Chapter 6-C Substance Abuse Outcome Measures Detox Data Set

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Revision History

Version 10.0

- ♦ Page 2 – Added reference to 394.674 (2)(a) Florida Statutes.
- ♦ Page 11 – Added new residential status value ('17')
- ♦ Page 18 - Added new questions required for National Outcome Measures and State Performance Measures.
- ♦ Page 21 – Added new residential status value.
- ♦ Page 23 – Added new questions to the data collection form.
- ♦ Page 24 – Updated file layout requirement for reporting residential status.
- ♦ Page 27 – Added new data elements to file upload layout.

Version 10.3

- ♦ Added Table of Contents
- ♦ Added Enabling Authority to this Chapter
- ♦ Moved Revision History to the Front of the Chapter
- ♦ Revised the File Layout to include the Descriptions and Instructions
- ♦ Moved the Target Population Chart to "General Policies and Considerations"
- ♦ Re-organized the List of Categorized Drugs
- ♦ Updated Drug List
- ♦ Florida Drug Schedule with Drug Codes

Version 10.3.1

- ♦ Changed Target Population
- ♦ Removed Exception Reports Section
- ♦ Added Employment Status to Form

I. **General Policies and Considerations**

A. **Providers Required to Submit Substance Abuse Admission Data**

1. Providers report SA Outcomes for all clients receiving reported client-specific service events associated with the SA program area.

2. 394.674 (2)(a) F.S., requires the following for services to be paid by the Department's contract: "*To be eligible to receive substance abuse and/or mental health services funded by the department, an individual must be a member of at least one of the department's priority populations approved by the Legislature.*"

B. **Establishing Target Populations**

1. In order for a substance abuse target group to be determined for a consumer, the consumer must have a either a substance abuse primary or secondary diagnosis or a primary, secondary or tertiary problem as identified in the algorithm below. A **V** code will not allow a target population to be determined.

2. The algorithm for target population determination is below:

Children with SA Problem	19	If PURPOSE = '1', '2' or '5' and AGE < '18' and **ICD9PRIM** starts with '291' or '292' or '303' or '304' or '305' or **PROBPRIM** BETWEEN '02' –'97', '1A'-'2M' or **PROBPRIM** = '99' or **PROBSEC** BETWEEN '02' –'97', '1A'-'2M' or **PROBSEC** = '99' or **PROBTER** BETWEEN '02' –'97', '1A'-'2M' or **PROBTER** = '99'
Children At Risk of SA Problem	09	If PURPOSE = '1', '2' or '5' and AGE < '18') and **ICD9PRIM** does not start with '291' or '292' or '303' or '304' or '305' or **PROBPRIM** = '98' or **PROBSEC** = '98' or **PROBTER** = '98'
Adults Substance Abuse	15	If PURPOSE = '1', '2' or '5' and AGE >= '18' and **ICD9PRIM** starts with '291' or '292' or '303' or '304' or '305' or **PROBPRIM** between '02' –'97', '1A'-'2M' or **PROBPRIM** = '99' or **PROBSEC** between '02' –'97', '1A'-'2M' or **PROBSEC** = '99' or **PROBTER** between '02' –'97', '1A'-'2M' or **PROBTER** = '99'
Adults at Risk of SA	16	If PURPOSE = '1', '2' or '5' and AGE >= '18' and **ICD9PRIM** does not start with '291' or '292' or '303' or '304' or '305' or **PROBPRIM** = '98' or **PROBSEC** = '98' or **PROBTER** = '98'

C. **Substance Abuse Detox Outcomes Information**

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

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

3. There are three (3) forms for SA Performance Outcome:

    a. Initial Performance Outcome OUTI.TXT (Initial or Immediate Discharge)

    b. Discharge Performance Outcome OUTD.TXT (Discharge)

    c. Detox OUTX.TXT

4. If a client is receiving children's substance abuse services prior to his\her 18th birthday, the client will continue to be served as a child until the "Episode of Care" is completed. If further services are needed at the end of the Episode of Care, then the client should be admitted as an adult.

    Special Note: A Client Specific Service Event record should be submitted

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

1. "Parent" Record

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

2. "Children" Records

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

3. "Orphan" data

The SAMH system will reject a client-specific event record that does not have an associated demographic record.

Note: Detox records should also be reported to ASAM.

F. Removing Undesired Records

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

Field	Start	Type / Size
Contractor Id	1	Char(10)
SSN	11	Char(9)
PURPEVAL	20	Char(1)
BEGDATE	21	Date(8)
Provid	29	Char(10)

II. Substance Abuse Detox Outcomes File Layout with Validations, Descriptions and Instructions

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
ContractorID	1	CHAR(10)	Valid values = 10 characters for PROVID that already exists in PROVIDER table. Else, reject. (**Mandatory key**)
			Descriptions and Instructions: Contractor Identification Number - The agency's Federal Employer Identification Number assigned by the US Internal Revenue Service (IRS). It is a ten-digit number, including a dash in the third position (e.g., 59-1234567 that identifies the entity possessing the contract with the Department of Children and Families DCF) to provide the services to the consumer. This number should be the same as reported in your agency's DCF Contract document. **When the DCF contracted provider subcontracts with another entity to provide services, it is essential that the subcontracted entity identify the contractor in this field.**
SITEID	11	CHAR(2)	Valid values = 00 through 99. Else, reject. Add preceding zero if single digit. (**Mandatory**) SITEID validated against PROVID in the Provider Table.
			Descriptions and Instructions: Site Identification Number - The location where the event took place or where the provider staff, that rendered the service, is assigned. The service location must have a unique SITE ID registered with the SAMH Data Office and must be associated with the Contractor ID in order for the record to be accepted. (See Chapter 3 – Provider)
SSN	13	CHAR(9)	Valid values = 9 characters that already exists in DEMO table. Else, reject. Cannot start with 000 or 9. (**Mandatory Key**)
			Descriptions and Instructions: Social Security Number - Enter the SSN of the client being served. This number must consist of 9 numeric digits without dashes between digits. It cannot start with 000 or 9. If the SSN is not known, follow the instructions for constructing a Pseudo SSN in Chapter 4. When the client's correct social security number is known, report it to SAMH Central Office in Tallahassee. Contact the SAMH District Data Liaison for additional information or assistance. This number must match the number reported in the Demographic record. Otherwise, the SA Outcome will be rejected as an orphan
CLIENTID	22	CHAR(10)	Valid values up to 10 characters. Please do not use the SSN of the client as the ClientID. A pseudo-SSN can be used. (**Mandatory**)
			Descriptions and Instructions: Client Identifier - A 10 digit number the provider uses to identify the client or to reference other local information. The agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system. Do not use the client's SSN for this field. A pseudo-SSN is acceptable.
RESIDCOUN	32	CHAR(2)	Valid values = 01 through 67, 88 or 99 Else, reject (**Mandatory**) Add a preceding 0 if single digit.
			Descriptions and Instructions: County of Residence - Indicate the client's county of residence which may differ from the county of service. Normally clients will come from a county served by the agency. For homeless, use the "88" code. **Refer to page 6C-18 for a list of county codes.**
GRADE	34	CHAR(2)	Valid values = 20 through 36 Else, reject (**Mandatory**)

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
GRADE (Continued)			**Descriptions and Instructions: Grade** – Enter the highest educational level completed by the client prior to this evaluation.
			[20] = No Schooling **[29]** = 1 or more yr College, No Degree
			[21] = Nursery School – 4th Grade **[30]** = Associate's Degree (AA, S, etc.)
			[22] = 5th to 6th Grade **[31]** = Bachelor's Degree (BA, BS, AB, etc.)
			[23] = 7th to 8th Grade **[32]** = Master's Degree (MS, MA, MSW, etc.)
			[24] = 9th Grade **[33]** = Prof. Degree (MD, DDS, JD, etc.)
			[25] = 10th Grade **[34]** = Doc. Degree (PhD, EDD, etc.)
			[26] = 11th Grade **[35]** = Special School
			[27] = 12th Grade, No Diploma **[36]** = Vocational School
			[28] = High School Graduate, Diploma/Degree
MARITAL	36	CHAR(1)	Valid values = 1 through 8 Else, reject (**Mandatory**)
			Descriptions and Instructions: Marital Status - indicates the client's current marital status.
			Enter the appropriate 1-digit for the client's marital status:
			[1] = Single (includes individuals whose only marriage was annulled)
			[2] = Married (includes individuals living as married under official common law)
			[3] = Widowed
			[4] = Divorced
			[5] = Separated
			[6] = Unreported
			[7] = Registered Domestic Partner
			[8] = Legally Separated
HLTHSTAT	37	CHAR(1)	Valid values = 1 through 8 Else, reject (**Mandatory**)
			Descriptions and Instructions: Descriptions and Instructions: Health Status - Identify the client's health status at evaluation.
			Enter the appropriate code:
			[1] = Agitated **[5]** = Forgetful
			[2] = Comatose **[6]** = Lethargic
			[3] = Disoriented **[7]** = Other Mental Condition
			[4] = Depressed **[8]** = Oriented
PREGTRIM	38	CHAR(1)	Valid values = 1 through 4 Else, reject (**Mandatory**)
			Descriptions and Instructions: Pregnant Trimester at admission for pregnant clients
			The first trimester is the first to third months of pregnancy, the second trimester is the fourth to sixth months, and the third trimester is the seventh to ninth month of pregnancy.
			[1] = 1st Trimester **[2]** = 2nd Trimester **[3]** = 3rd Trimester **[4]** = Not Pregnant or Male
ADMITYPE	39	CHAR(1)	Valid values = 1 through 4 Else, reject (**Mandatory**)
			Descriptions and Instructions: Admission Type (Legal Status) If there is no court order, the admission must be coded as voluntary.
			Enter the code that matches the client's type of admission:
			[1] = Voluntary Competent – Not court ordered into treatment; not deemed legally incompetent
			[2] = Voluntary Incompetent - Not court ordered into treatment; legally incompetent
			[3] = Involuntary Competent - Court ordered into treatment; not deemed legally incompetent
			[4] = Involuntary Incompetent - Court ordered into treatment; legally incompetent
DRUGCRT	40	CHAR(1)	Valid values = 0 or 1. Else, reject. (**Mandatory**)

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
			Descriptions and Instructions: Drug Court Indicate whether or not the client was Drug Court ordered to attend substance abuse treatment. **[0]** = No **[1]** = Yes
CHILDWEL	41	CHAR(1)	Valid values = 0 or 1 Else, reject (**Mandatory**)
			Descriptions and Instructions: Child Welfare Indicate if the client was involved in the child welfare system at admission. **[0]** = No **[1]** = Yes
RESIDSTAT	42	CHAR(2)	Valid values = 01 through 17 and 99 Else, reject Add a preceding 0 if single digit. (**Mandatory**)
			Descriptions and Instructions: Residential Status indicates where the client lives at the time of evaluation/admission Enter the 2-digit code from below that reflects the correct residential setting: Independent living means the client is paying (through any source of income) either all costs of living or an equal share of the total cost with others. Just contributing to the cost at less than an estimated equal share is not independent living. **[01]** = Independent Living - Alone **[02]** = Independent Living - with Relatives **[03]** = Independent Living - with Non-Relatives Dependent living means the client is paying less than an estimated equal share amount of the total combined living expenses. **[04]** = Dependent Living - with Relatives **[05]** = Dependent Living - with Non-Relatives Other Residential **[06]** = Assisted Living Facility (ALF) **[07]** = Foster Care/Home **[08]** = Group Home **[09]** = Homeless (if this code is used, Item 9, Residential County, must be coded "88", Homeless and Zip Code must be coded '88888'. See Chapter 1 page 11 for the definition of homelessness and its applicability to data reporting.) **[10]** = Hospital (check if this means State Treatment Facility) **[11]** = Nursing Home **[12]** = Supported Housing **[13]** = Correctional Facility **[14]** = DJJ Facility **[15]** = Crisis Residence **[16]** = Children Residential Treatment Facility **[17]** = Limited Mental Health Licensed ALF **[99]** = Not Available or Unknown
DEPCRIMS	44	CHAR(2)	If AGE from DEMO less than 18, then valid values = 00 through 09, 27 or 28 If AGE from DEMO greater than or equal to 18, then valid values = 00, 10 through 13, 16 through 19, 21 through 26, 26, 28 or 29 Else, reject
DEPCRIMS			**Descriptions and Instructions: Dependency/Criminal Status** Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults). If information is insufficient for either adults or children, use "00". Enter the code from the list below that matches the client's dependency/criminal status:

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
(Continued)			**CHILDREN:**

CHILDREN:

Adjudicated Children

[01] = Delinquent, in physical custody
A delinquent youth in the physical custody of the Department of Juvenile Justice, who is either committed to a Juvenile Justice facility, e.g., training school, group treatment home, halfway house; or placed in a non-Juvenile Justice commitment.

[02] = Delinquent, not in physical custody
A delinquent youth placed on community control or in a Juvenile Justice non-residential commitment program, e.g., Special Intensive Group (SIG), day treatment or Juvenile Alternatives Services Programs (JASP).

[03] = Dependent, in physical custody
A dependent child in the physical custody of the Department of Children and Families; including children in foster care, temporary placement in an emergency shelter or residing in a CSU.

[04] = Dependent, not in physical custody
A dependent child is a person that remains in his/her home, and who is under protective services supervision.

[05] = Dependent & Delinquent, in physical custody
A combination of codes 01 and 03 as defined above.

[06] = Dependent & Delinquent, not in physical custody
A combination of codes 02 and 04 as defined above.

[07] = "Children in Need of Services" (CINS), not in physical custody

A child in need of services is a child where there is not a pending departmental investigation into an allegation of suspicion of abuse, neglect or delinquent, or no current supervision by the department for adjudication for dependency or delinquency. The child must also be found by the court to be a persistent runaway, habitual truant, or to have persistently disobeyed the reasonable and lawful demands of parent or legal guardians, pursuant to Chapter 39, F.S.

Non-Adjudicated Children

[08] = Other DCF program status
No further description.

[09] = Under custody & supervision of family relatives or guardian
A child, who is not under protective supervision, is not delinquent or dependent, and who is living under the custody and supervision of family, relatives or a legal guardian.

Juvenile Incompetent to Proceed Program

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

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

ADULTS:

Adults with No Court Jurisdiction

[10] = Competent, no charges
Use this code for all clients not involved with the criminal justice system and for clients on probation.

[11] = Civil incompetence of person or property
Not involved with the criminal justice system/incompetence is of person or property.

Adults with Court Jurisdiction:

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

DEPCRIMS

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
(Continued)			**(a) Criminal Competent:** Determined by the court to be competent to proceed in criminal offenses and not adjudicated not guilty by reason of insanity.
			[12] = Incarcerated-Competent
			[13] = Release pending hearing-Competent
			[14] = this code is no longer used
			[15] = this code is no longer used
			(b) Criminal Incompetent: Adjudicated by the court as Incompetent to Proceed (ITP) at a material stage of a criminal proceeding.
			[16] = Release pending hearing-ITP
			[17] = Involuntarily hospitalized (direct commit) – ITP
			[18] = Incarcerated-ITP
			[19] = Involuntarily hospitalized - revocation of conditional release-ITP
			[20] = this code is no longer used
			[21] = Conditionally released-ITP
			(c) Not Guilty by Reason of Insanity (NGI): Adjudicated by the court as NGI on criminal charges.
			[22] = Involuntary hospital - direct commit - NGI
			[23] = Involuntary hospital – revocation of conditional release - NGI
			[24] = Released pending hearing – NGI
			[25] = Conditionally released – NGI
			[26] = Incarcerated – NGI
			[29] = Incompetent to Proceed – Age 21[+]
PROBPRIM	46	CHAR(2)	Valid values = 02 - 20, 22 – 99, 1A-2M Else, reject (**Mandatory**) Add a preceding 0 if single digit.
			Descriptions and Instructions: Primary Substance Problem Primary Problem is a mandatory entry, along with its associated questions (route, frequency, age of first use). Identify and enter the substance(s) which is/are primarily responsible for contributing to the client's need for admission. If the client is admitted to a methadone maintenance modality, the primary problem must be a narcotic (heroin, non-prescription methadone, or any other narcotic). If a client is receiving legally prescribed methadone from another clinic and is admitted to the reporting clinic for dosage adjustment or termination, the primary problem must be the narcotic for which the client originally received methadone. The prescribed methadone should not be identified as the client's problem drug under "non-medical methadone", "other" drug, etc.
			Indicate the primary, secondary, and tertiary degree of impairment from the substance creating the abuse problem. Clinical judgment will ultimately determine the degree of impairment that a substance causes for an individual client. In determining the degree of impairment, the following considerations should be made:
			Patterns of drug involvement;
			Degree of present and past physical, mental, and social dysfunction related to the substance and;
			Degree of present or past physical or psychological dependence, regardless of the frequency of use of a specific substance.
PROBPRIM			**If there is no secondary or tertiary drug use, leave this and related items blank. Do not report '98' or '99' in these fields. <u>If a secondary or tertiary drug is entered, the associated questions are required</u>. Do not leave secondary or tertiary fields blank if there is a valid drug listed.**

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
(Continued)			**Important SAMHIS Edit:** If a record is submitted which has the Primary Drug as '98' and either the secondary or tertiary drug as a declared drug, i.e., heroin; SAMHIS will automatically drop the '98' as the primary drug and make heroin as the primary drug. This is a quality edit to improve data reporting for DASIS.
			Refer to page 6C-19 for a list of drug codes.
PROBSEC	48	CHAR(2)	Valid values = 02 - 20, 22 - 97, 1A-2M or blank. Add a preceding 0 if single digit.
			Descriptions and Instructions: Secondary Substance Problem
			See instructions above in Primary Substance Problem
			Refer to page 6C-19 for a list of drug codes.
PROBTER	50	CHAR(2)	Valid values = 02 - 20, 22 - 97, 1A-2M or blank. Add preceding 0 if single digit.
			Descriptions and Instructions: Tertiary Substance Problem
			See instructions above in Primary Substance Problem
			Refer to page 6C-19 for a list of drug codes.
ROUTPRIM	52	CHAR(1)	If PROBPRIM = 02 – 20, 22 - 99, 1A – 2M then valid values = 1 through 5 Else, reject (**Mandatory**)
			Descriptions and Instructions: Route of Administration for Primary Drug
			Indicate the client's usual route of administration or method of ingestion of the primary substance of abuse into the client's system. If more than one route of administration is used, enter the *most frequent* route for the primary drug.
			[1] = Oral **[4] =** Injection (IV or Intra-muscular) **[2]** = Smoking **[5]** = Other **[3]** = Inhalation
ROUTSEC	53	CHAR(1)	If PROBSEC = 02 – 20, 22 - 97, 1A – 2M then valid values = 1 through 5 Else, blank (**Mandatory only if there is a secondary drug listed**)
			Descriptions and Instructions: Route of Administration for Secondary Drug
			Indicate the client's usual route of administration or method of ingestion of the secondary substance of abuse into the client's system. If more than one route of administration is used, enter the *most frequent* route for the secondary drug.
			[1] = Oral **[2]** = Smoking **[4] =** Injection (IV or Intra-muscular) **[3]** = Inhalation **[5]** = Other
ROUTTER	54	CHAR(1)	If PROBTER = code 02 – 20, 22 - 97, 1A – 2M then Valid values = 1 through 5 Else, blank (**Mandatory only if a tertiary drug is listed**)
			Descriptions and Instructions: Route of Administration for Tertiary Drug
			Indicate the client's usual route of administration or method of ingestion of the tertiary substance of abuse into the client's system. If more than one route of administration is used, enter the *most frequent* route for the tertiary drug.
			[1] = Oral **[4] =** Injection (IV or Intra-muscular) **[2]** = Smoking **[5]** = Other **[3]** = Inhalation
FREQPRIM	55	CHAR(1)	If PROBPRIM = 02 – 20, 22 - 99, 1A – 2M then valid values = 1 through 5 Else, reject (**Mandatory**)
			Descriptions and Instructions: Frequency of Use for Primary Drug Problem
FREQPRIM			Indicate the client's frequency of use of the primary, substance of abuse during the month prior to admission.

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
(Continued)	\[1\] = No Past Month Use (no use past 30 days) \[2\] = 1-3 Times in Past Month (30 days) \[3\] = 1-2 Times per Week		\[4\] = 3-6 Times per Week \[5\] = Daily
FREQSEC	56	CHAR(1)	If PROBSEC = 02 - 20 or 22 - 97, 1A – 2M then valid values = 1 through 5 Else, blank (**Mandatory only if there is a secondary drug listed**)
	Descriptions and Instructions: Frequency of Use for Secondary Drug Indicate the client's frequency of use of the secondary, substance Of abuse during the month prior to admission. \[1\] = No Past Month Use (no use past 30 days) \[4\] = 3-6 Times per Week \[2\] = 1-3 Times in Past Month (30 days) \[5\] = Daily \[3\] = 1-2 Times per Week		
FREQTER	57	CHAR(1)	If PROBTER = 02 - 20 or 22 - 97, 1A – 2M then valid values = 1 through 5 Else, blank (**Mandatory only if there is a tertiary drug listed**)
	Descriptions and Instructions: Frequency of Use for Tertiary Drug Problem Indicate the client's frequency of use of the tertiary, substance of abuse during the month prior to admission. \[1\] = No Past Month Use (no use past 30 days) \[4\] = 3-6 Times per Week \[2\] = 1-3 Times in Past Month (30 days) \[5\] = Daily \[3\] = 1-2 Times per Week		
AGEPRIM	58	CHAR(2)	If PROBPRIM = 02 – 20, 22 - 99, 1A – 2M then valid value = number between 0 and 99, inclusively Else, reject (**Mandatory**)
	Descriptions and Instructions: Age of First Use of Primary Substance Problem Enter the client's age of first use of the primary, secondary, and tertiary drug as requested. For alcohol, record the age of the first <u>use</u>. If unknown, enter best estimate. The age of first use should be less than or equal to the client's age at admission. The recorded age should reflect willful use. A value of zero (00) indicates a newborn with a substance dependence problem.		
AGESEC	60	CHAR(2)	If PROBSEC = 02 – 20, 22 - 97, 1A – 2M then valid value = number between 0 and 99, inclusively Else, blank (**Mandatory only if there is a secondary drug is listed**)
	Descriptions and Instructions: Age of First Use of Secondary Problem Refer to instructions above in "Age of First Use of Primary Substance Problem"		
AGETER	62	CHAR(2)	If PROBTER = 02 – 20, 22 - 97, 1A – 2M then valid value = number between 0 and 99, inclusively Else, blank (**Mandatory only if there is a tertiary drug listed**)
	Descriptions and Instructions: Age of First Use of Tertiary Substance Problem Refer to instructions above in "Age of First Use of Primary Substance Problem"		

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC

StaffID	64	CHAR(12)	Left justified = up to 12 characters. (Mandatory)
			
			i.e. **1)** Staff (SSN=123-45-6789) with MS Degree, then Staff ID will be 04-123456789.
			
			2) Staff (staff ID from you agency is 1234) with Ph.D., then Staff ID will be 06-123400000 or 06-1234.
			
			3) The Family Intervention Specialist staff ID numbers should be a 12-digit number to be constructed as follows:
			
			   1. The first two digits reflect the staff's educational level (01 thru 07) as usual
			
			   2. The third digit is a dash (-) as usual
			
			   3. The next three digits (4th thru 6th digit) must be **FIS**
			
			   4. The next six digits (7th thru the 12th digit) can be any alphanumeric number
			
			The complete FIS ID should look like this:
			
			01-FIS000000 or **02-FIS123456**
			
			Else, reject

			Descriptions and Instructions: Staff Identification Number Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff member completing the outcome form. The remaining characters after the dash (-) should be a permanent unique identifier for that individual. Suggestions include the agency employee ID number or professional license number. Valid Values and Definitions for the First Two Digits (Staff Education Level) are: **[01]** = Non-Degree Trained Technician. **[02]** = AA Degree Trained Technician **[03]** = BA/BS - Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. **[04**] = MA/MS - Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. **[05]** = Licensed Practitioner of the Healing Arts - MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. **[06]** = PhD/PsyD/EdD - Licensed psychologist **[07]** = MD/DO - Board Certified
PURPEVAL (Mandatory Key)	76	CHAR(1)	Valid value = 5 Else, reject **(Mandatory Key)**
			Descriptions and Instructions: Purpose of Evaluation The code indicating purpose for completing the OUTCOME MEASURES form. **1 - Initial** - For a new client or existing client beginning a new episode of care. If an existing client, the most recent outcome must be a type 3 or 4 or 5 and dated one or more days prior to the new admission. **2 - Immediate Discharge** - For clients who are seen for an assessment only with no intention of returning to the facility. This is normally only one face-to-face contact with the client
BEGINDATE	77	DATE(8)	Date must be > or = to client's date of birth and <= to ENDDATE in YYYYMMDD format, Else, reject **(Mandatory)**
			Descriptions and Instructions: Detox Begin Date (Evaluation Date) - This is the date on which the detoxification episode began.

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
BEGINDATE (Continued)			This date cannot be less than the person's date of birth or greater than the computer's system date when entered. The entry must be eight digits and be entered in the following format: YYYYMMDD, where YYYY is the year, MM is the month (01-12), and DD is the day (01-31). The One Family SAMH data entry screen requires the date reentered as MMDDYYYY, but this is converted by the system and stored as required by the FTP format of YYYYMMDD.
ENDDATE	85	DATE(8)	Date must be > or = to client's date of birth and >= to the BEGDATE and < or = to the system date in YYYYMMDD format, Else, reject (**Mandatory**)
			Descriptions and Instructions: End Date - The date on which the detoxification episode ended.
			This date cannot be less than the Begin Date of the episode or greater than the computer's system date when entered. The entry must be eight digits and be entered in the following format: YYYYMMDD, where YYYY is the year, MM is the month (01-12), and DD is the day (01-31). The SAMHIS data entry screen requires the date be entered as MMDDYYYY, but this is converted by the system and stored as required by the FTP format of YYYYMMDD.
DREASON	93	CHAR(2)	Valid value = 10 or 11. Else, reject (**Mandatory**)
			Descriptions and Instructions: Discharge Reason
			Indicate the reason for discharge from this episode of service. The discharge reason is an indication of the type of services the client received during the episode of care. Since the episode of care included only non-treatment services, the appropriate codes for successful and unsuccessful completion are *'10'* or *'11'* respectively.
			[10] Completed Non-Treatment Services **[11]** Did Not Complete Non-Treatment Services
PROVINFO	95	CHAR(20)	Valid value = up to 20 characters (optional)
			Descriptions and Instructions: Provider Information
			Local information used by Provider to identify or track the service event back to their system. For instance, the provider could code the Reporting Unit, Funding Source, Staff ID and Service Code from their system to this field. This would be an aid to troubleshooting crosswalk challenges.
ZIP	115	CHAR(5)	Valid values = 00001 through 99999 (**Mandatory**)
			Descriptions and Instructions: Zip Code
			This item is for the client's home/residence US Postal Zip code. If the client is homeless and the actual zip code is not known, use the zip code of the service provider where the services are being rendered. If the client is from outside the state, use the out-of-state zip code. If the client is in prison, local jail, a detention or a residential treatment facility and the residence county cannot be obtained, enter the prison, local jail, or detention facility's zip code.
ProvID	120	CHAR(10)	Valid values = 10 characters for PROVID that already exists in PROVIDER table. Else, reject (**Mandatory**)
			Descriptions and Instructions: Provider Identification Number - 10-digit Federal Tax ID of subcontractor provider agency serving consumer If your agency is the subcontractor from the Managing Entity, put your Federal Tax ID here. If you are a SAMH contracted provider put your provider ID here.
REFERRAL	130	CHAR(2)	Valid value = 01 through 14, 16 through 25, and 99 Else, reject (**Mandatory**)

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
			Descriptions and Instructions: Referral Source
			Enter one response to indicate the agency, individual or situation through which the client is committed or referred for admission. When both legal type and individual (self) referral categories are involved in an admission, the legal referral takes priority over the other types of referrals. All adolescent clients being admitted to TASC would indicate JUVENILE JUSTICE, as the referral source (unless your agency has a direct contract with the Dept. of Juvenile Justice for another arrangement or TASC is being used for case management of non-DJJ clients).

			[01] Individual (Self-Referral) **[14]** Other Court Order/ Recognized Legal Entity
			
			 [02] Substance Abuse Care Provider **[16]** CINS
			 [03] Mental Health Care Provider **[17]** Addiction Receiving Facilities (ARF)
			 [04] Juvenile Justice **[18]** Outreach Program
			 [05] County Public Health Unit **[19]** DCF/SAMH
			 [06] School (Education) **[20]** Community Hospital
			 [07] Employer/EAP **[21]** State Hospital
			      (Employee Assistance Program)
			 [08] Other Social Service/Health/ **[22]** Physician/Doctor
			      Community Referral
			 [09] TASC (Assessment Centers) **[23]** Law Enforcement
			 [10] Probation/Parole/Controlled **[24]** Family Safety Foster
			      Release Authority Care (CBC)
			 [11] DUI/DWI **[25]** Family Safety Protective Svcs
			 [12] Pretrial **[99]** None of the Above
			 [13] Prison/Jail

SADIAG	132	CHAR(6)	Valid values are 290 through 319.0 and 999; else the record should be rejected. **If the client does not have a diagnosis, then use 799.9 (for prevention only). (Mandatory)** When four or more numbers are used, the fourth position must be a period (.). The fifth and sixth positions when used must be numeric and left justified. Else the record should be rejected.
			Descriptions and Instructions: Substance Abuse Diagnosis Code – Primary Diagnosis Enter the code for the person's primary diagnosis using the code from the International Classification of Diseases (ICD-9-CM). The entry can be from three to six characters. Valid values range from '290.0 to '319.0. Refer to Appendix 3 for the diagnosis codes allowed for substance abuse. The codes marked with either an 'S' or 'B' under the PROGRAMCODE column are allowed. **If the client does not have a diagnosis, then use '799.9'. This should only be used for Prevention clients.**
MHDIAG	138	CHAR(6)	Valid values are 290 through 319.0, 999; or blank **If the client does not have a diagnosis, then use 799.9.** When four or more numbers are used, the fourth position must be a period. The fifth and sixth positions when used must be numeric and left justified. Else the record should be rejected.
			Descriptions and Instructions: Mental Health Diagnosis Code Enter the code for the person's Mental Health diagnosis using the code from the International Classification of Diseases (ICD-9-CM). The entry can be from three to six characters. If a fifth or sixth character is used, the fourth character must be a period (.). Valid values range from '290.0 to '319.0. Refer to Appendix 3 for the diagnosis codes allowed for mental health. The codes marked with either an 'M' or 'B' under the PROGRAMCODE column are allowed.

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
MARCHMAN	144	Char(1)	If PURPEVAL = 5, then valid values are 1-4. Else, reject. **(Mandatory)**
			Descriptions and Instructions: Marchman Act - Indicate the type of Marchman Act admission: **[1]** = Involuntary Assessment **[2]** = Involuntary Treatment **[3]** = Involuntary Assessment and Treatment **[4]** = Not applicable
MHDIAGNOSIS	145	Char(1)	Valid values are 0 or 1 Else, reject
			Descriptions and Instructions: Mental Health Problem - Indicates if the client has a psychiatric problem in addition to his or her alcohol or drug use problem. This does not require a diagnosis by a licensed mental health practitioner. **[0]** = No **[1]** = Yes
VETSTATUS	146	Char(1)	Valid values are 0, 1 or 3 Else, reject **(Mandatory)**
			Descriptions and Instructions: Veteran Status – Indicate if the client is a veteran of the U.S. Armed Services. **[0]** = No **[1]** = Yes **[3]** = Unknown
EMPL	147	Char(2)	If PURPEVAL = 5, then valid values = 10, 20, 30, 40, 50, 60, 70, 81 -85. Else, reject **(Mandatory)**
			Descriptions and Instructions: Employment Status at Admission indicates the client's employment status at evaluation. To qualify as being employed, the client's earnings must be subject to income taxes. Welfare payments and stipends are not taxable, therefore the client whose sole source of income is derived from these funds would not be considered employed. If not in the work force, select the code (81 – 86) from the list which explains the reason. Enter one of the following 2-digit codes associated with the appropriate employment status: **[10]** = Active military, overseas **[20]** = Active military, USA **[30]** = Full Time **[31]** = Unpaid Family Worker * **[40]** = Part Time **[50]** = Leave of Absence **[60]** = Retired **[70]** = Terminated / unemployed **Not in labor force detail list:** Select reason for ***not being*** in the work force **[81]** = Homemaker – must keep house for 1 or more others **[82]** = Student **[83]** = Disabled **[84]** = Criminal Inmate **[85]** = Inmate Other **[86]** = Not authorized to work * Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed '70'.
CONTNUM1	149	CHAR (5)	If PURPEVAL= 5, then valid values is CONTNUM or '00000' Where CONTNUM1 is a valid contract found in FLAIR AND ContractorID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR Else, reject **(Mandatory)**

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
CONTNUM1 (Continued)			**Descriptions and Instructions: Contract Number 1** Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: **(1)** Must be a valid SAMH contract as verified through FLAIR, **(2)** Must be a contract number assigned to the Contractor designated by the Contractor ID in this record, **(3)** Must be a contract active on the date indicated in the Evaluation Date. Enter 5 zeros (00000) if the client doesn't receive any service event funded by a State contract that is in FLAIR during the current episode of care. The default contract of '00000' is used by DCF to designate a non-State contract or a State contract that is not in FLAIR. For example, 00000 should be entered if a person only receives services fully funded by State using a non-FLAIR contract number. Also, 00000 should be used if a non-State contract (e.g., private insurance) is accountable for improving the performance outcomes of the person being evaluated.
CONTNUM2	154	CHAR(5)	If PURPEVAL= 5, then valid values is CONTNUM or '00000' Where CONTNUM2 is found in FLAIR AND ContractorID OR ProvID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR Or Blank.
			Descriptions and Instructions: Contract Number 2 Enter the SAMH Contract Number through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date. Leave this field blank, if there is no second contract that is accountable for improving the substance abuse performance outcomes of the client.
CONTNUM3	159	CHAR(5)	If PURPEVAL= 5, then valid values is CONTNUM or '00000' CONTNUM2 is found in FLAIR AND ContractorID OR ProvID = Tax ID in FLAIR AND EVALDATE is Between Begin Date and End Date for the Contract in FLAIR Or Blank.
			Descriptions and Instructions: Contract Number 3 **Enter the Contract Number of the SAMH contract through which this client's services will be funded. The Contract ID must meet the following criteria: (1) Must be a valid SAMH contract as verified through FLAIR, (2) Must be a contract number assigned to EITHER the Contractor OR Provider designated by the Contractor ID or Provider ID in this record, (3) Must be a contract active on the date indicated in the Evaluation Date.** Leave this field blank, if there is no second contract that is accountable for improving the substance abuse performance outcomes of the person being evaluated.
SOCIAL	164	CHAR(2)	Valid values are '01' through '06'. Else, reject
			Descriptions and Instructions: Social Connectedness The number of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services or the quarterly evaluation date. This includes attendance at mental illness recovery group and other self-

User View Name	POS	Type/Size	Edits and Validations for SA Outcomes OUTC
SOCIAL (Continued)			help/mutual support groups focused on recovery from mental illness. Religious based groups are included in this question. Valid responses are: **[01]** No attendance in the past month **[02]** 1-3 times in past month **[03]** 4-7 times in past month **[04]** 8-15 times in past month **[05]** 16-30 times in past month **[06]** Some attendance in past month, but frequency unknown
SCHOOL	166	CHAR(1)	Valid values are '0' through '4'. Else, reject
			Descriptions and Instructions: School Attendance If the client is a child, indicate if within the last 30 days the client was suspended from school and/or expelled from school. If the client is an adult, select response '4'. Valid responses are: **[1]** Suspended **[3]** Suspended and Expelled **[2]** Expelled **[4]** Not Applicable
SAICD10 Diag	167	CHAR(8)	Valid ICD10 code for Mental Health Else Reject
			Descriptions and Instructions: Primary Substance Abuse Diagnosis Code - Enter the substance abuse primary diagnosis code for the person using the code from the International Classification of Diseases (ICD-10-CM). The entry can be from three to eight characters.
MHICD10 Diag	171	CHAR(8)	Valid ICD10 code for Mental Health Else Reject
			Descriptions and Instructions: Mental Health Diagnosis Code - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). The entry can be from three to eight characters. Leave Blank if there is no Mental Health Diagnosis Code in addition to the SA diagnosis.

FLORIDA COUNTY CODES

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

LIST OF DRUG CHOICES BY CODES

[02] Alcohol

[03] Crack Cocaine (use smoking for route of administration)

[04] Marijuana/Hashish

[05] Heroin

[06] Non-Prescription Methadone

[07] Other Opiates or Opioids

[08] PCP-Phencyclidine

[09] Other Hallucinogens/Psychedelics

[10] Methamphetamines

[11] Other Amphetamines

[12] Other Stimulants

[13] Other Benzodiazepines

[14] Other Tranquilizers

[15] Other Barbiturates

[16] Other Sedatives/Hypnotics

[17] Other Inhalants

[18] Over-the-Counter

[19] Ice

[20] Other

[22] Other Cocaine

[23] Morphine (Avinza, Kadian, MS Contin, Oramorph)

[24] Methadone (Dolophine, Methadose)

[25] Codeine

[26] D-Propoxyphene

[27] Oxycodone

[28] Meperidine HCL

[29] Hydromorphone (Dilaudid, Exalgo, Hydrostat)

[30] Other Narcotic Analgesics

[31] Pentazocine (Talwin, Talacen)

[32] Hydrocodone

[33] Carisoprodol (Soma, Soprodal, Vanadom)

[34] Butrphanol (Stadol)

[35] LSD

[36] Methylphenidate (Ritalin, Concerta, Metadate)

[37] Methylenedioxymethamphetamine (MDMA)

[38] Ephedine

[39] Alprazolam (Xanax, Niravam)

[40] Chlordiazepoxide (Librium, H-Tran, Libritabs)

[41] Clorazepate (Tranxene, Gen-xene)

[42] Diazepam (Valium, Valrelease)

[43] Flurazepam (Dalmane)

[44] Lorazepam (Ativan)

[45] Triazolam

[46] Phenobarbital (Phenobarbitone, Solfoton)

[47] Amobarbital (Amylobarbitone, Amytal)

[48] Secobarbital (Seconal)

[49] Ethchlorvynol (Placidyl)

[50] Glutethimide (Doriden)

[51] Methaqualone (Quaalude, Sopor)

[52] Other Non-Barbiturate Sedatives

[53] Flunitrazepam (Rohypnol)

[54] GHB/GBL

[55] Ketamine (Ketalar, Ketanest, Ketaset)

[56] Clonazepam (Klonopin, Ceberclon, Valpax)

[57] Aerosols

[58] Nitrites

[59] Other Solvents

[60] Diphenhydramine

[61] Dextromethorphan

[62] Diphenoxylate (Lomotil)

[63] Methylphenobarbital (Mephobarbital, Mebaral)

[64] Estazolam (ProSom, Eurodin)

[65] Bromazepam (Bromazanil)

[66] Halazepam (Paxipam)

[67] Medazepam (Rudotel)

[68] Nitrazepam (Mogadan)

[69] Oxazepam (Serax)

[70] Prazepam (Centrax)

[71] Quazepam (Doral)

[72] Temazepam (Restoril)

[73] Chloral Hydrate (Somnote, Aquachloral Supprettes)

[74] Eszopiclone (Lunesta)

[75] Opium

[76] Barbital

[77] Butabarbital

[78] Butalbital

[79] Pentobarbital (Pentobarbitone)

[80] Meprobamate

[81] Zaleplon

[82] Zolpidem

[83] Buprenorphine

[84] Fentanyl

[85] Levo-Alphacetylmethadol (LAAM)

[86] Oxymorphone

[87] Propoxyphene

[88] Tramadol

[89] Benzphetamine

[90] Dexmethylphenidate

[91] Diethylpropion

[92] Khat(Cathinone)

[93] Lisdexamfetamine

[94] Mazindol

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

CATEGORIZED LIST OF DRUG CHOICES

I.   ALCOHOL
  [02] ALCOHOL

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

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

  B. BENZODIAZEPINES
    [13] Other Benzodiazepines
    [14] Other Tranquilizers
    [39] Alprazolam (Xanax)
    [40] Chlordiazepoxide (Librium)
    [41] Clorazepate (Tranzene)

[42] Diazepam (Valium)

[43] Flurazepam (Dalmane)

[44] Lorazepam (Ativan)

[45] Triazolam (Halcion)

[53] Flurazepam

[56] Clonazepam (Klonopin)

[64] Estazolam (ProSom)

 [65] Bromazepam (Bromazanil)

[66] Halazepam (Paxipam)

[67] Medazepam (Rudotel)

[68] Nitrazepam (Mogadan)

[69] Oxazepam (Serax)

[70] Prazepam (Centrax)

[71] Quazepam (Doral)

[72] Temazepam (Restoril)

C. **OTHER SEDATIVES**

[16] Other Sedatives or Hypnotics

[33] Carisoprodol (Soma)

[49] Ethchlorvynal (Placidyl)

[50] Glutethimide (Doriden)

[51] Methaqualone (Quaaludes, Ludes)

[52] Other Non-Barbiturate Sedatives

[54] GHB/GBL (Gamma-Hydrozybutyrate, Gamma-Butyrolactone)

[60] Diphenhydramine (Benadryl)

[73] Chloral Hydrate (Somnote, Aquachloral Supprettes)

[80] Meprobamate

[81] Zaleplon

[82] Zolpidem

IV. **STIMULANTS**

[03] Crack Cocaine (use smoking for route of administration)

[10] Methamphetamine – Non-Pharmaceutical This includes crystal meth, or crank. (Does not include "ECSTACY")

[11] Other Amphetamines

[12] Other Stimulants

[19] ICE - Includes the crystalline form of methamphetamine (usually heated and inhaled)

[22] Other Cocaine

[36] Methylphenidate (Ritalin, Concerta, Metadate)

[38] Ephedine

[89] Benzphetamine

[90] Dexmethylphenidate

[91] Diethylpropion

[92] Khat(Cathinone)

[93] Lisdexamfetamine

[94] Mazindol

[95] Phenmetrazine

 [96] Methcathinone

 [97] Pemoline

[1A] Phendimetrazine

[1B] Phentermine

[1C] Propylhexedrine

[1D] Nicotine

[1E] Methamphetamine - Pharmaceutical

[1F] Caffeine

 [1S] Synthetic Cathinones

[2L] Amphetamine and Dextroamphetamine(d-amphetamine)

[2M] Dextroamphetamine (d-amphetamine)

V. HALLUCINOGENS – PSYCHEDELICS

[04] Marijuana/Hashish

[08] PCP - Phencyclidine

[09] Other Hallucinogens/Psychedelics - This includes DMT, STP, psilocybin, etc.

[35] LSD (Lysergic Acid Diethylamide)

[37] Methylenedioxymethamphetamine (Ecstacy, MDMA)

[55] Ketamine (Special K, Jet, Super C)

 [61] Dextromethorphan (DXM)

[1G] 1,4-Butanediol

[1H] 4-Methoxyamphetamine (PMA)

[1I] 4-Methyl-2,5-Dimethoxyamphetamine (DOM)

[1J] 5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)

[1K] Alpha-Ethyltryptamine

[1L] Dimethyltryptamine (DMT)

[1M] Ibogaine

[1N] Mescaline or Peyote

[1O] Methylenedioxyamphetamine (MDA)

[1P] Psilocybin or Psilocin

[1Q] Salvia Divinorum or Salvinorin A

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

[17] Other Inhalants

[57] Aerosols

[58] Nitrites (Amyl Nitrite, Butyl Nitrite, Poppers)

[59] Other Solvents

[1T] Acetone

[1U] Computer Duster

[1V] Cyclohexanone

[1W] Diethyl Ether (Ether)

[1X] Ethyl Acetate

[1Y] EstyleneGlycol Monomethyl Ether Acetate

[1Z] Freon, Helium or Xenon

[2A] Gasoline, Lighter Fluid, butane, Kerosene, Propane
[2B] Glue or other Adhesives
[2C] Hexane
[2D] Isopropanol
[2E] Methyl Ethyl Ketone
[2F] Methyl Isobutyl Ketone
[2G] Nitrous Oxide
[2H] Toluene
[2I] Toluol
[2J] Trichloroethane or Trichloromethane
[2K] Trichloroethylene

VI. NOT CLASSIFIED AS PRESCRIPTION OR NON-PRESCRIPTION

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

FLORIDA DRUG SCHEDULE WITH SAMHIS DRUG CODE

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	Florida Schedule (as of Jan. 2012)	Slang Terms
		SEDATIVE - HYPNOTICS		
	Benzodiazepines:			
39	Alprazolam	Xanax, Niravam	4	
65	Bromazepam	Bromazanil	4	
40	Chlordiazepoxide	Librium, H-Tran, Libritabs, Mitran, Poxi	4	
56	Clonazepam	Klonopin, Ceberclon, Valpax	4	
41	Clorazepate	Tranxene, Gen-xene	4	
42	Diazepam	Valium, Valrelease	4	
64	Estazolam	ProSom, Eurodin	4	
53	Flunitrazepam	Rohypnol	1	Roofies, Rophies
43	Flurazepam	Dalmane	4	
66	Halazepam	Paxipam	4	
44	Lorazepam	Ativan	4	
67	Medazepam	Rudotel	4	
68	Nitrazepam	Mogadan	4	
69	Oxazepam	Serax	4	
70	Prazepam	Centrax	4	
71	Quazepam	Doral	4	
72	Temazepam	Restoril	4	
45	Triazolam	Halcion	4	
	Barbiturates:			
47	Amobarbital (amylobarbitone)	Amytal	2	
76	Barbital	Veronal	4	
77	Butabarbital	Butisol, Busodium	3	
78	Butalbital	Fioricet, Fiorinal	3	
63	Methylphenobarbital (mephobarbital)	Mebaral	4	
79	Pentobarbital (pentobarbitone)	Nembutal	2	
46	Phenobarbital (phenobarbitone)	Solfoton	4	
48	Secobarbital	Seconal	2	
	Other Sedatives:			
02	Alcohol		Not scheduled	
33	Carisoprodol	Soma, Soprodal, Vanadom	4	
73	Chloral hydrate	Somnote, Aquachloral Supprettes	4	
49	Ethchlorvynol	Placidyl	4	
74	Eszopiclone	Lunesta	Not scheduled	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	Florida Schedule (as of Jan. 2012)	Slang Terms
**SEDATIVE - HYPNOTICS** (Continued)			
54	Gamma-Hydroxybutyric Acid (GHB) (sodium oxybate)	Xyrem	1	G, Liquid G, Georgia Home Boy
50	Glutethimide	Doriden	2	
80	Meprobamate	Equanil, MB-TAB, Miltown, Trancot	4	
51	Methaqualone	Quaalude, Sopor	1	
16	Other Sedative-Hypnotics		NA	
81	Zaleplon	Sonata	Not scheduled	
82	Zolpidem	Ambien	Not scheduled	
**OPIATES and OPIOIDS**			
83	Buprenorphine	Suboxone, Subutex, Temgesic, Buprenex	5	
34	Butorphanol	Stadol	4	
25	Codeine	Tylenol w/Codeine	2 or 3 or 4	
62	Diphenoxylate	Lomotil	2 or 5	
94	Fentanyl	Fentora, Duragesic, Actiq, Onsolis, Sublimaze	2	
05	Heroin		1	H, Horse, Black Tar, Smack
32	Hydrocodone	Lorcet, Lortab, Norco, Vicodin	2 or 3	
29	Hydromorphone	Dilaudid, Exalgo, Hydrostat, Palladone	2	
85	Levo-Alphacetylmethadol (levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM)	Orlaam	2	
28	Meperidine	Demerol	2	
24	Methadone	Dolophine, Methadose	2	
23	Morphine	Avinza, Kadian, MS Contin, Oramorph, Roxanol	2	
75	Opium		2	
07	Other Opiates or Opioids		NA	
27	Oxycodone	Oxycontin, Roxicodone, Percocet, Percodan, Endocet, Roxicet, Tylox	2	Oxy, Roxy, OC
86	Oxymorphone	Opana	2	
31	Pentazocine	Talwin, Talacen	4	
87	Propoxyphene	Darvon, Darvocet	2 or 4	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	Florida Schedule (as of Jan. 2012)	Slang Terms
88	Tramadol	Ultram, Ultracet, Rybix, Ryzolt	Not scheduled	
STIMULANTS				
2I	Amphetamine and Dextro - amphetamine (d-amphetamine)	Adderall	2	
89	Benzphetamine	Didrex	3	
1F	Caffeine		Not scheduled	
22	Other Cocaine		2	Coke, Blow, Snow, Coca, Crack Rocks, Crack
03	Crack Cocaine			
90	Dexmethylphenidate	Focalin	Not scheduled	
2M	Dextroamphetamine (d-amphetamine)	Dexedrine, DextroStat, LiquADD, ProCentra, Eskatrol	2	
STIMULANTS (Continued)				
91	Diethylpropion	Tenuate, Durad, Tepanil	4	
38	Ephedrine		Not scheduled	
92	Khat (cathinone)		1	
93	Lisdexamfetamine	Vyvanse	Not scheduled	
94	Mazindol	Mazanor, Sanorex	4	
95	Phenmetrazine	Preludin	2	
10	Methamphetamine - Non-Pharmaceutical		2	Crystal, Ice, Crank, Glass, Meth, Tweak, Tina
1E	Methamphetamine - Pharmaceutical	Desoxyn, Methedrine	2	
96	Methcathinone		1	Cat
36	Methylphenidate	Ritalin, Concerta, Metadate, Methylin, Daytrana	2	
1D	Nicotine		Not scheduled	
12	Other Stimulants		NA	
97	Pemoline	Cylert	4	
1A	Phendimetrazine	Plegine	3	

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	Florida Schedule (as of Jan. 2012)	Slang Terms
1B	Phentermine	Adipex-P, Fastin, Ionamin	4	
1C	Propylhexedrine	Benzedrex, Obesin	4	
1S	**Synthetic Cathinones** - sometimes sold as "bath salts" or "plant food" (methylenedioxypryrovalerone (MDPV), methylenedioxymethcathinone, methylmethcathinone, methoxymethcathinone, fluoromethcathinone, methylethcathinone)	Ivory Wave, Blue Wave, Purple Wave, Bliss, Vanilla Sky, Meow Meow	1	
	HALLUCINOGENS - PSYCHEDELICS			
1G	1,4-Butanediol		1	
1H	4-Methoxyamphetamine (PMA)		1	
1I	4-Methyl-2,5-Dimethoxyamphetamine (DOM)		1	STP
1J	5-Methoxy-Diisopropyltryptamine (5-MeO-DIPT)		Not scheduled	
1K	Alpha-Ethyltryptamine		1	
1L	Dextromethorphan (DXM)	Coricidin, Robitussin, and over 100 other over-the-counter cough suppressant medicines	Not scheduled	CCC, Triple C, Robo, Skittles
	Dimethyltryptamine (DMT)		1	
1M	Iibogaine		1	
55	Ketamine	Ketalar, Ketanest, Ketaset	3	Special K
35	Lysergic Acid Diethylamide (LSD)		1	Acid, Blotter, Dots
04	Marijuana or Hashish		1	
1N	Mescaline or Peyote		1	Cactus, Buttons
1O	Methylenedioxyamphetamine (MDA)		1	
37	Methylenedioxymethamphetamine (MDMA)		1	Ecstasy, XTC, Adam, Beans
	Other Hallucinogens/Psychedelics		NA	
08	Phencyclidine (PCP)	Sernyl	2	Angel Dust
1P	Psilocybin or Psilocin		1	Magic Mushrooms, Mushrooms, Shrooms
1Q	Salvia Divinorum or Salvinorin A		1	Sally D

SAMH Code	Generic/Official/Nonproprietary Name	Brand/Trade/Proprietary Names	Florida Schedule (as of Jan. 2012)	Slang Terms
1R	Synthetic Cannabinoids (CP 47,479; HU-210; JWH-018; JWH-073; JWH-200)	Spice, K2, Genie	1	Fake Weed
SOLVENTS - AEROSOLS - NITRITES - FEUL				
1T	Acetone		Not scheduled but criminalized under Florida Statute 877.111	
58	Alkyl Nitrites (butyl nitrite and amyl nitrate)		Not scheduled but Criminalized under Florida Statute 877.111	Poppers
1U	Computer Duster		Not scheduled	
1V	Cyclohexanone		Not scheduled but criminalized under Florida Statute 877.111	Whippets
1W	Diethyl Ether (also known simply as "ether")		Not scheduled but criminalized under Florida Statute 877.111	
1X	Ethyl Acetate		Not scheduled but criminalized under Florida Statute 877.111	
1Y	Ethylene Glycol Monomethyl Ether Acetate		Not scheduled but criminalized under Florida Statute 877.111	
1Z	Freon, Helium, or Xenon		Not scheduled	
2A	Gasoline, Lighter Fluid, Butane, Kerosene, or Propane		Not scheduled	
2B	Glue or Other Adhesives		Not scheduled	
2C	Hexane		Not scheduled but criminalized under Florida Statute 877.111	
2D	Isopropanol		Not scheduled but criminalized under Florida Statute 877.111	
2E	Methyl Ethyl Ketone		Not scheduled but criminalized under Florida Statute 877.111	
2F	Methyl Isobutyl Ketone		Not scheduled but criminalized under Florida Statute 877.111	

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

REFERRAL SOURCE CODES AND DESCRIPTIONS

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

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

STATE OF FLORIDA SUBSTANCE ABUSE & MENTAL HEALTH SUBSTANCE ABUSE DETOX FORM	
(* Mandatory Fields)	(Reference: Chapter 6C, DCF Pam 155-2)

Client's Name:

1. *CLIENT SSN: __ __ __ **-** __ __ **-** __ __ __ __ The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet	Page 6C – 5
2. *CONTRACTOR IDENTIFIER: __ __ **-** __ __ __ __ __ __ __ Federal Tax Identification number ex. 59-1234567.	Page 6C - 5
3. *PURPOSE OF EVALUATION: ☐ **5 – Detoxification**	Page 6C - 13
4. *BEGIN DATE: __ __ / __ __ / __ __ __ __	Page 6C - 6
5. *Provider ID: __ __ - __ __ __ __ __ __ __	Page 6C - 14
6. *STAFF ID: __ __ **-** __ __ __ __ __ __ __ __ __	Page 6C - 12
7. *SITE IDENTIFIER: ___ ___	Page 6C - 5
8. *CLIENT ID: : __ __ __ __ __ __ __ __ __ __	Page 6C - 5
9. *RESIDENT COUNTY: ___ ___	Page 6C - 5
10. *SA PRIMARY DIAGONSIS: __ __ __ . __ __	Page 6C - 15
11. MH DIAGONSIS: __ __ __ . __ __	Page 6C - 15
12. *HIGHEST EDUCATION: __ __ ☐ 20 - No Schooling ☐ 29 - 1 or more year College, No Degree ☐ 21 - Nursery Schooling to 4th Grade ☐ 30 - Associate's Degree (AA, AS, etc.) ☐ 22 - 5th to 6th Grade ☐ 31 - Bachelor's Degree (BA, BS, AB, etc.) ☐ 23 - 7th to 8th Grade ☐ 32 - Master's Degree (MS, MA, MSW, etc.) ☐ 24 - 9th Grade ☐ 33 - Prof. Degree (MD, DDS, JD, etc.) ☐ 25 - 10th Grade ☐ 34 - Doc. Degree (PhD, EDD, etc.) ☐ 26 - 11th Grade ☐ 35 - Special School ☐ 27 - 12th Grade, No Diploma ☐ 36 - Vocational School ☐ 28 - High School Graduate, Diploma or Degree	Page 6C – 5-6

13. ***DEPENDENCY/CRIMINAL STATUS:** __ __

Adjudicated Children:

☐ 01 - Delinquent, in physical custody
☐ 02 - Delinquent, not in physical custody
☐ 03 - Dependent, in physical custody
☐ 04 - Dependent, not in physical custody
☐ 05 - Dependent & Delinquent, in
   custody
☐ 06 - Dependent & Delinquent, not in
   physical custody
☐ 07 - "Children in Need of Services" (CINS),
   not in physical custody

Non-Adjudicated Children

☐ 08 - Other DCF program status
☐ 09 - Under custody & supervision of
   family/guardian

Adults with No Court Jurisdiction:

☐ 10 - Competent, no charges
☐ 11 - Civil incompetence of person
   or property

Adults with Court Jurisdiction:

Criminal Competent

☐ 12 – Incarcerated
☐ 13 - Release pending hearing
☐ 14 - this code is no longer used
☐ 15 - this code is no longer used

Adults with Court Jurisdiction (Cont.):

Criminal Incompetent:

☐ 16 - Release pending hearing
☐ 17 - Involuntarily hospitalized (direct commit)
☐ 18 – Incarcerated
☐ 19 - Involuntarily hospitalized - revocation of physical
   conditional release.
☐ 20 - No longer used
☐ 21 - Conditionally released

Not Guilty by Reason of Insanity (NGI):

☐ 22 - Involuntary hospital - direct commit.
☐ 23 - Involuntary hospital – revocation of conditional
   release.
☐ 24 - Released pending hearing.
☐ 25 - Conditionally released.
☐ 26 - Incarcerated.
☐ 29 - Incompetent to Proceed – Ages 21+

Juvenile Incompetent to Proceed

☐ 27 - Incompetent to Proceed - Ages 0 - 17
☐ 28 - Incompetent to Proceed - Ages 18 - 20

Pages 6C – 7
through 9

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14. ***MARCHMAN ACT:** ____

☐ 1 – Involuntary Assessment   ☐ 3 – Involuntary Assessment and Treatment
☐ 2 – Involuntary Treatment   ☐ 4 – N/A

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15. ***HEALTH STATUS (HIPAA):** __

☐ 1 - Agitated   ☐ 4 – Depressed   ☐ 7 - Other Mental Condition
☐ 2 - Comatose   ☐ 5 - Forgetful   ☐ 8 – Oriented
☐ 3 – Disoriented ☐ 6 – Lethargic

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16. ***PREGNANCY TRIMESTER:** __

☐ 1 - 1-3 Months   ☐ 3 - 7-9 Months
☐ 2 - 4-6 Months   ☐ 4 - Not Pregnant or male

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17. ***ADMISSION TYPE:** __

☐ 1 - Voluntary Competent   ☐ 3 - Involuntary Competent
☐ 2 - Voluntary Incompetent ☐ 4 - Involuntary Incompetent

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18. ***DRUG COURT ORDERED:** __   ☐ 0 – No   ☐ 1- Yes

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19. ***INVOLVED IN CHILD WELFARE:** ___

☐ 0 – No   ☐ 1 – Yes   ☐ 3 – N/A

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20. ***RESIDENTIAL STATUS:** __ __

☐ 01 - Independent Living-alone
☐ 02 - Independent Living-with Relatives
☐ 03 - Independent Living –with Non-Relatives
☐ 04 - Dependent Living-with Relatives
☐ 05 - Dependent Living-with Non-Relatives
☐ 06 - Assisted Living Facility (ALF)
☐ 07 - Foster Care/Home
☐ 08 - Group Home
☐ 09 – Homeless

☐ 10 – Hospital
☐ 11 - Nursing Home
☐ 12 - Supported Housing
☐ 13 - Correctional Facility
☐ 14 - DJJ Facility
☐ 15 – Crisis Residence
☐ 16 – Children Residential Treatment Facility
☐ 17 – Limited Mental Health Licensed ALF
☐ 99 - Not Available or Unknown

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21. *MARITAL STATUS: __ __ ☐ 1 – Single ☐ 5 - Separated ☐ 2 – Married ☐ 6 - Unreported ☐ 3 – Widowed ☐ 7 - Registered Domestic Partner ☐ 4 – Divorced ☐ 8 - Legally Separated	Page 6C - 6
*SUBSTANCE PROBLEM *** (New drug list)*** **22. Primary:** __ __ **23. Secondary:** __ __ **24. Tertiary:** __ __	Pages 6C – 9-10
*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION) **25. Primary:** __ ☐ 1 - No past month use ☐ 4 - 3 to 6 times per week **26. Secondary:** __ ☐ 2 - 1 to 3 times in past month ☐ 5 - Daily **27. Tertiary:** ___ ☐ 3 - 1 to 2 times per week	Page 6C - 11
*USUAL ROUTE OF ADMINISTRATION **28. Primary:** __ ☐ 1 – Oral ☐ 4 – Injection **29. Secondary:** __ ☐ 2 – Smoking ☐ 5 – Other **30. Tertiary:** __ ☐ 3 – Inhalation	Page 6C - 10
*AGE OF FIRST DRUG OR ALCOHOL USE **31. Primary:** __ __ **32. Secondary:** __ __ **33. Tertiary:** __ __	Page 6C – 11-12
34. *Discharge Reason: ___ ___ ☐ 1 - Completed Episode of Care – no substance abuse ☐ 2 - Completed Episode of Care – some substance use (some impairment) ☐ 6 - Non-compliant with agency's rules ☐ 7 - Left before completing treatment (involuntary) ☐ 8 - Incarcerated ☐ 9 – Died ☐ 10 – Completed Non-TX services (TASC/Interv./Prev.) ☐ 11 – Did not complete Non-TX services (TASC/Interv./Prev.) ☐ 13 - Referred outside of agency – episode of care completed ☐ 14 - Referred outside of agency – episode of care not completed ☐ 15 - Left before completing treatment (voluntary)	Page 6C – 13-14
35. *End Date: ___ ___ / ___ ___ / ___ ___ ___ ___	Page 6C – 13

36. REFERRAL: ___ ___
 ☐ 1 - Individual (Self-Referral)   ☐ 14 - Other Court Order/Recognized Legal Entity
 ☐ 2 - Substance Abuse Care Provider   ☐ 16 - SINS/FINS
 ☐ 3 - Mental Health Care Provider   ☐ 17 - Addictions Receiving Facilities
 ☐ 4 - Juvenile Justice (JARF's)   ☐ 18 - Outreach Program
 ☐ 5 - County Public Health Unit   ☐ 19 - DCF/ADM (no longer used)
 ☐ 6 - School (Education)   ☐ 20 - Community Hospital
 ☐ 7 - Employer/Employee   ☐ 21 - State Hospital
     Assistance Program   ☐ 22 - Physician/Doctor
 ☐ 8 - Other Social Service/Health/   ☐ 23 - Law Enforcement
     Community Ref   ☐ 24 - Family Safety Foster Care
 ☐ 9 - TASC (Assessment Centers)   ☐ 25 - Family Safety Protective Services
 ☐ 10 - Probation/Parole/Controlled   ☐ 99 - None of the Above
      Release Authority
 ☐ 11 - DUI/DWI
 ☐ 12 – Pretrial
 ☐ 13 - Prison/Jail
	Page 6C - 14

37. *EMPLOYMENT STATUS: __ __ ☐ 10 - Active military, overseas **Not in Work Force:** ☐ 20 - Active military, USA ☐ 81 - Homemaker ☐ 30 - Full Time ☐ 82 – Student ☐ 31 – Unpaid Family Worker ☐ 83 – Retired ☐ 40 - Part Time ☐ 84 - Disabled ☐ 50 - Leave of Absence ☐ 85 – Inmate (Jail, Prison, Psych. Institution, etc.) ☐ 60 – Retired ☐ 86 – Not Authorized to work ☐ 70 - Terminated (unemployed)	
38. *ZIP CODE: ___ ___ ___ ___ ___ US Postal Zip code for this client's residence	Page 6C – 14
39. PROVIDER INFORMATION: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Page 6C - 14
40. *Veteran status ____ ☐ 0 – No ☐ 1 – Yes ☐ 2 – Unknown	Page 6C - 15
41. *CONTRACT NUMBER 1 - __ __ __ __ __ __	Page 6C - 16
42. CONTRACT NUMBER 2 - __ __ __ __ __ __	Page 6C - 16
43. CONTRACT NUMBER 3 - __ __ __ __ __ __	Page 6C - 17
44. *MHDIAGNOSIS ____ ☐ 0 – No ☐ 1 – Yes	Page 6C - 15

45. SOCIAL CONNECTEDNESS: ___ ___
      01 – No attendance in the past month   04 – 8 – 15 times in past month
      02 – 1-3 times in past month   05 – 16-30 times in past month
      03 – 4-7 times in past month   06 – Some attendance in past month, frequency unknown
	Page 6C - 17

46. SCHOOL ATTENDANCE: ___ 1 – Suspended 2 – Expelled 3 – Suspended and Expelled 4 – Not Applicable	Page 6C - 17
Signature: _____ Date: _____/_____/_____	