

## Chapter 6–B Substance Abuse Discharge Outcomes Data Set

### Table of Contents

Revision History -----	6B-1
General Policies and Considerations -----	6B-2
Providers Required to Submit Substance Abuse Discharge Data -----	6B-2
Substance Abuse Discharge Outcomes Information -----	6B-2
Relationship of the Discharge Records to Other Records in the State SAMH System -----	6B-3
Replacement Records -----	6B-3
Removing Undesired Records -----	6B-3
Substance Abuse Discharge Data File Layout with Validations, Descriptions and Instructions -----	6B-4
Reason for Discharge Codes -----	6B-22
Florida County Codes -----	6B-24
List of Drug Choices by Codes -----	6B-25
Categorized List of Drug Choices -----	6B-28
Florida Drug Schedule with Drug Codes -----	6B-31
Referral Source Codes and Descriptions -----	6B-36
Substance Abuse Discharge Form -----	6B-38

### Revision History

#### Version 10.3

- ◆ Added a Table of Contents
- ◆ Moved Revision History to the beginning of the chapter
- ◆ Revised the File Layout for Discharges to contain the Descriptions and Instructions
- ◆ Reorganized the Categorized List of Drugs
- ◆ Made Wording Changes to Drugs List (07, 09, 13, 15, 17, 23, 47, 59) and updated drug list with more drugs

#### Version 10.3.1

- ◆ Corrected Valid Codes for Future Use (FUTUSE) on Page 6B-12
- ◆ Inactivated Drug Code 49
- ◆ Added ICD10 Data Element Fields to the end of the file layout (for future use)
- ◆ Removed Reference to Administrative Discharge
- ◆ Removed Data Fields pertaining the 12-Month Follow-up Survey from Discharge Form (this information is no longer collected)

## I. General Policies and Considerations

### A. Providers Required to Submit Substance Abuse Discharge Data

1. Providers with DCF SAMH contracts, who submitted admissions data for a client, are required to submit discharge data.
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. Substance Abuse Discharge Outcomes Information

1. The substance abuse discharge record shows why the client was discharged, additional benefits the client may have received in addition to service for his or her substance abuse problem, and assesses any remaining substance problems upon discharge.
2. A Substance Abuse Data discharge record is completed for every client discharged from a substance abuse program at the end of an episode of care. The episode of care is complete when the agency no longer has clinical or administrative responsibility for the client's substance abuse care. A client can remain in an agency's mental health program after discharge from the substance abuse program.
3. For every client for whom admission data has been submitted, discharge data must also be completed and submitted. The only exception is when Purpose of Evaluation (question #3) is coded '2' - Immediate Discharge. Agencies should consider discharging a client from an episode of care using the following criteria: the agency has not had contact with the client within 30 days after the last documented follow-up attempt. Contact is understood to be any form of communication in which the client acknowledges communications with the agency. The agency should review the client record to determine if the client met the criteria for discharge.
4. Successful completion of an episode of care is based on two criteria being met by the client. First, the client is substance free for at least 30 days before discharge from the agency's substance abuse program, per the client record. When the duration of care is less than 30 days, the client must maintain abstinence during services. Second, the ASAM PPC-2 discharge criteria for the final level of care are met.

This criterion is not intended to circumvent or in any way reduce the client's responsibility to fulfill the goals of the treatment plan.

5. Discharge from treatment and admission to Aftercare/Follow-up - Clients leaving treatment services to enter Aftercare/Follow-up should be properly discharged from the agency as of the final day of service to capture the SA Treatment Outcome. The client should be readmitted to the agency as of his first date of service in Aftercare/Follow-up.
6. Exception for Detox: For clients receiving detoxification services (under seven days), providers will report modified discharge data. The instructions for this data set are detailed in Chapter 6C.

## C. Relationship of Discharge Records to Other Records the State SAMH System

### 1. "Parents" of Discharge Data

Admission data are the "parent" of discharge data. This means that the ADM data warehouse will only accept a discharge record if there is an open admission record for the client on the state database.

### 2. "Children" of Discharge Data

Discharge data have no "children" data.

### 3. "Orphan" Discharge Data

The warehouse will reject a discharge record as an orphan record, if there is no admission record in the warehouse with matching Contractor ID, Provider ID, Social Security Number, Admission date, and Record Type.

**Note: The ASAM admission and discharge must be completed before discharging the client from SAMHIS to avoid rejection of the discharge record.**

## D. Replacement Records

1. The discharge record can be updated or corrected and replaced in the data warehouse. After a discharge record is submitted, if it is determined that an error was made, it is possible to correct the error. A record is considered to be a replacement record if only non-key data elements are changed.
2. If a duplicate record (matching data in key fields) is submitted during the same load, the last record processed will overwrite the previous records. If a new record is submitted in a later load, the record is considered a replacement record. The newer record is regarded as the correct record for the purposes of updating the data warehouse.

## E. Removing Undesired Records

1. A substance abuse discharge record that has already been accepted to the data warehouse can be deleted. This should only be done if at least one key data field has changed. If any other data field needs to be corrected, the current record should be updated and submitted, causing the existing record to be updated. The key data fields are listed in the table below in the file format for this deletion record.

Field	Start	Length	Type
Contractor ID	1	10	Char(10)
SSN	11	9	Char(9)
PURPEVAL	20	1	Char(1)
EVALDATE	21	8	Date
ProvID	29	10	Char(10)

## II. Substance Abuse Discharge Outcomes Data File Layout with Validations, Descriptions and Instructions

User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
<b>ContractorID</b> (Mandatory Key)	1	CHAR(10)	Valid values = 10 characters for PROVID that already exists in PROVIDER table. Else, reject (Mandatory key)
	<b>Descriptions and Instructions: Contractor Identification Number</b> - 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.  <b>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.</b>		
<b>SITEID</b>	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
	<b>Descriptions and Instructions: Site Identification Number</b> is the location where the event took place or where the provider staff, that 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)		
<b>SSN</b> (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
	<b>Descriptions and Instructions: Social Security Number</b> – 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 <b>must match</b> the number reported in the Demographic record, otherwise, the SA Outcome will be rejected as an orphan.		
<b>CLIENTID</b>	22	CHAR(10)	Valid values up to 10 characters. <b>Do not</b> use the SSN of the client as the ClientID. A pseudo-SSN can be used. (Mandatory)
	<b>Descriptions and Instructions: Client Identifier</b> - A ten-character field the provider uses to identify the client or to reference other local information. This agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system. <b>Do not</b> use the clients SSN for this field. A pseudo-SSN is acceptable for this field.		
<b>RESIDCOUN</b>	32	CHAR(2)	Valid values = 01 through 67 or 99 Else, reject (Mandatory) Add a preceding 0 if single digit.
	<b>Descriptions and Instructions: County of Residence</b> - 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. <b>Refer to page 6B-25 for a list of county codes.</b>		
<b>GRADE</b>	34	CHAR(2)	Valid values = 20 through 36 Else, reject (Mandatory)

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

User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
DRUGCRT	40	CHAR(1)	Valid values = 0 or 1      Else, reject (Mandatory)
	<b>Descriptions and Instructions: Drug Court</b> 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)
	<b>Descriptions and Instructions: Child Welfare</b> 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)
	<b>Descriptions and Instructions: Residential Status</b> indicates where the client lives at the time of this evaluation. 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. <b>[01]</b> Independent Living - Alone <b>[02]</b> Independent Living - with Relatives <b>[03]</b> 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. <b>[04]</b> Dependent Living - with Relatives <b>[05]</b> Dependent Living - with Non-Relatives <u>Other Residential</u> <b>[06]</b> Assisted Living Facility (ALF) <b>[07]</b> Foster Care/Home <b>[08]</b> Group Home <b>[09]</b> Homeless (if this code is used, Item 9, Residential County, Must be coded "88", Homeless and Zip Code must be coded '88888'. See Chapter 1 page 11 for the definition of homelessness and its applicability to data reporting.) <b>[10]</b> Hospital (State Treatment Facility) <b>[11]</b> Nursing Home <b>[12]</b> Supported Housing <b>[13]</b> Correctional Facility <b>[14]</b> DJJ Facility <b>[15]</b> Crisis Residence <b>[16]</b> Children Residential Treatment Facility <b>[17]</b> Limited Mental Health Licensed ALF <b>[99]</b> Not Available or Unknown		
DEPCRIMS	44	CHAR(2)	If AGE from DEMO less than 18, then valid values = 00 through 09, 27 or 28 If AGE from DEMO greater than or equal to 18, then valid values = 00, 10 through 13, 16 through 19, 21 through 26, 26, 28, 29 or 99 Else, reject (Mandatory)
	<b>Descriptions and Instructions: Dependency/Criminal Status</b> 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:  <u>Adjudicated Children</u>		

**DEPCRIMS**  
(Continued)**[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.

**[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).

**[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.

**[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.

**[05] Dependent & Delinquent, in physical custody**

A combination of codes 01 and 03 as defined above.

**[06] Dependent & Delinquent, not in physical custody**

A combination of codes 02 and 04 as defined above.

**[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.

**Non-Adjudicated Children****[08] Other DCF program status**

No further description.

**[09] Under custody & supervision of family relatives or guardian**

A child, who is not under protective supervision, is not delinquent or dependent, and who is living under the custody and supervision of family, relatives or a legal guardian.

**Juvenile Incompetent to Proceed Program**

**[27]** Incompetent to Proceed - Ages 0 – 17

**[28]** Incompetent to Proceed - Ages 18 – 20

**ADULTS:****Adults with No Court Jurisdiction****[10] Competent, no charges**

Use this code for all clients not involved with the criminal justice system and for clients on probation.

**[11] Civil incompetence of person or property**

Not involved with the criminal justice system/incompetence is of person or property.

**Adults with Court Jurisdiction:**

Designate any person who is under the jurisdiction of the court in one of the categories below:

**(a) Criminal Competent:** Determined by the court to be competent to proceed in criminal offenses and not adjudicated not guilty by reason of insanity.

**[12]** Incarcerated-Competent

**[13]** Release pending hearing-Competent

**[14]** this code is no longer used

**[15]** this code is no longer used

**(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

DEPCRIMS (Continued)			<p>[21] Conditionally released-ITP</p> <p><b>(c) Not Guilty by Reason of Insanity (NGI):</b> Adjudicated by the court as NGI on criminal charges.</p> <p>[22] Involuntary hospital - direct commit - NGI</p> <p>[23] Involuntary hospital – revocation of conditional release - NGI</p> <p>[24] Released pending hearing – NGI</p> <p>[25] Conditionally released – NGI</p> <p>[26] Incarcerated – NGI</p> <p>[29] <b>Incompetent to Proceed – Age 21<sup>+</sup></b></p>
PROBPRIM	46	CHAR(2)	<p>Valid values = 02 thru 20, 22 thru 98, 1A thru 2M</p> <p>Else, reject <b>(Mandatory)</b></p> <p>Add a preceding 0 if single digit.</p> <p><b>Please refer to page 6B-26 for the updated drug list.</b></p>
			<p><b>Descriptions and Instructions: Primary Substance Problem</b> - at discharge 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.</p> <p>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><b>If there is no secondary or tertiary drug use, leave this and related items blank. Do not report '98' or '99' in these fields. 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.</b></p> <p><b>Important SAMHIS Edit:</b> 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><b>Refer to page 6B-26 for a list of drug codes.</b></p>
PROBSEC	48	CHAR(2)	<p>Valid values = 02 thru 20, 22 thru 97, 1A thru 2M or blank.</p> <p>Add preceding 0 if single digit.</p>
			<p><b>Descriptions and Instructions: Secondary Substance Problem</b></p> <p>See instructions above in Primary Substance Problem</p> <p><b>Refer to page 6B-26 for a list of updated drug codes.</b></p>
PROBTER	50	CHAR(2)	<p>Valid values = 02 thru 20, 22 thru 97, 1A thru 2M or blank.</p> <p>Add a preceding 0 if single digit.</p>
			<p><b>Descriptions and Instructions: Tertiary Substance Problem</b></p> <p>See instructions above in Primary Substance Problem</p> <p><b>Refer to page 6B-26 for a list of updated drug codes.</b></p>



User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
ROUTPRIM	52	CHAR(1)	If PROBPRIM = 02 – 20, 22 - 98, 1A – 2M then valid values = 1 through 5 Else reject (Mandatory)
	<b>Descriptions and Instructions: Route of Administration for Primary Substance</b> 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 <i>most frequent</i> route for the primary drug. <b>[1]</b> Oral <b>[4]</b> Injection (IV or Intra-muscular) <b>[2]</b> Smoking <b>[5]</b> Other <b>[3]</b> Inhalation <b>If PROBPRIM = 98 then leave blank</b>		
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)
	<b>Descriptions and Instructions: Route of Administration for Secondary Substance</b> 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 <i>most frequent</i> route for the secondary drug. <b>[1]</b> Oral <b>[4]</b> Injection (IV or Intra-muscular) <b>[2]</b> Smoking <b>[5]</b> Other <b>[3]</b> Inhalation		
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)
	<b>Descriptions and Instructions: Route of Administration for Tertiary Substance</b> 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 <i>most frequent</i> route for the tertiary drug. <b>[1]</b> Oral <b>[4]</b> Injection (IV or Intra-muscular) <b>[2]</b> Smoking <b>[5]</b> Other <b>[3]</b> Inhalation		
FREQPRIM	55	CHAR(1)	If PROBPRIM = 02 – 20, 22 - 99, 1A – 2M then valid values = 1 through 5 Else reject (Mandatory)
	<b>Descriptions and Instructions: Frequency of Use for Primary Substance Problem</b> - Indicate the client's frequency of use of the primary, substance of abuse during the month prior to admission. <b>[1]</b> No Past Month Use (no use past 30 days) <b>[4]</b> 3-6 Times per Week <b>[2]</b> 1-3 Times in Past Month (30 days) <b>[5]</b> Daily <b>[3]</b> 1-2 Times per Week		
FREQSEC	56	CHAR(1)	If PROBSEC = 02 - 20 or 22 - 97, 1A – 2M then valid values = 1 through 5 Else blank (Mandatory if there is a valid secondary drug listed)
	<b>Descriptions and Instructions: Frequency of Use for Secondary Substance Problem</b> Indicate the client's frequency of use of the secondary, substance of abuse during the month prior to admission. <b>[1]</b> No Past Month Use (no use past 30 days) <b>[4]</b> 3-6 Times per Week <b>[2]</b> 1-3 Times in Past Month (30 days) <b>[5]</b> Daily <b>[3]</b> 1-2 Times per Week		

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<b>FREQTER</b>	57	CHAR(1)	If PROBTER = 02 - 20 or 22 - 97, 1A – 2M then valid values = 1 through 5 Else blank <b>(Mandatory if there is a valid tertiary drug listed)</b>
	<b>Descriptions and Instructions: Frequency of Use for Tertiary Substance Problem</b> Indicate the client's frequency of use of the tertiary, substance of abuse during the month prior to admission. <b>[1]</b> No Past Month Use (no use past 30 days) <b>[4]</b> 3-6 Times per Week <b>[2]</b> 1-3 Times in Past Month (30 days) <b>[5]</b> Daily <b>[3]</b> 1-2 Times per Week		
<b>AGEPRIM</b>	58	CHAR(2)	If PROBPRIM = 02 – 20, 22 - 99, 1A – 2M then valid value = number between 0 and 99, inclusively Else reject <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Age of First Use of Primary Drug Problem</b> 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 <u>use</u> . 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.		
<b>AGESEC</b>	60	CHAR(2)	If PROBSEC = 02 - 20, 22 - 97, 1A – 2M then valid value = number between 0 and 99, inclusively Else, blank <b>(Mandatory only if there is a secondary drug is listed)</b>
	<b>Descriptions and Instructions: Age of First Use of Secondary Drug Problem</b> Refer to instructions above in "Age of First Use of Primary Substance Problem"		
<b>AGETER</b>	62	CHAR(2)	If PROBTER = 02 - 20, 22 - 97, 1A – 2M then valid value = number between 0 and 99, inclusively Else blank <b>(Mandatory only if there is a tertiary drug listed)</b>
	<b>Descriptions and Instructions: Age of First Use of Tertiary Drug Problem</b> Refer to instructions above in "Age of First Use of Primary Substance Problem"		
<b>StaffID</b>	64	CHAR(12)	Left justified = up to 12 characters as follows. <b>(Mandatory)</b> 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 <sup>th</sup> through 12 <sup>th</sup> ) 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 <sup>th</sup> through 6 <sup>th</sup> digit) must be <b>FIS</b> 4. The next six digits (7 <sup>th</sup> through 12 <sup>th</sup> digit) can be any alphanumeric number from 1 to six digits The complete FIS ID should look like this: <b>01-FIS000000</b> or <b>02-FIS123456</b> Else, reject

User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
<b>StaffID</b> (Continued)	<b>Descriptions and Instructions: Staff Identification Number</b> 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. <u>Valid Values and Definitions for the First Two Digits (Staff Education Level) are:</u> <b>[01]</b> = Non-Degree Trained Technician. <b>[02]</b> = AA Degree Trained Technician <b>[03]</b> = 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. <b>[04]</b> = 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. <b>[05]</b> = Licensed Practitioner of the Healing Arts - MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. <b>[06]</b> = PhD/PsyD/E-D - Licensed psychologist <b>[07]</b> = MD/-O - Board Certified		
<b>PURPEVAL</b> (Mandatory Key)	76	CHAR(1)	Valid value = 3 Else, reject <b>(Mandatory Key)</b> Purpose Code 3 is accepted only if there is a Code 1 for the same client (must match Contractor ID, Provider ID and client SSN).
	<b>Descriptions and Instructions: Purpose of Evaluation</b> The code indicating purpose for completing the OUTCOME MEASURES form <b>[3]</b> Discharge - To discharge a client from an episode of care. The client must have an admission (Purpose 1) outcome that is still open. (Cannot discharge the client if they are not in the system.) NOTE: Code 4, Administrative discharge is no longer used.		
<b>DISCDATE</b> (Mandatory Key)	77	DATE(8)	The date must be > or = to client's date of birth, and < or = to system date in YYYYMMDD format. Else, reject <b>(Mandatory Key)</b>
	<b>Descriptions and Instructions: Evaluation Date</b> Eight digit date indicating when the discharge evaluation was completed		
<b>CHILDPREV</b>	85	CHAR(1)	If the client's age < 18 at the time of service, then valid values = 0 or 1 Else, reject <b>(Mandatory for Children)</b> For adult, valid values = 0, 1 or blank
	<b>Descriptions and Instructions: Child Prevention</b> Indicate whether or not the child is involved in a prevention program <b>[0]</b> No <b>[1]</b> Yes		
<b>DRUGHARM</b>	86	CHAR(1)	If and the client's age < 18 at the time of service, then valid values = 0, 1 or 3 Else, reject <b>(Mandatory for Children)</b> For adult, valid values = 0, 1, 3 or blank
	<b>Descriptions and Instructions: Drug Harmful</b> - Does the client perceive drugs as being harmful to their overall health? The therapist should not answer these questions without the client being present. <b>[0]</b> No <b>[1]</b> Yes <b>[3]</b> Unknown		

User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
ALCOHARM	87	CHAR(1)	If and the client's age < 18 at the time of service, then valid values = 0, 1 or 3 Else, reject <b>(Mandatory for Children)</b> For adult, valid values = 0, 1, 3 or blank
	<b>Descriptions and Instructions: Alcohol Harmful</b> - Does the client perceive alcohol as being harmful to their overall health? The therapist should not answer these questions without the client being present. <b>[0]</b> No <b>[1]</b> Yes <b>[3]</b> Unknown		
TOBAHARM	88	CHAR(1)	If the client's age < 18 at the time of service, then valid values = 0, 1 or 3 Else, reject <b>(Mandatory for Children)</b> For adult, valid values = 0, 1, 3 or blank
	<b>Descriptions and Instructions: Tobacco Harmful</b> - Does the client perceive tobacco as being harmful to their overall health? The therapist should not answer these questions without the client being present. <b>[0]</b> No <b>[1]</b> Yes <b>[3]</b> Unknown		
TOBACUSE	89	CHAR(1)	If the client's age < 18 at the time of service, then valid values = 0, 1 or 3 Else, reject <b>(Mandatory for Children)</b> For adult, valid values = 0, 1, 3 or blank
	<b>Descriptions and Instructions: Tobacco Use</b> - Does the client use tobacco products? The therapist should not answer these questions without the client being present. <b>[0]</b> No <b>[1]</b> Yes <b>[3]</b> Unknown		
FUTUSE	90	CHAR(1)	If the client's age < 18 at the time of service, then valid values = 1-5 Else, reject <b>(Mandatory for Children)</b> For adult, the valid values = 1-5 or blank
	<b>Descriptions and Instructions: Future Use</b> – Intentions to use Drugs or Alcohol? <b>[1]</b> No past experimentation or use and no future intent <b>[2]</b> No past experimentation or use but expresses future use <b>[3]</b> Past experimentation or use but no further intent <b>[4]</b> Past experimentation or use and expresses future intent <b>[5]</b> Currently experiments or uses substance		
FRIENDUSE	91	CHAR(1)	If the client's age <18 at the time of service, then valid value = 0, 1 or 3 Else, reject <b>(Mandatory for Children)</b> Adults - 0, 1, 3 or Blank
	<b>Descriptions and Instructions: Friend Use</b> – Do friends engage in underage drinking or use of drugs or tobacco? <b>[0]</b> = No <b>[1]</b> = Yes <b>[3]</b> = Unknown		
INITEVADA	92	DATE(8)	This date must match with the same initial evaluation date for the same client for the current open episode of care in YYYYMMDD format. Else, reject <b>(Mandatory)</b>
EMPL	100	CHAR(2)	Valid values = 10, 20, 30, 31, 40, 50, 60, 70, or 81 through 86 Else, reject <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Employment Status at Discharge</b> This item indicates the client's employment status at time of discharge. 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 the client qualifies as Retired or one of the Out of the Labor Force categories, but is actively working for pay, indicate the work code. Enter one of the following 2-digit codes associated with the appropriate employment		

<b>EMPL</b> (Continued)	status: <b>[10]</b> = Active military, overseas <b>[20]</b> = Active military, USA <b>[30]</b> = Full Time <b>[31]</b> = Unpaid Family Worker * <b>[40]</b> = Part Time <b>[50]</b> = Leave of Absence <b>[60]</b> = Retired <b>[70]</b> = Terminated / unemployed Not in labor force detail list: Select reason for <b>not being</b> in the work force <b>[81]</b> = Homemaker – must keep house for 1 or more others <b>[82]</b> = Student <b>[83]</b> = Disabled <b>[84]</b> = Criminal Inmate <b>[85]</b> = Inmate Other <b>[86]</b> = Not authorized to work  * 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'.		
<b>DREASON</b>	102	CHAR(2)	Valid values = 1, 2, 6-9, 13-15. If CHILDPREV = 1 then valid value = 10 or 11 Else, reject Add preceding zero if single digit. <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Reason for Discharge</b> Indicate the reason for discharge from this episode of service. The discharge reason is an indication of the type of services the client received during the episode of care. If a client received treatment services as defined in Chapter 1, Definition of Terms, during any portion of the episode of care, reasons '01', '02', '06', '07', '13', '14 or '15' are the appropriate codes to select from. If the episode of care included only non-treatment services, as defined in Chapter 1, the appropriate codes are '10' or '11'. <b>See page 6B-23 to see a table of Discharge Reasons and Explanations</b>		
<b>DOUTCOME</b>	104	CHAR(1)	Valid values = 1 through 8 Else, reject <b>(Mandatory)</b> Code 7 can only be used if DREASON = 7, 8, 13, 14, 15 Code 8 can only be used if PREGTRIM = 4
	<b>Descriptions and Instructions: Birth Outcome</b> <b>If a woman is pregnant at any point during a substance abuse episode, she should Continue to receive services and remain a client until the birth outcome is verified and reported.</b> For a client that was pregnant at any time during this episode of care, indicate the birth outcome. Otherwise, leave the question blank or code as "8" (N/A).  <b>[1]</b> Live birth (drug presence in newborn) <b>[2]</b> Live birth (no drug presence in newborn) *** <b>[3]</b> Still birth <b>[4]</b> Miscarriage <b>[5]</b> Pregnancy terminated <b>[6]</b> Not yet delivered, (transfers only) <b>[7]</b> Unknown Birth Outcome (an option only if whereabouts of client is unknown) <b>[8]</b> N/A (non-pregnant only) A pregnant woman should remain a client of the agency until the birth outcome is verified. If the woman completes treatment and is simply being held until the birth outcome is known, the client should be transferred to an appropriate placement (e.g., aftercare). The episode of care closes with a discharge record only when this birth outcome question can be answered 1-5. *** It is expected that providers will make every effort to ensure that newborns are screened for exposure to drugs or alcohol.		

User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
<b><u>Services: (Service provided/Referred) BG requirement (Mandatory)</u></b> The following 23 items indicate the services provided or referrals given during the episode of service. This is not intended to be all-inclusive listing of services. The items listed are federal or state reporting mandates and the Substance Abuse Program Office is required to report to the federal government the extent of the use of other services or referrals. <b>Instructions: Indicate all that apply. The correct codes are:</b> [1] Agency provided    [2] Referral made    [3] Both provided & referred [4] Unknown            [5] N/A			
<b>SRVCHILD</b>	105	CHAR(1)	<b>Valid values = 1 through 5    Else reject</b>
	<b>Descriptions and Instructions: Child Care</b> Indicate whether child care services were provided to any child of a client receiving substance abuse services, or a referral made outside of the agency for such services. Count only that child care service which allowed the client time to attend or take part in substance abuse services.		
<b>SRVCRIME</b>	106	CHAR(1)	<b>Valid values = 1 through 5    Else reject</b>
	<b>Descriptions and Instructions: Criminal/Juvenile Justice Coordination</b> Indicate whether the client's substance abuse service(s) were coordinated in any manner with any criminal justice or juvenile justice activity or program. This would include discussions with parole officer or attorneys or referrals made to local crime prevention programs, etc.		
<b>SRVEDUC</b>	107	CHAR(1)	<b>Valid values = 1 through 5    Else reject</b>
	<b>Descriptions and Instructions: Educational Services or GED</b> This may include formal schooling or other types of educational services, such as GED study and testing.		
<b>SRVFAMI</b>	108	CHAR(1)	<b>Valid values = 1 through 5    Else reject</b>
	<b>Descriptions and Instructions: Family Counseling</b> Indicate whether the client's services included any counseling with one or more members of the client's family. The term family should be interpreted broadly.		
<b>SRVHIVAI</b>	109	CHAR(1)	<b>Valid values = 1 through 5    Else reject</b>
	<b>Descriptions and Instructions: HIV/AIDS Services</b> Purpose: To document that HIV services were provided, either by the program and/or by referral. HIV services mean that the agency determined which services were needed for the client, and the agency provided directly or through referral the services appropriate for the client's needs. This item also documents provision of HIV services to clients admitted to <b>interim services</b> . When HIV services were provided as a part of interim services, check both interim services and HIV services. Check in the appropriate column if your agency provided some, or all, of the HIV services described below and if your agency also referred the client for some, or all, of these services. HIV services include: * HIV risk assessment; * Appropriate pretest counseling; * HIV testing - for clients identified with high HIV risks - to determine if the individual is HIV positive; * Appropriate post-test counseling; * Testing for HIV positive clients to diagnose the extent of the deficiency in the immune system and to provide information on appropriate therapeutic measures for preventing and treating conditions arising from the disease; * Providing for, or referring, the individuals infected by HIV for the therapeutic measures identified as needed. For the purpose of this data element, it is expected that the client received HIV counseling and screening for "at risk" behavior. For those clients identified at risk, testing was provided either by the agency or through referral. In the case of HIV positive clients, referral for appropriate medical diagnosis and treatment intervention occurred.		



User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
SRVHIVED	110	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions:</b> HIV/AIDS Education/Training Indicate if the client received counseling on preventing the exposure to, and the transmission of, HIV disease.		
SRVHIVEI	111	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions:</b> HIV Early Intervention Project Indicate whether the client received an HIV Early Intervention Project service funded through the Substance Abuse Prevention and Treatment Block Grant. Services provided through Early Intervention Projects are part of a federal block grant set-aside. Only mark this item if your program has specifically contracted funds for this service.		
SRVHIVTE	112	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: HIV Test</b> The purpose of this question is to determine: (1) the number of clients being tested for HIV, and (2) how many tests are being performed by state funded substance abuse providers. Check in the appropriate column if your agency provided the test or if you referred the client for a HIV test. This item is a subset of the broader HIV services and, if applicable, should be reported in addition to reporting the provision of HIV services. <b>ATTENTION: A SPECIFIC CLIENT RELEASE OF CONFIDENTIAL INFORMATION WILL BE REQUIRED FOR THIS ITEM IF YOU REPORT THAT YOUR AGENCY PERFORMED THE HIV TEST.</b> If you referred the client elsewhere for testing, no release is required because you aren't reporting that this client was actually tested. However, if the client was tested by the substance abuse provider agency that is reporting, a specific client release of information is required to report on the Substance Abuse discharge form that you provided the test to the client, even though no test results are reported here. Florida law currently stipulates that it is confidential information that you tested a specific person. Also, if the client is unwilling to authorize the release of information that she/he was tested, you cannot report this because that fact will reveal that the client was tested. Please make an effort to obtain the client release of information by informing the client that the state has no interest in determining from the Substance Abuse data system the clients that have been tested. Further, if the client authorizes release for Substance Abuse reporting, the state is bound by confidentiality that it cannot make anyone aware that the client was tested without the client's specific consent. This item will be used collectively statewide to generate data runs about the demographic profiles of clients tested, substance abuse services these clients received, document the efforts of the state substance abuse treatment system to ensure testing for high risk clients, and as a data base for securing future funding support for this service. When evaluating this data element, analysis will assume some missing data due to the possibility that no client release of information was obtained.		
SRVHOUSE	113	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: Housing</b> Indicate whether the client was provided special housing services or was referred to places or programs that provide housing. Do not indicate housing services provided when a client is placed in a typical residential or halfway house program. However, special residential programs that allow the client's children to reside with the client would be counted.		
SRVIMMUN	114	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: Immunization</b> This includes preventive shots that protect individuals from preventable diseases. This will primarily be for children of clients in treatment.		

User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
SRVINTER	115	CHAR(1)	Valid values = 1 through 5 Else reject
	<p><b>Descriptions: Interim Services</b>  The purpose of this item is to document compliance with requirements of the block grant for the provision of interim services [within 48 hours for Injection Drug Users (IDUs) and pregnant women] after a drug or alcohol abuser requested treatment admission, but due to lack of program capacity will be on the waiting list for treatment services longer than 14 days. <u>This item only applies to clients whose type of placement is for interim services that are provided while the client is on the waiting list for a specific treatment service placement and not receiving any other type of treatment service.</u> If coded 1-3, enter the client on the Wait List (See Chapter 12 – Wait List).</p> <p>Indicate if your agency provided, or referred, the client for the required interim services not later than 48 hours after the injection drug abuser or pregnant woman has made a request for services. Also check the other discharge items which will document the specific services provided, such as HIV Services, HIV testing, HIV Education and Training, Medical Care, Pre-Natal Care/Post Natal Care, TB Services, TB Test, as well as any other services provided directly or through referral to the client while in an interim services status. These ancillary services are required under the block grant.</p> <p>When interim services are provided, it is expected that an admission to a treatment modality will occur within 120 days after the client was admitted to interim services. The federal statute requires that injection drug users who request and are in need of treatment shall be admitted to a program of such treatment not later than:  A. 14 days after making the request for admission to such a program; or  B. 120 days after the date of such request if no such program has the capacity to admit the individual on the date of such request, and interim services are made available to the individual not later than 48 hours after such request.</p> <p>Minimum interim services must include:  (1) counseling and education about HIV and TB, about the risk of needle sharing, about the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV transmission does not occur;  (2) referral for HIV and TB treatment services, if necessary;  (3) for pregnant women, counseling on the effects of alcohol and drug use on the fetus, as well as prenatal care.</p>		
SRVMEDIC	116	CHAR(1)	Valid values = 1 through 5 Else reject
	<p><b>Descriptions: Medical Care</b> - This includes services rendered by a MD or professional member of a medical service, such as nurses who gives inoculations to children, phlebotomists who draw blood, etc.</p>		
SRVMENTA	117	CHAR(1)	Valid values = 1 through 5 Else reject
	<p><b>Descriptions and Instructions: Mental Health Counseling</b>  Indicate if mental health counseling was provided or whether a referral was made.</p>		
SRVPEDIA	118	CHAR(1)	Valid values = 1 through 5 Else reject
	<p><b>Descriptions: Pediatric Health Care</b>  Health care provided to minor children of an adult receiving substance abuse services.</p>		
SRVPRENA	119	CHAR(1)	Valid values = 1 through 5 Else reject
	<p><b>Descriptions and Instructions: Pre-Natal Care/Post-Partum</b>  Health care and/or medical services directed at women during their pregnancy (pre-natal) or immediately following completion of pregnancy, up to one year (postpartum).</p>		
SRVPUBLI	120	CHAR(1)	Valid values = 1 through 5 Else reject
	<p><b>Descriptions and Instructions: Public Assistance Eligibility Determination</b>  This includes eligibility determination for services such as TANF (WAGES), Social Security, food stamps, subsidized housing, etc. Eligibility determination is typically provided by the funding source.</p>		



User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
SRVPUBRE	121	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: Receiving/Eligible for Public Assistance Svcs</b> Clients receiving any of the government funded services listed above in public assistance eligibility.		
SRVTB	122	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: TB Services</b> (1) counseling the individual with respect to tuberculosis; (2) testing to determine if the individual has contracted such disease and testing to determine the form of treatment for the disease that is appropriate for the individual; (3) providing for, or referring the individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment. For the purpose of this data element, it is expected that the client will have received TB counseling and screening to identify if the client is considered at risk for TB; for those clients identified at risk, that testing was provided either by the substance abuse provider or through referral; and that referral for appropriate medical intervention would have occurred in the case of TB positive clients. The majority of clients will receive TB services involving risk screening. Indicate if TB services were provided, either directly by the agency or by referral. This item will also document that interim services are provided and that TB services were included in the interim services. When TB services are provided as a part of interim services, check both interim services and TB services. The federal Substance Abuse Prevention and Treatment Block Grant requires this service to be arranged by all substance abuse providers which receive funding for treatment services through the grant. Check in the appropriate column if your agency provided some, or all, of the TB services described below and if your agency also referred the client for some, or all, of these TB services.		
SRVTBTES	123	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: TB Tests</b> The purpose of this question is to determine (1) the number of clients being tested for TB; and (2) how many tests are being performed by state funded substance abuse providers. Check in the appropriate column if you provided the test or if you referred the client for a TB test. This item is a subset of TB services and, if applicable, should be reported in addition to reporting the provision of TB services.		
SRVTRANS	124	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: Transportation</b> The activity when a client's dependent children move from one location to another, such as from treatment to a medical facility. Provision of this service may include bus fare, taxi fare, clinic transport, etc.		
SRVTXPLA	125	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: Treatment Plan Coordination/Case Management - The activity when the client's treatment plan is monitored by a staff person. The staff member makes certain all treatment and outside agency resources are coordinated in such a manner as to best meet the needs of the client or the client's dependent children.</b>		
SRVTRAIN	126	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: Training in Parenting, Domestic Violence and Sexual Abuse - Counseling services which do any or all of the following: teach parenting skills to clients with children; counseling to deal with domestic violence issues; counseling to address issues involving a client's sexual abuse</b>		
SRVVOCAT	127	CHAR(1)	Valid values = 1 through 5 Else reject
	<b>Descriptions and Instructions: Vocational Job Training</b> Vocational training is typically some type of formalized training by which a person is taught basic literacy or job skills. Job training may be formalized, as in workshops or the use of training curriculum, or it may be less formal, as is found in on-the-job training and in mentorship programs.		

User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
<b>SURVEY</b>	128	CHAR(1)	Report zero ('0') in this field. This is a mandatory field and a valid code must be entered. <b>Please use zero for this field until further notice.</b>
<b>SURVCONT</b>	129	CHAR(1)	No Longer Used Leave Blank
<b>CLIENTAD1</b>	130	CHAR(55)	No Longer Used Leave Blank
<b>CLIENTAD2</b>	185	CHAR(55)	No Longer Used Leave Blank
<b>CLIENTCTY</b>	240	CHAR(30)	No Longer Used Leave Blank
<b>CLIENTST</b>	270	CHAR(2)	No Longer Used Leave Blank
<b>CLIENTZIP</b>	272	CHAR(5)	No Longer Used Leave Blank
<b>CLIENTPH</b>	277	CHAR(10)	No Longer Used Leave Blank
<b>CONTFIRST</b>	287	CHAR(35)	No Longer Used Leave Blank
<b>CONTLAST</b>	322	CHAR(35)	No Longer Used Leave Blank
<b>CONTAD1</b>	357	CHAR(55)	No Longer Used Leave Blank
<b>CONTAD2</b>	412	CHAR(55)	No Longer Used Leave Blank
<b>CONTCITY</b>	467	CHAR(30)	No Longer Used Leave Blank
<b>CONTST</b>	497	CHAR(2)	No Longer Used Leave Blank
<b>CONTZIP</b>	499	CHAR(5)	No Longer Used Leave Blank
<b>CONTPH</b>	504	CHAR(10)	No Longer Used Leave Blank
<b>OTHERFRST</b>	514	CHAR(35)	No Longer Used Leave Blank
<b>OTHERLAST</b>	549	CHAR(35)	No Longer Used Leave Blank
<b>OTHERAD1</b>	584	CHAR(55)	No Longer Used Leave Blank
<b>OTHERAD2</b>	639	CHAR(55)	No Longer Used Leave Blank
<b>OTHERCTY</b>	694	CHAR(30)	No Longer Used Leave Blank
<b>OTHERST</b>	724	CHAR(2)	No Longer Used Leave Blank
<b>OTHERZIP</b>	726	CHAR(5)	No Longer Used Leave Blank
<b>OTHERPH</b>	731	CHAR(10)	No Longer Used Leave Blank
<b>PROVINFO</b>	741	CHAR(20)	Valid value = up to 20 characters (optional).
	<b>Descriptions and Instructions: Provider Information</b> 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.		
<b>DRUGFREE</b>	761	CHAR(1)	If client is a female, then valid values = 0, 1, 3 or 4 Else reject <b>(Mandatory)</b> Code 3 can only be used if DREASON=7, 8, 9, 13 - 15 Code 4 can be used if PREGTRIM (initial) = 4 Not pregnant or male.
	<b>Descriptions and Instructions: Mother Drug Free at Delivery</b> For a client who was pregnant at any time during this episode of care, indicate whether the mother (client) was drug-free at the time of the delivery. Otherwise, leave this question blank or code as "4" (NA). <b>[1]</b> Yes <b>[0]</b> No <b>[3]</b> Unknown if Mother was drug free (use <b>only</b> if whereabouts of client is unknown) <b>[4]</b> NA (non-pregnant only)		
<b>Provid (Mandatory Key)</b>	762	CHAR(10)	Valid values = 10 characters for PROVID that already exists in PROVIDER table. Else, reject.

			(Mandatory key)
User View Name	Pos	Type / Size	Edits and Validations for SA Outcomes OUTC
<b>ProvID (Continued)</b>	<b>Descriptions and Instructions: ProviderID</b> 10-digit Federal Employer ID of subcontractor provider agency serving consumer If your agency is the subcontractor from the Managing Entity, put your Federal Employer ID here. If you are the SAMH contracted provider, put your Provider ID here.		
<b>SADIAG</b>	772	CHAR(6)	Valid values are 290 through 319.0 and 799.9; else the record should be rejected. Look in appendix 3 for the list of codes and which program they are used with. <b>If the client does not have a diagnosis, then use 799.9. (Mandatory)</b>  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.
	<b>Descriptions and Instructions: Substance Abuse Diagnosis Code</b> Enter the client's substance abuse diagnosis using the International Classification of Diseases (ICD-9-CM) code. 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 or appropriate V codes. 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. <b>If the client does not have a diagnosis, then use '799.9'</b> If the client is in a Prevention program, use '799.9'.		
<b>MHDIAG</b>	778	CHAR(6)	Valid values are 290 through 319.0, 799.9 or blank (optional). Look in appendix 3 for the list of codes and which program they are used with. <b>If the client does not have a diagnosis, then use 799.9.</b>  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.
	<b>Descriptions and Instructions: Mental Health Diagnosis Code</b> Enter the client's mental health diagnosis using the International Classification of Diseases (ICD-9-CM) code. 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 or appropriate V codes. 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.		
<b>ARREST</b>	784	NUMBER(1)	Valid values = 0 through 9 Else reject
	<b>Descriptions and Instructions: Arrest</b> 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 collected under Criminal Justice Status		

<b>CONTNUM1</b>	785	CHAR (5)	Valid value is CONTNUM or '00000' 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 <b>(Mandatory)</b>
<b>User View Name</b>	<b>Pos</b>	<b>Type / Size</b>	<b>Edits and Validations for SA Outcomes OUTC</b>
<b>CONTNUM1</b> (Continued)	<p><b>Descriptions and Instructions: SAMH Contract Number 1</b></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> <p><b>Very Important Note!!</b></p> <p>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. <b>If the contract number is '00000', then the outcome will not be used for Performance Measures analysis.</b></p>		
<b>CONTNUM2</b>	790	CHAR (5)	Valid value is CONTNUM or '00000' 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><b>Descriptions and Instructions: SAMH Contract Number 2</b></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>		
<b>CONTNUM3</b>	795	CHAR (5)	Valid value is CONTNUM or '00000' CONTNUM3 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

	<b>Descriptions and Instructions: SAMH Contract Number 3</b> 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.		
<b>User View Name</b>	<b>Pos</b>	<b>Type / Size</b>	<b>Edits and Validations for SA Outcomes OUTC</b>
<b>SOCIAL</b>	800	CHAR(2)	Valid values are '01' through '06' Else reject <b>Mandatory</b>
	<b>Descriptions and Instructions: Social Connectedness</b> 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:  <div style="text-align: center;"> <b>[01]</b> No attendance in the past month  <b>[02]</b> 1-3 times in past month  <b>[03]</b> 4-7 times in past month  <b>[04]</b> 8-15 times in past month  <b>[05]</b> 16-30 times in past month  <b>[06]</b> Some attendance in past month, but frequency unknown.         </div>		
<b>SCHOOL</b>	802	CHAR(1)	Valid values are '0' through '4' Else reject <b>Mandatory</b>
	<b>Descriptions and Instructions: School Attendance</b> 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:  <div style="text-align: center;"> <b>[1]</b> Suspended  <b>[2]</b> Expelled  <b>[3]</b> Suspended and Expelled  <b>[4]</b> Not Applicable         </div>		
<b>SAICD10 Code</b>	803	CHAR(8)	Valid Substance Abuse ICD10 Code
	<b>Descriptions and Instructions: Primary Substance Abuse Diagnosis Code -</b> 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.		
<b>MHICD10 Code</b>	810	CHAR(8)	Valid Mental Health ICD10 Code
	<b>Descriptions and Instructions: Mental Health Diagnosis Code -</b> 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.		

## Reason for Discharge Codes

Reason For Discharge	Explanation of Discharge Reason
<b>[01] Completed Episode Of Care – No Substance use</b>	The client is discharged from an agency and is not referred for any further substance abuse treatment. The client has completed the episode of care by remaining substance free for at least 30 days prior to discharge and ASAM PPC-2 discharge criteria were met for the final level of care. When the episode of care is less than 30 days, the client must maintain abstinence during treatment.
<b>[02] Completed Treatment-Some Substance use (some impairment)</b>	The client has completed treatment, however, there may be some limited substance abuse use/impairment. While not the ideal discharge status, this attempts to recognize that some people complete a treatment program and are able to function outside the treatment program with regard to employment and family responsibilities in spite of some minimal substance use. It is expected that individuals with this discharge status will continue his or her recovery process outside of the treatment program. The person may use private counselors, AA, or other established sources.
<b>[03] [04] [05]</b>	<b>(No Longer Used)</b>
<b>[06] Non-Compliant With Agency's Rules</b>	The client is discharged for violation of the agency's rules (e.g., continued drug and alcohol involvement, violence, etc.) and treatment cannot be completed.
<b>[07] Left before completing treatment (Involuntary)</b>	The client is discharged because they leave treatment due to circumstances beyond their control. This includes hospitalization where there is little likelihood of the client returning, job transfer, family moves out of state, etc. This does not include clients who are incarcerated.
<b>[08] Incarcerated</b>	The client is discharged because he or she is incarcerated. Treatment has not been completed. This also includes those clients receiving treatment in prison who are transferred to another prison where services cannot be continued. Clients placed in a DJJ commitment facility are also included.
<b>[09] Died</b>	The client is discharged because of the client's death.
<i>The next two codes are used only for clients whose services include only non-treatment types of services. Non-Treatment services are Detoxification, TASC, Intervention, or Prevention.</i>	
<b>[10] Completed Non-Treatment Service(s)</b>	The client is discharged from this non-treatment placement and successfully completed the service. For example, a client completed his or her Alpha or Beta program or a TASC client's case management/monitoring is completed and the client fulfilled the TASC requirements.
<b>[11] Did Not Complete Non-Treatment Service(s)</b>	The client is discharged from this non-treatment placement but did not complete the service. For example, a client may have been placed in an Alpha or Beta program, but due to any reason, did not complete the program; or, a TASC client's case management/monitoring is terminated without the client's fulfillment of

	the TASC requirements.
<b>[12] Other</b>	<b>No Longer Used.</b>
<i>The next two discharge reasons are used for clients who are referred to another agency within the State of Florida. Clients who are referred to an agency outside the state should be coded with the appropriate final discharge reason.</i>	
<b>[13] Referred Outside Of Agency – Episode Of Care Completed.</b>	The client is discharged from an agency and is referred for continued treatment for problems that may be related to substance abuse. This may include medical or nursing services, developmental services, or psychiatric care. The client has completed the episode of care by remaining substance abuse free for at least 30 days prior to discharge and ASAM PPC-2 discharge criteria were met for the final level of care. When the episode of care is less than 30 days, the client must maintain abstinence during treatment.
<b>[14] Referred Outside Of Agency – Episode Of Care Not Completed.</b>	The client is discharged from an agency and is referred for continued treatment for substance abuse problems. The services provided were not completed and ASAM PPC-2 discharge criteria were not met. The episode of care is not completed.
<b>[15] Left Voluntarily Before Completing Treatment</b>	The client is discharged because of his or her decision to leave the agency before completing treatment, or refusal to continue a further phase of treatment, or has not shown up for treatment in the last 30 days. Examples: AWOL, escape, against medical advice-client left treatment.
<b>[16] Administrative Discharge (Initiated by the agency)</b>	A client fails to engage in treatment and is discharged prior to the fourth day of residential treatment or the fourth outpatient session.
<b>[17] Agency Closed with no Referral</b>	An agency has closed and the clients have not been referred to another agency for continuing services.

## FLORIDA COUNTY CODES

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

[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] Barbitol

[77] Butabarbital

[78] Butalbital

[79] Pentobarbital (Pentobarbitone)

#### B. BENZODIAZEPINES

[13] Other Benzodiazepines

[14] Other Tranquilizers

[39] Alprazolam (Xanax)

[40] Chlordiazepoxide (Librium)

[41] Clorazepate (Tranzone)

[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] Ephedine
- [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] Methylenedioxymethamphetamine (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] Ethylene Glycol 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		
<b>SEDATIVE - HYPNOTICS</b>				
	<b><u>Benzodiazepines:</u></b>			
39	Alprazolam	Xanax, Niravam	4	
65	Bromazepam	Bromazanil	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			
	<b><u>Barbiturates:</u></b>			
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			
	<b><u>Other Sedatives:</u></b>			
33	Carisoprodol	Soma, Soproval, Vanadom	4	
73	Chloral hydrate	Somnote, Aquachloral Suppnettes	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	FLSchedule (as of Jan. 2012)	Slang Terms
<b>SEDATIVE - HYPNOTICS (Continued)</b>				
51	Methaqualone	Quaalude, Sopor	1	
16	Other Sedative-Hypnotics		NA	
81	Zaleplon	Sonata	Not scheduled	
82	Zolpidem	Ambien	Not scheduled	
52	Other Non-Barbiturate Sedatives	NA	NA	
<b>OPIATES and OPIOIDS</b>				
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	
94	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	NA	NA	
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	NA	NA	
<b>STIMULANTS</b>				
21	Amphetamine and Dextro - amphetamine (d-amphetamine)	Adderall	2	
89	Benzphetamine	Didrex	3	
1F	Caffeine		Not scheduled	
22	Other Cocaine		2	Coke, Blow, Snow, Coca, Crack Rocks, Crack
03	Crack Cocaine			



SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FLSchedule (as of Jan. 2012)	Slang Terms
<b>STIMULANTS (Continued)</b>				
90	Dexmethylphenidate	Focalin	Not scheduled	
2M	Dextroamphetamine (d-amphetamine)	Dexedrine, DextroStat, LiguADD, ProCentra, Eskatrol	2	
91	Diethylpropion	Tenuate, Durad, Tepanil	4	
38	Ephedrine		Not scheduled	
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	<b>Synthetic Cathinones</b> - sometimes sold as "bath salts" or "plant food" (methylenedioxypyrrovalerone (MDPV), methylenedioxymethcathinone, methylmethcathinone, methoxymethcathinone, fluoromethcathinone, methylethcathinone)	Ivory Wave, Blue Wave, Purple Wave, Bliss, Vanilla Sky, Meow Meow	1	
11	Other Amphetamines			
<b>HALLUCINOGENS - PSYCHEDELICS</b>				
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	
1L	Dextromethorphan (DXM)	Coricidin, Robitussin, and over 100 other over-the-counter cough suppressant medicines	Not scheduled	CCC, Triple C, Robo, Skittles
	Dimethyltryptamine (DMT)		1	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FLSchedule (as of Jan. 2012)	Slang Terms
<b>HALLUCINOGENS - PSYCHEDELICS (Continued)</b>				
1M	libogaine		1	
55	Ketamine	Ketalar, Ketanest, Ketaset	3	Special K
35	Lysergic Acid Diethylamide (LSD)		1	Acid, Blotter, Dots
04	Marijuana or Hashish		1	
1N	Mescaline or Peyote		1	Cactus, Buttons
10	Methylenedioxymphetamine (MDA)		1	
37	Methylenedioxymphetamine (MDMA)		1	Ecstasy, XTC, Adam, Beans
09	Other Hallucinogens/Psychedelics		NA	
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
<b>SOLVENTS - AEROSOLS - NITRITES - FEUL</b>				
1T	Acetone		Not scheduled but criminalized under Florida Statute 877.111	
58	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	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	FL Schedule (as of Jan. 2012)	Slang Terms
<b>SOLVENTS - AEROSOLS - NITRITES - FEUL (Continued)</b>				
2F	Methyl Isobutyl Ketone		Not scheduled but criminalized under Florida Statute 877.111	
2G	Nitrous Oxide		Not scheduled but criminalized under Florida Statute 877.111	
59	Other Solvents/Aerosols/Nitrates		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**

<b>Code</b>	<b>Description</b>
[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.

(\* Mandatory Fields)

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

**STATE OF FLORIDA**  
**SUBSTANCE ABUSE AND MENTAL HEALTH**  
**SUBSTANCE ABUSE DISCHARGE FORM**

**Client's Name:**

<b>1. *CLIENT SSN:</b> _ _ _ - _ _ - _ _ _ 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 6B - 5
<b>2. *CONTRACTOR IDENTIFIER:</b> _ _ - _ _ _ _ _ _ _ Federal Tax Identification number ex. 59-1234567.	Page 6B - 5
<b>3. *PURPOSE OF EVALUATION:</b> <input type="checkbox"/> 3 – Discharge	Page 6B – 12
<b>4. *EVALUATION DATE:</b> _ _ / _ _ / _ _ _ _	Page 6B – 12
<b>5. *Provider ID:</b> _ _ _ -- _ _ _ _ _ _ _ _	Page 6B – 20
<b>6. *STAFF ID:</b> _ _ _ - _ _ _ _ _ _ _ _	Page 6B – 11
<b>7. *SITE IDENTIFIER:</b> _ _ _	Page 6B – 5
<b>8. *CLIENT ID: :</b> _ _ _ _ _ _ _ _ _ _	Page 6B – 5
<b>9. *RESIDENT COUNTY:</b> _ _	Page 6B – 5
<b>10. *SA PRIMARY DIAGNOSIS:</b> _ _ _ _ . _ _ _	Page 6B – 20
<b>11. MH DIAGNOSIS:</b> _ _ _ _ . _ _ _	Page 6B – 21
<b>12. *HIGHEST EDUCATION:</b> _ _ <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 6B – 5 through 6

<b>13. *DEPENDENCY/CRIMINAL STATUS:</b> —    —  <b>Adjudicated Children:</b> <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 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  <b>Non-Adjudicated Children</b> <input type="checkbox"/> 08 - Other DCF program status <input type="checkbox"/> 09 - Under custody & supervision of family/guardian  <b>Adults with No Court Jurisdiction:</b> <input type="checkbox"/> 10 - Competent, no charges <input type="checkbox"/> 11 - Civil incompetence of person or property  <b>Adults with Court Jurisdiction:</b> <b>Criminal Competent</b> <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  <b>Adults with Court Jurisdiction (Cont.):</b> <b>Criminal Incompetent:</b> <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 conditional release. <input type="checkbox"/> 20 - No longer used <input type="checkbox"/> 21 - Conditionally released  <b>Not Guilty by Reason of Insanity (NGI):</b> <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+  <b>Juvenile Incompetent to Proceed</b> <input type="checkbox"/> 27 - Incompetent to Proceed - Ages 0 - 17 <input type="checkbox"/> 28 - Incompetent to Proceed - Ages 18 - 20	Page 6B – 7 through 9
<b>14. *HEALTH STATUS (HIPAA):</b> — <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 6B – 6
<b>15. PREGNANCY TRIMESTER:</b> — <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 6B – 6
<b>16. **ADMISSION TYPE:</b> — <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 6B – 6
<b>17. *DRUG COURT ORDERED:</b> — <input type="checkbox"/> 0 – No <input type="checkbox"/> 1- Yes	Page 6B – 7
<b>18. *INVOLVED IN CHILD WELFARE:</b> — <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6B – 7
<b>19. *RESIDENTIAL STATUS:</b> —    — <input type="checkbox"/> 01 - Independent Living-alone <input type="checkbox"/> 02 - Independent Living-with Relatives <input type="checkbox"/> 03 - Independent Living –with Non-Relatives <input type="checkbox"/> 04 - Dependent Living-with Relatives <input type="checkbox"/> 05 - Dependent Living-with Non-Relatives <input type="checkbox"/> 06 - Assisted Living Facility (ALF) <input type="checkbox"/> 07 - Foster Care/Home <input type="checkbox"/> 08 - Group Home <input type="checkbox"/> 09 – Homeless <input type="checkbox"/> 10 – Hospital <input type="checkbox"/> 11 - Nursing Home <input type="checkbox"/> 12 - Supported Housing <input type="checkbox"/> 13 - Correctional Facility <input type="checkbox"/> 14 - DJJ Facility <input type="checkbox"/> 15 – Crisis Residence <input type="checkbox"/> 16 – Children Residential Treatment Facility <input type="checkbox"/> 17 - Limited Mental Health Licensed ALF <input type="checkbox"/> 99 - Not Available or Unknown	Page 6B – 7
<b>20. *MARITAL STATUS:</b> —    — <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 6B – 6

<b>*SUBSTANCE PROBLEM *** (New drug list)***</b> <b>21. Primary:</b> __ __ <b>22. Secondary:</b> __ __ <b>23. Tertiary:</b> __ __		Page 6B – 9 through 10  Drug List – Page 6B - 26
<b>*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION)</b> <b>24. Primary:</b> __ <input type="checkbox"/> 1 - No past month use <input type="checkbox"/> 4 - 3 to 6 times per week <b>25. Secondary:</b> __ <input type="checkbox"/> 2 - 1 to 3 times in past month <input type="checkbox"/> 5 - Daily <b>26. Tertiary:</b> __ <input type="checkbox"/> 3 - 1 to 2 times per week		Page 6B – 10 through 11
<b>*USUAL ROUTE OF ADMINISTRATION</b> <b>27. Primary:</b> __ <input type="checkbox"/> 1 – Oral <input type="checkbox"/> 4 – Injection <b>28. Secondary:</b> __ <input type="checkbox"/> 2 – Smoking <input type="checkbox"/> 5 – Other <b>29. Tertiary:</b> __ <input type="checkbox"/> 3 – Inhalation		Page 6B – 10
<b>*AGE OF FIRST DRUG OR ALCOHOL USE</b> <b>30. Primary:</b> __ __ <b>31. Secondary:</b> __ __ <b>32. Tertiary:</b> __ __		Page 6B – 11
<b>Perceives Substance as Harmful to Health:</b> <b>33. Drug:</b> __ <input type="checkbox"/> 0 – No <b>34. Alcohol:</b> __ <input type="checkbox"/> 1 – Yes <b>35. Tobacco:</b> __ <input type="checkbox"/> 3 - Unknown <b>36. Using Tobacco Product:</b> __		Page 6B - 13
<b>37. *CHILD INVOLVED IN PREVENTION:</b> __ <input type="checkbox"/> 0 – No, <input type="checkbox"/> 1 – Yes		Page 6B -12 through 13
<b>38. BIRTH OUTCOME:</b> __ __ <input type="checkbox"/> 1 – Live birth (drug present) <input type="checkbox"/> 5 – Pregnancy terminated <input type="checkbox"/> 2 – Live birth (drug not present) <input type="checkbox"/> 6 – Not yet delivered (transfers only) <input type="checkbox"/> 3 – Still birth <input type="checkbox"/> 7 – Unknown Birth Outcome <input type="checkbox"/> 4 - Miscarriage <input type="checkbox"/> 8 – N/A (non-pregnant only)		Page 6B – 15
<b>39. *FRIENDS USE:</b> __ __ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 – Unknown		Page 6B – 13
<b>40. *MOTHER DRUG FREE:</b> __ <input type="checkbox"/> 0 - No <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 3 – Unknown <input type="checkbox"/> 4 – N/A (non-pregnant only)		Page 6B – 19
<b>41. *ARREST (0-9):</b> __		Page 6B – 21
<b>42. *DISCHARGE REASON:</b> __ __ <input type="checkbox"/> 1 - Completed Episode of Care – no substance abuse <input type="checkbox"/> 2 - Completed Episode of Care – some substance use (some impairment) <input type="checkbox"/> 6 - Non-compliant with agency's rules <input type="checkbox"/> 7 - Left before completing treatment (involuntary) <input type="checkbox"/> 8 - Incarcerated <input type="checkbox"/> 9 – Died <input type="checkbox"/> 10 – Completed Non-TX services (TASC/Interv./Prev.) <input type="checkbox"/> 11 – Did not complete Non-TX services (TASC/Interv./Prev.) <input type="checkbox"/> 13 - Referred outside of agency – episode of care completed <input type="checkbox"/> 14 - Referred outside of agency – episode of care not completed <input type="checkbox"/> 15 - Left before completing treatment (voluntary) <input type="checkbox"/> 16 – Administrative Discharge (Agency initiated) <input type="checkbox"/> 17 – Agency Closed with no Referral		Page 6B – 14
<b>43. *EMPLOYMENT STATUS AT DISCHARGE</b> <input type="checkbox"/> 10 - Active military, overseas <input type="checkbox"/> 81 - Homemaker <input type="checkbox"/> 20 - Active military, USA <input type="checkbox"/> 82 – Student <input type="checkbox"/> 30 - Full Time <input type="checkbox"/> 83 – Retired <input type="checkbox"/> 31 – Unpaid Family Worker <input type="checkbox"/> 84 - Disabled <input type="checkbox"/> 40 - Part Time <input type="checkbox"/> 85 – Inmate (Jail, Prison, Psych. Institution, etc.) <input type="checkbox"/> 50 - Leave of Absence <input type="checkbox"/> 86 – Not Authorized to work <input type="checkbox"/> 60 – Retired		Page 6B – 14



<input type="checkbox"/> 70 - Terminated (unemployed)		
<b>44. *FUTURE USE:</b> ____ [1] No past experimentation or use and no future intent [2] No past experimentation or use but expresses future use [3] Past experimentation or use but no further intent [4] Past experimentation or use and expresses future intent [5] Currently experiments or uses substance		Page 6B – 13
<b>45. *INITIAL EVALUATION DATE:</b> ____ / ____ / ____ This is the admission date.		Page 6B – 14
<b>*SERVICES PROVIDED OR REFERRED</b> Use the following codes to indicated services: <div style="display: flex; justify-content: space-between;"> <div>           [1] = Provided by Agency            [2] = Referral made            [3] = Both Provided and Referred         </div> <div>           [4] = Unknown            [5] = Not Applicable            Blank = Not Collected.         </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <b>46.</b> ____ Child Care  <b>47.</b> ____ Criminal Justice Coordination  <b>48.</b> ____ Educational Services or GED  <b>49.</b> ____ Family Counseling  <b>50.</b> ____ HIV Early Intervention Project  <b>51.</b> ____ HIV/AIDS Education/Training  <b>52.</b> ____ HIV Services (screening, counseling)  <b>53.</b> ____ HIV Test  <b>54.</b> ____ Housing  <b>55.</b> ____ Immunization  <b>56.</b> ____ Interim Services  <b>57.</b> ____ Medical Care  <b>58.</b> ____ Mental Health Counseling         </div> <div style="flex: 1;"> <b>59.</b> ____ Pediatric Health Care  <b>60.</b> ____ Pre-Natal Care/Post-partum Care  <b>61.</b> ____ Public Assistance Eligibility Determination  <b>62.</b> ____ Receiving/Eligible for Public Assistance  <b>63.</b> ____ TB Services  <b>64.</b> ____ TB Tests  <b>65.</b> ____ Transportation  <b>66.</b> ____ Treatment Plan Coordination/ Case Management  <b>67.</b> ____ Training in Parenting/Domestic Violence/Sexual Abuse  <b>68.</b> ____ Vocational/Job Training         </div> </div>		Pages 6B – 15 through 19
<b>69. PROVIDER INFORMATION:</b> _____		Page 6B – 19
<b>70. *CONTRACT NUMBER 1 -</b> ____		Page 6B – 21
<b>71. CONTRACT NUMBER 2 -</b> ____		Page 6B – 21
<b>72. CONTRACT NUMBER 3 -</b> ____		Page 6B – 22
<b>73. SOCIAL CONNECTEDNESS:</b> ____ <div style="display: flex; justify-content: space-between;"> <div>           01 – No attendance in the past month            02 – 1-3 times in past month            03 – 4-7 times in past month         </div> <div>           04 – 8 – 15 times in past month            05 – 16-30 times in past month            06 – Some attendance in past month, frequency unknown         </div> </div>		Page 6B – 22
<b>74. SCHOOL ATTENDANCE:</b> ____ <div style="display: flex; justify-content: space-between;"> <div>1 – Suspended    2 – Expelled</div> <div>3 – Suspended and Expelled    4 – Not Applicable</div> </div>		Page 6B - 22
<b>75. SA ICD10 CODE:</b> _____		Page 6B – 22
<b>76. MH ICD10 CODE:</b> _____		Page 6B – 22
Signature: _____ Date: ____ / ____ / ____		