

# Intake Form

Variable	Definition	Format	Data Source
<b>Participant Name</b>	Name of PSC participant (Last name, First name)	Text	Probation Intake Form
<b>Participant AKA</b>	Alias of PSC participant, if applicable (Last Name, First Name)		
<b>SID Number</b>	State Identification Number	Text	MNCIS
<b>Primary Case Number</b>	Case number for case that brought client into PSC – if multiple, it is the case with the most serious charge or, most recent charge	Text	Probation Intake Form (verify via MNCIS)
<b>Additional Case Number(s)</b>	All non-primary case numbers associated with client’s engagement in the PSC	Text	Probation Intake Form
<b>Problem Solving Court</b>	Specific problem solving court to which the client has been accepted	Combo box	Probation Intake Form
<b>Probation Officer</b>	Name of Participant’s Hennepin County Probation Officer at Intake	Text	Probation Intake Form
<b>Court Type</b>	Type of Court	Combo box	
<b>Point of Entry</b>	Point in case where a participant enters the problem solving court	Combo-box	
<b>Admission Type</b>	This variable indicates if this is the first entrance into this particular drug court program. If the participant has been through this program previously, indicate they are being re-admitted. If they participated in a different drug court program, select "first time admission".	Combo box	Probation Intake Form (verify through search of database)
<b>Referral Date</b>	Date of referral from referral document or of the court proceeding.	Date	Probation Intake Form
<b>Acceptance Date</b>	The date the team approves the participant for entry into the court. If a participant is provisionally accepted, record that date here.	Date	Probation Intake Form
<b>Date of First Service</b>	The date a participant starts receiving drug court services (i.e. treatment, drug court team meetings, etc.).	Date	Probation Intake Form
<b>First Problem Solving Court Appearance</b>	The first day the participant appears in court as a participant. Does not include observing a problem solving court.	Date	Probation Intake Form (verify via MNCIS)
<b>Jail Days Prior to Acceptance</b>	Total days in jail served related to this offense (MNCIS Case Number[s] included in Court Case Numbers Variable) by the participant after their offense date, but before their acceptance into drug court. For anyone entering the program on a probation violation (with or without a new offense), the date of their probation violation/new	Number	Probation Intake Form

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	offense should be used. Jail time pronounced but not served should not be included.		
<b>Risk/Need Assessment Date</b>	The date the risk assessment was completed. This is not intended to capture the date the RANT was completed – this is meant to capture info related to other risk assessment tools used by DOCCR.	Date	Probation Intake Form
<b>Risk/Need Assessment Tool</b>	The tool used to assess eligibility and entry into the program. If multiple tools are used, please answer this question for the risk assessment tool used to assess entry into the program. This is not intended to capture info related to the RANT, but to capture info related to other risk assessment tools used by DOCCR.	Combo box	Probation Intake Form
<b>Risk/Need Assessment Level</b>	The risk level as determined by the risk assessment. This is not intended to capture info related to the RANT, but to capture info related to other risk assessment tools used by DOCCR.	Combo box	Probation Intake Form
<b>Risk/Need Assessment Score</b>	The numerical score from the risk assessment tool. This is not intended to capture the score related to the RANT, but to capture the score from other risk assessment tools used by DOCCR.	Number	Probation Intake Form
<b>DOB</b>	Client's Date of Birth	Date	MNCIS
<b>Sex</b>	Client's Sex	Combo box	MNCIS
<b>Race/Ethnicity</b>	Self-Reported Race/Ethnicity	Combo box (multiple response)	MNCIS
<b>Employment Status</b>	Client's Employment status at intake	Combo box	Probation Intake Form
<b>Educational Status</b>	Client's Educational status at intake	Combo box	Probation Intake Form
<b>Housing Status</b>	Client's Housing status at intake	Combo box	Probation Intake Form
<b>Marital Status</b>	Client's Marital status at intake	Combo box	Probation Intake Form
<b>Child Support Obligation</b>	Client's obligation to pay child support	Combo box	Probation Intake Form
<b>Current Child Support</b>	Client's status in regard to child support payments, if obligated to pay child support	Combo box	Probation Intake Form
<b>Military Status</b>	Client's past or present service in any branch of the armed forces, including National Guard, Reserves, etc.	Combo box	Probation Intake Form
<b>Valid MN License</b>	Client's Class D license status at intake	Combo box	Probation Intake Form (verify through DVS)
<b>Pro-Social Activities</b>	Engagement and extent of pro-social activities, as determined by client's probation officer	Combo box	Probation Intake Form

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<b>Pro-Social Relationships</b>	Engagement and extent of pro social relationships, as determined by client's probation officer	Combo box	Probation Intake Form
<b>Mental Health Disorder</b>	Client diagnosed with a mental health disorder at intake	Check box (true/false)	Probation Intake Form
<b>Mental Health Diagnosis</b>	Client's specific mental health diagnosis, as assessed by a licensed mental health professional or medical doctor	Combo box (multiple response)	Probation Intake Form
<b>Other Mental Health Diagnosis</b>	Text field, if specific mental health diagnosis is not a response option available in the Mental Health Diagnosis field	Text	Probation Intake Form
<b>Chemical Health Assessment Date</b>	Date of assessment by chemical health assessor	Date	Probation Intake Form
<b>Chemical Health Assessment Tool</b>	Tool used to assess chemical health	Comb box	Probation Intake Form
<b>Substance Use Disorder</b>	Severity of chemical health disorder, as determined by chemical health assessment	Combo box	Probation Intake Form
<b>Drug of Choice</b>	Client's self-reported drug of choice	Combo box (multiple response)	Probation Intake Form
<b>Other Drug of Choice</b>	Text field, if drug of choice is not a response option available in the Drug of Choice field	Text	Probation Intake Form
<b>Previous Treatment</b>	Any history of treatment for either mental or chemical health	Combo box	Probation Intake Form

# Exit Form

Variable	Definition	Format	Data Source
<b>Participant Name</b>	Name of PSC participant	Text	Auto-filled from Intake Form
<b>Primary Case Number</b>	Case number for case that brought client into PSC – if multiple, it is the case with the most serious charge or, if all charges are the same, the most recent charge	Text	Auto-filled from Intake Form
<b>Problem Solving Court</b>	Specific problem solving court to which the client has been accepted	Combo box	Auto-filled from Intake Form
<b>Probation Officer</b>	Name of Participant’s Hennepin County Probation Officer at Exit		
<b>Program End Date</b>	Last day of participation in drug court. Date of graduation or termination. Not necessarily a court appearance	Date	Probation Exit Form
<b>Exit Type</b>	Reason that client exited the problem solving court.	Combo box	Probation Exit Form
<b>Termination Reason</b>	Reason for termination from the problem solving court program. This could be voluntary or involuntary termination from the program	Combo box	Probation Exit Form
<b>Other Termination Reason</b>	Text field, if specific termination reason is not a response option available in the Termination Reason field	Text	Probation Exit Form
<b>Jail Days After Acceptance</b>	Total days in jail served by the participant after their acceptance into drug court, through their drug court end date. All jail days served should be included, regardless of what case it is related to. Jail time pronounced but not served should not be included.	Numeric	Probation Exit Form
<b>Risk/Need Assessment Date</b>	The date the risk assessment was completed. This is not intended to capture the date the Drug Court RANT was completed – this is meant to capture info related to other risk assessment tools used by DOCCR.	Date	Probation Exit Form
<b>Risk/Need Assessment Tool</b>	The tool used to assess eligibility and entry into the program. If multiple tools are used, please answer this question for the risk assessment tool used to assess entry into the program. This is not intended to capture info related to the RANT, but to capture info related to other risk assessment tools used by DOCCR.	Combo box	Probation Exit Form
<b>Risk/Need Assessment Level</b>	The risk level as determined by the risk assessment. This is not intended to capture info related to the RANT, but to capture info related to other risk assessment tools used by DOCCR.	Combo box	Probation Exit Form
<b>Risk/Need Assessment Score</b>	The numerical score from the risk assessment tool. This is not intended to capture the score related to the RANT, but to capture the score from other risk assessment tools used by DOCCR	Numeric	Probation Exit Form
<b>Employment Status</b>	Client’s employment status at exit	Combo box	Probation Exit Form

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<b>Educational Status</b>	Client's educational status at exit	Combo box	Probation Exit Form
<b>Housing Status</b>	Client's Housing status at exit	Combo box	Probation Exit Form
<b>Marital Status</b>	Client's Marital status at exit	Combo box	Probation Exit Form
<b>Child Support Obligation</b>	Client's obligation to pay child support	Combo box	Probation Exit Form
<b>Current Child Support</b>	Client's status in regard to child support payments, if obligated to pay child support		
<b>Military Status</b>	Client's past or present service in any branch of the armed forces, including National Guard, Reserves, etc.	Combo box	Probation Exit Form
<b>Valid MN License</b>	Client's Class D license status at intake	Combo box	Probation Exit Form
<b>Pro-Social Activities</b>	Engagement and extent of pro-social activities, as determined by client's probation officer	Combo box	Probation Exit Form
<b>Pro-Social Relationships</b>	Engagement and extent of pro social relationships, as determined by client's probation officer	Combo box	Probation Exit Form
<b>Mental Health Disorder</b>	Client diagnosed with a mental health disorder, as assessed by a licensed mental health professional or medical doctor, at exit	Check box	Probation Exit Form
<b>Other Mental Health Disorder</b>	Client's specific mental health diagnosis, as assessed by a licensed mental health professional	Text	Probation Exit Form
<b>Chemical Health Assessment Date</b>	Text field, if specific mental health diagnosis is not a response option available in the Mental Health Diagnosis field	Date	Probation Exit Form
<b>Chemical Health Assessment Tool</b>	Date of assessment by chemical health assessor	Combo box	Probation Exit Form
<b>Substance Use Disorder</b>	Tool used to assess chemical health	Combo box	Probation Exit Form
<b>Drug of Choice</b>	Severity of chemical health disorder, as determined by chemical health assessment	Combo box	Probation Exit Form
<b>Other Drug of Choice</b>	Client's self-reported drug of choice	Text	Probation Exit Form

## Treatment/Programming Form

Variable	Definition	Format	Data Source
<b>Program Name</b>	Name of Treatment Program or Other Program (this can include AA, Smart Recovery, Cognitive Skills, DBT, etc.)	Text	Probation Quarterly Form
<b>Program Type</b>	Type of Treatment Program	Combo box	Probation Quarterly Form
<b>Culturally Specific</b>	Client Engaged in Culturally Specific Treatment (ex. First Nation)	Check box	Probation Quarterly Form
<b>Program Start Date</b>	Start Date of Program	Date	Probation Quarterly Form
<b>Program End Date</b>	End Date of Program	Date	Probation Quarterly Form
<b>Program Outcome</b>	Outcome of Treatment Program	Combo box	Probation Quarterly Form
<b>Other Program Outcome</b>	Text field if specific outcome is not a response option under Program Outcome	Text	Probation Quarterly Form

## Drug and Alcohol Tests Form

Variable	Definition	Format	Data Source
<b>Test Date</b>	Date of drug/alcohol test (if on SCRAM, the date of the positive result)	Date	CSTS
<b>Test Result</b>	Result of drug/alcohol test	Combo box	CSTS
<b>Positive Substance Type</b>	If positive result, substance for which there was a positive result	Combo box	CSTS
<b>Other Substance Type</b>	Text field if specific substance type is not a response option under Positive Substance Type	Text	CSTS
<b>Offsite Test</b>	Location of testing site (check if test was conducted by an agency other than DOCCR)	Check box	CSTS

## Event Form

Variable	Definition	Format	Data Source
<b>Event Date</b>	Case number for charge(s) incurred while active in the problem solving court	Text	Varies by Event
<b>Event</b>	Event Type (formal program response, hearing, home visit)	Combo box	Varies by Event
<b>Event Result</b>	Event Result (sanction/incentive, hearing held/missed, negative/positive pbt)	Combo box	Varies by Event
<b>Agency</b>	Agency that conducted home visit	Combo box	Varies by Event

## In-Program Charges Form

Variable	Definition	Format	Data Source
<b>New Charge Case Number</b>	Case number for charge(s) incurred while active in the problem solving court	Text	MNCIS
<b>New Charge Offense Date</b>	Offense date for new charge(s) incurred while active in the problem solving court	Date	MNCIS
<b>Most Serious Initial Charge Description</b>	Description of most serious charge at time prosecutor files the case	Text	MNCIS
<b>Most Serious Initial Charge Degree</b>	Degree of most serious charge at time prosecutor files the case	Combo box	MNCIS
<b>Most Serious Outcome in Case</b>	Most serious outcome in case	Check box	MNCIS
<b>Most Serious Adjudication Charge Description</b>	Description of most serious charge at time of adjudication	Text	MNCIS
<b>Most Serious Adjudication Charge Degree</b>	Degree of most serious charge at time of adjudication	Combo box	MNCIS
<b>New Charge Tags PSC Case</b>	New case/charges follow problem solving court case	Check box	MNCIS

## Post-Program Charges Form

Variable	Definition	Format	Data Source
<b>Recidivism Charge Case Number</b>	Case number for charges incurred after exiting the problem solving court	Text	MNCIS
<b>Recidivism Charge Offense Date</b>	Offense date for new charge(s) incurred after exiting the problem solving court	Date	MNCIS
<b>Most Serious Initial Charge Description</b>	Description of most serious charge at time prosecutor files the case	Text	MNCIS
<b>Most Serious Initial Charge Degree</b>	Degree of most serious charge at time prosecutor files the case	Combo box	MNCIS
<b>Most Serious Outcome in Case</b>	Most serious outcome in case	Check box	MNCIS
<b>Most Serious Adjudication Charge Description</b>	Description of most serious charge at time of adjudication	Check box	MNCIS
<b>Most Serious Adjudication Charge Degree</b>	Degree of most serious charge at time of adjudication	Combo box	MNCIS

## Electronic Monitoring and Warrant Status Form

Variable	Definition	Format	Data Source
<b>Type</b>	Type of Electronic Monitoring or Warrant	Text	Probation Quarterly Form
<b>Start Date</b>	Date Electronic Monitoring or Warrant Status Started	Date	Probation Quarterly Form
<b>End Date</b>	Date Electronic Monitoring or Warrant Status Ended	Date	Probation Quarterly Form
<b>Grant Funded Electronic Monitoring</b>	Electronic monitoring (SCRAM or Ignition Interlock) paid for by grant funds	Check box	Probation Quarterly Forms

## License Status at Quarter

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Variable	Definition	Format	Data Source
Quarter	Quarter for which data is provided	Combo box	Probation Quarterly Form
License Status Change	Type of license status change in the last quarter	Combo box	Probation Quarterly Form
Other License Status Change	Text field for additional comments related to license status change	Text	Probation Quarterly Form

# Drug Court Form

Variable	Definition	Format	Data Source
<b>PSC ID</b>	Unique identifier for PSC engagement	Combo box	System Assigned
<b>Participant Name</b>	Name of PSC Participant	Text	Auto-completed
<b>Primary Case Number</b>	Case number for case that brought client into PSC – if multiple, it is the case with the most serious charge or, if all charges are the same, the most recent charge	Text	Auto-completed
<b>Status</b>	Current status of the drug court participant.	Combo box	Probation Quarterly Form
<b>Phase 1 Start Date</b>	Date participant started Phase 1	Date	Probation Intake Form
<b>Phase 2 Start Date</b>	Date participant started Phase 2	Date	Probation Quarterly Form
<b>Phase 3 Start Date</b>	Date participant started Phase 3	Date	Probation Quarterly Form
<b>Phase 4 Start Date</b>	Date participant started Phase 4	Date	Probation Quarterly Form
<b>RANT Date at Intake</b>	Date RANT was administered (this date will be prior to Drug Court acceptance).	Date	RANT Memo
<b>RANT Results at Intake</b>	Score of Low Risk Low Need, Low Risk High Need, High Risk Low Need, or High Risk High Need from the RANT tool.	Date	RANT Memo
<b>Referral First Treatment Episode Date</b>	Date participant was referred to treatment from the chemical health assessor. This would be the first treatment the participant would receive during drug court. If the participant was actively engaged in treatment when they started drug court, use the referral date from the treatment started since the offense date (if the treatment has been uninterrupted).	Date	Probation Intake Form
<b>C First Treatment Episode Admission Date</b>	Date participant entered treatment. This would be the first treatment the participant would receive during drug court. If the participant was in treatment when they started drug court, use the start date from the treatment started since the offense date (if the treatment has been uninterrupted).	Date	Probation Quarterly Form
<b>Treatment Compliance</b>	Participant's engagement in required treatment services	Combo box	Probation Exit Form
<b>Medication Management</b>	Client participates in a medication management program such as MedFirst (Yes/No)	Checkbox	Probation Quarterly Form
<b>Total Days Inpatient Treatment</b>	Treatment means a process of assessment of a client's needs, development of planned interventions or services to address those needs, provision of services, facilitation of services provided by other service providers, and reassessment. Diagnostic, evaluation,	Numeric	Probation Exit Form

	<p>prevention, referral, detoxification, and aftercare services that are not part of a program of care licensable as a residential or nonresidential chemical dependency treatment program are not chemical dependency services for purposes of this section. The total number of days in treatment with room and board should be from the beginning of the drug court, even if they were in treatment before they entered the program. If a participant is in a halfway house and is receiving treatment those days should be included in "treatment with room and board". If they are not receiving treatment in the halfway house, those days should not be included as "treatment with room and board" or as "treatment without room and board." If participants completed treatment before entering drug court (and received no further treatment with room and board), record the total days as 0</p>		
<b>Total Days Outpatient Treatment</b>	<p>This variable includes all treatment, as described above, that does not include room and board. Continuing care should be included in this category (*Note community programs such as AA are not treatment, or continuing care, and should not be included here). Days should be counted as the length in the program, which may or may not be the amount of days they received actual treatment. If participants completed treatment before entering drug court (and received no further treatment, record the total days as 0, and please make a note in the "Comments" section that they completed treatment already. Format should be numerical and refer to days.</p>	Numeric	Probation Exit Form
<b>Days Since Last Known Substance Use</b>	<p>The number of days since the last known substance use of the participant. This would include any knowledge the drug court would have of use, whether derived from a drug test, self-reported, or any other way. The days should be calculated back from the program end date for the participant.</p>	Numeric	Probation Quarterly Form
<b>RANT Date at Exit</b>	<p>Date RANT was administered, if administered at exit</p>		
<b>RANT Results at Exit</b>	<p>Score of Low Risk Low Need, Low Risk High Need, High Risk Low Need, or High Risk High Need from the RANT tool, if administered at exit</p>		

# DWI Court Form

Variable	Definition	Format	Data Source
<b>PSC ID</b>	Unique identifier for PSC engagement	Combo box	System Assigned
<b>Participant Name</b>	Name of PSC Participant	Text	Auto-completed
<b>Primary Case Number</b>	Case number for case that brought client into PSC – if multiple, it is the case with the most serious charge or, if all charges are the same, the most recent charge	Text	Auto-completed
<b>City of Offense</b>	City where the current offense occurred	Combo box	MNCIS
<b>Status</b>	Current status of the drug court participant.	Combo box	Probation Quarterly Form
<b>Phase 1 Start Date</b>	Date participant started Phase 1	Date	Probation Intake Form
<b>Phase 2 Start Date</b>	Date participant started Phase 2	Date	Probation Quarterly Form
<b>Phase 3 Start Date</b>	Date participant started Phase 3	Date	Probation Quarterly Form
<b>Phase 4 Start Date</b>	Date participant started Phase 4	Date	Probation Quarterly Form
<b>Phase 1 Demotion Date</b>	Date participant re-started Phase 1	Date	Probation Quarterly Form
<b>Phase 2 Demotion Date</b>	Date participant re-started Phase 2	Date	Probation Quarterly Form
<b>Phase 3 Demotion Date</b>	Date participant re-started Phase 3	Date	Probation Quarterly Form
<b>Phase 4 Demotion Date</b>	Date participant re-started Phase 4	Date	Probation Quarterly Form
<b>Ignition Interlock</b>	Participant on Ignition Interlock	Check box	Probation Quarterly Form
<b>Date Ignition Interlock Installed</b>	If on Ignition Interlock, date installed	Date	Probation Quarterly Form
<b>Date Ignition Interlock Removed</b>	If on Ignition Interlock, date removed	Date	Probation Quarterly Form
<b>Referral First Treatment Episode Date</b>	Date participant was referred to treatment from the chemical health assessor. This would be the first treatment the participant would receive during drug court. If the participant was actively engaged in treatment when they started drug court, use the referral date from the treatment started since the offense date (if the treatment has been uninterrupted).	Date	Probation Quarterly Form
<b>First Treatment Episode Admission Date</b>	Date participant entered treatment. This would be the first treatment the participant would receive during drug court. If the participant was in treatment when they started drug court, use the start date from the treatment started since the offense date (if the treatment has been uninterrupted).	Date	Probation Quarterly Form
<b>Treatment Compliance Medication Management</b>	Participant's engagement in required treatment services Client participates in a medication management program such as MedFirst (Yes/No)	Combo box	Probation Exit Form

<p><b>Total Days Inpatient Treatment</b></p>	<p>Treatment means a process of assessment of a client's needs, development of planned interventions or services to address those needs, provision of services, facilitation of services provided by other service providers, and reassessment. Diagnostic, evaluation, prevention, referral, detoxification, and aftercare services that are not part of a program of care licensable as a residential or nonresidential chemical dependency treatment program are not chemical dependency services for purposes of this section. The total number of days in treatment with room and board should be from the beginning of the drug court, even if they were in treatment before they entered the program. If a participant is in a halfway house and is receiving treatment those days should be included in "treatment with room and board". If they are not receiving treatment in the halfway house, those days should not be included as "treatment with room and board" or as "treatment without room and board." If participants completed treatment before entering drug court (and received no further treatment with room and board), record the total days as 0</p>	<p>Numeric</p>	<p>Probation Exit Form</p>
<p><b>Total Days Outpatient Treatment</b></p>	<p>This variable includes all treatment, as described above, that does not include room and board. Continuing care should be included in this category (*Note community programs such as AA are not treatment, or continuing care, and should not be included here). Days should be counted as the length in the program, which may or may not be the amount of days they received actual treatment. If participants completed treatment before entering drug court (and received no further treatment, record the total days as 0, and please make a note in the "Comments" section that they completed treatment already. Format should be numerical and refer to days.</p>	<p>Numeric</p>	<p>Probation Exit Form</p>
<p><b>Days Since Last Known Substance Use</b></p>	<p>The number of days since the last known substance use of the participant. This would include any knowledge the drug court would have of use, whether derived from a drug test, self-reported, or any other way. The days should be calculated back from the program end date for the participant.</p>	<p>Numeric</p>	<p>Probation Quarterly Form</p>

# Mental Health Court Form

Variable	Definition	Format	Data Source
<b>PSC ID</b>	Unique identifier for PSC engagement	Combo box	System Assigned
<b>Participant Name</b>	Name of PSC Participant	Text	Auto-completed
<b>Primary Case Number</b>	Case number for case that brought client into PSC – if multiple, it is the case with the most serious charge or, if all charges are the same, the most recent charge	Text	Auto-completed
<b>Status</b>	Current status of the Mental Health Court participant.	Combo box	Probation Quarterly Form
<b>Phase 1 Start Date</b>	Date participant started Phase 1	Date	N/A
<b>Phase 2 Start Date</b>	Date participant started Phase 2	Date	N/A
<b>Phase 3 Start Date</b>	Date participant started Phase 3	Date	N/A
<b>Phase 4 Start Date</b>	Date participant started Phase 4	Date	N/A
<b>Prior Mental Health Treatment</b>	Whether the participant previously had mental health treatment of any kind before starting Mental Health Court	Check box	Probation Intake Form
<b>Connected to Mental Health Services</b>	Whether the participant had any mental health /psychiatric services in place in the 30 days before Mental Health Court acceptance	Combo box	Probation Intake Form
<b>Engaged in Treatment</b>	Whether a participant was engaged in a mental health or chemical health treatment program at the time of entry in to Mental Health Court	Combo box	Probation Intake Form
<b>Number of Prior Mental Health Hospitalizations</b>	The number of prior occasions that a participant was hospitalized for	Numeric	Probation Intake Form

	mental health/psychiatric reasons.		
<b>Number of Prior Days Hospitalized for Mental Health</b>	If applicable, and if available, the number of days a participant was hospitalized for mental health/psychiatric reasons before Mental Health Court acceptance.	Numeric	Probation Intake Form
<b>TBI Screen</b>	Questions about any experiences a participant has had that could have resulted in a Traumatic Brain Injury.	Check box	Probation Intake Form
<b>Rule 20</b>	If a participant had a Rule 20 evaluation at any point before Mental Health Court acceptance.	Check box	Probation Intake Form
<b>Insurance Status</b>	Whether the participant has any type of medical insurance at Mental Health Court acceptance.	Combo box	Probation Intake Form
<b>Insurance Type</b>	If applicable, the type of medical insurance coverage a client has.	Combo box	Probation Intake Form
<b>Probation Plan Compliance</b>	Probation officer's perception of whether the participant was compliant with their individualized probation plan.	Check box	Probation Exit Form
<b>Medication Compliant</b>	Whether the participant was compliant with taking necessary medication at Mental Health Court exit.	Combo box	Probation Exit Form
<b>Medication Management</b>	Client participates in a medication management program such as MedFirst (Yes/No)	Check box	Probation
<b>Number of Mental Health Hospitalizations While in Program</b>	The number of times a participant was hospitalized for mental health/psychiatric reasons while in Mental Health Court.	Numeric	Probation Exit Form
<b>Number of Days Hospitalized for Mental Health Reasons While in</b>	If applicable, and if possible to attain, the number of days a	Numeric	Probation Exit Form

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<b>Program</b>	participant was hospitalized for mental health/psychiatric reasons while in Mental Health Court		
<b>Number of Emergency Room Admissions While in Program</b>	The number of times a participant was admitted to the Emergency Room while in Mental Health Court	Numeric	Program Quarterly Form
<b>Mental Health Services</b>	Mental health services received while in Mental Health Court	Combo box	Probation Quarterly Form
<b>Crisis Services</b>	Crisis services received while in Mental Health Court	Combo box	Probation Quarterly Form
<b>Other Crisis Services</b>	Text field for crisis services not listed in combo box drop down	Text	Probation Quarterly Form
<b>Days Since Last Known Substance Use</b>	The number of days since the last known substance use of the participant. This would include any knowledge the drug court would have of use, whether derived from a drug test, self-reported, or any other way. The days should be calculated back from the program end date for the participant.	Numeric	Probation Exit Form
<b>Connected to Mental Health Services at Exit</b>	Whether the participant has mental health/psychiatric services in place at the time of leaving Mental Health Court.	Combo box	Probation Exit Form
<b>Additional Services</b>		Combo box	
<b>Other Additional Services</b>	Text field for additional services not listed in combo box drop down	Text	
<b>Insurance Status at Exit</b>	Whether the participant has any medical insurance at the time of Mental Health Court Exit.	Combo box	Probation Exit Form
<b>Insurance Type at Exit</b>	If applicable, the type of medical insurance coverage a client has.	Combo box	Probation Exit Form

# Veterans Court Form

Variable	Definition	Format	Data Source
<b>PSC ID</b>	Unique identifier for PSC engagement	Combo box	System Assigned
<b>Participant Name</b>	Name of PSC Participant	Text	Auto-completed
<b>Primary Case Number</b>	Case number for case that brought client into PSC – if multiple, it is the case with the most serious charge or, if all charges are the same, the most recent charge	Text	Auto-completed
<b>Status</b>	Current status of the Veterans Court participant.	Combo box	Probation Quarterly Form
<b>Phase 1 Start Date</b>	Date participant started Phase 1	Date	N/A
<b>Phase 2 Start Date</b>	Date participant started Phase 2	Date	N/A
<b>Phase 3 Start Date</b>	Date participant started Phase 3	Date	N/A
<b>Phase 4 Start Date</b>	Date participant started Phase 4	Date	N/A
<b>Military Branch</b>	The branch(es) of the military in which the participant served.	Combo box	Probation Intake Form/VA
<b>Military Status</b>	Status in military (active or discharged)	Combo box	Probation Intake Form
<b>Military Rank at Discharge</b>	The rank attained by the participant at the time of discharged from the Armed Forces.	Combo box	Probation Intake Form/VA
<b>Military Discharge Type</b>	The type of discharge the participant received upon leaving the Armed Forces (leave blank if the participant is still active in the military).	Combo box	Probation Intake Form/VA
<b>Combat</b>	Whether or not the participant was in a theater of combat as part of their military service.	Combo box	Probation Intake Form/VA
<b>Deployment History</b>	Whether or not the participant was deployed outside the United States as a part of their military service. Needs to be the “Yes” if Combat is also “Yes.”	Combo box	Probation Intake Form/VA
<b>Eligible for VA Benefits</b>	Whether or not the participant is eligible for VA benefits stemming from their military service.	Combo box	Probation Intake Form/VA
<b>Receives VA Benefits</b>	Whether or not the participant is receiving VA benefits at the time of admission to Veterans Court.	Combo box	Probation Intake Form/VA
<b>Increase in Benefits Due to Vet Court Participation</b>	Whether or not the participant saw an increase in their VA benefit service level during their participation in Veterans Court.	Combo box	Probation Exit Form
<b>Began Receiving VA Benefits During Vet Court Participation</b>	Client began receiving VA benefits while participating in Vet Court	Combo Box	

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<b>VA Benefit Trajectory Since Last Quarter</b>	Client's benefit service level during the previous quarter	Combo Box	Probation Quarterly Form
<b>Total Days Inpatient Treatment</b>	Treatment means a process of assessment of a client's needs, development of planned interventions or services to address those needs, provision of services, facilitation of services provided by other service providers, and reassessment. Diagnostic, evaluation, prevention, referral, detoxification, and aftercare services that are not part of a program of care licensable as a residential or nonresidential chemical dependency treatment program are not chemical dependency services for purposes of this section. The total number of days in treatment with room and board should be from the beginning of the drug court, even if they were in treatment before they entered the program. If a participant is in a halfway house and is receiving treatment those days should be included in "treatment with room and board". If they are not receiving treatment in the halfway house, those days should not be included as "treatment with room and board" or as "treatment without room and board." If participants completed treatment before entering drug court (and received no further treatment with room and board), record the total days as 0	Numeric	Probation Exit Form
<b>Total Days Outpatient Treatment</b>	This variable includes all treatment, as described above, that does not include room and board. Continuing care should be included in this category (*Note community programs such as AA are not treatment, or continuing care, and should not be included here). Days should be counted as the length in the program, which may or may not be the amount of days they received actual treatment. If participants completed treatment before entering drug court (and received no further treatment, record the total days as 0, and please make a note in the "Comments" section that they completed treatment already. Format should be numerical and refer to days.	Numeric	Probation Exit Form

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<b>Days Since Last Known Substance Use</b>	The number of days since the last known substance use of the participant. This would include any knowledge the drug court would have of use, whether derived from a drug test, self-reported, or any other way. The days should be calculated back from the program end date for the participant.	Numeric	N/A
<b>Medication Management</b>	Client participates in a medication management program such as MedFirst (Yes/No)	Check box	
<b>TBI History</b>	Whether the participant has had any experience that resulted in a traumatic brain injury, as self-reported by the participant.	Check box	Probation Intake Form
<b>MST History</b>	Whether the participant was a victim of sexual trauma while in the military, as self-reported by the participant.	Check box	Probation Intake Form
<b>Mentor</b>	Whether a participant has officially been paired with a Veterans Court mentor.	Combo box	Probation Quarterly Form
<b>Date Mentor Obtained</b>	For participants who have been paired with a mentor, the date on which the mentor was attained.	Date	Probation Quarterly Form
<b>SMART Goal 1</b>	Status of participant's first SMART Goal. The response options are "Never Established," "Established, but failed to achieve," "Established, in progress," and "Achieved."	Combo box	Probation Quarterly Form
<b>SMART Goal 1 Achievement Date</b>	If the participant achieved this goal, the date on which the goal was achieved.	Date	Probation Quarterly Form
<b>SMART Goal 2</b>	Status of participant's second SMART Goal. The response options are "Never Established," "Established, but failed to achieve," "Established, in progress," and "Achieved."	Combo box	Probation Quarterly Form
<b>SMART Goal 2 Achievement Date</b>	If the participant achieved this goal, the date on which the goal was achieved.	Date	Probation Quarterly Form

# Referrals Form

Variable	Definition	Format	Data Source
<b>Defendant Name</b>	Defendant's Name (Last name, First name)	Text	PSC Coordinator
<b>Defendant Case Number(s)</b>	Case number for case that prompted referral to PSC	Text	PSC Coordinator
<b>Problem Solving Court Referral</b>	PSC to which defendant was referred	Combo box	PSC Coordinator
<b>Date Referred</b>	Date defendant was referred to PSC	Date	PSC Coordinator
<b>Date Denied Admittance</b>	Date defendant was denied admittance to PSC	Date	PSC Coordinator
<b>Reason Denied Admittance</b>	Reason defendant was denied admittance to PSC	Combo box	PSC Coordinator
<b>Other Reason Denied Admittance</b>	Text field if specific reason is not available under Reason Denied Admittance	Text	PSC Coordinator
<b>Defendant Date of Birth</b>	Defendant's Date of Birth	Date	PSC Coordinator
<b>Defendant Race</b>	Defendant's Self-Reported Race	Combo box	PSC Coordinator
<b>Defendant Sex</b>	Defendant's Sex	Combo box	PSC Coordinator
<b>Defendant Military Status</b>	Defendant's past or present service in any branch of the armed forces, including National Guard, Reserves, etc.	Combo box	PSC Coordinator