

Chapter 6-A Substance Abuse Outcome Measures Admission Data Set

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Revision History

Version 10.3

- ◆ Added Table of Contents
- ◆ Moved Revision History to beginning of chapter
- ◆ Moved the Target Population Chart to “General Policies and Considerations”
- ◆ Deleted “Instructions for Collecting and Reporting Substance Abuse Admission Data Elements” and added the information to the file layout
- ◆ Reorganized Categorized List of Drugs
- ◆ Made Wording Changes to Drugs List (07, 09, 13, 15, 17, 23, 47, 59) and Added New Drugs to the List
- ◆ Added Drug List with Florida Schedule

Version 10.3.1

- ◆ Added ICD10 Data Element Fields to the end of the file layout (for future reporting)
- ◆ Inactivated Drug Code 49
- ◆ Changes to Target Populations
- ◆ Removed Exception Reports/Files section from page 6A-3
- ◆ Removed Reference to Administrative Discharge from section C, 2b on page 6A-3

I General Policies and Considerations

The Substance Abuse Admission data set is used at the state level to collect and report substance abuse information that involves persons served in state-contracted substance abuse facilities in Florida.

A. Providers Required to Submit Substance Abuse Admission Data

1. Providers with DCF SAMH contracts report SA Outcomes for all clients receiving reportable client-specific service events associated with the SA program area.
2. 394.674 (2)(a) F.S., requires the following for services to be paid by the Department's contract: *"To be eligible to receive substance abuse and/or mental health services funded by the department, an individual must be a member of at least one of the department's priority populations approved by the Legislature."*

B. Establishing Target Populations

1. In order for a target group to be determined for a consumer, the consumer must have a substance abuse primary diagnosis that allows pop group to be assigned. A primary diagnosis of mental health or a V code will not allow a target population to be determined.
2. The algorithm for target population determination is below. This is the code being used to determine the substance abuse target groups. A target group is determined when an admission, immediate discharge, or Detox form is submitted.

Children with SA Problem	19	If PURPOSE = '1', '2' or '5' and AGE < '18' and ICD9PRIM starts with '291' or '292' or '303' or '304' or '305' or PROBPRIM BETWEEN '02' –'97', '1A'-'2M' or PROBPRIM = '99' or PROBSEC BETWEEN '02' –'97', '1A'-'2M' or PROBSEC = '99' or PROBTER BETWEEN '02' –'97', '1A'-'2M' or PROBTER = '99'
Children At Risk of SA Problem	09	If PURPOSE = '1', '2' or '5' and AGE < '18') and ICD9PRIM does not start with '291' or '292' or '303' or '304' or '305' or PROBPRIM = '98' or PROBSEC = '98' or PROBTER = '98'
Adults Substance Abuse	15	If PURPOSE = '1', '2' or '5' and AGE >= '18' and ICD9PRIM starts with '291' or '292' or '303' or '304' or '305' or PROBPRIM between '02' –'97', '1A'-'2M' or PROBPRIM = '99' or PROBSEC between '02' –'97', '1A'-'2M' or PROBSEC = '99' or PROBTER between '02' –'97', '1A'-'2M' or PROBTER = '99'
Adults at Risk of SA	16	If PURPOSE = '1', '2' or '5' and AGE >= '18' and ICD9PRIM does not start with '291' or '292' or '303' or '304' or '305' or PROBPRIM = '98' or PROBSEC = '98' or PROBTER = '98'
Other Adult Substance abuse	66	If PURPOSE = '1', '2' or '5' and AGE >= '18' or PURPOSE <> '1', '2' or '5' and AGE >= '18' and None of the above requirements were met for an adult target group.
Other Children's Substance abuse	77	If PURPOSE = '1', '2' or '5' and AGE < '18') or If PURPOSE <> '1', '2' or '5' and AGE < '18') and None of the above requirements were met for a child target group.

C. Substance Abuse Admission Outcomes Information

Admission: An event or point in time when a client begins an episode of care within a provider agency. Normally, this is an act or process when the client has the first face-to-face contact, service, or intake with the agency to formally start his /her medical record or case file or, in case of readmission, to re-open existing medical record and case file.

1. SA Outcomes are reported at initiation (first face to face during initial evaluation) and at discharge from an SA episode of care.

Records that have no associated Demographic records or that fail field edits and validations will be rejected and not captured into the SAMH system.

2. There are three (3) forms for SA Performance Outcome:
 - a) Initial Performance Outcome OUTI.TXT (Initial or Immediate Discharge) for admission to the agency
 - b) Discharge Performance Outcome OUTD.TXT (Discharge) for Discharge from the agency.
 - c) Detox OUTX.TXT (Contains both beginning and ending of Detox episode)
3. If a client is receiving children's substance abuse services prior to his/her 18th Birthday, the client will continue to be served as a child until the "Episode of Care" is completed. If further services are needed at the end of the Episode of care, then the client should be admitted as an adult.

D. Relationship of Admission Records to other Records in the State SAMH System

1. "Parent" Record

The Demographic record is the parent of the SA outcomes. This link is based on Contractor ID + Provider ID + SSN. The initial evaluation date (INITEVADA) on SA Outcome discharge evaluation must be matched with the Outcome initial evaluation record.

2. "Children" Records

None, although it is expected that SA Outcomes records will have associated client-specific events reported to the SA program area.

3. "Orphan" data

The SAMH system will reject a SA Outcome record that does not have an associated demographic record.

E. Removing Undesired Records

Undesired records can be removed by submitting file OUTCOME for Initial, formatted as follows:

Field	Start	Type / Size
CONTRACTORID	1	CHAR(10)
SSN	11	CHAR(9)
PURPEVAL	20	CHAR(1)
EVALDATE	21	DATE(8)
PROVID	29	CHAR(10)

CAUTION: Deletion of Substance Abuse Outcome records may have consequences beyond the simple deletion of that record:

Deleting an Admission record (Purpose 1) WILL RESULT IN THE AUTOMATIC DELETION OF THE SUBSTANCE ABUSE DISCHARGE RECORD ASSOCIATED WITH THAT ADMISSION!

The five fields in the above table also are the record key for a substance abuse outcome record. If a record is submitted, that has the identical keys as an existing record, then the new record will update or overwrite the existing record. This should be done when any data element other than the KEY elements are changed.

II. Substance Abuse Admission Data File Layout with Validations, Descriptions and Instructions

User View Name	Pos	Type / Size	Edits and Validations
CONTRACTORID (Mandatory Key)	1	CHAR(10)	Valid values = 10 characters Must match a Provider ID number that already exists in the Provider table Else, reject (Mandatory)
	Descriptions and Instructions: Contractor Identification Number – The agency's Federal Employer Identification Number assigned by the US Internal Revenue Service (IRS). It is a ten-digit number, including a dash in the third position (e.g., 59-1234567 that identifies the entity possessing the contract with the Department of Children and Families DCF) to provide the services to the consumer. This number should be the same as reported in your agency's DCF Contract document. When the DCF contracted provider subcontracts with another entity to provide services, it is essential that the subcontracted entity identify the contractor in this field.		
SITEID	11	CHAR(2)	Valid values = 00 – 99, 1A – 9Z Else, reject Add preceding zero if single digit. (Mandatory) SITEID validated against PROVID in the Provider Table
	Descriptions and Instructions: Site Identification Number – The location where the event took place or where the provider staff, who rendered the service, is assigned. The service location must have a unique SITE ID registered with the SAMH Data Office and must be associated with the Contractor ID in order for the record to be accepted. (See Chapter 3 – Provider)		
SSN (Mandatory Key)	13	CHAR(9)	Valid values = 9 characters that already exists in DEMO table Else, reject (Mandatory Key) Cannot start with 000 or 9
	Descriptions and Instructions: Social Security Number – Enter the SSN of the client being served. This number must consist of 9 numeric digits without dashes between digits. It cannot start with 000 or 9. If the SSN is not known, follow the instructions for constructing a Pseudo SSN in Chapter 4. When the client's correct social security number is known, report it to SAMH Central Office in Tallahassee. Contact the SAMH District Data Liaison for additional information or assistance. This number must match the number reported in the Demographic record. Otherwise, the SA Outcome will be rejected as an orphan.		
CLIENTID	22	CHAR(10)	Valid values up to 10 characters. Do not use the SSN of the client as the ClientID. A pseudo-SSN can be used. (Mandatory)
	Descriptions and Instructions: Client Identifier – A 10 digit number the provider uses to identify the client or to reference other local information. The agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system. Do not use the client's SSN for this field. A pseudo-SSN is acceptable.		
RESIDCOUN	32	CHAR(2)	Valid values = 01 through 67 or 99 Else, reject (Mandatory) Add preceding 0 if single digit
	Descriptions and Instructions: County of Residence Indicate the client's home county of residence which may differ from the county of service. If the actual home county is unknown, use the county of the provider site where services were received. Refer to page 6A-23 for a list of county codes.		
GRADE	34	CHAR(2)	Valid values = 20 through 36 Else, reject (Mandatory)

User View Name	Pos	Type / Size	Edits and Validations
GRADE (Continued)			<p>Descriptions and Instructions: Grade – A two-digit code to indicate the highest educational level completed by the client prior to this evaluation.</p> <p>Enter one of the following 2-digit codes associated with the highest grade completed.</p> <p>[20] = No Schooling [21] = Nursery School To 4th Grade [22] = 5th to 6th Grade [23] = 7th to 8th Grade [24] = 9th Grade [25] = 10th Grade [26] = 11th Grade [27] = 12th Grade (No Diploma) [28] = High School Graduate (Diploma, Degree)</p> <p>[29] = 1 or more yr College, No Degree [30] = Associate's Degree (AA, S, etc.) [31] = Bachelor's Degree (BA, BS, AB, etc.) [32] = Master's Degree (MS, MA, MSW, etc.) [33] = Prof. Degree (MD, DDS, JD, etc.) [34] = Doc. Degree (PhD, EDD, etc.) [35] = Special School [36] = Vocational School</p>
MARITAL	36	CHAR(1)	Valid values = 1 through 8 Else, reject (Mandatory)
			<p>Descriptions and Instructions: Marital Status – indicates the client's current marital status.</p> <p>Enter the appropriate 1-digit for the client's marital status:</p> <p>[1] = Single (includes individuals whose only marriage was annulled) [2] = Married (includes individuals living as married under official common law) [3] = Widowed [4] = Divorced [5] = Separated [6] = Unreported [7] = Registered Domestic Partner [8] = Legally Separated</p>
HLTHSTAT	37	CHAR(1)	Valid values = 1 through 8 Else, reject (Mandatory)
			<p>Descriptions and Instructions: Health Status – Identify the client's health status at evaluation.</p> <p>Enter the appropriate code:</p> <p>[1] = Agitated [5] = Forgetful [2] = Comatose [6] = Lethargic [3] = Disoriented [7] = Other Mental Condition [4] = Depressed [8] = Oriented</p>
PREGTRIM	38	CHAR(1)	If PURPEVAL = 1, then valid values = 1 through 4 Else, reject (Mandatory) If PURPEVAL = 2, then valid values = 1 through 4 or blank
			<p>Descriptions and Instructions: Pregnant Trimester at admission for pregnant clients</p> <p>The first trimester is the first to third months of pregnancy, the second trimester is the fourth to sixth months, and the third trimester is the seventh to ninth month of pregnancy.</p> <p>[1] = 1st trimester [2] = 2nd trimester [3] = 3rd trimester [4] = not pregnant or male</p>
ADMITYPE	39	CHAR(1)	Valid values = 1 through 4 Else, reject (Mandatory)
			<p>Descriptions and Instructions: Admission Type (Legal Status)</p> <p>If there is no court order, the admission must be coded as voluntary.</p> <p>Enter the code that matches the client's type of admission:</p> <p>[1] = Voluntary Competent – Not court ordered into treatment; not deemed legally incompetent [2] = Voluntary Incompetent – Not court ordered into treatment; legally incompetent [3] = Involuntary Competent – Court ordered into treatment; not deemed legally incompetent [4] = Involuntary Incompetent – Court ordered into treatment; legally incompetent</p>

User View Name	Pos	Type / Size	Edits and Validations
DRUGCRT	40	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Drug Court Indicate whether or not the client was Drug Court ordered to attend substance abuse treatment. [0] = No [1] = Yes		
CHILDWEL	41	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Child Welfare Indicate if the client was involved in the child welfare system at admission. [0] = No [1] = Yes		
RESIDSTAT	42	CHAR(2)	Valid values = 01 through 17 and 99 Add preceding 0 if single digit. (Mandatory)
	Descriptions and Instructions: Residential Status indicates where the client lives at the time of evaluation/admission Enter the 2-digit code from below that reflects the correct residential setting: <u>Independent living</u> means the client is paying (through any source of income) either all costs of living or an equal share of the total cost with others. Just contributing to the cost at less than an estimated equal share is not independent living. [01] = Independent Living – Alone [02] = Independent Living – with Relatives [03] = Independent Living – with Non-Relatives <u>Dependent living</u> means the client is paying less than an estimated equal share amount of the total combined living expenses. [04] = Dependent Living – with Relatives [05] = Dependent Living – with Non-Relatives <u>Other Residential</u> [06] = Assisted Living Facility (ALF) (Limited MH-ALF should use code 17) [07] = Foster Care/Home [08] = Adult Residential Treatment Facility (Group Home) [09] = Homeless (See Chapter 1 page 11 for the definition of homelessness and its applicability to data reporting.) [10] = State Mental Health Treatment Facility (State Hospitals) [11] = Nursing Home [12] = Supported Housing [13] = Correctional Facility [14] = DJJ Facility [15] = Crisis Residence [16] = Children Residential Treatment Facility [17] = Limited Mental Health Licensed ALF [99] = Not Available or Unknown		
DEPCRIMS	44	CHAR(2)	If AGE from DEMO is less than 18, then valid values = 00 through 09, 27 or 28 Else, If AGE from DEMO is greater than or equal to 18, then valid values = 00, 10 through 13, 16 through 19, 21 through 26, 28, 29 Else, reject (Mandatory)
	Descriptions and Instructions: Dependency/Criminal Status Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults) using one of the codes listed below. If information is insufficient for either adults or children, use "00". Enter the code from the list below that matches the client's dependency/criminal status: CHILDREN:		

User View Name	Pos	Type / Size	Edits and Validations
DEPCRIMS (Continued)			<p><u>Adjudicated Children</u></p> <p>[01] = Delinquent, in physical custody A delinquent youth in the physical custody of the Department of Juvenile Justice, who is either committed to a Juvenile Justice facility, e.g., training school, group treatment home, halfway house; or placed in a non-Juvenile Justice commitment.</p> <p>[02] = Delinquent, not in physical custody A delinquent youth placed on community control or in a Juvenile Justice non-residential commitment program, e.g., Special Intensive Group (SIG), day treatment or Juvenile Alternatives Services Programs (JASP).</p> <p>[03] = Dependent, in physical custody A dependent child in the physical custody of the Department of Children and Families; including children in foster care, temporary placement in an emergency shelter or residing in a CSU.</p> <p>[04] = Dependent, not in physical custody A dependent child is a person that remains in his/her home, and who is under protective services supervision.</p> <p>[05] = Dependent & Delinquent, in physical custody A combination of codes 01 and 03 as defined above.</p> <p>[06] = Dependent & Delinquent, not in physical custody A combination of codes 02 and 04 as defined above.</p> <p>[07] = "Children in Need of Services" (CINS), not in physical custody A child in need of services is a child where there is not a pending departmental investigation into an allegation of suspicion of abuse, neglect or delinquent, or no current supervision by the department for adjudication for dependency or delinquency. The child must also be found by the court to be a persistent runaway, habitual truant, or to have persistently disobeyed the reasonable and lawful demands of parent or legal guardians, pursuant to Chapter 39, F.S.</p> <p><u>Non-Adjudicated Children</u></p> <p>[08] = Other DCF program status No further description.</p> <p>[09] = Under custody & supervision of family relatives or guardian A child, who is not under protective supervision, is not delinquent or dependent, <u>and</u> who is living under the custody and supervision of family, relatives or a legal guardian.</p> <p><u>Juvenile Incompetent to Proceed Program</u></p> <p>[27] = Incompetent to Proceed – Ages 0 – 17 [28] = Incompetent to Proceed – Ages 18 – 20</p> <p>ADULTS:</p> <p><u>Adults with No Court Jurisdiction</u></p> <p>[10] = Competent, no charges Use this code for all clients not involved with the criminal justice system and for clients on probation.</p> <p>[11] = Civil incompetence of person or property Not involved with the criminal justice system/incompetence is of person or property.</p> <p><u>Adults with Court Jurisdiction:</u> Designate any person who is under the jurisdiction of the court in one of the categories below:</p> <p>(a) Criminal Competent: Determined by the court to be competent to proceed in criminal offenses and not adjudicated not guilty by reason of insanity.</p> <p>[12] = Incarcerated-Competent</p>

User View Name	Pos	Type / Size	Edits and Validations
DEPCRIMS (Continued)			<p>[13] = Release pending hearing-Competent [14] = this code is no longer used [15] = this code is no longer used</p> <p>(b) Criminal Incompetent: Adjudicated by the court as Incompetent to Proceed (ITP) at a material stage of a criminal proceeding. [16] = Release pending hearing-ITP [17] = Involuntarily hospitalized (direct commit) – ITP [18] = Incarcerated-ITP [19] = Involuntarily hospitalized – revocation of conditional release-ITP [20] = this code is no longer used [21] = Conditionally released-ITP</p> <p>I Not Guilty by Reason of Insanity (NGI): Adjudicated by the court as NGI on criminal charges. [22] = Involuntary hospital - direct commit - NGI [23] = Involuntary hospital – revocation of conditional release - NGI [24] = Released pending hearing – NGI [25] = Conditionally released – NGI [26] = Incarcerated – NGI [29] = Incompetent to Proceed – Age 21*</p>
PROBPRIM	46	CHAR(2)	<p>Valid values = 02 - 20, 22 – 99, 1A – 2M Else, reject (Mandatory) Add a preceding 0 if single digit. Please refer to page 6A-24 to see the complete updated list of drugs. Please view all new codes before making a choice as the list is more comprehensive now.</p>
			<p>Descriptions and Instructions: Primary Substance Problem Primary Problem is a mandatory entry, along with its associated questions (route, frequency, age of first use). Identify and enter the substance(s) which is/are primarily responsible for contributing to the client's need for admission. If the client is admitted to a methadone maintenance modality, the primary problem must be a narcotic (heroin, non-prescription methadone, or any other narcotic). If a client is receiving legally prescribed methadone from another clinic and is admitted to the reporting clinic for dosage adjustment or termination, the primary problem must be the narcotic for which the client originally received methadone. The prescribed methadone should not be identified as the client's problem drug under "non-medical methadone", "other" drug, etc.</p> <p>Indicate the primary, secondary, and tertiary degree of impairment from the substance creating the abuse problem. Clinical judgment will ultimately determine the degree of impairment that a substance causes for an individual client. In determining the degree of impairment, the following considerations should be made:</p> <p>Patterns of drug involvement;</p> <p>Degree of present and past physical, mental, and social dysfunction related to the substance and;</p> <p>Degree of present or past physical or psychological dependence, regardless of the frequency of use of a specific substance.</p> <p>If there is no secondary or tertiary drug use, leave PROBSEC and PROBTER as well as all related items blank. Do not report '98' or '99' in these fields. <u>If a secondary or tertiary drug is entered, the associated questions are required. Do not leave secondary or tertiary fields blank if there is a valid drug listed.</u></p> <p>Important SAMHIS Edit: If a record is submitted which has the Primary Drug as '98' and either the secondary or tertiary drug as a declared drug, i.e., heroin; SAMHIS will automatically drop the '98' as the primary drug and make heroin as the primary drug. This is a quality edit to improve data reporting for DASIS.</p> <p>Refer to page 6A-23 for a complete list of updated drug codes.</p>

User View Name	Pos	Type / Size	Edits and Validations
PROBSEC	48	CHAR(2)	Valid values = 02 - 20, 22 – 97, 1A – 2M or blank Add a preceding 0 if single digit.
	Descriptions and Instructions: Secondary Substance Problem See instructions above in Primary Substance Problem Refer to page 6A-23 for a list of drug codes.		
PROBTER	50	CHAR(2)	Valid values = 02 - 20, 22 - 97, 1A - 2M or blank Add a preceding 0 if single digit.
	Descriptions and Instructions: Tertiary Substance Problem See instructions above in Primary Substance Problem Refer to page 6A-23 for a list of drug codes.		
ROUTPRIM	52	CHAR(1)	If PROBPRIM = 02 – 20, 22 - 99, 1A – 2M then valid values = 1 through 5 Else, reject (Mandatory)
	Descriptions and Instructions: Route of Administration for Primary Substance Indicate the client's usual route of administration or method of ingestion of the primary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the primary drug. [1] = Oral [2] = Smoking [3] = Inhalation [4] = Injection (IV or Intra-muscular) [5] = Other		
ROUTSEC	53	CHAR(1)	If PROBSEC = 02 – 20, 22 - 97, 1A – 2M then valid values = 1 through 5 Else, blank (Mandatory only if there is a secondary drug listed)
	Descriptions and Instructions: Route of Administration for Secondary Substance Indicate the client's usual route of administration or method of ingestion of the secondary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the secondary drug. [1] = Oral [2] = Smoking [3] = Inhalation [4] = Injection (IV or Intra-muscular) [5] = Other		
ROUTTER	54	CHAR(1)	If PROBTER = code 02 – 20, 22 - 97, 1A – 2M then Valid values = 1 through 5 Else, blank (Mandatory only if a tertiary drug is listed)
	Descriptions and Instructions: Route of Administration for Tertiary Substance Indicate the client's usual route of administration or method of ingestion of the tertiary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the tertiary drug. [1] = Oral [2] = Smoking [3] = Inhalation [4] = Injection (IV or Intra-muscular) [5] = Other		
FREQPRIM	55	CHAR(1)	If PROBPRIM = 02 - 20, 22 - 99, 1A – 2M then valid values = 1 through 5 Else, reject (Mandatory)
	Descriptions and Instructions: Frequency of Use for Primary Substance Problem Indicate the client's frequency of use of the primary, substance of abuse during the month prior to admission. [1] = No Past Month Use (no use past 30 days) [2] = 1-3 Times in Past Month (30 days) [3] = 1-2 Times per Week [4] = 3-6 Times per Week [5] = Daily		
FREQSEC	56	CHAR(1)	If PROBSEC = 02 - 20 or 22 - 97, 1A – 2M then valid values = 1 through 5 Else, blank (Mandatory only if there is a secondary drug listed)
	Descriptions and Instructions: Frequency of Use for Secondary Substance Problem		

User View Name	Pos	Type / Size	Edits and Validations
FREQSEC (Continued)			Indicate the client's frequency of use of the secondary, substance of abuse during the month prior to admission. [1] = No Past Month Use (no use past 30 days) [2] = 1-3 Times in Past Month (30 days) [3] = 1-2 Times per Week [4] = 3-6 Times per Week [5] = Daily
FREQTER	57	CHAR(1)	If PROBTER = 02 - 20 or 22 - 97, 1A – 2M then valid values = 1 through 5 Else, blank (Mandatory only if there is a tertiary drug listed)
			Descriptions and Instructions: Frequency of Use for Tertiary Substance Problem Indicate the client's frequency of use of the tertiary, substance of abuse during the month prior to admission. [1] = No Past Month Use (no use past 30 days) [2] = 1-3 Times in Past Month (30 days) [3] = 1-2 Times per Week [4] = 3-6 Times per Week [5] = Daily
AGEPRIM	58	NUM (2)	If PROBPRIM = 02 – 20, 22 - 99, 1A – 2M then valid value = number between 0 and 99, inclusively Else reject (Mandatory)
			Descriptions and Instructions: Age of First Use of Primary Substance Problem Enter the client's age of first use of the primary, secondary, and tertiary drug as requested. For alcohol, record the age of the first use. If unknown, enter best estimate. The age of first use should be less than or equal to the client's age at admission. The recorded age should reflect willful use. A value of zero (00) indicates a newborn with a substance dependence problem.
AGESEC	60	NUM (2)	If PROBSEC = 02 – 20, 22 - 97, 1A – 2M then valid value = number between 0 and 99, inclusively Else, blank (Mandatory only if there is a secondary drug is listed)
			Descriptions and Instructions: Age of First Use of Secondary Substance Problem Refer to instructions above in "Age of First Use of Primary Substance Problem"
AGETER	62	NUM (2)	If PROBTER = 02 - 20, 22 - 97, 1A - 2M then valid value = number between 0 and 99, inclusively Else, blank (Mandatory only if there is a tertiary drug listed)
			Descriptions and Instructions: Age of First Use of Tertiary Substance Problem Refer to instructions above in "Age of First Use of Primary Substance Problem"
STAFFID	64	CHAR(12)	Left justified = up to 12 characters as follows. (Mandatory) If a staff is not a Family Intervention Specialist (FIS), then the staff ID must be constructed as follows: The first two digits must be an educational level code of 01 through 07 The third digit must be a dash (-) The next nine digits (4 th through 12 th) can be any alphanumeric number from 1 to 9 digits. If a staff is a Family Intervention Specialist (FIS), then the staff ID must be constructed as follows: 1. The first two digits must be an educational level code of 01 through 07 2. The third digit must be a dash (-) 3. The next three digits (4 th through 6 th digit) must be FIS 4. The next six digits (7 th through 12 th digit) can be any alphanumeric number from 1 to six digits The complete FIS ID should look like this: 01-FIS000000 or 02-FIS123456 Else, reject

User View Name	Pos	Type / Size	Edits and Validations
STAFFID (Continued)			<p>Descriptions and Instructions: Staff Identification Number</p> <p>Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff member completing the outcome form. The remaining characters after the dash (-) should be a permanent unique identifier for that individual. Suggestions include the agency employee ID number or professional license number.</p> <p><u>Valid Values and Definitions for the First Two Digits (Staff Education Level) are:</u></p> <p>[01] = Non-Degree Trained Technician. [02] = AA Degree Trained Technician [03] = BA/-S - Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. [04] = MA/-S - Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. [05] = Licensed Practitioner of the Healing Arts - MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. [06] = PhD/PsyD/E-D - Licensed psychologist [07] = MD/-O - Board Certified</p>
PURPEVAL (Mandatory Key)	76	CHAR(1)	<p>Valid value = 1 or 2 Else, reject (Mandatory Key)</p> <p>Purpose code 1 will only be accepted for a new client or after an existing client is discharged from your agency.</p> <p>Only ONE open episode of care allowed within the agency for the same client.</p>
			<p>Descriptions and Instructions: Purpose of Evaluation</p> <p>The code indicating purpose for completing the OUTCOME MEASURES form.</p> <p>1 - Initial - For a new client or existing client beginning a new episode of care. If an existing client, the most recent outcome must be a type 3 or 4 or 5 and dated one or more days prior to the new admission.</p> <p>2 - Immediate Discharge - For clients who are seen for an assessment only with no intention of returning to the facility. This is normally only one face-to-face contact with the client</p>
EVALDATE (Mandatory Key)	77	DATE(8)	<p>Date must be > or = to client's date of birth and < or = to system date in YYYYMMDD format, Else, reject (Mandatory Key)</p>
			<p>Descriptions and Instructions: Evaluation Date</p> <p>The date on which this performance evaluation is conducted. It should be equal to or prior to the date of the first service event record.</p> <p>This date cannot be less than the person's date of birth or greater than the computer's system date when entered. The entry must be eight digits and be entered in the following format: YYYYMMDD, where YYYY is the year, MM is the month (01-12), and DD is the day (01-31). The One Family SAMH data entry screen requires the date be entered as MMDDYYYY, but this is converted by the system and stored as required by the FTP format of YYYYMMDD.</p>
CHILDPREV	85	CHAR(1)	<p>If the client is < 18 at the time of the evaluation, valid values = 0 or 1 Else, reject (Mandatory for Children) For an adult, valid values = 0, 1 or blank</p>
			<p>Descriptions and Instructions: Child Prevention - Indicate if the child is involved in a prevention program</p> <p>[0] = No [1] = Yes</p>

User View Name	Pos	Type / Size	Edits and Validations
DRUGHARM	86	CHAR(1)	If the client is < 18 at the time of the evaluation, valid value = 0, 1 or 3 Else, reject (Mandatory for Children) For an adult, valid values = 0, 1, 3 or blank
	Descriptions and Instructions: Drug Harmful Does the client perceive drugs as being harmful to their overall health? The therapist should not answer these questions without the client being present. [0] = No [1] = Yes		
ALCOHARM	87	CHAR(1)	If the client is < 18 at the time of the evaluation, valid value = 0, 1, or 3 Else, reject (Mandatory for Children) For an adult, valid values = 0, 1, 3 or blank
	Descriptions and Instructions: Alcohol Harmful Does the client perceive alcohol as being harmful to their overall health? The therapist should not answer these questions without the client being present. [0] = No [1] = Yes [3] = Unknown		
TOBAHARM	88	CHAR(1)	If the client is < 18 at the time of the evaluation, valid value = 0, 1, or 3 Else, reject (Mandatory for Children) For an adult, valid values = 0, 1, 3 or blank
	Descriptions and Instructions: Tobacco Harmful Does the client perceive tobacco as being harmful to their overall health? The therapist should not answer these questions without the client being present. [0] = No [1] = Yes [3] = Unknown		
TOBACUSE	89	CHAR(1)	If the client is < 18 at the time of the evaluation, valid value = 0, 1, or 3 Else, reject (Mandatory for Children) For an adult, valid values = 0, 1, 3 or blank
	Descriptions and Instructions: Tobacco Use Does the client use tobacco products? The therapist should not answer these questions without the client being present. [0] = No [1] = Yes [3] = Unknown		
LEGGUARD	90	CHAR(1)	If the client is < 18 at the time of the evaluation, valid value = 1 through 6 Else, reject (Mandatory for Children) For an adult, valid values = 1 through 6 or blank
	Descriptions and Instructions: Legal Guardian Enter the child's legal guardian (Mandatory for children). [1] = Parent [4] = Emancipated minor [2] = Other relative [5] = State or public agency [3] = Non-relative [6] = Not applicable		
EMPL	91	CHAR(2)	Valid values = 10, 20, 30, 31, 40, 50, 60, 70, 81 – 86 Else, reject (Mandatory)
	Descriptions and Instructions: Employment Status at Admission indicates the client's employment status at evaluation. To qualify as being employed, the client's earnings must be subject to income taxes. Welfare payments and stipends are not taxable, therefore the client whose sole source of income is derived from these funds would not be considered employed. If not in the work force, select the code (81 – 86) from the list which explains the reason. Enter one of the following 2-digit codes associated with the appropriate employment status:		

User View Name	Pos	Type / Size	Edits and Validations
EMPL (Continued)	<p>[10] = Active military, overseas [20] = Active military, USA [30] = Full Time [31] = Unpaid Family Worker * [40] = Part Time [50] = Leave of Absence [60] = Retired [70] = Terminated / unemployed</p> <p>Not in labor force detail list: Select reason for not being in the work force [81] = Homemaker – must keep house for 1 or more others [82] = Student [83] = Disabled [84] = Criminal Inmate [85] = Inmate Other [86] = Not authorized to work</p> <p>* Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed '70'.</p>		
PINCOSRC	93	CHAR(1)	Valid values = 1 through 7 Else, reject (Mandatory)
	<p>Descriptions and Instructions: Primary Source of Income Indicates the client's primary source of income at the time of evaluation. For selection 1 (Salary), when several sources are known, use the highest dollar figure source to determine which is primary. This should only reflect the income generated by the client. Client income would not include that of a spouse, a parent, etc. Adolescents with a source of income should be coded appropriately. Code "illegal" income as "other." [1] = Salary – Compensation for services, paid to the client on a regular basis. . [2] = TANF – Income received by the client through the Temporary Assistance to Needy Families Program [3] = Retirement/Pension/SSI – Income received by the client for fulfilling certain conditions of prior employment. [4] = Disability – Income received by the client, usually from government or insurance sources, for prior handicapping conditions. This includes SSDI. [5] = Other – Non-specified income including "illegal" income. [6] = None – Client has no source of income. Do not use this for unknown income sources. [7] = Unknown – Use this code if you can't determine the source of the client's income.</p>		
INCOPERS	94	NUMBER(2)	Valid values = 0 through 99 Else, reject (Mandatory) Add leading zero if single digit.
	<p>Descriptions and Instructions: Personal Income - Annual personal income (in thousands) rounded to nearest thousand Indicate the annual personal (gross) income of this client, alone and regardless of age, which has been received in the last 12 months prior to evaluation. If the client has two or more sources of income, the income from each source would be added together to arrive at the total. No income is coded 00. Income over 98,000 is coded 98. Unknown income level is coded 99. If the client is employed and refuses to answer this question because they fear losing benefits, advise them the information is not going to be used to determine benefits. If they still refuse, indicate unknown '99'.</p>		

User View Name	Pos	Type / Size	Edits and Validations
FAMINC	96	NUMBER(2)	Valid Value = 0 through 99 Else, reject (Mandatory) Add leading zero if single digit.
	<p>Descriptions and Instructions: Family Income is used to indicate the annual family (gross) income of the client's household.</p> <p>Enter a 2-digit number to indicate (in thousands) the annual family (gross) income of the client's household in the last 12 months prior to this evaluation, rounded to the nearest thousand.</p> <p>If several members of the household have income, the income from each source should be added together to arrive at the total. Income from family living outside the client's household would not be counted.</p> <p>To determine the annual income, use the methodology as indicated in the Financial Rule, 65E-14.018(2)(i): "The contractor shall have written procedures for determining annual gross family income for the purpose of assessing, billing and collecting client fees.</p> <p>Current income, from either part-time or full-time employment, received by an adult client and all other adult family members of the household, including the spouse, is derived by multiplying:</p> <ul style="list-style-type: none"> a. An hourly wage by 2080 hours (for part-time employment use anticipated annual hours); or b. A weekly wage by 52 weeks; or c. A biweekly wage by 26 weeks; or d. A monthly wage by 12 months." <p>No income is coded 00. Income over 98,000 is coded 98. Unknown income level is coded 99.</p> <p>Family Income must be equal to or greater than Personal Income.</p>		
WAITDAYS	98	NUMBER(3)	If PURPEVAL = 1, then valid values = 0 through 999 Else, reject (Mandatory) If PURPEVAL = 2, then valid values = 0 through 999 or blank
	<p>Descriptions and Instructions: Days Waiting For Treatment</p> <p>Indicate the number of <u>days</u> the client waited to get into the agency's treatment service programs. Do not include normal time periods based on the agency's internal policy for "processing" a client prior to admission. "000" indicates no time waited and "999" indicates unknown.</p> <p>The client should also be entered into the Wait List to track the length of time until a client enters treatment. (See Chapter 12 – Wait List) If waiting more than 4 days for Residential or more than 14 days for outpatient services, enter the client into the Wait List.</p>		
POSTPART	101	CHAR(1)	If the client is a female and PURPEVAL = 1, the valid values = 0 or 1 Else, reject (Mandatory) If PURPEVAL = 2, then valid values = 0, 1, 3, or blank
	<p>Descriptions and Instructions: Postpartum - Indicate whether client has given birth within the last 12 months. If the client is male, use code 3.</p> <p>Indicate "1" (yes) if the client has given birth in the last 12 months. Postpartum is the period following childbirth. If the baby is one year old or less, the response to this question would still be "yes". If the baby is older than one year, the response is "0" (no).</p> <p>[0] = No [1] = Yes [3] = Unknown</p>		
DEPEND	102	NUMBER(1)	Valid values = 0 through 9 Else, reject (Mandatory)

User View Name	Pos	Type / Size	Edits and Validations
DEPEND (Continued)	Descriptions and Instructions: Dependents Indicate the number of dependents aged 17 and younger claimed by the client on his or her income tax or other government programs such as Medicaid. Dependents are any child(ren) age(s) 17 and under for whom the client is the custodial parent, legal guardian, or caretaker. Enter 0 if there are no dependents ages 17 and under. If more than nine, enter 9. When in doubt, the agency should error on the side of counting the dependent.		
DEVELOP	103	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Developmental Disability Identify if the client is developmentally disabled. [0] = No [1] = Yes		
PHYSICAL	104	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Physical Disability Identify if the client is physically disabled. [0] = No [1] = Yes		
AMBULAT	105	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Physical Disability Identify if the client is ambulatory or non-ambulatory. [0] = No [1] = Yes		
VISUAL	106	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Visual Disability Identify if the client is visually impaired. [0] = No [1] = Yes		
HEARING	107	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Hearing Disability Identify if the client's hearing is impaired. [0] = No [1] = Yes		
ENGLISH	108	CHAR(1)	Valid values = 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Limited English Language Identify if the client's English language is severely impaired. [0] = No [1] = Yes		
REFERRAL	109	CHAR(2)	Valid values = 01 through 14, 16 through 25, and 99 Else, reject (Mandatory) If a single digit, add a preceding 0. Refer to page 6A-35 for descriptions of the Referral Source Codes

User View Name	Pos	Type / Size	Edits and Validations
REFERRAL (Continued)	Descriptions and Instructions: Referral Source Enter one response to indicate the agency, individual or situation through which the client is committed or referred for admission. When both legal type and individual (self) referral categories are involved in an admission, the legal referral takes priority over the other types of referrals. All adolescent clients being admitted to TASC would indicate JUVENILE JUSTICE, as the referral source (unless your agency has a direct contract with the Dept. of Juvenile Justice for another arrangement or TASC is being used for case management of non-DJJ clients). <div><div>[01] Individual (Self-Referral) [02] Substance Abuse Care Provider [03] Mental Health Care Provider [04] Juvenile Justice [05] County Public Health Unit [06] School (Education) [07] Employer/EAP (Employee Assistance Program) [08] Other Social Service/Health/ Community Referral [09] TASC (Assessment Centers) [10] Probation/Parole/Controlled Release Authority [11] DUI/DWI [12] Pretrial [13] Prison/Jail</div><div>[14] Other Court Order/Recognized Legal Entity [16] CINS [17] Addiction Receiving Facilities (ARFS) [18] Outreach Program [19] DCF/SAMH [20] Community Hospital [21] State Hospital [22] Physician/Doctor [23] Law Enforcement [24] Family Safety Foster Care (CBC) [25] Family Safety Protective Svcs [99] None of the Above</div></div>		
CRIMJUST	111	CHAR (1)	Valid values = 0, 1, or 3 Else, reject (Mandatory)
	Descriptions and Instructions: Criminal Justice Involvement Indicate if the client is involved with the criminal justice system at the time of the evaluation [0] = No [1] = Yes [3] = Unknown		
ARREST	112	NUMBER(1)	If PURPEVAL = 1, then valid values = 0 through 9 Else, reject (Mandatory) If PURPEVAL = 2, then valid values = 0 through 9 or blank
	Descriptions and Instructions: Times Arrested Indicate how many times the client was arrested and booked in the 30 days prior to evaluation. The codes range from zero (0) for none to nine (9). If the client was arrested and booked more than 9 times, enter 9. Do not include arrests for traffic infractions unless they are for driving under the influence of alcohol or drugs, or if the traffic arrest led to a booking. This item does not imply conviction and relates to alleged offenses. If the client is currently incarcerated, do not count it on this item. Current incarceration is counted under Criminal Justice Status		
IVHIST	113	CHAR(1)	Valid values = 0, 1 or 3, or blank (Optional)
	Descriptions and Instructions: IV History Code for current or histories of intravenous substance use other than previously indicated. [0] = No [1] = Yes [3] = Unknown		
PRIORADM	114	NUMBER(1)	Valid values = 0 through 9 or blank
	Descriptions and Instructions: Prior Admissions Enter the number of previous treatment episodes to any substance abuse treatment agency where the client received drug or alcohol treatment services.		

User View Name	Pos	Type / Size	Edits and Validations
PROVINFO	115	CHAR(20)	Valid value = up to 20 characters (Optional)
	Descriptions and Instructions: Provider Information Local information used by Provider to identify or track the service event back to their system. For instance, the provider could code the Reporting Unit, Funding Source, Staff ID and Service Code from their system to this field. This would be an aid to troubleshooting crosswalk challenges.		
ZIP	135	NUMBER (5)	Valid values = Five numeric characters. Else, reject. (Mandatory)
	Descriptions and Instructions: Zip Code - client's home/residence US Postal Zip code. If the client is homeless and the actual zip code is not known, use the zip code of the service provider where the services are being rendered. If the client is from outside the state, use the out-of-state zip code. If the client is in prison, local jail, a detention or a residential treatment facility and the residence county cannot be obtained, enter the prison, local jail, or detention facility's zip code.		
TSTAT	140	CHAR(1)	Valid value =1 through 3 or blank
	Descriptions and Instructions: TANF Status - Indicates the client's TANF status Enter one of the following 1-digit codes to indicate the client's TANF status: [1] = Temporary Cash Assistance [3] = Not a TANF Client [2] = Diversion Family Program		
FAMSIZE	141	CHAR(1)	Valid value =1 through 9. Else, reject (Mandatory) *Do Not report 0 in this field
	Descriptions and Instructions: Family Size - Refers to the number of persons that are living in the house (1-9; 9 = 9 or more). To determine the family size, consider blood or marital relatives or any other person who may contribute to the financial support of the client. A significant other is also part of the family size determination. *There is a problem with the edit in SAMH on this field. It should not allow zeros. Please do not use zero in this field.		
SAPROB	142	CHAR(1)	Valid value =0 through 1. Else, reject (Mandatory)
	Descriptions and Instructions: Substance Abuse Problem - Identify if the client shows evidence of stress or Substance Abuse problems that may suggest they are at risk of abusing or becoming dependent on alcohol or other substances [0] = No [1] = Yes		
PROVID (Mandatory Key)	143	CHAR(10)	Valid values = 10 characters for PROVID that already exists in PROVIDER table Else, reject (Mandatory Key)
	Descriptions and Instructions: Provider ID Enter the 10-digit Federal Tax ID of subcontractor provider agency serving consumer. If your agency is the subcontractor from the Managing Entity, put your Federal Tax ID here. If you are SAMH contracted provider put your provider ID here.		
SADIAG	153	CHAR(6)	Valid values are 290 through 319.0 and 999, else the record should be rejected. If the client does not have a diagnosis, then use 799.9 (For Prevention only). (Mandatory) When four or more numbers are used, the fourth position must be a period (.). The fifth and sixth positions when used must be numeric and left justified. Else the record should be rejected.

User View Name	Pos	Type / Size	Edits and Validations
SADIAG (Continued)	Descriptions and Instructions: Substance Abuse Diagnosis Code – Primary Diagnosis Enter the code for the person's primary diagnosis using the code from the International Classification of Diseases (ICD-9-CM). The entry can be from three to six characters. Valid values range from '290.0 to '319.0. Refer to Appendix 3 for the diagnosis codes allowed for substance abuse. The codes marked with either an 'S' or 'B' under the PROGRAMCODE column are allowed. If the client does not have a diagnosis, then use '799.9'. This should only be used for Prevention clients.		
MHDIAG	159	CHAR(6)	Valid values are 290 through 319.0, 999 or blank (Optional). When four or more numbers are used, the fourth position must be a period (.). The fifth and sixth positions when used must be numeric and left justified. Else the record should be rejected.
	Descriptions and Instructions: Mental Health Diagnosis Code Enter the code for the person's Mental Health diagnosis using the code from the International Classification of Diseases (ICD-9-CM). The entry can be from three to six characters. If a fifth or sixth character is used, the fourth character must be a period (.). Valid values range from '290.0 to '319.0. Refer to Appendix 3 for the diagnosis codes allowed for mental health. The codes marked with either an 'M' or 'B' under the PROGRAMCODE column are allowed.		
MARCHMAN	165	Char (1)	Valid values are 1-4 Else, reject (Mandatory)
	Descriptions and Instructions: Marchman Act Indicate the type of Marchman Act admission: [1] = Involuntary Assessment [2] = Involuntary Treatment [3] = Involuntary Assessment and Treatment [4] = Not applicable		
COLLATERAL	166	Char (1)	Valid values are 0, 1 or 3, Else, reject (Mandatory)
	Descriptions and Instructions: Collateral Indicate if the client is receiving services due to a person close to them being involved with substance abuse but the client themselves are not directly involved in substance abuse. [0] = No [1] = Yes [3] = Unknown		
OPIOIDREPLAC	167	Char (1)	Valid values are 0, 1 or 3, Else, reject (Mandatory)
	Descriptions and Instructions: Opioid Replacement Therapy – Indicate if the client is on opioid replacement at the time of admission. [0] = No [1] = Yes [3] = Unknown		
VETSTATUS	168	Char (1)	Valid values are 0, 1 or 3, Else, reject (Mandatory)
	Descriptions and Instructions: Veteran Status – Indicate if the client is a veteran of the U.S. Armed Services. [0] = No [1] = Yes [3] = Unknown		

User View Name	Pos	Type / Size	Edits and Validations
CONTNUM1	169	Char (5)	<p>Valid value is CONTNUM or '00000'</p> <p>Where CONTNUM1 is a valid contract found in FLAIR AND ContractorID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR Else, reject. (Mandatory)</p> <p>Very Important Note!! For the purpose of data analysis and reporting related to substance abuse performance outcomes, the contract number entered will be used only if the client has at least one corresponding service event record with the same contract number during the same episode of care.</p>
	<p>Descriptions and Instructions: Contract Number 1</p> <p>Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to the Contractor designated by the Contractor ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.</p> <p>Enter 5 zeros (00000) if the client doesn't receive any service event funded by a State contract that is in FLAIR during the current episode of care. The default contract of '00000' is used by DCF to designate a non-State contract or a State contract that is not in FLAIR. For example, 00000 should be entered if a person only receives services fully funded by State using a non-FLAIR contract number. Also, 00000 should be used if a non-State contract (e.g., private insurance) is accountable for improving the performance outcomes of the person being evaluated.</p>		
CONTNUM2	174	Char (5)	<p>Valid value is CONTNUM or '00000'</p> <p>Where CONTNUM2 is found in FLAIR AND ContractorID OR ProvID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR Or Blank</p>
	<p>Descriptions and Instructions: Contract Number 2</p> <p>Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.</p> <p>Leave this field blank, if there is no second contract that is accountable for improving the substance abuse performance outcomes of the person being evaluated.</p>		
CONTNUM3	179	Char (5)	<p>Valid value is CONTNUM or '00000'</p> <p>CONTNUM2 is found in FLAIR AND ContractorID OR ProvID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR Or Blank</p>

User View Name	Pos	Type / Size	Edits and Validations
CONTNUM3 (Continued)	Descriptions and Instructions: Contract Number 3 Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date. Leave this field blank, if there is no second contract that is accountable for improving the substance abuse performance outcomes of the person being evaluated.		
MHDIAGNOSIS	184	Char(1)	Valid values are 0 or 1 Else, reject (Mandatory)
	Descriptions and Instructions: Mental Health Problem - Indicates if the client has a psychiatric problem in addition to his or her alcohol or drug use problem. This does not require a diagnosis by a licensed mental health practitioner. [0] = No [1] = Yes		
SOCIAL	185	CHAR(2)	Valid values are '01' through '06' Else, reject (Mandatory)
	Descriptions and Instructions: Social Connectedness The number of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services or the quarterly evaluation date. This includes attendance at mental illness recovery group and other self-help/mutual support groups focused on recovery from mental illness. Religious based groups are included in this question. Valid responses are: [01] No attendance in the past month [02] 1-3 times in past month [03] 4-7 times in past month [04] 8-15 times in past month [05] 16-30 times in past month [06] Some attendance in past month, but frequency unknown		
SCHOOL	187	CHAR(1)	Valid values are '0' through '4' Else, reject (Mandatory)
	Descriptions and Instructions: School Attendance If the client is a child, indicate if within the last 30 days the client was suspended from school and/or expelled from school. If the client is an adult, select response '4'. Valid responses are: [1] Suspended [2] Expelled [3] Suspended and Expelled [4] Not Applicable		
SAICD10 Diag	188	CHAR(8)	Valid ICD10 code for Substance Abuse Else Reject
	Descriptions and Instructions: Primary Substance Abuse Diagnosis Code - Enter the substance abuse primary diagnosis code for the person using the code from the International Classification of Diseases (ICD-10-CM). The entry can be from three to eight characters.		
MHICD10 Diag	196	CHAR(8)	Valid ICD10 code for Mental Health Else Reject
	Descriptions and Instructions: Mental Health Diagnosis Code - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). The entry can be from three to eight characters. Leave Blank if there is no Mental Health Diagnosis Code in addition to the SA diagnosis.		

Note: Please contact the Managing Entity that you sub-contract with to obtain the date to start reporting the ICD10 codes.

FLORIDA COUNTY CODES

[01] = Alachua	[19] = Franklin	[37] = Leon	[55] = St. Johns
[02] = Baker	[20] = Gadsden	[38] = Levy	[56] = St. Lucie
[03] = Bay	[21] = Gilchrist	[39] = Liberty	[57] = Santa Rosa
[04] = Bradford	[22] = Glades	[40] = Madison	[58] = Sarasota
[05] = Brevard	[23] = Gulf	[41] = Manatee	[59] = Seminole
[06] = Broward	[24] = Hamilton	[42] = Marion	[60] = Sumter
[07] = Calhoun	[25] = Hardee	[43] = Martin	[61] = Suwannee
[08] = Charlotte	[26] = Hendry	[44] = Monroe	[62] = Taylor
[09] = Citrus	[27] = Hernando	[45] = Nassau	[63] = Union
[10] = Clay	[28] = Highlands	[46] = Okaloosa	[64] = Volusia
[11] = Collier	[29] = Hillsborough	[47] = Okeechobee	[65] = Wakulla
[12] = Columbia	[30] = Holmes	[48] = Orange	[66] = Walton
[13] = Dade	[31] = Indian River	[49] = Osceola	[67] = Washington
[14] = DeSoto	[32] = Jackson	[50] = Palm Beach	[88] = Homeless
[15] = Dixie	[33] = Jefferson	[51] = Pasco	[99] = Out-of-State
[16] = Duval	[34] = Lafayette	[52] = Pinellas	
[17] = Escambia	[35] = Lake	[53] = Polk	
[18] = Flagler	[36] = Lee	[54] = Putnam	

LIST OF DRUG CHOICES BY CODES

- [02]** Alcohol
- [03]** Crack Cocaine (use smoking for route of administration)
- [04]** Marijuana/Hashish
- [05]** Heroin
- [06]** Non-Prescription Methadone
- [07]** Other Opiates or Opioids
- [08]** PCP-Phencyclidine
- [09]** Other Hallucinogens/Psychedelics
- [10]** Methamphetamines
- [11]** Other Amphetamines
- [12]** Other Stimulants
- [13]** Other Benzodiazepines
- [14]** Other Tranquilizers
- [15]** Other Barbiturates
- [16]** Other Sedatives/Hypnotics
- [17]** Other Inhalants
- [18]** Over-the-Counter
- [19]** Ice
- [20]** Other
- [22]** Other Cocaine
- [23]** Morphine (Avinza, Kadian, MS Contin, Oramorph)
- [24]** Methadone (Dolophine, Methadose)
- [25]** Codeine
- [26]** D-Propoxyphene
- [27]** Oxycodone
- [28]** Meperidine HCL
- [29]** Hydromorphone (Dilaudid, Exalgo, Hydrostat)
- [30]** Other Narcotic Analgesics
- [31]** Pentazocine (Talwin, Talacen)
- [32]** Hydrocodone
- [33]** Carisoprodol (Soma, Soproval, Vanadom)
- [34]** Butorphanol (Stadol)
- [35]** LSD
- [36]** Methylphenidate (Ritalin, Concerta, Metadate)
- [37]** Methylenedioxymethamphetamine (MDMA)
- [38]** Ephedrine
- [39]** Alprazolam (Xanax, Niravam)
- [40]** Chlordiazepoxide (Librium, H-Tran, Libritabs)
- [41]** Clorazepate (Tranxene, Gen-xene)
- [42]** Diazepam (Valium, Valrelease)
- [43]** Flurazepam (Dalmane)
- [44]** Lorazepam (Ativan)
- [45]** Triazolam
- [46]** Phenobarbital (Phenobarbitone, Solfoton)
- [47]** Amobarbital (Amylobarbitone, Amytal)
- [48]** Secobarbital (Seconal)

- [49]** Ethchlorvynol (Placidyl) – **No Longer Used**
- [50]** Glutethimide (Doriden)
- [51]** Methaqualone (Quaalude, Sopor)
- [52]** Other Non-Barbiturate Sedatives
- [53]** Flunitrazepam (Rohypnol)
- [54]** GHB/GBL
- [55]** Ketamine (Ketalar, Ketanest, Ketaset)
- [56]** Clonazepam (Klonopin, Ceberclon, Valpax)
- [57]** Other Aerosols
- [58]** Other Nitrites
- [59]** Other Solvents
- [60]** Diphenhydramine
- [61]** Dextromethorphan
- [62]** Diphenoxylate (Lomotil)
- [63]** Methylphenobarbital (Mephobarbital, Mebaral)
- [64]** Estazolam (ProSom, Eurodin)
- [65]** Bromazepam (Bromazanyl)
- [66]** Halazepam (Paxipam)
- [67]** Medazepam (Rudotel)
- [68]** Nitrazepam (Mogadan)
- [69]** Oxazepam (Serax)
- [70]** Prazepam (Centrax)
- [71]** Quazepam (Doral)
- [72]** Temazepam (Restoril)
- [73]** Chloral Hydrate (Somnote, Aquachloral Supporettes)
- [74]** Eszopiclone (Lunesta)
- [75]** Opium
- [76]** Barbitol
- [77]** Butabarbital
- [78]** Butalbital
- [79]** Pentobarbital (Pentobarbitone)
- [80]** Meprobamate
- [81]** Zaleplon
- [82]** Zolpidem
- [83]** Buprenorphine
- [84]** Fentanyl
- [85]** Levo-Alphacetylmethadol (LAAM)
- [86]** Oxymorphone
- [87]** Propoxyphene
- [88]** Tramadol
- [89]** Benzphetamine
- [90]** Dexmethyphenidate
- [91]** Diethylpropion
- [92]** Khat(Cathinone)
- [93]** Lisdexamfetamine
- [94]** Mazindol
- [95]** Phenmetrazine

[96] Methcathinone
[97] Pemoline
[98] Presenting At-Risk
[99] Presenting Substance Abuse Problem, Not Confirmed
[1A] Phendimetrazine
[1B] Phentermine
[1C] Propylhexedrine
[1D] Nicotine
[1E] Methamphetamine - Pharmaceutical
[1F] Caffeine
[1G] 1,4-Butanediol
[1H] 4-Methoxyamphetamine (PMA)
[1I] 4-Methyl-2,5-Dimethoxyamphetamine (DOM)
[1J] 5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)
[1K] Alpha-Ethyltryptamine
[1L] Dimethyltryptamine (DMT)
[1M] Ibogaine
[1N] Mescaline or Peyote
[1O] Methylenedioxyamphetamine (MDA)
[1P] Psilocybin or Psilocin
[1Q] Salvia Divinorum or Salvinorin A
[1R] Synthetic Cannabinoids
[1S] Synthetic Cathinones
[1T] Acetone
[1U] Computer Duster
[1V] Cyclohexanone
[1W] Diethyl Ether (Ether)
[1X] Ethyl Acetate
[1Y] EstyleneGlycol Monomethyl Ether Acetate
[1Z] Freon, Helium or Xenon
[2A] Gasoline, Lighter Fluid, butane, Kerosene, Propane
[2B] Glue or other Adhesives
[2C] Hexane
[2D] Isopropanol
[2E] Methyl Ethyl Ketone
[2F] Methyl Isobutyl Ketone
[2G] Nitrous Oxide
[2H] Toluene
[2I] Toluol
[2J] Trichloroethane or Trichloromethane
[2K] Trichloroethylene
[2L] Amphetamine and Dextroamphetamine(d-amphetamine)
[2M] Dextroamphetamine (d-amphetamine)

CATEGORIZED LIST OF DRUG CHOICES

I. ALCOHOL

[02] ALCOHOL

II. OPIATES and OPIOIDS

- [05] Heroin
- [06] Non-Prescription Methadone
- [07] Other Opiates or Opioids
- [23] Morphine (MSContin, Avinza, Kadian, Oramorph)
- [24] Methadone (Dolophine, Methadose)
- [25] Codeine
- [26] D-Propoxyphene (Darvon or Darvocet)
- [27] Oxycodone (Oxycontin)
- [28] Meperidine HCL (Demerol)
- [29] Hydromorphone (Dilaudid)
- [30] Other narcotic Analgesics
- [31] Pentazocane (Talwin)
- [32] Hydrocodone (Vicodin, Lortab, Lorcet, Zydone)
- [34] Butorphanol (Stadol)
- [62] Diphenoxylate (Lomotil)
- [75] Opium
- [83] Buprenorphine
- [84] Fentanyl
- [85] Levo-Alphacetylmethadol (LAAM)
- [86] Oxymorphone
- [87] Propoxyphene
- [88] Tramadol

III. SEDATIVE - HYPNOTICS

A. BARBITURATES

- [15] Other Barbiturates - This includes Nembutal, etc.
- [46] Phenobarbital (Phenobarbitone, Solfoton)
- [47] Amobarbital (Tuinal)
- [48] Secobarbital (Seconal)
- [63] Methylphenobarbital (Mephobarbital (Mebaral)
- [76] Barbital
- [77] Butabarbital
- [78] Butalbital
- [79] Pentobarbital (Pentobarbitone)

B. BENZODIAZEPINES

- [13] Other Benzodiazepines
- [14] Other Tranquilizers
- [39] Alprazolam (Xanax)
- [40] Chlordiazepoxide (Librium)
- [41] Clorazepate (Tranzene)
- [42] Diazepam (Valium)
- [43] Flurazepam (Dalmane)
- [44] Lorazepam (Ativan)
- [45] Triazolam (Halcion)
- [53] Flurazepam
- [56] Clonazepam (Klonopin)
- [64] Estazolam (ProSom)
- [65] Bromazepam (Bromazaniil)

- [66] Halazepam (Paxipam)
- [67] Medazepam (Rudotel)
- [68] Nitrazepam (Mogadan)
- [69] Oxazepam (Serax)
- [70] Prazepam (Centrax)
- [71] Quazepam (Doral)
- [72] Temazepam (Restoril)

C. OTHER SEDATIVES

- [16] Other Sedatives or Hypnotics
- [33] Carisoprodol (Soma)
- [50] Glutethimide (Doriden)
- [51] Methaqualone (Quaaludes, Ludes)
- [52] Other Non-Barbiturate Sedatives
- [54] GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)
- [60] Diphenhydramine (Benadryl)
- [73] Chloral Hydrate (Somnote, Aquachloral Supporettes)
- [80] Meprobamate
- [81] Zaleplon
- [82] Zolpidem

IV. STIMULANTS

- [03] Crack Cocaine (use smoking for route of administration)
- [10] Methamphetamine – Non-Pharmaceutical This includes crystal meth, or crank. (Does not include “ECSTACY”)
- [11] Other Amphetamines
- [12] Other Stimulants
- [19] ICE - Includes the crystalline form of methamphetamine (usually heated and inhaled)
- [22] Other Cocaine
- [36] Methylphenidate (Ritalin, Concerta, Metadate)
- [38] Ephedrine
- [89] Benzphetamine
- [90] Dexmethylphenidate
- [91] Diethylpropion
- [92] Khat(Cathinone)
- [93] Lisdexamfetamine
- [94] Mazindol
- [95] Phenmetrazine
- [96] Methcathinone
- [97] Pemoline
- [1A] Phendimetrazine
- [1B] Phentermine
- [1C] Propylhexedrine
- [1D] Nicotine
- [1E] Methamphetamine - Pharmaceutical
- [1F] Caffeine
- [1S] Synthetic Cathinones
- [2L] Amphetamine and Dextroamphetamine(d-amphetamine)
- [2M] Dextroamphetamine (d-amphetamine)

V. HALLUCINOGENS – PSYCHEDELICS

- [04] Marijuana/Hashish
- [08] PCP - Phencyclidine
- [09] Other Hallucinogens/Psychedelics - This includes DMT, STP, psilocybin, etc.
- [35] LSD (Lysergic Acid Diethylamide)
- [37] Methylenedioxymethamphetamine (Ecstasy, MDMA)
- [55] Ketamine (Special K, Jet, Super C)
- [61] Dextromethorphan (DXM)
- [1G] 1,4-Butanediol
- [1H] 4-Methoxyamphetamine (PMA)
- [1I] 4-Methyl-2,5-Dimethoxyamphetamine (DOM)
- [1J] 5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)
- [1K] Alpha-Ethyltryptamine
- [1L] Dimethyltryptamine (DMT)
- [1M] Ibogaine
- [1N] Mescaline or Peyote
- [1O] Methylenedioxyamphetamine (MDA)
- [1P] Psilocybin or Psilocin
- [1Q] Salvia Divinorum or Salvinorin A

VI. SOLVENTS – AEROSOLS – NITRITES – FUELS (Psychoactive Inhalants)

- [17] Other Inhalants
- [57] Aerosols
- [58] Nitrites (Amyl Nitrite, Butyl Nitrite, Poppers)
- [59] Other Solvents
- [1T] Acetone
- [1U] Computer Duster
- [1V] Cyclohexanone
- [1W] Diethyl Ether (Ether)
- [1X] Ethyl Acetate
- [1Y] Estyleneglycol Monomethyl Ether Acetate
- [1Z] Freon, Helium or Xenon
- [2A] Gasoline, Lighter Fluid, butane, Kerosene, Propane
- [2B] Glue or other Adhesives
- [2C] Hexane
- [2D] Isopropanol
- [2E] Methyl Ethyl Ketone
- [2F] Methyl Isobutyl Ketone
- [2G] Nitrous Oxide
- [2H] Toluene
- [2I] Toluol
- [2J] Trichloroethane or Trichloromethane
- [2K] Trichloroethylene

VI. NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION

- [18] Over-The-Counter
- [20] Other
- [98] Presenting At-Risk
- [99] Presenting Substance Abuse Problem, Not Confirmed

FLORIDA DRUG SCHEDULE WITH SAMHIS DRUG CODE

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FL Schedule (as of Jan. 2012)	Slang Terms
02	Alcohol	NA		
SEDATIVE - HYPNOTICS				
	<u>Benzodiazepines:</u>			
39	Alprazolam	Xanax, Niravam	4	
65	Bromazepam	Bromazaniil	4	
40	Chlordiazepoxide	Librium, H-Tran, Libritabs, Mitran, Poxi	4	
56	Clonazepam	Klonopin, Ceberclon, Valpax	4	
41	Clorazepate	Tranxene, Gen-xene	4	
42	Diazepam	Valium, Valrelease	4	
64	Estazolam	ProSom, Eurodin	4	
53	Flunitrazepam	Rohypnol	1	Roofies, Rophies
43	Flurazepam	Dalmane	4	
66	Halazepam	Paxipam	4	
44	Lorazepam	Ativan	4	
67	Medazepam	Rudotel	4	
68	Nitrazepam	Mogadan	4	
69	Oxazepam	Serax	4	
70	Prazepam	Centrax	4	
71	Quazepam	Doral	4	
72	Temazepam	Restoril	4	
45	Triazolam	Halcion	4	
13	Other Benzodiazepines			
	<u>Barbiturates:</u>			
47	Amobarbital (amylobarbitone)	Amytal	2	
76	Barbital	Veronal	4	
77	Butabarbital	Butisol, Busodium	3	
78	Butalbital	Fioricet, Fiorinal	3	
63	Methylphenobarbital (mephobarbital)	Mebaral	4	
79	Pentobarbital (pentobarbitone)	Nembutal	2	
46	Phenobarbital (phenobarbitone)	Solfoton	4	
48	Secobarbital	Seconal	2	
15	Other Barbiturates			
	<u>Other Sedatives:</u>			
33	Carisoprodol	Soma, Soprodal, Vanadom	4	
73	Chloral hydrate	Somnote, Aquachloral Suppettes	4	
74	Eszopiclone	Lunesta	Not scheduled	
54	Gamma-Hydroxybutyric Acid (GHB) (sodium oxybate)	Xyrem	1	G, Liquid G, Georgia Home Boy
50	Glutethimide	Doriden	2	
80	Meprobamate	Equanil, MB-TAB, Miltown, Trancot	4	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FL Schedule (as of Jan 2012)	Slang Terms
SEDATIVE - HYPNOTICS (Continued)				
51	Methaqualone	Quaalude, Sopor	1	
81	Zaleplon	Sonata	Not scheduled	
82	Zolpidem	Ambien	Not scheduled	
60	Diphenhydramine (Benadryl)			
16	Other Sedative-Hypnotics			
52	Other Non-Barbiturates Sedatives			
OPIATES and OPIOIDS				
83	Buprenorphine	Suboxone, Subutex, Temgesic, Buprenex	5	
34	Butorphanol	Stadol	4	
25	Codeine	Tylenol w/Codeine	2 or 3 or 4	
62	Diphenoxylate	Lomotil	2 or 5	
26	D-Propoxyphene (Darvon or Darvocet)			
84	Fentanyl	Fentora, Duragesic, Actiq, Onsolis, Sublimaze	2	
05	Heroin		1	H, Horse, Black Tar, Smack
32	Hydrocodone	Lorcet, Lortab, Norco, Vicodin	2 or 3	
29	Hydromorphone	Dilaudid, Exalgo, Hydrostat, Palladone	2	
85	Levo-Alphaacetylmethadol (levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM)	Orlaam	2	
28	Meperidine	Demerol	2	
24	Methadone	Dolophine, Methadose	2	
23	Morphine	Avinza, Kadian, MS Contin, Oramorph, Roxanol	2	
06	Non-Prescription Methadone			
75	Opium		2	
07	Other Opiates or Opioids		NA	
27	Oxycodone	Oxycontin, Roxicodone, Percocet, Percodan, Endocet, Roxicet, Tylox	2	Oxy, Roxy, OC
86	Oxymorphone	Opana	2	
31	Pentazocine	Talwin, Talacen	4	
87	Propoxyphene	Darvon, Darvocet	2 or 4	
88	Tramadol	Ultram, Ultracet, Rybix, Ryzolt	Not scheduled	
30	Other Narcotic Analgesics			
STIMULANTS				
2L	Amphetamine and Dextro – amphetamine (d-amphetamine)	Adderall	2	
89	Benzphetamine	Didrex	3	
1F	Caffeine		Not scheduled	
22 03	Other Cocaine Crack Cocaine		2	Coke, Blow, Snow, Coca, Crack Rocks, Crack
90	Dexmethylphenidate	Focalin	Not scheduled	
2M	Dextroamphetamine (d-amphetamine)	Dexedrine, DextroStat, LiquADD, Eskatrol ProCentra,	2	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FL Schedule (as of Jan. 2012)	Slang Terms
STIMULANTS (Continued)				
91	Diethylpropion	Tenuate, Durad, Tepanil	4	
38	Ephedrine		Not scheduled	
19	ICE			
92	Khat (cathinone)		1	
93	Lisdexamfetamine	Vyvanse	Not scheduled	
94	Mazindol	Mazanor, Sanorex	4	
95	Phenmetrazine	Preludin	2	
10	Methamphetamine – Non-Pharmaceutical		2	Crystal, Ice, Crank, Glass, Meth, Tweak, Tina
1E	Methamphetamine – Pharmaceutical	Desoxyn, Methedrine	2	
96	Methcathinone		1	Cat
36	Methylphenidate	Ritalin, Concerta, Metadate, Methylin, Daytrana	2	
1D	Nicotine		Not scheduled	
12	Other Stimulants		NA	
97	Pemoline	Cylert	4	
1A	Phendimetrazine	Plegine	3	
1B	Phentermine	Adipex-P, Fastin, Ionamin	4	
1C	Propylhexedrine	Benzedrex, Obesin	4	
1S	Synthetic Cathinones – sometimes sold as “bath salts” or “plant food” (methylenedioxypyrovalerone (MDPV), methylenedioxymethcathinone, methylmethcathinone, methoxymethcathinone, fluoromethcathinone, methylethcathinone)	Ivory Wave, Blue Wave, Purple Wave, Bliss, Vanilla Sky, Meow Meow	1	
11	Other Amphetamines			
HALLUCINOGENS – PSYCHEDELICS				
1G	1,4-Butanediol		1	
1H	4-Methoxyamphetamine (PMA)		1	
1I	4-Methyl-2,5-Dimethoxyamphetamine (DOM)		1	STP
1J	5-Methoxy-Diisopropyltryptamine (5-MeO-DIPT)		Not scheduled	
1K	Alpha-Ethyltryptamine		1	
61	Dextromethorphan (DXM)	Coricidin, Robitussin, and over 100 other over-the-counter cough suppressant medicines	Not scheduled	CCC, Triple C, Robo, Skittles
1L	Dimethyltryptamine (DMT)		1	
1M	Ibogaine		1	
55	Ketamine	Ketalar, Ketanest, Ketaset	3	Special K
35	Lysergic Acid Diethylamide (LSD)		1	Acid, Blotter, Dots

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FL Schedule (as of Jan. 2012)	Slang Terms
HALLUCINOGENS - PSYCHEDELICS (Continued)				
04	Marijuana or Hashish		1	
1N	Mescaline or Peyote		1	Cactus, Buttons
1O	Methylenedioxymphetamine (MDA)		1	
37	Methylenedioxymphetamine (MDMA)		1	Ecstasy, XTC, Adam, Beans
08	Phencyclidine (PCP)	Sernyl	2	Angel Dust
1P	Psilocybin or Psilocin		1	Magic Mushrooms, Mushrooms, Shrooms
1Q	Salvia Divinorum or Salvinorin A		1	Sally D
1R	Synthetic Cannabinoids (CP 47,479; HU-210; JWH-018; JWH-073; JWH-200)	Spice, K2, Genie	1	Fake Weed
09	Other Hallucinogens/Psychedelics		NA	
SOLVENTS - AEROSOLS - NITRITES - FUEL				
1T	Acetone		Not scheduled but criminalized under Florida Statute 877.111	
57	Other Aerosols		Not Scheduled	
58	Other Nitrites (Alkyl Nitrites (butyl nitrite and amyl nitrate))		Not scheduled but Criminalized under Florida Statute 877.111	Poppers
1U	Computer Duster		Not scheduled	
1V	Cyclohexanone		Not scheduled but criminalized under Florida Statute 877.111	Whippets
1W	Diethyl Ether (also known simply as "ether")		Not scheduled but criminalized under Florida Statute 877.111	
1X	Ethyl Acetate		Not scheduled but criminalized under Florida Statute 877.111	
1Y	Ethylene Glycol Monomethyl Ether Acetate		Not scheduled but criminalized under Florida Statute 877.111	
1Z	Freon, Helium, or Xenon		Not scheduled	
2A	Gasoline, Lighter Fluid, Butane, Kerosene, or Propane		Not scheduled	
2B	Glue or Other Adhesives		Not scheduled	
2C	Hexane		Not scheduled but criminalized under Florida Statute 877.111	
2D	Isopropanol		Not scheduled but criminalized under Florida Statute 877.111	
2E	Methyl Ethyl Ketone		Not scheduled but criminalized under Florida Statute 877.111	
2F	Methyl Isobutyl Ketone		Not scheduled but criminalized under Florida Statute 877.111	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FL Schedule (as of Jan. 2012)	Slang Terms
SOLVENTS – AEROSOLS – NITRITES – FUEL (Continued)				
2G	Nitrous Oxide		Not scheduled but criminalized under Florida Statute 877.111	
59	Other Solvents		Not Scheduled	
2H	Toluene		Not scheduled but criminalized under Florida Statute 877.111	
2I	Toluol		Not scheduled but criminalized under Florida Statute 877.111	
2J	Trichloroethane or Trichloromethane (Chloroform)		Not scheduled but criminalized under Florida Statute 877.111	
2K	Trichloroethylene		Not scheduled but criminalized under Florida Statute 877.111	

REFERRAL SOURCE CODES AND DESCRIPTIONS

Code	Description
[01] Individual (Self-Referral) (The definition has changed From previous years)	This includes only those persons that are requesting substance abuse services on their own behalf and have not been referred by any of the other referral sources that are listed below.
[02] Substance Abuse Care Provider	This includes any agency or other health care provider whose principal objective is the treatment of clients who have substance abuse problems, or a program whose activities are related to prevention, education and/or treatment of alcoholism or drug abuse.
[03] Mental Health Care Provider	This includes psychiatric hospitals or institutions, community mental health centers and licensed health care professionals who provide counseling, psychological, or psychiatric treatment. Include referral from your agency's Mental Health program, OR, if under a subcontractor or ASO, from the mental health subcontractor to the same contractor.
[04] Juvenile Justice	This includes clients referred by the state's juvenile justice system. This may be a direct or indirect referral. Juvenile TASC should use this to admit individuals to their caseload. All adolescent TASC juvenile assessment center clients are considered juvenile justice referrals. If the TASC case manager is referring a juvenile justice client to you for substance abuse treatment, the referral source is TASC.
[05] County Public Health Unit	This includes physicians or other licensed health care professionals associated or working with the county's public health unit.
[06] School (Educational)	This includes a school principal, counselor, teacher, student assistance program (SAP), the school system, or education agency.
[07] Employer/EAP (Employee Assistance Program)	This includes an employee, a supervisor, or an employee counselor.
[08] Other Social Service / Health/ Community Referral	This includes family and friends or a federal, state or local agency that provides aid in the areas of poverty relief, unemployment, shelter, social welfare or other types of health/community services. Community and religious organizations are included in this category.
[09] TASC/(Assessment Centers)	This includes referrals from the Treatment Alternatives for Safer Communities (TASC) program. All juvenile justice clients placed in outpatient or residential treatment from a TASC program should be coded as a TASC referral.
[10] Probation/Parole/ Controlled Release Authority	This includes referrals from a judge, prosecutor, probation or parole officer, or other personnel affiliated with the criminal justice system. This also includes work release and/or home furlough participants.
[11] DUI/DWI	This source is for those clients referred to a treatment provider as a result of either a DUI/DWI issue [e.g. driving under the influence (DUI) or driving while intoxicated (DWI)] or a condition for reinstatement of driving privileges.
[12] Pretrial	This includes clients who are referred in lieu of or deferred from prosecution; pretrial release before official adjudication. The client need not be officially designated as "on probation".

[13] Prison/Jail	This includes clients currently in a prison, a jail or a correctional facility.
[14] Other Court Order /Recognized Legal Entity	This includes clients who have been referred as a result of civil commitment (Chapter 397) or other police, law enforcement, defense attorney or other non-voluntary referral not identified above.
[15] DCF/Dependent	(No Longer Used)
[16] CINS/FINS	Child/Family-In-Need-Of-Services is a child or family for whom there is no pending DCF investigation into an allegation or suspicion of abuse, neglect or abandonment; no pending referral alleging the child is delinquent; or no current supervision by the department for an adjudication for dependency or delinquency. The child must also, pursuant to Chapter 39, F.S., be found by the court to be a persistent run away, a habitual truant, or to have persistently disobeyed the reasonable and lawful demands of parents or legal guardians.
[17] Addiction Receiving Facilities (ARFs)	A community-based, secure facility, designed for persons found to be substance abuse impaired as described in section 397.675, F.S., and who are in need of detoxification assessment, stabilization, and short-term treatment.
[18] Outreach Program	A formal or informal program designed to refer specific groups of individuals into treatment through a variety of programs. The programs can range from going out into the community to seek these individuals out or being referred by agencies to a substance abuse provider under a formal agreement.
[19] DCF/ADM (New)	This includes individuals referred by the department's ADM Office. This may be a direct or indirect referral. For example, the family may bring in a client, but at the suggestion of an ADM staff member. These clients are not being followed by Family Safety and are not in DCF custody.
[20] Community Hospital (New)	This includes individuals referred by a Community Hospital for mental health services. This may be a direct or indirect referral.
[21] State Hospital (New)	This includes persons referred by a State Hospital for services following their release.
[22] Physician/Doctor (New)	This includes persons who are referred by their doctor or another physician for services.
[23] Law Enforcement (New)	This includes persons who are either referred by law enforcement officers or who are brought in by them.
[24] Family Safety Foster Care (New)	This includes individuals referred by the department's Office of Family Safety (FS) office for Foster Care. This may be a direct or indirect referral. For example, the family may bring in a client, but at the suggestion of a Family Safety counselor. These are clients in DCF custody.
[25] Family Safety Protective Services (New)	This includes individuals referred by the department's Office of Family Safety (FS) office for protective supervision. This may be a direct or indirect referral. For example, the family may bring in a client, but at the suggestion of a Family Safety counselor. These are clients in DCF custody.
[99] None of the Above (New)	Use this selection only when none of the other referral sources are applicable.

STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH
SUBSTANCE ABUSE ADMISSION FORM

(* **Mandatory Fields**)

(Reference: Chapter 6a, DCF Pam 155-2)

Client's Name:

1. *CLIENT SSN: _ _ _ - _ _ - _ _ _ _ _ The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet	Page 6A - 5
2. *CONTRACTOR IDENTIFIER: _ _ _ - _ _ _ _ _ _ _ _ _ _ Federal Tax Identification number ex. 59-1234567.	Page 6A - 5
3. *PURPOSE OF EVALUATION: <input type="checkbox"/> 1 – Admission <input type="checkbox"/> 2 – Immediate Discharge	Page 6A - 13
4. *EVALUATION DATE: _ _ / _ _ / _ _ _ _	Page 6A - 13
5. *PROVIDER ID: _ _ _ - _ _ _ _ _ _ _ _ _ _	Page 6A - 19
6. *STAFF ID: _ _ _ - _ _ _ _ _ _ _ _ _ _	Page 6A - 12
7. *SITE IDENTIFIER: _ _ _ _	Page 6A - 5
8. *CLIENT ID: : _ _ _ _ _ _ _ _ _ _ _ _ _ _	Page 6A - 5
9. *RESIDENT COUNTY: _ _ _ _	Page 6A - 5
10. *SA PRIMARY DIAGNOSIS: _ _ _ _ . _ _ _	Page 6A - 19
11. MH DIAGNOSIS: _ _ _ _ . _ _ _	Page 6A - 20
12. *HIGHEST EDUCATION: _ _ _ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 20 - No Schooling <input type="checkbox"/> 21 - Nursery Schooling to 4th Grade <input type="checkbox"/> 22 - 5th to 6th Grade <input type="checkbox"/> 23 - 7th to 8th Grade <input type="checkbox"/> 24 - 9th Grade <input type="checkbox"/> 25 - 10th Grade <input type="checkbox"/> 26 - 11th Grade <input type="checkbox"/> 27 - 12th Grade, No Diploma <input type="checkbox"/> 28 - High School Graduate, Diploma or Degree </div> <div style="width: 45%;"> <input type="checkbox"/> 29 - 1 or more year College, No Degree <input type="checkbox"/> 30 - Associate's Degree (AA, AS, etc.) <input type="checkbox"/> 31 - Bachelor's Degree (BA, BS, AB, etc.) <input type="checkbox"/> 32 - Master's Degree (MS, MA, MSW, etc.) <input type="checkbox"/> 33 - Prof. Degree (MD, DDS, JD, etc.) <input type="checkbox"/> 34 - Doc. Degree (PhD, EDD, etc.) <input type="checkbox"/> 35 - Special School <input type="checkbox"/> 36 - Vocational School </div> </div>	Page 6A - 5
13. *DEPENDENCY/CRIMINAL STATUS: _ _ _ <div style="display: flex;"> <div style="width: 45%;"> <p>Adjudicated Children:</p> <input type="checkbox"/> 01 - Delinquent, in physical custody <input type="checkbox"/> 02 - Delinquent, not in physical custody <input type="checkbox"/> 03 - Dependent, in physical custody <input type="checkbox"/> 04 - Dependent, not in physical custody <input type="checkbox"/> 05 - Dependent & Delinquent, in physical custody <input type="checkbox"/> 06 - Dependent & Delinquent, not in physical custody <input type="checkbox"/> 07 - "Children in Need of Services" (CINS), not in physical custody <p>Not Guilty by Reason of Insanity (NGI):</p> <p>Non-Adjudicated Children:</p> <input type="checkbox"/> 08 - Other DCF program status <input type="checkbox"/> 09 - Under custody & supervision of family/guardian <p>Adults with No Court Jurisdiction:</p> <input type="checkbox"/> 10 - Competent, no charges <input type="checkbox"/> 11 - Civil incompetence of person or property <p>Adults with Court Jurisdiction: Criminal Competent <input type="checkbox"/> 12 - Incarcerated <input type="checkbox"/> 13 - Release pending hearing <input type="checkbox"/> 14 - this code is no longer used <input type="checkbox"/> 15 - this code is no longer used</p> </div> <div style="width: 45%;"> <p>Adults with Court Jurisdiction (Cont.): Criminal Incompetent: <input type="checkbox"/> 16 - Release pending hearing <input type="checkbox"/> 17 - Involuntarily hospitalized (direct commit) <input type="checkbox"/> 18 - Incarcerated <input type="checkbox"/> 19 - Involuntarily hospitalized - revocation of physical custody conditional release <input type="checkbox"/> 20 - No longer used <input type="checkbox"/> 21 - Conditionally released <input type="checkbox"/> 22 - Involuntary hospital - direct commit <input type="checkbox"/> 23 - Involuntary hospital - revocation of conditional release <input type="checkbox"/> 24 - Released pending hearing <input type="checkbox"/> 25 - Conditionally released <input type="checkbox"/> 26 - Incarcerated <input type="checkbox"/> 29 - Incompetent to Proceed - Ages 21+ <p>Juvenile Incompetent to Proceed <input type="checkbox"/> 27 - Incompetent to Proceed - Ages 0 - 17 <input type="checkbox"/> 28 - Incompetent to Proceed - Ages 18 - 20</p> </p></div> </div>	Page 6A - 8 - 9

14. *MARCHMAN ACT: ____ <input type="checkbox"/> 1 – Involuntary Assessment <input type="checkbox"/> 3 – Involuntary Assessment and Treatment <input type="checkbox"/> 2 – Involuntary Treatment <input type="checkbox"/> 4 – N/A	Page 6A - 20
15. *HEALTH STATUS (HIPAA): ____ <input type="checkbox"/> 1 - Agitated <input type="checkbox"/> 4 – Depressed <input type="checkbox"/> 7 - Other Mental Condition <input type="checkbox"/> 2 - Comatose <input type="checkbox"/> 5 – Forgetful <input type="checkbox"/> 8 – Oriented <input type="checkbox"/> 3 – Disoriented <input type="checkbox"/> 6 – Lethargic	Page 6A - 6
16. *PREGNANCY TRIMESTER: ____ <input type="checkbox"/> 1 - 1-3 Months <input type="checkbox"/> 3 - 7-9 Months <input type="checkbox"/> 2 - 4-6 Months <input type="checkbox"/> 4 - Not Pregnant or male	Page 6A - 6
17. *ADMISSION TYPE: ____ <input type="checkbox"/> 1 - Voluntary Competent <input type="checkbox"/> 3 - Involuntary Competent <input type="checkbox"/> 2 - Voluntary Incompetent <input type="checkbox"/> 4 - Involuntary Incompetent	Page 6A - 7
18. *DRUG COURT ORDERED: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1- Yes	Page 6A – 7
19. *INVOLVED IN CHILD WELFARE: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – N/A	Page 6A – 7
20. *RESIDENTIAL STATUS: ____ ____ <input type="checkbox"/> 01 - Independent Living-alone <input type="checkbox"/> 10 – Hospital <input type="checkbox"/> 02 - Independent Living-with Relatives <input type="checkbox"/> 11 - Nursing Home <input type="checkbox"/> 03 - Independent Living –with Non-Relatives <input type="checkbox"/> 12 - Supported Housing <input type="checkbox"/> 04 - Dependent Living-with Relatives <input type="checkbox"/> 13 - Correctional Facility <input type="checkbox"/> 05 - Dependent Living-with Non-Relatives <input type="checkbox"/> 14 - DJJ Facility <input type="checkbox"/> 06 - Assisted Living Facility (ALF) <input type="checkbox"/> 15 – Crisis Residence <input type="checkbox"/> 07 - Foster Care/Home <input type="checkbox"/> 16 – Children Residential Treatment Facility <input type="checkbox"/> 08 - Group Home <input type="checkbox"/> 17 – Limited Mental Health Licensed ALF <input type="checkbox"/> 09 – Homeless <input type="checkbox"/> 99 - Not Available or Unknown	Page 6A – 7
21. *MARITAL STATUS: ____ ____ <input type="checkbox"/> 1 – Single <input type="checkbox"/> 5 - Separated <input type="checkbox"/> 2 – Married <input type="checkbox"/> 6 - Unreported <input type="checkbox"/> 3 – Widowed <input type="checkbox"/> 7 - Registered Domestic Partner <input type="checkbox"/> 4 – Divorced <input type="checkbox"/> 8 - Legally Separated	Page 6A – 6
*SUBSTANCE PROBLEM *** (New drug list)*** 22. Primary: ____ ____ 23. Secondary: ____ ____ 24. Tertiary: ____ ____	Page 6A – 9-10
*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION) 25. Primary: ____ <input type="checkbox"/> 1 - No past month use <input type="checkbox"/> 4 - 3 to 6 times per week 26. Secondary: ____ <input type="checkbox"/> 2 - 1 to 3 times in past month <input type="checkbox"/> 5 - Daily 27. Tertiary: ____ <input type="checkbox"/> 3 - 1 to 2 times per week	Page 6A – 11
*USUAL ROUTE OF ADMINISTRATION 28. Primary: ____ <input type="checkbox"/> 1 – Oral <input type="checkbox"/> 4 – Injection 29. Secondary: ____ <input type="checkbox"/> 2 – Smoking <input type="checkbox"/> 5 – Other 30. Tertiary: ____ <input type="checkbox"/> 3 – Inhalation	Page 6A – 10
*AGE OF FIRST DRUG OR ALCOHOL USE 31. Primary: ____ ____ 32. Secondary: ____ ____ 33. Tertiary: ____ ____	Page 6A – 11-12

Perceives Substance as Harmful to Health: 34. Drug: _____ <input type="checkbox"/> 0 – No 35. Alcohol: _____ <input type="checkbox"/> 1 – Yes 36. Tobacco: _____ <input type="checkbox"/> 3 - Unknown 37. Using Tobacco Product: _____		Page 6A – 13-14
38. *CHILD INVOLVED IN PREVENTION: _____ <input type="checkbox"/> 0 – No, <input type="checkbox"/> 1 – Yes		Page 6A – 13
39. *REFERRAL: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - Individual (Self-Referral) <input type="checkbox"/> 2 - Substance Abuse Care Provider <input type="checkbox"/> 3 - Mental Health Care Provider <input type="checkbox"/> 4 - Juvenile Justice (JARF's) <input type="checkbox"/> 5 - County Public Health Unit <input type="checkbox"/> 6 - School (Education) <input type="checkbox"/> 7 - Employer/Employee Assistance Program <input type="checkbox"/> 8 - Other Social Service/Health/Community Ref <input type="checkbox"/> 9 - TASC (Assessment Centers) <input type="checkbox"/> 10 - Probation/Parole/Controlled Release Authority <input type="checkbox"/> 11 - DUI/DWI </div> <div style="width: 45%;"> <input type="checkbox"/> 12 – Pretrial <input type="checkbox"/> 13 - Prison/Jail <input type="checkbox"/> 14 - Other Court Order/Recognized Legal Entity <input type="checkbox"/> 16 - SINS/FINS <input type="checkbox"/> 17 - Addictions Receiving Facilities <input type="checkbox"/> 18 - Outreach Program <input type="checkbox"/> 19 - DCF/ADM (no longer used) <input type="checkbox"/> 20 - Community Hospital <input type="checkbox"/> 21 - State Hospital <input type="checkbox"/> 22 - Physician/Doctor <input type="checkbox"/> 23 - Law Enforcement <input type="checkbox"/> 24 - Family Safety Foster Care <input type="checkbox"/> 25 - Family Safety Protective Services <input type="checkbox"/> 99 - None of the Above </div> </div>		Page 6A – 17-18
40. *EMPLOYMENT STATUS: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 10 - Active military, overseas <input type="checkbox"/> 20 - Active military, USA <input type="checkbox"/> 30 - Full Time <input type="checkbox"/> 31 – Unpaid Family Worker <input type="checkbox"/> 40 - Part Time <input type="checkbox"/> 50 - Leave of Absence <input type="checkbox"/> 60 – Retired <input type="checkbox"/> 70 - Terminated (unemployed) </div> <div style="width: 45%;"> Not in Work Force: <input type="checkbox"/> 81 - Homemaker <input type="checkbox"/> 82 – Student <input type="checkbox"/> 83 – Retired <input type="checkbox"/> 84 - Disabled <input type="checkbox"/> 85 – Inmate (Jail, Prison, Psych. Institution, etc.) <input type="checkbox"/> 86 – Not Authorized to work </div> </div>		Page 6A – 14-15
41. *PRIMARY SOURCE OF INCOME: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 1 – Salary <input type="checkbox"/> 2 - Wages/TANF <input type="checkbox"/> 3 - Retirement/Pension/SSI </div> <div style="width: 30%;"> <input type="checkbox"/> 4 – Disability <input type="checkbox"/> 5 – Other </div> <div style="width: 30%;"> <input type="checkbox"/> 6 - None <input type="checkbox"/> 7 - Unknown </div> </div>		Page 6A – 15
42. *ANNUAL PERSONAL INCOME (00-99): _____		Page 6A – 15
43. *ANNUAL FAMILY INCOME (00-99): _____		Page 6A – 15
44. *DAYS WAITING TO ENTER TREATMENT/SERVICE: _____ 000 indicates no time waited and 999 indicates unknown.		Page 6A – 16
45. *GIVEN BIRTH (WITHIN LAST 12 MONTHS): _____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - N/A		Page 6A – 16
46. *DEPENDENTS UNDER 17 AND UNDER (CODE 0-9): _____ Enter 0 for none or unknown		Page 6A – 16
47. *LEGAL GUARDIAN: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - Parent <input type="checkbox"/> 2 - Other relative <input type="checkbox"/> 3 - Non-relative </div> <div style="width: 45%;"> <input type="checkbox"/> 4 - Emancipated minor <input type="checkbox"/> 5 - State or public agency <input type="checkbox"/> 6 - Not applicable </div> </div>		Page 6A – 14
48. *CRIMINAL JUSTICE INVOLVEMENT: _____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown		Page 6A – 18
49. *TIMES ARRESTED 30 DAYS PRIOR TO EVALUATION (0-9): _____		Page 6A – 18
50. CURRENT/HISTORY OF IV USE: _____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown <input type="checkbox"/> Blank-not collected		Page 6A – 18

51. NUMBER OF PRIOR TREATMENT ADMISSIONS TO ANY SUBSTANCE ABUSE TREATMENT AGENCY (0-9): ____	Page 6A - 18
52. *ZIP CODE: ____ US Postal Zip code for this client's residence	Page 6A - 19
53. TANT STATUS	Page 6A - 19
54. *FAMILY SIZE: ____	Page 6A - 19
55. *RISK SA PROBLEM: ____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes	Page 6A - 19
56. PROVIDER INFORMATION: _____	Page 6A - 19
*Identify Disability Factors: 1 - Yes 0 - No 57. *Developmental Disabilities: ____ 58. *Physically: ____ 59. *Non-Ambulatory: ____ 60. *Visually Impaired: ____ 61. *Hearing Impaired: ____ 62. *English Limited: ____	Page 6A - 17
63. *Collateral Client ____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown	Page 6A - 20
64. *Veteran status ____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown	Page 6A - 20
65. *CONTRACT NUMBER 1 - ____	Page 6A - 21
66. CONTRACT NUMBER 2 - ____	Page 6A - 21
67. CONTRACT NUMBER 3 - ____	Page 6A - 21
68. *Opioid Replacement? ____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - Unknown	Page 6A - 20
69. *MHDIAGNOSIS ____ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes	Page 6A - 21
70. *SOCIAL CONNECTEDNESS: ____ 01 - No attendance in the past month 04 - 8 - 15 times in past month 02 - 1-3 times in past month 05 - 16-30 times in past month 03 - 4-7 times in past month 06 - Some attendance in past month, frequency unknown	Page 6A - 21
71. *SCHOOL ATTENDANCE: ____ 1 - Suspended 2 - Expelled 3 - Suspended and Expelled 4 - Not Applicable	Page 6A - 21
72. SAICD10 CODE ____ VALID SA ICD10 CODE	Page 6A - 21
73. MHICD10 CODE ____ VALID MH ICD10 CODE	Page 6A - 21

Signature: _____ Date: ____/____/____

**STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH
SUBSTANCE ABUSE IMMEDIATE DISCHARGE FORM**

(* **Mandatory Fields**)

(Reference: Chapter 6a, DCF Pam 155-2)

Client's Name:

1. *CLIENT SSN: __ __ __ - __ __ - __ __ __ __ __ <small>The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet</small>	Page 6A - 5
2. *CONTRACTOR IDENTIFIER: __ __ - __ __ __ __ __ __ __ __ <small>Federal Tax Identification number ex. 59-1234567.</small>	Page 6A - 5
3. *PURPOSE OF EVALUATION: <input checked="" type="checkbox"/> 2 – Immediate Discharge	Page 6A - 13
4. *EVALUATION DATE: __ / __ / ____	Page 6A - 13
5. *Provider ID: __ __ -- __ __ __ __ __ __ __ __	Page 6A - 19
6. *STAFF ID: __ __ - __ __ __ __ __ __ __ __	Page 6A - 12
7. *SITE IDENTIFIER: __ __	Page 6A - 5
8. *CLIENT ID: : __ __ __ __ __ __ __ __ __ __	Page 6A - 56
9. *RESIDENT COUNTY: __ __	Page 6A - 56
10. *SA PRIMARY DIAGNOSIS: __ __ __ . __ __	Page 6A - 19
11. MH DIAGNOSIS: __ __ __ . __ __	Page 6A - 20
12. *HIGHEST EDUCATION: __ __ <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 20 - No Schooling <input type="checkbox"/> 21 - Nursery Schooling to 4th Grade <input type="checkbox"/> 22 - 5th to 6th Grade <input type="checkbox"/> 23 - 7th to 8th Grade <input type="checkbox"/> 24 - 9th Grade <input type="checkbox"/> 25 - 10th Grade <input type="checkbox"/> 26 - 11th Grade <input type="checkbox"/> 27 - 12th Grade, No Diploma <input type="checkbox"/> 28 - High School Graduate, Diploma or Degree </div> <div style="width: 48%;"> <input type="checkbox"/> 29 - 1 or more year College, No Degree <input type="checkbox"/> 30 - Associate's Degree (AA, AS, etc.) <input type="checkbox"/> 31 - Bachelor's Degree (BA, BS, AB, etc.) <input type="checkbox"/> 32 - Master's Degree (MS, MA, MSW, etc.) <input type="checkbox"/> 33 - Prof. Degree (MD, DDS, JD, etc.) <input type="checkbox"/> 34 - Doc. Degree (PhD, EDD, etc.) <input type="checkbox"/> 35 - Special School <input type="checkbox"/> 36 - Vocational School </div> </div>	Page 6A – 5-6

<p>13. *DEPENDENCY/CRIMINAL STATUS: __ __</p> <p>Adjudicated Children:</p> <p><input type="checkbox"/> 01 - Delinquent, in physical custody</p> <p><input type="checkbox"/> 02 - Delinquent, not in physical custody</p> <p><input type="checkbox"/> 03 - Dependent, in physical custody</p> <p><input type="checkbox"/> 04 - Dependent, not in physical custody</p> <p><input type="checkbox"/> 05 - Dependent & Delinquent, in</p> <p><input type="checkbox"/> 06 - Dependent & Delinquent, not in physical custody</p> <p><input type="checkbox"/> 07 - "Children in Need of Services" (CINS), not in physical custody</p> <p>Non-Adjudicated Children</p> <p><input type="checkbox"/> 08 - Other DCF program status</p> <p><input type="checkbox"/> 09 - Under custody & supervision of family/guardian</p> <p>Adults with No Court Jurisdiction:</p> <p><input type="checkbox"/> 10 - Competent, no charges</p> <p><input type="checkbox"/> 11 - Civil incompetence of person or property</p> <p>Adults with Court Jurisdiction:</p> <p>Criminal Competent</p> <p><input type="checkbox"/> 12 - Incarcerated</p> <p><input type="checkbox"/> 13 - Release pending hearing</p> <p><input type="checkbox"/> 14 - this code is no longer used</p> <p><input type="checkbox"/> 15 - this code is no longer used</p> <p>Adults with Court Jurisdiction (Cont.):</p> <p>Criminal Incompetent:</p> <p><input type="checkbox"/> 16 - Release pending hearing</p> <p><input type="checkbox"/> 17 - Involuntarily hospitalized (direct commit)</p> <p><input type="checkbox"/> 18 - Incarcerated</p> <p><input type="checkbox"/> 19 - Involuntarily hospitalized - revocation of physical custody conditional release.</p> <p><input type="checkbox"/> 20 - No longer used</p> <p><input type="checkbox"/> 21 - Conditionally released</p> <p>Not Guilty by Reason of Insanity (NGI):</p> <p><input type="checkbox"/> 22 - Involuntary hospital - direct commit.</p> <p><input type="checkbox"/> 23 - Involuntary hospital - revocation of conditional release.</p> <p><input type="checkbox"/> 24 - Released pending hearing.</p> <p><input type="checkbox"/> 25 - Conditionally released.</p> <p><input type="checkbox"/> 26 - Incarcerated.</p> <p><input type="checkbox"/> 29 - Incompetent to Proceed - Ages 21+</p> <p>Juvenile Incompetent to Proceed</p> <p><input type="checkbox"/> 27 - Incompetent to Proceed - Ages 0 - 17</p> <p><input type="checkbox"/> 28 - Incompetent to Proceed - Ages 18 - 20</p>	Page 6A - 8-9
<p>14. *MARCHMAN ACT: __</p> <p><input type="checkbox"/> 1 - Involuntary Assessment <input type="checkbox"/> 3 - Involuntary Assessment and Treatment</p> <p><input type="checkbox"/> 2 - Involuntary Treatment <input type="checkbox"/> 4 - N/A</p>	Page 6A -20
<p>15. *HEALTH STATUS (HIPAA): __</p> <p><input type="checkbox"/> 1 - Agitated <input type="checkbox"/> 4 - Depressed <input type="checkbox"/> 7 - Other Mental Condition</p> <p><input type="checkbox"/> 2 - Comatose <input type="checkbox"/> 5 - Forgetful <input type="checkbox"/> 8 - Oriented</p> <p><input type="checkbox"/> 3 - Disoriented <input type="checkbox"/> 6 - Lethargic</p>	Page 6A - 6
<p>16. *PREGNANCY TRIMESTER: __</p> <p><input type="checkbox"/> 1 - 1-3 Months <input type="checkbox"/> 3 - 7-9 Months</p> <p><input type="checkbox"/> 2 - 4-6 Months <input type="checkbox"/> 4 - Not Pregnant or male</p>	Page 6A - 6
<p>17. **ADMISSION TYPE: __</p> <p><input type="checkbox"/> 1 - Voluntary Competent <input type="checkbox"/> 3 - Involuntary Competent</p> <p><input type="checkbox"/> 2 - Voluntary Incompetent <input type="checkbox"/> 4 - Involuntary Incompetent</p>	Page 6A - 7
<p>18. *DRUG COURT ORDERED: __</p> <p><input type="checkbox"/> 0 - No <input type="checkbox"/> 1- Yes</p>	Page 6A - 7
<p>19. *INVOLVED IN CHILD WELFARE: __</p> <p><input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 - N/A</p>	Page 6A - 7

20. *RESIDENTIAL STATUS: __ __ <input type="checkbox"/> 01 - Independent Living-alone <input type="checkbox"/> 10 - Hospital <input type="checkbox"/> 02 - Independent Living-with Relatives <input type="checkbox"/> 11 - Nursing Home <input type="checkbox"/> 03 - Independent Living -with Non-Relatives <input type="checkbox"/> 12 - Supported Housing <input type="checkbox"/> 04 - Dependent Living-with Relatives <input type="checkbox"/> 13 - Correctional Facility <input type="checkbox"/> 05 - Dependent Living-with Non-Relatives <input type="checkbox"/> 14 - DJJ Facility <input type="checkbox"/> 06 - Assisted Living Facility (ALF) <input type="checkbox"/> 15 - Crisis Residence <input type="checkbox"/> 07 - Foster Care/Home <input type="checkbox"/> 16 - Children Residential Treatment Facility <input type="checkbox"/> 08 - Group Home <input type="checkbox"/> 17 - Limited Mental Health Licensed ALF <input type="checkbox"/> 09 - Homeless <input type="checkbox"/> 99 - Not Available or Unknown	Page 6A - 7
21. *MARITAL STATUS: __ __ <input type="checkbox"/> 1 - Single <input type="checkbox"/> 5 - Separated <input type="checkbox"/> 2 - Married <input type="checkbox"/> 6 - Unreported <input type="checkbox"/> 3 - Widowed <input type="checkbox"/> 7 - Registered Domestic Partner <input type="checkbox"/> 4 - Divorced <input type="checkbox"/> 8 - Legally Separated	Page 6A - 6
*SUBSTANCE PROBLEM *** (New drug list)*** 22. Primary: __ __ 23. Secondary: __ __ 24. Tertiary: __ __	Page 6A - 9-10
*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION) 25. Primary: __ <input type="checkbox"/> 1 - No past month use <input type="checkbox"/> 4 - 3 to 6 times per week 26. Secondary: __ <input type="checkbox"/> 2 - 1 to 3 times in past month <input type="checkbox"/> 5 - Daily 27. Tertiary: __ <input type="checkbox"/> 3 - 1 to 2 times per week	Page 6A - 11
*USUAL ROUTE OF ADMINISTRATION 28. Primary: __ <input type="checkbox"/> 1 - Oral <input type="checkbox"/> 4 - Injection 29. Secondary: __ <input type="checkbox"/> 2 - Smoking <input type="checkbox"/> 5 - Other 30. Tertiary: __ <input type="checkbox"/> 3 - Inhalation	Page 6A - 10
*AGE OF FIRST DRUG OR ALCOHOL USE 31. Primary: __ __ 32. Secondary: __ __ 33. Tertiary: __ __	Page 6A - 11-12
34. *CHILD INVOLVED IN PREVENTION: __ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes	Page 6A - 13
35. *REFERRAL: __ __ <input type="checkbox"/> 1 - Individual (Self-Referral) <input type="checkbox"/> 12 - Pretrial <input type="checkbox"/> 2 - Substance Abuse Care Provider <input type="checkbox"/> 13 - Prison/Jail <input type="checkbox"/> 3 - Mental Health Care Provider <input type="checkbox"/> 14 - Other Court Order/Recognized Legal Entity <input type="checkbox"/> 4 - Juvenile Justice (JARF's) <input type="checkbox"/> 16 - SINS/FINS <input type="checkbox"/> 5 - County Public Health Unit <input type="checkbox"/> 17 - Addictions Receiving Facilities <input type="checkbox"/> 6 - School (Education) <input type="checkbox"/> 18 - Outreach Program <input type="checkbox"/> 7 - Employer/Employee Assistance Program <input type="checkbox"/> 19 - DCF/ADM (no longer used) <input type="checkbox"/> 8 - Other Social Service/Health/Community Ref <input type="checkbox"/> 20 - Community Hospital <input type="checkbox"/> 9 - TASC (Assessment Centers) <input type="checkbox"/> 21 - State Hospital <input type="checkbox"/> 10 - Probation/Parole/Controlled Release Authority <input type="checkbox"/> 22 - Physician/Doctor <input type="checkbox"/> 11 - DUI/DWI <input type="checkbox"/> 23 - Law Enforcement <input type="checkbox"/> <input type="checkbox"/> 24 - Family Safety Foster Care <input type="checkbox"/> <input type="checkbox"/> 25 - Family Safety Protective Services <input type="checkbox"/> <input type="checkbox"/> 99 - None of the Above	

36.	
37. *ZIP CODE: _ _ _ _ _ US Postal Zip code for this client's residence	Page 6A - 19
38. *RISK SA PROBLEM: __ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A - 19
39. PROVIDER INFORMATION: _ _ _ _ _	Page 6A - 19
40. *Collateral Client __ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown	Page 6A - 20
41. *Veteran status ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown	Page 6A - 20
42. *CONTRACT NUMBER 1 - _ _ _ _ _	Page 6A - 21
43. CONTRACT NUMBER 2 - _ _ _ _ _	Page 6A - 21
44. CONTRACT NUMBER 3 - _ _ _ _ _	Page 6A - 21
45. *Opioid Replacement? __ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown	Page 6A - 20
46. *MHDIAGNOSIS ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A - 21
47. *SOCIAL CONNECTEDNESS: __ __ 01 – No attendance in the past month 04 – 8 - 15 times in past month 02 – 1-3 times in past month 05 – 16-30 times in past month 03 – 4-7 times in past month 06 – Some attendance in past month, frequency unknown	Page 6A - 21
48. *SCHOOL ATTENDANCE: ____ 1 – Suspended 2 – Expelled 3 – Suspended and Expelled 4 – Not Applicable	Page 6A - 21
49. SA ICD10 CODE: _ _ _ _ _	
50. MH ICD10 CODE: _ _ _ _ _	
Signature: _____ Date: ____/____/____	