Salish BH-ASO Data Dictionary

Effective January 17, 2023

Version: 3.2
Rev: January 23,2023

Contents

Change Log

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.

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 (020.08)	X	X	X	X
Client Address (022.03)	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 (140.02)	X	X		
DCR Investigation (160.05)	X			X**
ITA Hearing (162.05)	X			X**
Mobile Crisis Response (165.02)	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   020.08

Definition   This is the demographic 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, and updated upon change.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"020.08"
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	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)		**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 (.)

*For clients under 13 years of age report "9".

** If your system is unable to accept a future date, contact us.

Transaction Name   Client Address

Transaction ID   **022.03**

Definition   Client's current physical address information collected at request for service, assessment, and updated upon change. If client is homeless or unable to provide a street address, report what is available, including city, county, and state or zip code. Do not report Provider Agency Address if Client Address is unknown. If client is staying at a facility, submit facility address with facility flag as Y. This transaction is optional for SUD clients in withdrawal management services, but should be reported if possible.

Fiel	Name	Required	Key	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"022.03"
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	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 (.)

*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 (.)

Transaction Name   Client Profile
Transaction ID   **035.10**
Definition   Additional client characteristics required for all clients. Client Profile is required to be collected at admission, every 90 days, at discharge and upon change. If the information has not changed, resubmit existing data at the 90-day period.

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 'Y' 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, every 90 days, 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. 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   A client identified by an BH-ASO may be enrolled in a special program as identified in the Program ID element. If there are services that are not programs listed in the Program ID table they should not be tracked with the 060.06. This transaction will not prevent a client from being in 2 or more different programs at a particular agency in the BH-ASO. Required upon entry and exit of programs.

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

Transaction Name   Co-occurring Disorder
Transaction ID   **121.05**

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

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

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   **140.02**

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, upon change, and discharge.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"140.02"
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 (.)

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

 - Only collected 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 (.)

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

Transaction Name   Mobile Crisis Response

Transaction ID   **165.02**

Definition   Mobile Crisis Response 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 Crisis Response 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 (on-site, in person)
  - Mobile crisis response follow-up
  - Telehealth Service (virtual, in-person, excludes crisis call center responses)
  - Telehealth follow-up

Only submit this transaction if it is a mobile crisis response service.

Field	Name	Required?	Key?	Data Type	Description	Validation/Notes
1	Transaction ID	Y		varchar(6)		"165.02"
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 Crisis Response Type	Y	Y	varchar(2)		**MOBILE CRISIS RESPONSE TYPE**
6	Event Start Date	Y	Y	date		CCYYMMDD
7	Event Start Time	Y	Y	varchar(4)	Submit time values using a 24-hour clock.	HHMM
8	MCR Referral Source	Y		varchar(2)		**MCR REFERRAL SOURCE**
9	Response Time	Y		varchar(2)		**RESPONSE TIME**
10	Needs Interpreter	Y		varchar(2)		**NEEDS INTERPRETER**
11	Time of Dispatch			varchar(4)	Submit time values using a 24-hour clock.	HHMM
12	Time of Arrival/Time of Telehealth Encounter	Y		varchar(4)	Submit time values using a 24-hour clock.	HHMM

13	Presenting Problem	Y		varchar(4)		**PRESENTING PROBLEM**
14	Co-Responder Involvement	Y		varchar(2)		**CO-RESPONDER INVOLVEMENT**
15	MCR Outcome	Y		varchar(2)		**MCR OUTCOME**
16	Referral Given	Y		varchar(40)		**REFERRAL GIVEN**
17	Event End Date	Y		date		CCYYMMDD
18	Event End Time	Y		varchar(4)	Submit time values using a 24-hour clock.	HHMM
19	Source Tracking ID	Y		varchar(40)	unique record ID	no special characters allowed except: dash (-), underscore (_), period (.)
20	County	Y		varchar(5)		**COUNTY**
21	MCR Agency NPI	Y		varchar(10)	NPI for agency that employs the Mobile Crisis Responder	
22	MCR Servicing Provider NPI	Y		varchar(10)	NPI for individual providing the service	

- Event Start Time - Time of day the MCR team gets the referral from the referral source; includes telehealth services
- Time of Dispatch – Time of day the MCR team is deployed to the scene. Required if MCR Type is "01 - Mobile Crisis Response"
- Time of Arrival – Time of day the MCR team arrived on the scene. For services provided via telehealth, the time the encounter began.
- Event End Time – Time of the day MCR team concluded the event or reassigned to another accepting agency or service. For telehealth, the time of day the encounter ended.

Transaction Name   Service Episode

Transaction ID   **170.06**

Definition   The service episode transaction collects treatment milestone data for clients receiving behavioral health services. Service episode is required to be collected and reported at admission, every 90 days, at discharge, and upon change. Required for all SUD clients, MH outpatient, or when a client enrolls in any program listed in the program ID for a single agency provider. Only one service episode transaction can be open for a client at an agency at one time. Once the treatment has ended or has been completed the service episode is closed (and date reported). If the client comes back for services, a new service episode can be opened.

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

- 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
- Reported if a substance is selected.
- Reported at admission, discharge, and updated every 90 days.

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 at date of first service or whenever possible and updated whenever status changes
- 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 –140.02 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	This option is not valid for Salish providers at this time.
8	MHBG Covid Enhancement	
9	MHBG ARPA	This option is not valid for Salish providers at this time.
97	Unknown	Individual client value is unknown

- If a 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.

CO-RESPONDER INVOLVEMENT
Definition – Law enforcement co-responder was present at the scene
Used in – 165.02 Mobile Crisis Response

Code	Value	Definition
1	Yes	Law enforcement co-responder was present
2	No	No law enforcement co-responder present
Y	Yes	Law enforcement co-responder was present
N	No	No law enforcement co-responder present

- Only one option allowed

COUNTY

Used in – 022.03 Client Address
        160.05 DCR Investigation
        162.05 ITA Hearing
        165.05 Mobile Crisis Response

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

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

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

- 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 treatment.
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.

- Codes 3 (MH Provider) and 5 (Self Help Group) have been merged with code 4 as of 06/30/2020

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
- Reported at admission, discharge, and updated every 90 days or upon change.

FUNDING TYPE

Definition – Specifies type of funding support for clients.
Used in – 140.02 Funding

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

Report type of funding support each client had throughout the reporting period

GENDER

Definition - Indicates a person's self-identified gender
Used in – 020.08 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

- Required for all clients
- Only one option allowed
- Collected at intake/assessment and whenever status changes

HEARING OUTCOME

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

Highlighted Values indicate changes effective 02/09/2023

Code	Value	Definition	Facility NPI	
0	Dismissed	Dismissed by a court order		
1	14 Day MH Commitment	Court order for up to 14 days treatment MH Inpatient	Required	
2	90 Day MH Commitment	Court order for up to 90 days treatment MH Inpatient	Required	
3	180 Day MH 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 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		
12	90 Day Assisted Outpatient Treatment Order	Court order for 90 days Assisted Outpatient Treatment		Removed 02/08/2023
14	14 Day SUD Commitment	Court order for 14 days SUD treatment	Required	
15	90 Day SUD Commitment	Nonexistent order*	Required	Removed 02/08/2023
16	180 Day SUD Commitment	Nonexistent order*	Required	Removed 02/08/2023

17	90 Day SUD revocation	Court order for revocation of a 90 day SUD LRA order	Required	Removed 02/08/2023
18	180 Day SUD revocation	Nonexistent order*	Required	Removed 02/08/2023
19	90 Day SUD LRA	Court order for 90 days of less restrictive alternative SUD treatment		
20	180 Day SUD LRA	Nonexistent order*		Removed 02/08/2023
21	90 Day MH Subsequent Commitment	Court ordered MH extension for up to 90 days treatment	Required	Removed 02/08/2023
22	180 Day MH Subsequent Commitment	Court ordered MH extension for up to 180 days treatment	Required	Removed 02/08/2023
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		
25	90 Day SUD Subsequent Commitment	Court ordered SUD extension for up to 90 days of treatment	Required	Removed 02/08/2023
26	180 Day SUD Subsequent Commitment	Court ordered SUD extension for up to 180 days of treatment	Required	Removed 02/08/2023
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		
29	180 Day Assisted Outpatient Treatment Order	Court order for 180 days Assisted Outpatient Treatment		Removed 02/08/2023
30	14 Day MH LRA	Court order for 14 days of MH Less Restrictive Treatment		Added 02/09/2023
31	365 Day MH LRA	Court order for 365 days of MH Less Restrictive Treatment		Added 02/09/2023

32	18-Month MH AOT Order	Court order for up to 18 months of Assisted Outpatient MH Treatment		Added 02/09/2023
33	Revoke MH AOT	Court order revocation of MH AOT order	Required	Added 02/09/2023
34	Reinstate MH AOT	Discharge of person on the original or modified MH AOT order		Added 02/09/2023
35	Revoke SUD LRA	Court order revocation of an SUD LRA order	Required	Added 02/09/2023
36	Reinstate SUD LRA	Discharge of person on the original or modified SUD LRA order		Added 02/09/2023
37	14 Day SUD LRA	Court order for up to 14 days of less restrictive alternative SUD Treatment		Added 02/09/2023
38	18-month SUD AOT Order	Court order for 18 months of Assisted Outpatient SUD Treatment		Added 02/09/2023
39	Revoke SUD AOT	Court order revocation of SUD AOT order	Required	Added 02/09/2023
40	Reinstate SUD AOT	Discharge of person on the original or modified SUD AOT order		Added 02/09/2023

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

Nonexistent order = court orders not yet in existence

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 – 020.08 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

- Required for all clients at intake and assessment and whenever status changes.
- Only one option allowed.

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 or X 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	A-D or X at least one required	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.

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 MCR to DCR

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

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

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

- Only one option allowed
- Required for all clients and collected at admission, discharge, and updated every 90 days or upon change.

MEDICATION-ASSISTED OPIOID THERAPY

Definition – Identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone 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
- Reported at admission, discharge, and updated every 90 days or upon change.

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

- Only one option allowed
- Required for all clients
- Report code 1 (Yes) regardless of length of service or if the client was dishonorably discharged.

MOBILE CRISIS RESPONSE OUTCOME

Definition – The outcome of the MCR encounter. Select only one option
Used in – 165.02 Mobile Crisis Response

Code	Value	Definition
1	Routine follow-up completed	May include referrals
2	Stabilized, no additional services needed	No follow-up needed
3	Stabilized with follow-up recommended	Either MCR follow-up or referral given for independent follow-up
4	Transport to crisis triage/stabilization	Transport provided by MCR or other support team to crisis/triage, voluntarily by individual
5	Transport to community hospital (includes ER)	Transport provided by MCR or other support team to community hospital voluntarily by individual
6	Police/911	Case handed off to police or 911
7	DCR for ITA evaluation/investigation authorization	Case handed off to DCR
8	Unable to locate caller	MCR responder unable to meet with individual as person had departed from the agreed upon location
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 CRISIS RESPONSE REFERRAL SOURCE

Definition - Indicates the source of the referral for an MCR
Used in – 165.02 Mobile Crisis Response

Code	Value	Definition
1	Family or Friend, Spouse, parent, child, sibling	
2	Hospital	
3	Professional	Physicians, behavioral health treatment providers
4	Care Facility	Assisted living facilities, adult family homes, nursing homes, behavioral health residential settings, rehabilitation facilities
5	Legal Representative	The person with legal responsibility over/for the individual
6	School	Community college, college, university, trade school
7	Social Services Provider	DSHS, housing providers, adult protective services
8	Law Enforcement	
9	Community: Landlord, business, neighbors	
10	Self-Referral	
11	Crisis Call Center Referral	
12	Designated Crisis Responder	
97	Other	Other

- Only one option allowed
- Only collected for persons involved in crisis response

MOBILE CRISIS RESPONSE TYPE

Definition - Indicates if the Mobile Crisis Response was in person or via Telehealth
Used in – 165.02 Mobile Crisis Response

Code	Value
01	Mobile Crisis Response
02	Mobile Crisis provided via Telehealth

- Only one option allowed

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.
- Collected at admission, discharge, and updated every 90 days.

NEEDS INTERPRETER
Definition – Defines whether an interpreter was needed during the event
Used in – 165.02 Mobile Crisis Response

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

- Only one option allowed

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.
- Reported at admission.
- Collected on date of first service or whenever possible and updated whenever status changes

PRESENTING PROBLEM

Definition – The nature of the behavioral health crisis determined by the MCR provider
Used in – 165.02 Mobile Crisis Response

Code	Value	Definition
1	Mental Health	Mental Health diagnoses
2	Substance Use Disorder	SUD diagnoses
3	Co-occurring (Mental Health and Substance Use Disorder)	Both MH and SUD diagnoses presented
97	Other	Examples: Undiagnosed behavioral issue(s)

- Only one option allowed

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 – 020.08 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

- Required for all clients at intake and assessment and whenever status changes.

PROGRAM END REASON

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

Code	Value
1	Treatment Completed
2	Left against advice, including dropout
3	Terminated by facility
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
10	Administrative Closure

- "Lost to Contact" is used for outpatient clients who did not get back to the provider agency and are not able to be contacted.
- "Left against advice, including dropout" is a termination of treatment initiated by the client without the provider agency's concurrence.
- "Terminated by facility" is a 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.).
- 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
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)
29	Housing and Recovery through Peer Services (HARPS)
30	Supported Employment Program
34	CJTA (Drug Court)
35	CJTA (Non-drug Court)
36	*Diversion Program – King, Great Rivers, 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 special program.
- codes 51-58 required for substance use clients at admission, upon change, and at discharge
- A client can be enrolled in more than one program at a time.

Salish BH-ASO Data Dictionary

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 – 020.08 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

- Required for all clients at intake/assessment and whenever status changes
- 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 made (exclude services for which the individual was directly transported such as crisis stabilization, E&T, ITA, SBC etc which should be entered in MCR outcome). Information was given to the individual for the individual to independently follow-up. Select all that apply.
Used in – 165.02 Mobile Crisis Response

Code	Value	Definition
01	Referred to Substance Use Disorder and Mental Health services	Outpatient facility, detox services, crisis stabilization/triage, community behavioral health organization
02	Non-behavioral health community services	Medical clinic
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	
15	Dental Care	
16	SSI/SSDI	
17	Veteran's Administration (VA) Benefits	
18	Voluntary Inpatient Behavioral Health Services	
19	Alternative Housing Supports	Shelter, drop-in center
20	Food Bank	
21	No referrals given	

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	

- Required for all clients.
- 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.
- Collected on date of first service or whenever possible and updated whenever status changes

RESPONSE TIME

Definition – The timeframe in which an MCR team needs to respond to an individual in crisis once a referral for MCR services occurs.
Used in – 165.02 Mobile Crisis Response

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
3	Routine/Follow-up	Routine/Follow-up care occurs after crisis response services are provided.

- Only one option allowed

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)
- Collected on date of first service or whenever possible and updated whenever status changes

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

- Collected at admission, discharge, and updated every 90 days or upon change.

SERVICE EPISODE END REASON

Definition - Indicates the primary reason the client is being discharged from program
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.

96	Not applicable	Should only be used when submitting a Mental Health update record
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 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
- Codes 3 and 5 have been merged with code 4

SEXUAL ORIENTATION

Definition - Indicates a client's voluntarily stated sexual orientation
Used In – 020.08 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.

- Only one option allowed
- Required for all clients at intake/assessment and whenever status changes.
- 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

- 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

- Required for all clients and collected at admission, discharge, and updated every 90 days or upon change.

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 – 140.02 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 – 022.03 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

- Reported at admission, discharge, and updated every 90 days or upon change.
- 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 the 90-day update and at discharge (whether or not they are still using the substance).