Salish BH-ASO Data Dictionary

Effective July 10, 2025

Version: 3.5
Rev: April 11, 2025

Contents

Change Log

3.5   - 165.02 updated to 165.03 Mobile Rapid Response Crisis Team
        - "County" and "MCR Servicing Provider NPI" removed from transaction
        - "Date of Deployment", "Date of Arrival", "Zip code" added to transaction
     - "Mobile Rapid Response Crisis Team/MCR" references updated to "Mobile Rapid Response Crisis Team/MRRCT"
     - "Mobile Rapid Response Crisis Team Referral Source" renamed "Mobile Rapid Response Crisis Team Referral Source" and definitions updated
        Removed – "11" Crisis Call Center Referral"
        Added – "13" EMS, Fire, other first responders
            "14" Juvenile Corrections
            "15" Adult Corrections
     - "Response Time" updated to "Level of Acuity" and definitions updated
        Removed – "3" Routine/Follow Up
        Added - "4" Behavioral Health Emergency
     - "Needs Interpreter" updated to "Interpreter Utilized" and definitions updated
     - "Presenting Problem" table definitions updated. Original values removed and replaced with new.
     - "Co-Responder Involvement" renamed "Law Enforcement and Co-Responder Involvement". Definitions updated. Original values removed and new values added.
     - "Mobile Rapid Response Crisis Team Outcome" renamed "Mobile Rapid Response Crisis Team Outcome". Multiple values removed and new values added.
     - "Referral Given" definitions updated, and values added.

     -    Program ID table –Removed "29" Housing and Recovery through Peer Services (HARPS)
     -    022.04 – updated definition to align with HCA language

3.4   - Service Episode End Reason – Removed "96-Not Applicable"
     - Investigation Outcome – "7 – Initial Detention" – value "X" removed
                    –"18 – No Detention" – updated with value "Z"
     - Program ID table – "12 Jail Services -SUD" added
     - 020.09 – Removed "Y" value in Effective Date Key column
        - updated 'effective date' language to align with HCA updates
     - 022.04- updated unknown address information

- 035.10 – Updated Military Status description: replaced "Y" with "1"
    - updated definition
- 140.03 – updated 'effective date' language
- 170.05 – updated language to align with HCA updates.
- corrected omission of Hearing Outcome values pg. 2 that were dropped from 3.3 final version
- added link to Behavioral Health Data Guide for more in-depth definitions of transaction effective dates and how they are used for their Data Completeness reviews

3.3   – removal of 90-day requirement for Client Profile and Substance Use
- client demographic transaction version updated to 020.09
- client address transaction version updated to 022.04
- funding transaction version updated to 140.03
- Provider NPI field added to 020.09 transaction
- Provider NPI field added to 022.04 transaction
- Provider NPI field added to 140.03 transaction
- Transaction definitions updated to align with HCA definition changes/updates:
        020, 022, 030, 035, 036, 060, 121, 140, 160, 162, 165, 170
- Table definitions updated to align with HCA definition changes/updates:
        Age at First Use
        Education
        Entry Referral Source
        Investigation Outcome
        Mobile Crisis Response Outcome
        Program ID
        Service Episode End Reason
        Service Referral Source
        SMI/SED

3.2   - 022.03 – added link to State table
- Created State table
- Education table – updated definition
-Program ID table – removed "10 – Children's Evidenced Based Pilot"
                        - removed "31 – Ticket to Work"
                        - removed "32 – TANF Supported Employment"

          - removed "37 – Roads to Community Living
- Substance table – Added "22 – Fentanyl"
- updated Substance table language
- Service Episode End Reason table – Removed "98 – Not Collected"
- Block Grant table – Removed "98 – Not Collected"
- Funding Type table - Removed "98 – Not Collected"
- Source of Income table - Removed "98 – Not Collected"
- Hearing Outcome table – multiple updates for upcoming additions and removals
- updated MCR 165.02 language to align with HCA definition changes

3.1	- Transaction definitions updated to align with HCA definition changes
	- Source Tracking ID validation updated
	- Funding Transaction version changed from 140.01 to 140.02
	- Funding transaction reordered
	- Block Grant table updated
	- MCR Transaction version changed from 165.01 to 165.02
	- Added more information to the File Naming Formats section
	- Removed "XX for Unknown" option for STATE in the 022.03 Address transaction
3.0	- Required Transactions table updated with "Institutional" and "Crisis" columns.
	- 023.03 Authorization Transaction removed
	- Authorization Decision lookup table removed
	- Added validation notes for ASAM Record Key, Client Profile Record Key, Program ID Key, Service Episode Record Key
	- Added Source Tracking ID to 030.03 ASAM Placement, 035.10 Client Profile
	- updated 035.10 Client Profile Definition
	- 140.01 Funding table update - Type of Funding, Source of Income, Block Grant Funding are now required fields
	- 160.05 DCR Investigation Detention Facility NPI required if Outcome is 1,4,7
	- Removed extra Investigation Outcome table
	- 165.01 MCR - added County, MCR Agency NPI, MCR Servicing Provider NPI fields
	- 165.01 MCR - added descriptions for the time categories
	- 170.06 Service Episode "Date of First Appointment Offered is now required
	- Updated tables to align with HCA formatting
	- Hearing Outcome table updated with new and adjusted values
	- Mobile Crisis Response Outcome table updated

- Mobile Crisis Response Referral Source updated
- Service Episode table updated with values '09' and '10'

2.3
- 160.05 DCR Investigation outcome table code values 1 & 7 updated
- SMI/SED validation rules updated
- Program ID table code values 40 and 41 removed
- Y/N option for Needs Interpreter added.
- Y/N option for Co-Responder Involvement added.
- Clarified Block Grant Funded Services rules for clients with services paid for by both MHBG and SABG funds
- Removed Effective Date as a primary key for Client Profile 035.10
- Added "use 24-hour clock" description to the time values in the MCR 165.01 transaction

2.2
- Removed 165.01 Transaction "draft" status and updated fields. 165.01 related tables added
- Removed "Access to Care" references
- Added "11   Referral from MCR to DCR" option to Investigation Referral Source table for 160.05 DCR Investigation
- updated 035.10 Self Help Count, Used Needles Recently, Needle Use Ever to be required fields for all sites
- updated the "Referral Given" table for 165.01 to add leading zeros to values 1-9

2.1
- updated data type language from 'string' to 'varchar' to align with BHDG Data Guide descriptions
- corrected agency NPI character length from 5 to 10 in 035.10 and 140.01 transactions
- added Military Status table
- added SMI/SED field to the 035.10 that was missing from last version
- created SMI/SED table
- added language to the 121.05 Co-occurring Disorder definition
- added language to the 140.01 Funding definition
- added reporting exception information to the 160.05 table
    - Removed Code 21 from Investigation Outcome table
- added 165.01 Crisis Response (DRAFT) transaction
- corrected Episode Record Key character length from 15 to 40 in 170.06 transaction
- added Code 5 to Block Grant table
- updated Entry Referral Source table
    - **1 Self/Family** changed to **Individual**
    - **2 Substance Use Disorder Provider** changed to **Alcohol/Drug Abuse Provider**
    - **3 Mental Health Provider** removed
    - **5 Self Help Group** removed
- updated Service Episode End Reason table
    - Corrected code numbers

- added codes omitted from last version:
  - **96 - Not Applicable**
  - **97 - Unknown**
  - **98 - Not Collected**
- updated Service Referral Source table
  - **1 Self/Family** changed to **Individual**
  - **2 Substance Use Disorder Provider** changed to **Alcohol/Drug Abuse Provider**
  - **3 Mental Health Provider** removed
  - **5 Self Help Group** removed

2.0 – Original Release

Introduction

Supplemental transactions are required to be submitted by Mental Health and Substance Use Disorder agencies that are contracted with Salish BH-ASO. This data dictionary has been created to define the elements contained in the HCA transactions.

- Data is to be submitted in a tab-delimited text file. Every file must contain a header (000.01). If a field is to be left blank, an empty tab must be used as a placeholder.

- Padding numeric fields is not required except where indicated in the lookup tables. If you are doing so use spaces, not zeros.

- Multiple transaction types can be sent in one file.

- **Bolded text** in the "Validation/Notes" column indicate a lookup table. All lookup tables are listed after the transactions.

Action Codes

- A – Add a record. If the record already exists, then the information will be replaced by the new information.
- C – Change a record. If the record does not exist, then this is added as a new record otherwise it will update the information.
- D – Delete a record. If the primary keys do not match the record to be deleted, then the delete is ignored.

Definitions

Effective Date – The date the information collected became effective.

Please see the HCA Behavioral Health Supplemental Transaction Data Guide "General considerations of this guide" section (pg. 11) which includes the details related to the effective dates of transactions and the linking to service encounters for HCA's Data Completeness reviews.

File Naming Formats:

Supplemental Data – AgencyNPI.CCYYMMDD.BatchID.edi

Service Data – AgencyNPI.CCYYMMDD.BatchID.837p

- Batch ID must match the Batch ID in the file.
- Files named incorrectly may be ignored by the import process or receive a "Parameter(s) Not Matching" error. In this situation, the file must be corrected and resubmitted.
- "Duplicated BatchID" errors require the file to be renamed before resubmission.

Required Transactions

This table summarizes all of the transactions that providers send to the BH-ASO, based on the scope of their service delivery.

Transaction Name	MH	SUD	Institutional	Crisis
Header (000.01)	X	X	X	X
Client Demographic (020.09)	X	X	X	X
Client Address (022.04)	X	X	X	X
ASAM Placement (030.03)		X		
Client Profile (035.10)	X	X		
Substance Use (036.04)		X	X*	
Program Identification (060.06)	X	X		
Co-occurring Disorder (121.05)	X	X		
Cascade Merge (130.04)				
Cascade Delete (131.04)				
Funding (140.03)	X	X		
DCR Investigation (160.05)	X			X**
ITA Hearing (162.05)	X			X**
Mobile Rapid Response Crisis Team (165.03)	X			X**
Service Episode (170.06)	X	X		

*required for SUD Inpatient
** as applicable

Transaction Name   Header
Transaction ID   **000.01**

Definition   This transaction is an identifier and is the first record that goes in a supplemental (non 837X12N EDI) batch file. The Header tells what number the batch is, the originator, and the date sent.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"000.01"
2	Submitter ID	Y	Y	varchar(10)	agency NPI	
3	Batch Number	Y	Y	varchar(5)		
4	Batch Date	Y		date		CCYYMMDD

Note   This transaction is required as the first record of each supplemental (non 837X12N EDI) batch file and all batches must be submitted for processing in Batch Number order.

Transaction Name   Client Demographics
Transaction ID   **020.09**

Definition   This is the transaction for full demographic data. This transaction must be successfully submitted before additional information for the consumer will be accepted. The client demographic transaction is required to be collected and reported at request for service, assessment/intake, and updated upon change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"020.09"
2	Action Code	Y		varchar(1)		In [A,C]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Effective Date	Y		date		CCYYMMDD
6	First Name	Y		varchar(35)		
7	Middle Name			varchar(25)		
8	Last Name	Y		varchar(60)		
9	Alternate Last Name			varchar(60)		
10	Social Security Number			varchar(9)	Leave blank if unknown or refused.	
11	Birthdate	Y		date	If unknown use 29991231*	CCYYMMDD
12	Gender	Y		varchar(2)		**GENDER**
13	Hispanic Origin	Y		varchar(3)		**HISPANIC ORIGIN**
14	Primary Language	Y		varchar(3)		**PRIMARY LANGUAGE**
15	Race(s)	Y		varchar(18)	Up to 6 codes, no delimiters	**RACE**
16	Sexual Orientation	Y		varchar(1)	If client under 13 report "9"	**SEXUAL ORIENTATION**
17	ProviderOne ID	Y		varchar(11)	if no P1 ID, use Client ID	
18	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)
19	Provider NPI	Y		varchar(10)	agency NPI	

* If your system is unable to accept a future date, contact us.
The effective date reported on the client demographic transaction must be within 45 days of (before or after) the "from date of service" reported on the completed Assessment/Intake encounter.

Transaction Name   **Client Address**
Transaction ID   022.04
Definition   Client's physical residential address (i.e. where client lives). Client address is required to be collected and reported at assessment/intake, and updated upon change. The client's address of residency is most preferred. If client's address of residency is not available, then submit the client's mailing address; if mailing is not available, report address elements available; at a minimum report county, city and state or zip. If client is homeless and unable to provide an address of residency or mailing address, report what is available, including city, county, and state or zip code. In the case of residence in a tent in the woods, report the closest city, county and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

Field	Name	Required?	Key	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"022.04"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Effective Date	Y*	Y	date		CCYYMMDD
6	Address Line 1	Y **		varchar(120)		
7	Address Line 2			varchar(120)		
8	City	Y**		varchar(50)		
9	County	Y**		varchar(5)		**COUNTY**
10	State	Y		varchar(2)		**STATE**
11	Zip Code	Y**		varchar(10)		
12	Facility Flag	Y		varchar(1)		In [Y,N]
13	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)
14	Provider NPI	Y		varchar(10)	agency NPI	

* Effective date reported must be within 45 days of (before or after) the "from date of service" reported on the completed Assessment/Intake encounter

** If unknown, write "unknown" in this field and leave the other address field blank. At a minimum, report county and city.

If the client is staying at a facility, submit the facility address with the facility flag as Y.
If client's address of residency is not in the U.S., then the starred elements are optional except "STATE" must be reported as "OT" for "Other".

Transaction Name   **ASAM Placement**
Transaction ID   **030.03**
Definition   ASAM Level Indicated means the ASAM Level as scored on the ASAM placement criteria. ASAM Placement is required to be collected and reported at assessment. Required for all substance use disorder clients, including SUD clients receiving Withdrawal Management Services where an assessment was provided. Must collect and report ASAM when there is a level of care change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"030.03"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar (20)		
5	Provider NPI	Y	Y	varchar(10)		
6	ASAM Record Key	Y	Y	varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)
7	ASAM Assessment Date*	Y		date		CCYYMMDD
8	ASAM Level Indicated	Y		varchar(6)		**ASAM LEVEL**
9	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)

* ASAM assessment date reported must be within 45 days of (before or after) the "from date of service" reported on the completed Assessment/Intake encounter.

Transaction Name   Client Profile

Transaction ID   035.10

Definition   Additional client characteristics required for all clients receiving treatment services at the provider agency. Client Profile is required to be collected and reported at admission, at discharge and upon change.

Field	Name	Required ?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"035.10"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar (10)		NPI
6	Profile Record Key	Y	Y	varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)
7	Effective Date	Y		date		CCYYMMDD
8	Education	Y		varchar(2)		**EDUCATION**
9	Employment	Y		varchar(2)		**EMPLOYMENT**
10	Marital Status	Y		varchar(2)		**MARITAL STATUS**
11	Parenting	*		varchar(1)	Responsible for children 17 or younger.	In [Y,N,U,R]
12	Pregnant	*		varchar(1)		In [Y,N,U,R]
13	Smoking Status	Y		varchar(2)		**SMOKING STATUS**
14	Residence	Y		varchar(2)		**RESIDENCE**
15	School Attendance**	Y		varchar(1)		In [Y,N,U,R]
16	Self Help Count	Y		varchar(2)		**SELF HELP COUNT**
17	Used Needles Recently	Y		varchar(1)		In [Y,N,U,R]
18	Needle Use Ever	Y		varchar(2)		**NEEDLE USE EVER**
19	Military Status	Y		varchar (1)	Report '1' (Yes) regardless of length of service or if client was dishonorably discharged.	**MILITARY STATUS**

| 20 | SMI/SED Status | Y | | varchar(2) | | **SMI/SED STATUS** |
| 21 | Source Tracking ID | Y | | varchar(40) | unique record ID | no special characters allowed except: dash (-), underscore (_), period (.) |

- [Y,N,U,R] = [Yes, No, Unknown, Refused]

* Required for female SUD clients only. Optional for all other SUD and Mental Health clients.

** In last three months

Transaction Name   Substance Use

Transaction ID   **036.04**

Definition   A client history of substance specific information. This transaction captures substances that the client is currently on and does not include any substances the client may have started during treatment. Updates are allowed if inaccurate information is reported or not disclosed initially by the client and discovered at a later date. Substance Use is required to be collected and reported at admission, at discharge, and is updated upon change for all SUD clients. The substances must be ranked by relative importance of seriousness of dependency as provided by the client and determined by the clinician. The 3 substances reported at admission into treatment must also be reported at discharge (whether or not they are still using the substance). SUD inpatient providers are not exempt from reporting.

If there is no substance 2 or 3, then report "none" for SUBSTANCE 2 and/or SUBSTANCE 3 and leave the AGE AT FIRST USE, FREQUENCY OF USE, PEAK USE, METHOD, and DATE LAST USED blank. These can be updated later if the admission substances were inaccurately reported or not disclosed by the client however must be reported consistently.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"036.04"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	Program ID	Y	Y	varchar(2)		**PROGRAM ID**
7	Effective Date	Y	Y	date		CCYYMMDD
8	Substance 1	Y		varchar(2)		**SUBSTANCE**
9	Age At First Use 1	Y		varchar(2)		**AGE AT FIRST USE**
10	Frequency Of Use 1	Y		varchar(2)		**FREQUENCY OF USE**
11	Peak Use 1	Y		varchar(2)		**PEAK USE**
12	Method 1	Y		varchar(2)		**METHOD**
13	Date Last Used 1	Y		date		CCYYMMDD
14	Substance 2	Y		varchar(2)		**SUBSTANCE**
15	Age At First Use 2	*		varchar(2)		**AGE AT FIRST USE**
16	Frequency Of Use 2	*		varchar(2)		**FREQUENCY OF USE**
17	Peak Use 2	*		varchar(2)		**PEAK USE**

18	Method 2	*		varchar(2)		**METHOD**
19	Date Last Used 2	*		date		CCYYMMDD
20	Substance 3	Y		varchar(2)		**SUBSTANCE**
21	Age At First Use 3	*		varchar(2)		**AGE AT FIRST USE**
22	Frequency Of Use 3	*		varchar(2)		**FREQUENCY OF USE**
23	Peak Use 3	*		varchar(2)		**PEAK USE**
24	Method 3	*		varchar(2)		**METHOD**
25	Date Last Used 3	*		date		CCYYMMDD
26	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)

* Required if the Substance Code corresponding to its set number (i.e. [2, 3]) is other than 1 ("None")

Transaction Name   Program Identification

Transaction ID   060.06

Definition   Indicates the program a client is enrolled as identified in the Program ID element. This transaction is required for all SUD clients and those clients who are enrolled in a program listed in the Program ID table. If the client is enrolled in a program not listed in the Program ID table this transaction is NOT required. This transaction will not prevent a client from being in 2 or more different programs at a provider agency. Required to be collected and reported at admission and discharge.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"060.06"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	Program ID Key	Y	Y	varchar (40)	Uniquely identifies each record	no special characters allowed except: dash　(-), underscore (_), period (.)
7	Program ID	Y		varchar(2)		**PROGRAM ID**
8	Program Start Date	Y		date		CCYYMMDD
9	Program End Date			date		CCYYMMDD
10	Entry Referral Source	Y		varchar(2)		**ENTRY REFERRAL SOURCE**
11	Program End Reason	*		varchar(2)		**PROGRAM END REASON**
12	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)

* Required if there is a Program End Date

Program start and end dates must be within the client's associated service episode transaction start and end dates.

Transaction Name   Co-occurring Disorder

Transaction ID   **121.05**

Definition   Co-occurring disorder and screening assessment/intake. Required to be collected and reported at assessment/intake for all clients thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

The Co-occurring disorder assessment is required if the client screens high (2 or higher) on either the IDS or EDS, and on SDS.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"121.05"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	GAIN-SS Date	Y	Y	date		CCYYMMDD
7	Screen Assessment Indicator	Y	Y	varchar(1)		Assessment = A Screening = S Both = B
8	IDS Screening Score	*		varchar(1)		**SCREENING SCORE**
9	EDS Screening Score	*		varchar(1)		**SCREENING SCORE**
10	SDS Screening Score	*		varchar(1)		**SCREENING SCORE**
11	Assessment	*		varchar(1)		**ASSESSMENT**
12	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)

* Requirement based on Screen Assessment Indicator

The GAIN-SS date reported on must be within 45 days (before or after) the "from date of service" reported on the completed Assessment/Intake encounter.

Transaction Name   Cascade Merge

Transaction ID   **130.04**

Definition   This transaction will void a Client ID and bar its use in the future. A Client id is voided when the provider agency has established two different identifiers for a single person. The provider agency must identify the Client ID to be voided and also identify the Client ID to reference in its place. **There is no action code in this transaction.**

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"130.04"
2	Submitter ID	Y	Y	varchar(10)	agency NPI	
3	Client ID to VOID	Y	Y	varchar(20)		
4	Client ID to KEEP	Y		varchar(20)		

* This transaction will void the CLIENT ID TO VOID; the merge will update records to the new CLIENT ID TO KEEP however encounter records from P1 will become orphaned records and P1 data previously submitted will no longer connect to the BHDS Supplemental Transaction data.

Transaction Name   Cascade Delete

Transaction ID   **131.04**

Definition   This transaction allows for the mass deletion of non-encounter records for a given client. This is referred to as a "Full Cascade Delete." This type of delete will remove all non-encounter information about a client. Once processed, the Client ID will be voided and not available for future processing. This type of delete requires the authorization of the Provider Agency Administrator and the BH-ASO. The Provider Agency Administrator may delegate his/her authority to authorize Full Cascade Deletes to someone who maintains their information system. The authorization must be presented to the BH-ASO for approval. This authorization must contain the reason for the deletes, the number of deletes that will be processed, a timeframe when the delete transactions will be submitted, and a contact for coordinating the actual processing of these delete transactions. Upon approval by the BH-ASO, the Provider Agency Administrator will be contacted, and a time frame will be coordinated for the actual processing of this transaction. **There is no action code in this transaction.**

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"131.04"
2	Submitter ID	Y	Y	varchar(10)	agency NPI	
3	Client ID	Y	Y	varchar(20)	The Client ID to be voided	

Transaction Name   Funding

Transaction ID   **140.03**

Definition   This transaction documents the type of funding or support the client has and other funding information. Funding is required to be collected and reported at assessment/intake, upon change, and discharge. The effective date in the funding transaction does not signify the start date of a client's receipt of benefits; rather, it reflects the funding source used for the assessment/intake.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"140.03"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Effective Date	Y	Y	Date		CCYYMMDD
6	Block Grant Funding	Y	Y	varchar(2)		**BLOCK GRANT**
7	Type of Funding	Y		varchar(2)		**FUNDING TYPE**
8	Source of Income	Y		varchar(2)		**SOURCE OF INCOME**
9	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)
10	Provider NPI	Y		varchar(10)	agency NPI	

- If the client's funding source changes during the course of treatment, this transaction must be updated to reflect that change.
- The effective date reported on the funding transaction must be within 45 days (before or after) the "from date of service" reported on the completed Assessment/Intake encounter.
- The "Provider NPI" is a required field and must be the same Billing Provider NPI submitted in Loop 2010AA, NM1*85 segment on the corresponding encounter data as it is used to link BHDS and encounter data services.

Transaction Name   **DCR Investigation**

Transaction ID   **160.05**

Definition   A Designated Crisis Responder (DCR) is the only person who can perform an Involuntary Treatment Act (ITA) investigation that results in a detention and revocation. A crisis worker who is not a DCR can initiate this investigation but in order for a detention to take place, it is mandated (RCW 71.05 for adults, RCW 71.34 for children 13 and over) that the DCR investigate and make a determination. Therefore, all investigations reported are derived from the investigation resulting from the findings of a DCR. Do not report investigative findings of the crisis worker unless the crisis worker is also a DCR.

The intent of this transaction is to record DCR investigations only. Activities performed by a DCR including crisis intervention, case management, or other activities, while important are not collected by this transaction. Each BH-ASO determines which specific actions come under an investigation. The DBHR recommended criteria for when a DCR activity becomes an "investigation" is when the decision to investigate has been made and the DCR reads the person his/her rights. The trigger is reading the person his/her rights.

This transaction identifies all investigations by the DCR, even if the DCR is also classified as a crisis worker. An investigation can result in: a detention, which is 120 hours; a return to inpatient facility with a revocation of a court ordered less restrictive alternative (LRA) petition filed; a filing of a petition recommending an LRA extension; a referral for voluntary in-patient or outpatient mental health services, a referral to other community resources; or no action based on mental health needs.

This transaction reporting expectation is within 24 hours of the provider receiving this information due to the importance of this data. This is an exception to the standard contract terms for data reporting timeliness.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"160.05"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)		
4	Client ID	Y	Y	varchar(20)		
5	Investigation Start Date	Y	Y	date		CCYYMMDD
6	Investigation Start Time	Y	Y	varchar(4)		HHMM
7	Investigation County	Y		varchar(5)		**COUNTY**
8	Investigation Outcome	Y		varchar(2)		**INVESTIGATION OUTCOME**

9	Detention Facility NPI	*		varchar(10)		
10	Legal Reason For Detention/Commitment	Y		varchar(4)	Up to 4 codes, no delimiters	**LEGAL REASON**
11	Return to Inpatient/Revocation Authority	Y		varchar(2)		**RETURN TO INPATIENT**
12	DCR Agency NPI	Y		varchar(10)		
13	Investigation Referral Source	Y		varchar(2)		**INVESTIGATION REFERRAL SOURCE**
14	Investigation End Date	Y		date		CCYYMMDD
15	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)

* Required if Investigation Outcome is 1, 4, or 7

 - DCR Investigation is required to be collected and reported ONLY for persons being investigated under the Involuntary Treatment Act.
- This transaction is to be used to provide more information about a crisis service that resulted in an investigation. An associated crisis intervention encounter, per the "Involuntary Treatment Investigation" service modality, is expected to be received in an 837P transaction.
- Code value dependencies can be found in the Investigation Outcome table.

Transaction Name   ITA Hearing

Transaction ID   162.05

Definition   This transaction documents each hearing under the Involuntary Treatment Act filed in a specific county. This excludes filings at a state hospital. If multiple hearings are held for the same person on the same day, record the decision of the court for the most recent hearing. If no decision is made at a hearing and the case is continued to another day, do not record the result of that hearing. Record only those hearings where a court makes a decision, such as to commit, revoke, conditionally release, or dismiss.

It is the responsibility of the BH-ASO, where the investigation occurred, to ensure that if they report an investigation resulting in a detention, where a petition for a hearing also occurred for that client, that the associated ITA Hearing is also reported to DBHR. The ITA Hearing transaction should be submitted by the BH-ASO in which the hearing occurred. This may be different than the BH-ASO who reported the ITA Investigation.

This transaction reporting expectation is within 24 hours of the provider receiving this information due to the importance of this data. This is an exception to the standard contract terms for data reporting timeliness.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"162.05"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Hearing Date	Y	Y	date		CCYYMMDD
6	Hearing Outcome	Y		varchar(2)		**HEARING OUTCOME**
7	Detention Facility NPI	*		varchar(10)	Required if client ordered to inpatient	
8	Hearing County	Y		varchar(5)		**COUNTY**
9	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)

- ITA Hearing is required to be collected and reported ONLY for persons being investigated under the Involuntary Treatment Act.

Transaction Name   Mobile Rapid Response Crisis Team

Transaction ID   **165.03**

Definition   Mobile Rapid Response Crisis teams are community services provided to individuals experiencing, or are at imminent risk of experiencing, a behavioral health (BH) crisis. The goals of these services are engagement, symptom reduction, and stabilization. Mobile Rapid Response Crisis is intended to:

- De-escalate crisis situations.
- Relieve the immediate distress of individuals experiencing a crisis.
- Reduce the risk of individuals in a crisis doing harm to themselves or others: and
- Promote timely access to appropriate services for those who require ongoing mental health or co-occurring mental health and substance abuse services

Only submit this transaction if it is a MRRCT service. Ensure that DCR services are reported separately via the DCR transaction. For staff who provide both MRRCT and DCR services ensure that when transitioning from MRRCT to DCR services the MRRCT transaction is completed and a DCR transaction is started.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"165.03"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Mobile Rapid Response Type	Y	Y	varchar(2)		**MOBILE RAPID RESPONSE TYPE**
6	Dispatch Date	Y	Y	date	CCYYMMDD	**DISPATCH DATE**
7	Dispatch Time	Y	Y	varchar(4)	HHMM	**DISPATCH TIME**
8	MRRCT Referral Source	Y		varchar(2)		**MRRCT REFERRAL SOURCE**
9	Level of Acuity	Y		varchar(2)		**LEVEL OF ACUITY**
10	Interpreter Utilized	Y		varchar(2)		**INTERPRETER UTILIZED**
11	Date of Deployment	*		date	CCYYMMDD	**DATE OF DEPLOYMENT**

12	Time of Deployment	*		varchar(4)	HHMM	**TIME OF DEPLOYMENT**
13	Date of Arrival	*		date	CCYYMMDD	**DATE OF ARRIVAL**
14	Time of Arrival	*		varchar(4)	HHMM	**TIME OF ARRIVAL**
15	Presenting Problem	Y		varchar(40)		**PRESENTING PROBLEM**
16	Co-Responder Involvement	Y		varchar(2)		**CO-RESPONDER INVOLVEMENT**
17	MRRCT Outcome	Y		varchar(2)		**MRRCT OUTCOME**
18	Referral Given	Y		varchar(40)		**REFERRAL GIVEN**
19	Event End Date	Y		date	CCYYMMDD	**EVENT END DATE**
20	Event End Time	Y		varchar(4)	HHMM	**EVENT END TIME**
21	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)
22	MRRCT Agency NPI	Y		varchar(10)		**MRRCT AGENCY NPI**
23	Zip	*		varchar(5)		**MRRCT ZIP CODE**

Mobile Rapid Response Crisis Team General Submission Guidelines

A referral comes in	Provider uses "Crisis Intervention" encounter code H2011 UB modifier, with the HA or HB modifier, to denote a crisis referral was received- triggers the 165.03
Services occur	MHP or MHCP encounters H2011 w/ HA or HB, other possible modifiers are FQ and XE Many combinations of services can occur here and be a part of Mobile Rapid Response Crisis Team. Could be phone work, in person, etc., could be working directly with the client or with collaterals, as well as care coordination, etc.
Post initial H2011, additional peer services may occur	H0038 w/ HA or HB modifier – Note that a person cannot receive two services at the same time. Thus, a peer may be the second person on the H2011 encounter, as a two-person outreach. Once the H2011 interaction with the client and/or their supports is completed, **THEN** peer services could occur and be encountered.
Disposition	165.03 MRRCT transaction captures disposition, inclusive of "unable to locate client". There is a 1:1 relationship between the Crisis Intervention H2011 with the UB modifier, and with HA or HB modifier encounter and a MRRCT transaction. The crisis "event" could occur over several days and "ends" when there is a clear disposition. 9 current options for disposition
Post Disposition	If new information is received that prompts another response, then a Crisis Intervention Service- H2011 UB modifier, with HA or HB, is encountered and the above starts all over again.

Notes:

- A crisis "event" in this context identifies the services provided to a client between the MRRCT Dispatch Date and Event End date. The H2011 UB with an HA/HB modifier indicates a referral was received and triggers the collections of the MRRCT transaction in BHDS. A client may receive several crisis services between the start and end of a crisis event. Once there is a clear disposition the MRRCT Event End date must be populated and that ends the crisis "event". All required data elements within the MRRCT transaction must be collected during the event.
- Date and Time fields must be reported in sequential order, as shown below, so they can be used to calculate in route time for endorsed MRRCT and CBCT responses in rural areas.:
    1. Dispatch Date & Dispatch Time
    2. Date of Deployment & Time of Deployment
    3. Date of Arrival & Time of Arrival
    4. Event End Date & Event End Time

Transaction Name   Service Episode

Transaction ID   **170.06**

Definition   The service episode transaction collects treatment milestone data for clients receiving behavioral health services. This transaction is used to capture the beginning (admission) and end (discharge) of all treatment services (SUD/MH) provided to a client at a contracted behavioral health agency.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"170.06"
2	Action Code	Y		varchar(1)		In [A,C,D]
3	Submitter ID	Y	Y	varchar(10)	agency NPI	
4	Client ID	Y	Y	varchar(20)		
5	Provider NPI	Y	Y	varchar(10)		
6	Episode Record Key	Y	Y	varchar(40)	Uniquely identifies each episode	no special characters allowed except: dash (-), underscore (_), period (.)
7	Service Episode Start Date	Y		date		CCYYMMDD
8	Service Episode End Date			date		CCYYMMDD
9	Service Episode End Reason	*		varchar(2)		**SERVICE EPISODE END REASON**
10	Service Referral Source	Y		varchar(2)		**SERVICE REFERRAL SOURCE**
11	Date of Last Client Contact	*		date		CCYYMMDD
12	Date of First Appointment Offered	Y		date		CCYYMMDD
13	Medication-Assisted Opioid Therapy	Y		varchar(2)		**MAT**
14	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)

* Required if there is a Service Episode End Date. Any contact with a response is considered a last contact.

Service episode is required to be collected and reported at admission, at discharge, and upon change.

Required for all clients receiving SUD treatment, MH outpatient treatment, or is enrolled in a program listed in the program ID.

Only one service episode transaction can be open for a client at the provider agency at one time.

Once the treatment has ended or has been completed at the provider agency, the service episode is closed (end date reported). If the client comes back for services, a new service episode can be opened for that treatment episode.

The program start and end dates must be within the client's associated service episode transaction start and end dates.

- SUD: If an enrollee has not actively participated in treatment, close the service after more than **45** days of no contact.
- MH: If an enrollee has not actively participated in treatment, close the service after more than **90** days of no contact.

AGE AT FIRST USE

Definition – Indicates the age at which the client first used the specific substance.
Used in – 036.04 Substance Use

Code	Value
0	Client born with substance abuse disorder resulting from in-utero exposure
1-98	Age at First Use, in years
99	Not applicable

- Only reported for SUD clients
- Required if any substance other than "None" is reported in the SUBSTANCE element.
-

ASAM LEVEL
Definition - Clinician placement of client ASAM Level
Used in – 030.03 ASAM Placement

Level	Adolescent	Adult	Definition
0			Placeholder for people who are truly not at any risk.
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
1-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM without Extended On-Site Monitoring	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
2-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Ambulatory WM with Extended On-Site Monitoring	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
2.1	Intensive Outpatient Services	Intensive Outpatient Services	9 or more hours of services/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5	Partial Hospitalization Services	Partial Hospitalization Services	20 or more hours of services/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours clinical services/week
3.2-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Clinically Managed Residential WM	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery

3.3	This level of care not designated for adolescent populations	Clinically Managed Population Specific High Intensity Residential Services	24-hour care with trained counselor to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimension 1, 2, or 3.
3.7-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Monitored Inpatient WM	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
4	Medically Managed Intensive Inpatient Services	Medically Managed Intensive Inpatient Services	24-hour nursing care daily physician care for severe, unstable problems in Dimension 1, 2, or 3. Counseling available to engage patient in treatment
4-WM	This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care.	Medically Managed Intensive WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability
OTP	Some OTPs not specified for adolescent populations.	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid disorder

- Required for SUD clients

BLOCK GRANT

Definition – specifies if any of the services and supports clients received were paid for by the SAMHSA Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG).

Used in –140.03 Funding

Code	Value	Definition
1	MHBG used to pay for services and supports	
3	SABG used to pay for services and supports	
5	Block Grant funding does not apply	
6	SABG Covid Enhancement	
7	SABG ARPA	
8	MHBG Covid Enhancement	
9	MHBG ARPA	
97	Unknown	Individual client value is unknown

- If the client is receiving services funded by both MHBH and SABG then two separate transactions need to be sent: one reflecting the MH services and one for SUD services

CO-OCCURRING DISORDER QUADRANT ASSESSMENT

Definition - Quadrant placement is based on clinical judgement of clients screened who have indications of a co-occurring mental illness and substance use based on GAIN-SS screening results.

Used in – 121.05 Co-Occurring Disorder

Code	Value
1	Less severe mental health disorder/Less severe substance use disorder
2	More severe mental health disorder/Less severe substance disorder
3	Less severe mental health disorder/More severe substance disorder
4	More severe mental health disorder/More severe substance disorder
9	No Co-occurring treatment need

- Required at intake/assessment for all clients only if the client screens high (2 or higher) on either the IDS or EDS and on SDS.

COUNTY

Used in – 022.04 Client Address
        160.05 DCR Investigation
        162.05 ITA Hearing

Code	County		Code	County
40050	Unknown or out of state		53039	Klickitat
53001	Adams		53041	Lewis
53003	Asotin		53043	Lincoln
53005	Benton		53045	Mason
53007	Chelan		53047	Okanogan
53009	Clallam		53049	Pacific
53011	Clark		53051	Pend Oreille
53013	Columbia		53053	Pierce
53015	Cowlitz		53055	San Juan
53017	Douglas		53057	Skagit
53019	Ferry		53059	Skamania
53021	Franklin		53061	Snohomish
53023	Garfield		53063	Spokane
53025	Grant		53065	Stevens
53027	Grays Harbor		53067	Thurston
53029	Island		53069	Wahkiakum
53031	Jefferson		53071	Walla Walla
53033	King		53073	Whatcom
53035	Kitsap		53075	Whitman
53037	Kittitas		53077	Yakima

DATE OF ARRIVAL

Definition – The date the MRRCT arrive on the scene and contacted the client or collaterals following the initial dispatch (referral). This date will be used to calculate response time for urban and suburban responses by endorsed MRRCTs and CBCTs.
Used in – 165.03 Mobile Rapid Response Crisis Team

Required field for MRRCT Type = 01
Can be NULL for MRRCT Type = 02

- Must be a valid date
- Cannot be a future date or greater than the Event End Date.
- Date/Time of Arrival cannot be prior to the Dispatch Date/Time or Date/Time of Deployment
- Date/Time of Arrival cannot be greater than the Event End Date/Time

Scene in this context is the location where the MRRCT arranged to meet the client.

If the client is not at the scene where client was previously reported to be located, still report the Date/Time of Arrival the MRRCT arranged to meet the client and was unable to following the initial dispatch (referral).

DATE OF DEPLOYMENT

Definition – Date the MRRCT was deployed following the initial dispatch (referral). This date will be used to calculate in route time for endorsed MRRCT and CBCT responses in rural areas. Date/Time of Deployment in this context is the act of the MRRCT leaving from location to another to respond to a request for mobile crisis intervention.

Used in – 165.03 Mobile Rapid Response Crisis Team

Required field for MRRCT Type = 01
Can be NULL for MRRCT Type = 02

- Must be a valid date
- Cannot be a future date
- Cannot be a date prior to Dispatch date
- Date/Time of Deployment must be prior to the Date/Time of Arrival and Event End Date/Time

DISPATCH DATE

Definition – The date the dispatch (referral) is made to the Mobile Rapid Response Crisis Team
Used in – 165.03 Mobile Rapid Response Crisis Team

The Dispatch Date must match the From Service Date of the encounter where procedure code is H2011 UB with an HA or HB modifier.

- Must be a valid date
- Cannot be a future date
- Required field
- Dispatch Date/Time must be equal to or before the Date/Time of Deployment, Date/Time of Arrival, and Event End Time/Date

Dispatch date/time is the date/time when the MRRCT received the referral for the client.

DISPATCH TIME

Definition – Time of day the mobile rapid response crisis team receives the dispatch (referral) from the referral source.
Used in – 165.03 Mobile Rapid Response Crisis Team

The Dispatch Time should be the specific time the dispatch (referral) was received and should not be rounded to the nearest quarter hour.

- Must be valid time
- Submit time values using a 24-hour clock
- Required field
- Time of Arrival and Dispatch Time may match when the in-person MRRCT response actually begins at the same time the dispatch (referral) is received. (i.e. the individual in crisis presents in person to the location of the MRRCT).
- Dispatch Date/Time must be equal to or before the Date/Time of Deployment, Date/Time of Arrival, and Event End Date/Time

Dispatch date/time is the date/time when the MRRCT received the referral for the client.

EDUCATION
Definition - Indicates the client's highest level of education achieved.
Used in – 035.10 Client Profile

Code	Value
1	No formal schooling
2	Nursery school, pre-school, head start
3	Kindergarten, less than one school grade
4	Grade 1
5	Grade 2
6	Grade 3
7	Grade 4
8	Grade 5
9	Grade 6
10	Grade 7
11	Grade 8
12	Grade 9
13	Grade 10
14	Grade 11
15	Grade 12
16	High School Diploma or GED
17	1st Year of College/University (Freshman)
18	2nd Year of College/University (Sophomore) or Associate Degree
19	3rd Year of College/University (Junior)
20	4th Year of College (Senior)
21	Bachelor's Degree
22	Graduate or professional school – includes Master's and Doctoral degrees, medical school, law school, etc.
23	Vocational School – includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment
97	Unknown

- Required for all clients at admission, discharge, and updated every 90 days.

EMPLOYMENT

Definition - Indicates the client's current employment or primary daily activity as per Washington Administrative Code 458-20-267. If the client engages in multiple employment or daily activities, report the highest level of employment or activity.

Used in – 035.10 Client Profile

Code	Value
01	Full Time – at least 35 hours per week; includes members of the Armed Forces and clients in full-time Supported Employment
02	Part Time – works less than 35 hours per week; includes clients in part-time Supported Employment
03	Unemployed - actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days
05	Employed – Full Time/Part Time (status cannot be ascertained)
14	Homemaker
24	Student
34	Retired
44	Disabled
64	Other Reported Classification (e.g. volunteers)
74	Sheltered/Non-Competitive Employment
84	Not in the labor force – classification not specified
96	Not Applicable
97	Unknown
98	Not Collected

- Only use Code 98 if unable to collect because crisis phone service or pre-intake service was provided

ENTRY REFERRAL SOURCE
Definition - Indicates the client's primary referral source to specific treatment modality
Used In – 060.06 Program Identification

Code	Value	Definition
1	Individual (includes self-referral)	Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories including self-referral due to pending driving while intoxicated/driving under the influence (DWI/DUI)
2	Alcohol/Drug Abuse Provider	Any program, clinic, or other health provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment.
4	Other Healthcare Provider	A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home.
6	School	A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.
7	Employer/Employer Assistance Program	A supervisor or an employee counselor.
8	Court / Criminal Justice/DUI/DWI	Any police official, judge, prosecutor, probation officer, or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work, or home furlough or Treatment Alternatives for Safe Communities (TASC). Client need not be officially designated as "on parole". Includes clients referred through civil commitment.
9	Other Community Referral	Community or religious organization, or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
97	Unknown	Individual client value is unknown.

EVENT END DATE

Definition – Indicates the date the crisis event was resolved and an outcome (disposition) provided by the MRRCT, concluding the crisis event.
Used in – 165.03 Mobile Rapid Response Crisis Team

- Required field
- Must be a valid date
- Cannot be a future date
- Cannot be a date/time prior to the Dispatch, Deployment, or Arrival Date.

For staff who provide both MRRCT and DCR services ensure that when transitioning from MRRCT to DCR services, the MRRCT transaction is completed and a DCR transaction is started.

EVENT END TIME

Definition – Time of day the crisis event was resolved and an outcome (disposition) provided by the MRRCT, concluding the crisis event.
Used in – 165.03 Mobile Rapid Response Crisis Team

- Required field
- Must be a valid time
- Submit time values using a 24-hour clock (HHMM)
- Cannot be prior or equal to the Dispatch, Deployment, or Arrival Time
- Event End Date/Time must be equal to or greater than Dispatch Date/Time, Date/Time of Deployment, and Date/Time of Arrival.

For staff who provide both MRRCT and DCR services ensure that when transitioning from MRRCT to DCR services, the MRRCT transaction is completed and a DCR transaction is started.

-

FREQUENCY OF USE

Definition - Indicates the frequency that the client used a specific substance in the last 30 days.
Used in – 036.04 Substance Use

Code	Value
1	No use in the past month
2	1-3 times in past month
3	4-12 times in past month
4	13 or more times in past month
5	Daily
6	Not Applicable
7	Not Available

- Only reported for SUD clients.
- Required if any substance other than "None" is reported in the SUBSTANCE element

FUNDING TYPE

Definition – Specifies type of funding support for clients.
Used in – 140.03 Funding

Code	Value	Definition
01	Medicaid only	
02	Medicaid and non-Medicaid sources	
03	Non-Medicaid only	
97	Unknown	Individual client value is unknown

GENDER

Definition - Indicates a person's self-identified gender
Used in – 020.09 Client Demographics

Code	Value	Definition
1	Female	
2	Male	
4	Transgender	Gender identity differs from the sex they were assigned at birth
5	Intersex	Person born with characteristics of both
7	Transgender female	Designated male at birth but identifies as female: Code as male
8	Transgender male	Designated female at birth but identifies as male: Code as female
97	Unknown	Unknown
98	Refused	Client refused to answer

HEARING OUTCOME

Definition - Indicates the type of commitment, if any, as a result of a court order.
Used in – 162.05 ITA Hearing

Code	Value	Definition	Facility NPI
0	Dismissed	Dismissed by a court order	
1	14 Day MH Subsequent Commitment	Court order for up to 14 days treatment MH Inpatient	Required
2	90 Day MH Subsequent Commitment	Court order for up to 90 days treatment MH Inpatient	Required
3	180 Day MH Subsequent Commitment	Court order for up to 180 days treatment MH Inpatient	Required
4	90 Day MH LRA	Court order for 90 days of MH Less Restrictive Treatment	
5	180 Day MH LRA	Court order for 180 days of MH Less Restrictive Treatment	
6	Agreed to Voluntary Treatment	Person agrees to voluntary treatment	
7	Revoke MH LRA	Court order revocation of an MH LRA court order	Required
8	Reinstate MH LRA	Discharge of person on the original or modified MH LRA order	
9	5 Day Commitment under Joel's Law	Court order for 120 hours treatment from a Joel's law petition	Required
10	Dismissal of petition filed under Joel's Law	Court order dismissing a Joel's law petition	
14	14 Day SUD Subsequent Commitment	Court order for up to 14 days SUD treatment	Required
19	90 Day SUD LRA	Court order for 90 days of less restrictive alternative SUD treatment	
23	90 Day MH LRA Extension	Court ordered extension of a MH LRA order for up to 90 days of MH Less Restrictive Treatment	
24	180 Day MH LRA Extension	Court ordered extension of a MH LRA order for up to 180 days of MH Less Restrictive Treatment	

27	90 Day SUD LRA Extension	Court ordered extension of an SUD LRA order for up to 90 days of SUD less restrictive alternative treatment	
28	180 Day SUD LRA Extension	Court ordered extension for 180 days of SUD less restrictive alternative treatment	
30	14 Day MH LRA	Court order for 14 days of MH Less Restrictive Treatment	
31	365 Day MH LRA	Court order for 365 days of MH Less Restrictive Treatment	
32	18-Month MH AOT Order	Court order for up to 18 months of Assisted Outpatient MH Treatment	
33	Revoke MH AOT	Court order revocation of MH AOT order	Required
34	Reinstate MH AOT	Discharge of person on the original or modified MH AOT order	
35	Revoke SUD LRA	Court order revocation of an SUD LRA order	Required
36	Reinstate SUD LRA	Discharge of person on the original or modified SUD LRA order	
37	14 Day SUD LRA	Court order for up to 14 days of less restrictive alternative SUD Treatment	
38	18-month SUD AOT Order	Court order for 18 months of Assisted Outpatient SUD Treatment	
39	Revoke SUD AOT	Court order revocation of SUD AOT order	Required
40	Reinstate SUD AOT	Discharge of person on the original or modified SUD AOT order	

- Only reported for clients who received an Involuntary Treatment Act hearing.

HISPANIC ORIGIN

Definition - Indicates the Hispanic origin the client associates with (e.g. Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent, regardless of race). Hispanic denotes a place of origin or cultural affiliation rather than a race (i.e. a person can be both white and Hispanic or black and Hispanic and so on).

Used in – 020.09 Client Demographics

Code	Value
000	Hispanic - Specific Origin Unknown
709	Cuban
722	Mexican
727	Puerto Rican
799	Other Specific Hispanic (e.g., Chilean, Salvadoran, Uruguayan)
998	Not of Hispanic Origin
999	Unknown

INVESTIGATION OUTCOME

Definition - Indicates the outcome of a DCR investigation

Used in – 160.05 DCR Investigation

	Investigation Outcome CODE Meaning	Legal Reason for Detention/Commitment (Up to 4)	Return to Inpatient / Revocation Authority	Inpatient NPI
1	Initial Detention – ITA MH Detention to Mental Health facility under the Involuntary Treatment Act, RCW 71.05 (72-hour initial detentions before January 1, 2021; 120-hour initial detentions starting January 1,2021 and after)	A-D at least one required	9	Required
2	Referred to Voluntary Outpatient MH services	Z	9	Blank/Null
3	Referred to Voluntary Inpatient MH Services	Z	9	Blank/Null
4	Return to Inpatient Facility/filed revocation petition	A-D or X at least one required	1 or 2 Required	Required
5	Filed Petition Recommending LRA Extension	A-D or X at least one required	9	Blank/Null
6	Referred to non-mental health community resources	Z	9	Blank/Null
7	Initial Detention – ITA SUD Detention to Substance Use Disorder facility under the Involuntary Treatment Act, RCW 71.05 (72-hour initial detentions before January 1, 2021; 120-hour initial detentions starting January 1,2021 and after)	A-D -at least one required	9	Required
9	Other	Z	9	Blank/Null
10	Referred to acute detox	Z	9	Blank/Null
11	Referred to sub-acute detox	Z	9	Blank/Null
12	Referred to sobering unit	Z	9	Blank/Null
13	Referred to crisis triage	Z	9	Blank/Null
14	Referred to SUD intensive outpatient program	Z	9	Blank/Null
15	Referred to SUD inpatient program	Z	9	Blank/Null
16	Referred to SUD residential program	Z	9	Blank/Null

17	No detention – E&T provisional acceptance did not occur within statutory timeframes	Z	9	Blank/Null
18	No detention – Unresolved medical issues	Z	9	Blank/Null
19	Non-emergent detention petition filed	Z	9	Blank/Null
20	Did not require MH or SUD services	Z	9	Blank/Null
22	Petition filed for outpatient evaluation	A-D or X at least one required	9	Blank/Null
23	Filed petition recommending AOT extension	Z	9	Blank/Null
24	No detention – Secure Withdrawal Management and Stabilization provisional acceptance did not occur within statutory timeframes	Z	9	Blank/Null

- Code '1' if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily (code 2,3, or code 10-16).
- Only collected for persons being investigated under the Involuntary Treatment Act.
- The agency may change outcomes of detention if the outcome of detention is for another AOT. If outcome changes, the agency will send an update record.

INVESTIGATION REFERRAL SOURCE

Definition - Indicates the source of the referral for an ITA investigation
Used in – 160.05 DCR Investigation

Code	Value
1	Family; Spouse, parent, child, sibling
2	Hospital
3	Professional: Physician, Behavioral Health Treatment Provider, Child/Adult Protective Services
4	Care Facility: Assisted living, adult family homes, nursing homes, behavioral health residential setting, rehabilitation facility
5	Legal Representative: The person with legal responsibility over/for the individual
6	School: Primary, secondary, or post-secondary school
7	Social Service Provider
8	Law Enforcement
9	Community: Landlord, business, neighbors
10	Other
11	Referral from MRRCT to DCR

- Only collected for persons being investigated under the Involuntary Treatment Act

LAW ENFORCEMENT AND CO-RESPONDER INVOLVEMENT

Definition – Law enforcement or other first responders were present at the scene with or without the presence of behavioral health or other co-responder during any service prior to the final disposition of the crisis event.

Used in – 165.03 Mobile Rapid Response Crisis Team

Code	Value	Definition
3	Law enforcement only	Law enforcement was present without co-responder
4	Law enforcement with BH co-responder	Law enforcement with BH co-responder present
5	Law enforcement with non-BH co-responder	Law enforcement with non-behavioral health co-responder present. Example: LE paired with an EMT
6	Fire/EMS	Fire/EMS were present at the scene.
7	No Law enforcement and/or law enforcement-based co-responder	

- Only one option allowed

LEGAL REASON

Definition - Indicates the reason for detention/commitment
Used in – 160.05 DCR Investigation

Code	Value
A	Dangerous to self.
B	Dangerous to others.
C	Gravely disabled.
D	Dangerous to property.
X	Revoked for reasons other than above.
Z	NA-person was not involuntarily detained under ITA.

- Up to 4 options may be submitted per detention.
- Only collected for persons being investigated under the Involuntary Treatment Act

LEVEL OF ACUITY

Definition – The level of acuity defines the timeframe in which an MRRCT needs to respond to an individual in crisis once a referral for MRRCT services occurs.

Used in – 165.03 Mobile Rapid Response Crisis Team

Code	Value	Definition
1	Urgent	Urgent crises are moderate to serious risk and require a 24-hour response.
2	Emergent	An emergent crisis is an extreme risk and requires a 2-hour response time
4	Behavioral Health Emergency	A significant behavioral health crisis that requires an immediate in-person response within 1 hour due to the level of risk or lack of means for safety planning. Endorsed teams must follow statutory response times to receive supplemental performance payments.

Only one option allowed

MARITAL STATUS

Definition – Indicates the current marital status of the client
Used in – 035.10 Client Profile

Code	Value	Definition
1	Single or never married	Includes clients who are single or whose only marriage was annulled
2	Now married or committed relationship	Includes married couples, those living together as married, living with partners, or cohabitating
3	Separated	Includes married clients legally separated or otherwise absent from spouse because of marital discord
4	Divorced	Includes clients who are not in a relationship and whose last relationship was a marriage dissolved by judicial declaration
5	Widowed	Includes clients who are not in a relationship and whose last relationship was a marriage and their spouse died
97	Unknown	Unknown

MEDICATION-ASSISTED OPIOID THERAPY

Definition – Identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone (for example) is part of the client's treatment plan.

Used in – 170.06 Service Episode

Code	Value	Definition
1	Yes	
2	No	
3	Not applicable	
7	Unknown	Individual client value is unknown
8	Not collected	Organization does not collect this field

- Substance use reporting: If the client is not in treatment for an opioid problem (codes 05 Heroin, 06 Non-prescription methadone, or 07 Other opiates and synthetics) in one of the Substance Abuse Problem fields, this field may be coded 3 Not Applicable. This is not mandatory because it's possible that the client is being treated with opioid therapy for a substance abuse problem not among the maximum of three that can be listed.
- Mental health reporting: Reporting of this information on a mental health record is allowed only for clients with co-occurring mental health and substance abuse problems.

METHOD

Definition - Indicates the most common method the client uses to administer a specific substance
Used in – 036.04 Substance Use

Code	Value
1	Inhalation
2	Injection
3	Oral
4	Other
5	Smoking

- Only reported for SUD clients
- Reported if a substance is selected

MILITARY STATUS
Definition - Indicates if the client has ever served as an active member in the U.S. Military
Used in – 035.10 Client Profile

Code	Value
1	Yes
2	No
3	Refuse
4	Unknown

- Report code 1 (Yes) regardless of length of service or if the client was dishonorably discharged.

MOBILE RAPID RESPONSE CRISIS TEAM OUTCOME

Definition – The outcome of the MRRCT encounter. This should be the final disposition, following the initial dispatch (referral) and any subsequent crisis services provided within 72 hours of the initial dispatch (referral). Note that many crisis events may have a disposition and outcome in less than 72 hours. For example, some dispatches (referrals) may have an outcome following a single in-person intervention, but some may include planned follow-up by the MRRCT during the 72 hours following the initial dispatch (referral) and intervention.

Used in – 165.03 Mobile Rapid Response Crisis Team

Code	Value	Definition
2	MRRCT service completed, no follow-up recommended.	MRRCT service completed, no follow-up recommended.
3	MRRCT completed, follow-up recommended.	Referral given for independent follow-up
6	Law Enforcement	Case referred to law enforcement
7	DCR for ITA evaluation/investigation	Case referred to DCR
8	Unable to locate individual or individual not available	MRRCT unable to meet with the individual because they left the location, or they are unavailable for some other reason.
9	Voluntary placement at a shelter or other safe location.	MRRCT verified admission to a shelter or other safe location. May include voluntary transport provided by MRRCT or other support team to the facility.
10	Assisted with transport to needed services (pharmacy, food bank.)	MRRCT verified transportation was provided to the location of needed services. May include voluntary transport provided by MRRC
11	Assisted with scheduling a next day appointment.	The MRRCT assisted the help seeker with scheduling a next day appointment.
12	Assisted with scheduling follow-up care.	The MRRCT assisted the help seeker with scheduling follow-up care.
13	Individual declined or terminated MRRCT services.	Individual declined or terminated MRRCT services.
14	In-home stabilization referral.	Used when referring to in-home stabilization services following the initial 72-hour crisis phase, including under the Mobile Response and Stablization Services (MRSS) model for children, youth, and families.
15	Voluntary placement at a BH crisis facility.	MRRCT verified admission to a BH crisis facility (ie. 23-hour crisis relief center, crisis stabilization unit, peer respite facility). May include voluntary transport provided by MRRC or other support team to the facility.
16	Voluntary transfer to community hospital (includes ED)	MRRCT verified admission to a community hospital. May include voluntary transport provided by MRRC or other support team to the facility, including a hospital emergency department.

97	Other	Transport to shelters (homeless, domestic violence, etc) or other safe location, voluntarily by individual or other selections not covered

- Only one option allowed.

MOBILE RAPID RESPONSE CRISIS TEAM REFERRAL SOURCE

Definition - Indicates the source of the referral for an MRRCT.
Used in – 165.03 Mobile Rapid Response Crisis Team

If the referral source was a crisis call center (i.e. 988, the regional crisis line, or team directly) then report the source that contacted the crisis call center.

Code	Value	Definition
1	Family or Friend	Examples: Spouse, parent, child, sibling, friend.
2	Hospital	Examples: Emergency Department, inpatient medical floor, ICU
3	Professional	Medical or behavioral health providers, Examples: Physicians, behavioral health treatment providers
4	Care Facility	Examples: Assisted living facilities, adult family homes, nursing homes, behavioral health residential settings, rehabilitation facilities, daycare/childcare facility
5	Legal Representative	The person with legal responsibility over/for the individual
6	School	Examples: Pre-K through 12th, HeadStart, colleges, universities, and trade schools.
7	Social Services Provider	Examples: DSHS, housing providers, adult protective services, Department of Children Youth and Families, Development Disability Administration, other social services agencies.
8	Law Enforcement	Includes law enforcement co-responders.
9	Community Member	Examples: Landlord, business, neighbors
10	Self-Referral	
12	Designated Crisis Responder	
13	EMS, Fire, other first responders	
14	Juvenile Corrections	
15	Adult Corrections	
97	Other	Other

- Only one option allowed

MOBILE RAPID RESPONSE TYPE

Definition - MRRCT services are most effective when provided in-person. An in-person response should be offered initially and provided whenever requested. This can be identified by submitting 01-Mobile Rapid Response Crisis Team (in person).

A Mobile Rapid Response Crisis Team Response Type of 2 should be selected if **only** telehealth services were provided during the entire crisis event. Used in – 165.03 Mobile Rapid Response Crisis Team

Code	Value
01	Mobile Rapid Response Crisis Team (in person)
02	Mobile Crisis provided via Telemedicine (includes audio/video and audio only)

- Only use MRRCT type 02 if no in-person services were provided in the crisis event

MRRCT AGENCY NPI

Definition – Indicates the billing provider NPI for the Agency the employs the MRRCT
Used in – 165.03 Mobile Rapid Response Crisis Team

The billing provider NPI on the MRRCT transaction must match the billing provider NPI on the corresponding encounter submitted with procedure code H2011 with a UB and either an HA or HB modifier for the client.

- Must be valid 10-digit billing provider NPI
- No blank or null values

MRRCT ZIP CODE

Definition – Indicates the location of the client at the time the first in-person services occurred, via the zip code, following the initial dispatch.
Used in – 165.03 Mobile Rapid Response Crisis Team

If MRRCT Type is 01, zip code is required.
If MRRCT Type is 02, zip code can be NULL.

- Only one option allowed
- Must be valid 5-digit zip code

NEEDLE USE EVER

Definition – Indicates if the client has ever used needles to inject illicit or unprescribed drugs.
Used in – 035.10 Client Profile

Code	Value
1	Continuously
2	Intermittently
3	Rarely
4	Never
97	Unknown
98	Refused to answer

- Required field for all SUD clients; optional for MH clients.

INTERPRETER UTILIZED

Definition – Defines whether a professional interpreter was utilized during the event. Includes in-person, telephonic, or HIPAA compliant video interpretation services. The selected code should be based on the use of an interpreter during any service encounter following an initial referral. These services could be provided for up to a 72-hour period following the referral.

Used in – 165.03 Mobile Rapid Response Crisis Team

Code	Value	Definition
1	Yes	An interpreter was utilized to communicate with the individual in crisis
2	No	No interpreter was utilized at the encounter.
Y	Yes	An interpreter was utilized to communicate with the individual in crisis
N	No	No interpreter was utilized at the encounter.

- Only one option allowed
- Required field

PEAK USE

Definition - Indicates the highest monthly use pattern in the twelve months preceding admission.
Used in – 036.04 Substance Use

Code	Value
1	No Use
2	1-3 times in a month
3	4-12 times in a month
4	13 or more times in a month
5	Daily
6	Not Applicable

- Required for SUD clients.

PRESENTING PROBLEM

Definition – The nature of the behavioral health crisis determined by the MRRCT provider during the initial dispatch (referral) and first intervention.
Used in – 165.03 Mobile Rapid Response Crisis Team

Code	Value	Definition
04	Suicidality	
05	Harm/risk of harm to self	
06	Harm/risk of harm to others	
07	Harm/risk from others	
08	Anxiety	
09	Disruptive behavior	
10	Depression	
11	Mood dysregulation	
12	Family conflict	
13	Trauma	Current or past psychological trauma
14	Peer difficulties	
15	School problems	
16	Psychosis	
17	Eating disturbance	
18	Intellectual/developmental delays	
19	Identity discovery	Related to support around gender expression, sexuality, race, ethnicity, etc.
20	Loneliness	
21	Intimate relationship problems	
22	Bereavement	
23	Critical incident	Natural disaster, school violence, other significant incident affecting a group of people in a local or regional area.

24	Substance use	
25	Substance intoxication	
26	Substance withdrawal	
27	Neurocognitive symptoms	TBI, dementia, acute delirium.
28	Chronic physical symptoms	Chronic pain, chronic medical condition. These symptoms may be contributing to psychological distress.
29	Socioeconomic challenges	Lack of adequate food, lack of safe shelter, income loss.
97	Other	Examples: Undiagnosed behavioral issue(s)

- Select all that apply

PRIMARY LANGUAGE

Definition - Indicates the primary speaking language of the client as used in the home even if that language is English. DBHR is now using the "ISO 639-2 Codes for the Representation of Names of Languages" guide located here : https://www.loc.gov/standards/iso639-2/php/code_list.php

Our primary language table below lists the languages most commonly used in the BH-ASO. **If there is a language that you wish to be included, please contact the BH-ASO to make the addition.**

Used in – 020.09 Client Demographics

Definition	Code		Definition	Code
American Sign Language	sgn		Lakota Sioux	nai
Amharic	amh		Malay	may
Arabic	ara		Marathi	mar
Czech	cze		Norwegian	nor
Dutch	dut		Other Languages	und
English	eng		Polish	pol
Finnish	fin		Puyallup	nai
French	fre		Romanian	ron/rum
German	ger		Russian	rus
Greek	gre		Salish	sal
Gujarati	guj		Samoan	smo
Hindi	hin		Spanish	spa
Hmong	hmn		Tagalog	tgl
Hungarian	hun		Thai	tha
Ilocano	ilo		Tigrigna	tir
Italian	ita		Ukrainian	ukr
Japanese	jpn		Vietnamese	vie
Korean	kor		Yakama	nai

PROGRAM END REASON

Definition - Indicates the primary reason the client is being discharged from program
Used in – 060.06 Program Identification

Code	Value	Definition
1	Treatment Completed	
2	Left against advice, including dropout	Termination of treatment initiated by the client without the provider agency's concurrence.
3	Terminated by facility	Termination of treatment services that is initiated by the provider agency in response to a client's continued violation of the provider agency's established rules or in response to a client's inability to continue participating in treatment (i.e. medical reasons, transfer of job, etc.).
4	Transferred to another SA treatment or Mental Health program	
5	Incarcerated	
6	Death by Suicide	
7	Death NOT by Suicide	
8	Other	
9	Lost to Contact	Used for outpatient clients who did not get back to the provider agency and are not able to be contacted.
10	Administrative Closure	No client activity >= 45 days (SUD) or >= 90 days (MH)

- Required for all clients when an end date is reported in the Program Identification transaction.

PROGRAM ID

Definition - Indicates the program in which a client is enrolled.

Used in – 036.04 Substance Use,
060.06 Program Identification

Code	Value
1	PACT Program for Assertive Community Treatment
2	CDDA (COMM) – Chemical Dependency Disposition Alternative – Committable Youth
3	CDDA (LS) – Chemical Dependency Disposition Alternative – Locally Sanctioned Youth
11	Jail Services - MH
12	Jail Services - SUD
19	Functional Family Therapy
20	Illness Self-Management/Illness Management and Recovery
21	Integrated Dual Disorders Treatment
23	Multi-systemic Therapy
25	Supported Housing
26	Therapeutic Foster Care
28	Wraparound with Intensive Services (WISe)
30	Supported Employment Program
34	CJTA (Drug Court)
35	CJTA (Non-drug Court)
36	*Diversion Program – King, Greater Columbia, and Spokane only*
38	New Journeys
39	BEST
42	Peer Bridger Program – Hospital and Community
43	Peer Respite
44	Intensive Residential Teams
45	Intensive Behavioral Health Facilities
51	SUD – Outpatient
52	SUD – Intensive Outpatient
54	SUD – Intensive Inpatient

55	SUD – Long Term Residential
56	SUD – Recovery House
57	SUD – Withdrawal Management (aka Detox)
58	SUD – Opiate Substitution
59	SUD – Housing Support Services

- Required for all clients who are enrolled in a program listed.
- codes 51-59 required for SUD clients
- A client can be enrolled in more than one program at a time.
- all program ID transactions submitted must be within the corresponding Service Episode Start and End Dates.

RACE

Definition - Indicates the race(s) the client identifies as. Race categories are based on the US Department of Health and Human Services implementation collection standards for race and ethnicity.

Used in – 020.09 Client Demographics

Code	Value
010	White
021	American Indian/ Alaskan Native
031	Asian Indian
032	Native Hawaiian
033	Other Pacific Islander
034	Other Asian
040	Black or African American
050	Other Race
604	Cambodian
605	Chinese
608	Filipino
611	Japanese
612	Korean
613	Laotian
660	Guamanian or Chamorro
801	Middle Eastern
999	Unknown

- Select one or more categories. If a person selects more than 1 code, enter each one in sequence up to 6.
- If client does not identify with any of the coded races, then code '050' for Other Race
- If information is not available or unknown then code '999'.

REFERRAL GIVEN

Definition – Specific referrals given to the client throughout the crisis event for independent follow-up (exclude services for which the individual was directly transport e.g. crisis relief center, crisis stabilization unit, E&T, etc, which should be entered in MRRCT Outcome).
Used in – 165.03 Mobile Rapid Response Crisis Team

Code	Value	Definition
01	Outpatient Substance Use Disorder and/or Mental Health services	Examples: Outpatient facility, detox services, community behavioral health organization
02	Non-behavioral health community services	Examples: Medical clinic, primary care provider
03	Forensic Projects for Assistance in Transition from Homelessness (F-PATH)	
04	Forensic Housing and Recovery through Peer Services (F-HARPS)	
05	Traditional HARPS	
06	Traditional PATH	
07	Other housing resources	
08	Adult Protective Services	
09	EBT/ABD (Food/Cash Benefits)	
10	Educational Assistance	
11	Employment Assistance	
12	Home and Community Service	
13	Job Training	
14	Medical Insurance Services	Examples: Insurance care coordinator, MCO case manager
15	Dental Care	
16	SSI/SSDI	
17	Veteran's Administration (VA) Benefits	
18	Voluntary Inpatient Behavioral Health Services	
19	Alternative Housing Supports	Examples: Shelter, drop-in center
20	Food Bank	
21	No referrals given	

22	Peer Respite	
23	Recovery Navigator	
24	WISe	Wraparound with intensive services includes Multi-Systemic Therapy (MST)
25	TAY	Transitional Age Youth program age 15-24 (includes TAY-CORE and TAY-WISe) TAY independent housing
26	School Based Mental Health Services	Includes school-based SUD services, ESD, or True North
27	Department of Children Youth and Families	CPS, any other DCYF programs, social worker, foster care system, child welfare.
28	Developmental Disabilities Administration	
29	Parenting Support	Examples: parenting class, parent support group, COPE
30	Youth at Risk information – Juvenile Justice	

- Select all the apply
- If code value "(21) No Referral Given" is submitted, do not submit any other value.
- At a minimum, report the Referral Given at time of disposition.

RESIDENCE

Definition - Indicates client's primary residence over the last thirty days preceding date of collection.
Used in – 035.10 Client Profile

Code	Value	Definition
1	Homeless without housing	Individual primarily resides "on the street" or in a homeless shelter.
2	Foster Home/ Foster Care	Individual resides in a foster home. A foster home is a home that is licensed by a county or State department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families.
3	Residential Care	Individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities
4	Crisis Residence	A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning
5	Institutional Setting	Individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include skilled nursing/ intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, or state hospital.
6	Jail/ Correctional Facility	Individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 days a week basis. This includes a jail, correctional facility, detention centers, and prison.
7	Private Residence	For adults only: this category reflects the living arrangement of adult clients where "independent"/"dependent" status is unknown. Otherwise, use "independent living"/"dependent living" as appropriate.
8	Independent Living	For adults only: this category describes adult clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations.

9	Dependent Living	For adults only: this category describes adult clients living in a house, apartment, or other similar dwellings and are heavily dependent on others for daily living assistance
10	Private Residence	For children only – use this code for all children living in a private residence regardless of living arrangement.
11	Other Residential Status	
12	Homeless with housing	Individual does not have a fixed regular nighttime residence and typically stays ("couch surfs") at the home of family or friends.
97	Unknown	

- Use 'Unknown' if a particular situation does not fit in one of the categories.
- Codes for 'Private Residence – adult only', 'Dependent Living', and 'Independent Living' should be used for adult clients only (age 18 and over).
- Children/Adults who live in family foster homes and therapeutic foster homes should use 'Foster Home/Foster Care' and not 'Private Residence'.
- Although reported every 90 days, the living situation indicates where the client was the majority of the time in the preceding 30 days. It is optional to report this element on a more frequent basis in order to capture a change in residence.

RETURN TO INPATIENT

Definition - Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a) & (b).
Used in – 160.05 DCR Investigation

NOTE: This element is specific to returning a consumer under LRA to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria used for person on LRA being returned to inpatient treatment. Use code '9' for all cases where the person is placed on LRA or not committed.

Code	Value
1	DCR determined detention during course of investigation per RCW 71.05.340(3)(a).
2	Outpatient provider requested revocation per RCW 71.05.340(3)(b) or RCW 71.34 for kids.
9	N/A.

- Only collected for persons being investigated under the Involuntary Treatment Act

SCREENING SCORE

Definition - The IDS, EDS, and SDS scores produced upon completion of the co-occurring disorders screening process using the GAIN-SS tool.

Used in – 121.05 Co-Occurring Disorder

Code	Value
0	Score of 0
1	Score of 1
2	Score of 2
3	Score of 3
4	Score of 4
5	Score of 5
8	Refused
9	Unable to Complete

- When reporting the outcome of a completed screening, a value between 0 and 5 must be provided for the score
- Use 8 to indicate the client refuses to participate in the specific scale
- Use 9 to indicate the client is unable to complete the specific scale
- Must attempt to screen all individuals ages 13 and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

SELF HELP COUNT

Definition - Indicates the average number of times in a week the client has attended a self-help program in the thirty days preceding the date of collection. Includes attendance of AA, NA, and other self-help/mutual support groups focused on recovery from SUD and dependence.

Used in – 035.10 Client Profile

Code	Value
1	No attendance
2	Less than once a week
3	About once a week
4	2 to 3 times per week
5	At least 4 times a week
6	Not Collected
97	Unknown

SERVICE EPISODE END REASON

Definition - Indicates the primary reason the client is being discharged from treatment at the provider agency
Used in –170.06 Service Episode

Code	Value	Definition
01	Treatment Completed	All parts of the treatment plan were completed
02	Dropout	Client chose not to complete treatment program with or without specific advice to continue treatment. Includes clients who drop out of treatment for unknown reasons, clients with whom contact is lost, clients who fail to return from leave, and clients who have not received treatment for some time and are discharged for administrative purposes.
03	Terminated by facility	Treatment terminated by action of facility generally because of client non-compliance with treatment or violation of rules, laws, policy, or procedures.
04	Transferred client showed	Client was transferred to another treatment program, provider, or facility for continuation of treatment.
05	Incarcerated	Client whose course of treatment is terminated because the client has been subject to jail, prison, or house confinement or has been released by or to the courts.
06	Death by Suicide	
07	Death NOT by Suicide	
08	Other	Client transferred or discontinued treatment because of change of life circumstances.
09	Lost to Contact	Client who has received outpatient services and the provider agency is unable to contact
10	Administrative Closure	No client activity >= 45 days (SUD) or >= 90 days (MH).
14	Transferred Client no show	Transferred to another treatment program or facility but client is no show.
24	Transferred to non SSA or SMH facility	Transferred to another treatment program or facility that is not in the SSA (Substance Use Agency) or SMHA (State Mental Health Agency) reporting system.
34	Discharge from State Hospital	Discharged from the State hospital to an acute medical facility for medical services.
97	Unknown	

SERVICE REFERRAL SOURCE
Definition - Indicates the client's primary referral source to treatment.
Used In – 170.06 Service Episode

Code	Value	Definition
1	Individual (includes self-referral)	Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories including self-referral due to pending driving while intoxicated/driving under the influence (DWI/DUI)
2	Alcohol/Drug Abuse Provider	Any program, clinic, or other health provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment.
4	Other Health Care Provider	A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home.
6	School	A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.
7	Employer/Employee Assistance Program	A supervisor or an employee counselor.
8	Court/Criminal Justice/DUI/DWI	Any police official, judge, prosecutor, probation officer, or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work, or home furlough or Treatment Alternatives for Safe Communities (TASC). Client need not be officially designated as "on parole". Includes clients referred through civil commitment.
9	Other community referral	Community or religious organization, or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
97	Unknown	Individual client value is unknown.

- Collect whenever possible otherwise mark as unknown

SEXUAL ORIENTATION

Definition - Indicates a client's voluntarily stated sexual orientation
Used In – 020.09 Client Demographics

Code	Value
1	Heterosexual
3	Gay/Lesbian/Queer/Homosexual
4	Bisexual
5	Questioning
9	Choosing not to disclose – Use when in individual is uncomfortable or unwilling to disclose their sexual orientation.

- Do not collect for individuals under age 13, instead report "9"

SMI/SED STATUS

Definition - Indicates whether the client has serious mental illness (SMI) or serious emotional disturbance (SED) using the state definition.
Used In – 035.10 Client Profile

Code	Value
1	SMI
2	SED
3	At risk for SED
4	Not SMI or SED
97	Unknown
98	Not Collected

- use code 4 if the client has not been found eligible for SMI or SED services
- use code 97 for a client undergoing evaluation for SMI or SED eligibility pending any decision

- when client's age is 17 years or younger, code 1 cannot be used
- when client's age is 18 years or older, codes 2 and 3 cannot be used.
    - Exception – Codes 2 or 3 may be used for young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state's children mental health system.
- When the MHBG Funded Services is '1' for the 140.02 transaction "Block Grant Funding" field, the SMI/SED value must be either 1 or 2.

SMOKING STATUS
Definition - Indicates a client's smoking status. In this case vaping is not considered a form of smoking.
Used In – 035.10 Client Profile

Code	Value
1	Current smoker
2	Former smoker
3	Never smoked
97	Unknown
98	Refused to answer

SOURCE OF INCOME

Definition – Identifies the client's principal source of financial support. For children under 18, this field indicates the parents' primary source of income/support.
Used In – 140.03 Funding

Code	Value	Definition
1	Wages/Salary	
2	Public Assistance	
3	Retirement/Pension	
4	Disability	
20	Other	
21	None	
97	Unknown	Individual client value is unknown

STATE

Definition – Indicates the US postal service standard two-letter abbreviation of the state where the client currently resides.
Used In – 022.04 Client Address

Code	Value		Code	Value
Alabama	AL		Montana	MT
Alaska	AK		Nebraska	NE
Arizona	AZ		Nevada	NV
California	CA		New Jersey	NJ
Colorado	CO		New Mexico	NM
Connecticut	CT		New York	NY
Delaware	DE		North Carolina	NC
District of Columbia	DC		North Dakota	ND
Florida	FL		Ohio	OH
Georgia	GA		Oklahoma	OK
Hawaii	HI		Oregon	OR
Idaho	ID		Pennsylvania	PA
Illinois	IL		Puerto Rico	PR
Indiana	IN		Rhode Island	RI
Iowa	IA		South Carolina	SC
Kansas	KS		South Dakota	SD
Kentucky	KY		Tennessee	TN
Louisiana	LA		Texas	TX
Maine	ME		Utah	UT
Maryland	MD		Vermont	VT
Massachusetts	MA		Virginia	VA
Michigan	MI		Washington	WA

Military Address	AA		Wisconsin	WI
Minnesota	MN		Wyoming	WY
Mississippi	MS		West Virginia	WV
Missouri	MO		Unknown	XX
			Other Country	OT

SUBSTANCE

Definition - Indicates the specific substance(s) or substance category(s) that the client is being seen for.
Used in – 036.04 Substance Use

Code	Value
1	None
2	Alcohol
3	Cocaine/Crack
4	Marijuana/Hashish
5	Heroin
6	Other Opiates And Synthetics
7	PCP-phencyclidine
8	Other Hallucinogens
9	Methamphetamine
10	Other Amphetamines
11	Other Stimulants
12	Benzodiazepine
13	Other non-Benzodiazepine Tranquilizers
14	Barbiturates
15	Other Non-Barbiturate Sedatives or Hypnotics
16	Inhalants
17	Over The Counter
18	Oxycodone
19	Hydromorphone
20	MDMA (ecstasy, Molly, etc)
21	Other
22	Fentanyl

- Required field for all clients receiving SUD services.
- A Substance (except for "None") cannot be selected more than once.
- Substance (1) cannot be reported as "None"

- The substances must be ranked by relative importance of seriousness of dependency as provided by the client and determined by the clinician. This rank is represented in the order the substances are reported, with (1) having a higher rank of seriousness than (2) or (3).
- the 3 Substances reported at admission into treatment must also be reported at discharge (whether or not they are still using the substance).

TIME OF ARRIVAL

Definition – Time of day the MRRCT arrived on the scene following the initial dispatch (referral). This time will be used to calculate response time for urban and suburban responses by endorsed MRRCTs and CBCTs.
Used in – 165.03 Mobile Rapid Response Crisis Team

Arrival time and Dispatch Time may match when the in-person MRRCT response actually begins at the same time the dispatch (referral) is received (i.e. the individual in crisis presents in person to the location of the MRRCT).

Time of Arrival should be the specific time the MRRCT arrived on scene and should not be rounded to the nearest quarter hour.

Required field if MRRCT Type = 01
Can be NULL if MRRCT Type = 02

- Submit time values using a 24-hour clock (HHMM)
- Must be valid time
- Date/Time of Arrival cannot be prior to the Dispatch Date/Time or Date/Time of Deployment
- Date/Time of Arrival cannot be greater than the Event End Date/Time

Scene in this context is the location where the MRRCT arranged to meet the client.
If the client is not at the scene where client was previously reported to be located, still report the Date/Time of Arrive the MRRCT arranged to meet the client and was unable to following the initial dispatch (referral).

TIME OF DEPLOYMENT

Definition – Time of day the MRRCT was deployed following the initial dispatch (referral). This time will be used to calculate in route time for endorsed MRRCT and CBCT responses in rural areas. Date/Time of Deployment in this context is the act of the MRRCT leaving from a location to another to respond to a request for mobile crisis intervention.
Used in – 165.03 Mobile Rapid Response Crisis Team

Required field if MRRCT Type = 01
Can be NULL if MRRCT Type = 02

- Submit time values using a 24-hour clock (HHMM)
- Date/Time of Deployment must be greater than or equal to the Dispatch Date/Time and less than the Date/Time of Arrival and Event End Date/Time