information/Identification)
- o Phase Change Date
- o Primary Drug of Choice (SUD)
- o Secondary Drug of Choice (SUD)
- o Phase
- o Status
- o Status Change Date
- o Substance Use Disorder Level (SUD)
- o Tertiary Drug of Choice (SUD)
- o Treatment Start Date*
- o Insurance Type
- o Insurance Name
- o Pre-Plea or Post Plea
- o Incarceration Length*

*Any data field with an asterisk means that it is not required, but strongly recommended.

ACTIVE PARTICIPANTS

The following data fields are required to be entered for each participant reported as Active:

- Ancillary Service Date*
- Ancillary Service Type*
- Case Management Session Date
- Case Management Session Type
- Contact Duration (for home visits)*
- Contact Virtual (home visits)*
- Current Status
- Diagnosis Level
- Diagnosis Reason
- Diagnosis/Diagnostic Impression
- Drug Test Comments
- Drug Test Date
- Drug Test Method
- Drug Test Observed
- Drug Test Random
- Drug Test Substance
- Drug Test Type
- Incarceration Length
- Incarceration Sanction
- Incentive Date
- Incentive Type
- Judicial Status Hearing Attendance
- Judicial Status Hearing Date
- MAT Completion* (Medical Information)
- MAT Compliance*
- MAT Denial*
- MAT Delivery Method
- Session Date
- MAT End Date*
- MAT Prescription*
- MAT Referral Date*
- MAT Start Date*
- Phase Change Date
- Phase Description
- Prior MAT Completion*
- Prior MAT Duration*
- Prior MAT Prescription*
- Prior MAT*
- Psychotropic Medication*
- Re-arrest (under Arrents and Incidents)
- Sanction Date
- Sanction Type
- Sanction reason
- Service Adjustment
- Status Begin Date
- Status End Date*
- Substance Use Disorder Level (SUD)
- Treatment Response*
- Treatment Session Attendance
- Treatment Session Date
- Treatment Session Duration
- Treatment Session Type

*Any data field with an asterisk means that it is not required, but strongly recommended.

- Education at entry
- Education at exit (if different)
- Type of Treatment/Session Type

EXITED PARTICIPANTS

The following data fields are required for each participant who exits the program:

- Employment at Exit
- Education at Exit
- Exit Date
- Exit Type
- Exit Plan (recovery capital)
- Certification Received Date*
- Exit Reason
- Income at Exit
- Phase Description
- Status End Date
- Re-Arrested?

IF THERE IS AN ACTIVE DCYF CASE

The following data fields are suggested if the participant has an active DCYF case:

- Alternative Care Placement Date*
- Alternative Care Placement Type*
- Child Removed Date*
- Child Reunified Date*
- Child Status Date*
- Child Status*
- Removed this Quarter (family preservation)*
- Custody Status Date*
- Foster Care End Date (foster care)*
- Foster Care Start Date (foster care)*
- Permanency Status*
- Permanency Status Date*

*Any data field with an asterisk means that it is not required, but strongly recommended.