



LOUISIANA DEPARTMENT OF HEALTH

Client-Level Data

*Standards &
Procedures Manual
for External Use*

NOTICE:

THIS MANUAL CONTAINS IMPORTANT INFORMATION NEEDED FOR TIMELY, ACCURATE, AND RELIABLE DATA COLLECTION, DATA TRANSFORMATION, AND DATA SUBMISSION. This manual contains guidelines for electronic submission of behavioral health client-level data to address state and federal reporting requirements of the Office of Behavioral Health. Use of this document along with companion documents mentioned in this manual should be used to meet required OBH data collection and data submission requirements.

**Version 2.6
Rev. 09/20/17**

NOTE: This manual will be periodically updated as federal and state reporting requirements evolve. Please contact the Office of Behavioral Health at (225) 342-8713 for the most up to date version.

OBH TECHNICAL SUPPORT CONTACT INFORMATION

OFFICE OF BEHAVIORAL HEALTH BUSINESS INTELLIGENCE DIVISION

Bienville Building- 4th Floor
628 N. 4th Street
Baton Rouge, LA 70802

OBH BUSINESS INTELLIGENCE TEAM Manager of Business Intelligence

Shamim Akhter, MPH
Program Manager
Shamim.Akhter@la.gov

Terri Cochran, Analyst
Xiaobing Fang, Analyst
Meiqin Zhang, Analyst
Ashanti Z. Corey, Analyst
Keith Poche, IT Contractor, Analyst

For technical support or questions, please contact the OBH Business Intelligence Manager via email.

Chapter 1: Introduction	4
Purpose and Need for Client-Level Data	4
Who Should Read This Manual?	4
OBH Companion Documents	5
Manual Overview	5
Updates, Changes, and Modifications	7
Chapter 2: Scope of Reporting	8
Scope of Clients to Be Reported	8
Service Program Reporting Structure	10
Required Data Sets	11
Reporting Schedule	13
Data Sets Format	13
Overview of Reporting Process	13
Security	15
Chapter 3: Data Collection and Submission	16
Step 1: Development of Provider organization/LGE and/or EHR vendor Data Crosswalk	16
Step 2: Extraction and Transformation	19
Step 3: Submission of Complete Client-level Data Files	20
Chapter 4: Processing Data and Correcting Errors	21
Review of Data Files	21
Quality Control	21
Chapter 5: OBH Data Warehouse, Data Marts, and Reporting	23
Data File Warehousing	23
OBH-Wide Data Match	23
Build Data Marts for End Users	23
Submission of Client-Level Data to SAMHSA	23
Appendix A: Data Dictionary	22
Header Table	23
Client Table	36
Episode Table	98
Assessment Table	158
Service Table	245

Appendix B: OBH Data Crosswalk Template	263
Appendix C: Local Governing Entities	267
Appendix D: Updates, Changes, and Modifications Table	269
Appendix E: Sample Pre-Integration Data Validation Report	274
Appendix F: Mental Health Block Grant Reporting Evidence-Based Practices (EBP) for Adults SMI and Child/Youth EBD	300
Appendix G: Overview of TeleSage Outcome Measurement System (TOMS) Quality of Care (QoC) Surveys	308

CHAPTER 1 INTRODUCTION

Purpose and Need for Client-level Data

This document is the Instruction Manual for all provider organizations/LGEs and/or electronic health record (EHR) vendor systems electronic submittal of client-level data to the Office of Behavioral Health (OBH) for integrated state and federal reporting. Client level data is **required** for federal reporting to the Substance Abuse and Mental Health Services Administration (SAMHSA), which provides a large percent of state Block Grant funding. SAMHSA's Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) specify reporting requirements for national programs such as the National Outcome Measures (NOMS), Mental Health Block Grant (MHBG), Treatment Episode Data Set (TEDS), Uniform Reporting System (URS), and General Performance and Results Act (GPRA). Client-level data are also required by the state to address the informational needs of the Department of Health (LDH) and the state legislature, as well as to provide a statewide and integrated view of all persons served, services provided, and treatment outcomes.

The standards and procedures set forth here specify the data sets, file structures, data elements, data definitions, data element values and formats, and the method, schedule, and means by which client-level data is to be electronically and securely transferred to the OBH. These data files are structured to facilitate analysis, reporting, and submittal of data to meet federal reporting requirements. The data sets shall be submitted to OBH and will be processed and stored in the OBH data warehouse.

Provider organizations/LGEs and/or EHR vendors are encouraged to work closely with OBH staff early in the contract and implementation phase of an electronic health record system to assure data is collected in a manner that meets OBH client-level data requirements and to assure timely, effective and efficient transfer of the required data. If the Local Governing Entity (LGE) signs a new contract with a new EHR vendor, OBH must be notified within five (5) business days.

Who Should Read this Client Level Data Manual (CLDM)?

The Office of Behavioral Health recommends that this manual be provided to all behavioral health personnel, contractors, provider organizations/LGEs and/or EHR vendors who are involved in the collection, extraction, transformation, and submission of the client-level data files. Use of this manual is required by all staff primarily responsible in developing the health record system crosswalk and data extraction, transformation, and submission.

OBH Companion Documents

OBH Org/LGE Crosswalk Template

The Data Crosswalk shows the mapping of the Provider organizations/LGE, EHR vendor data elements, codes, and categories corresponding with those prescribed in the CLDM. All Provider organizations/LGEs must complete and share with EHR vendors. Please refer to Appendix B for additional information. Each LGE is required to submit a crosswalk annually and upon vendor change.

OBH Data Dictionary

The Data Dictionary lists codes for all variables in the Client, Episode, Assessment, and Service Tables. Please refer to Appendix D for additional information.

Manual Overview

Chapter 2: The scope of reporting for client-level data, including which clients to report, an overview of the required data sets, and an overview of the reporting framework, process, and schedule.

Chapter 3: Presents details regarding the development of the data crosswalk, including how data from the provider organization/LGEs/EHR vendor data systems are transformed to meet the requirements for submission to OBH. It also presents the technical specifications for the extraction, transformation, and submission of client-level data.

Chapter 4: Describes the steps after a submission of client-level data is received by OBH, the procedures for file correction and file resubmission, and the responsibilities of the Provider organization/LGE and/or EHR vendor and OBH.

Chapter 5: Provides a brief explanation about data warehousing, data marts, and reporting.

Appendix A: Contains the data dictionary (for each data table), which includes definitions of data items, reporting guidelines, acceptable values (also listed in reference/look-up tables), and formatting information for all data elements.

Appendix B: Provides the Provider organization/LGE and/or EHR vendor Data Crosswalk template sample.

Appendix C: Provides the list of Local Governing Entities (LGE).

Appendix D: Provides the list of field edits and relational and system edits.

Appendix E: Provides a sample pre-integration validation report.

Appendix F: Provides information on MHBG Reporting Evidence Based Practices for Adult SMI and Child/Youth EBD.

Appendix G: Provides an overview of the TeleSage Outcomes Measurement System (TOMS) Quality of Care (QoC) Surveys requirements.

OBH Client Level Data Manual Modifications

The following changes were made to the CLDM to create version 2.6. See table found in Appendix D to view specific changes to field numbers, types of changes, and descriptions of changes.

Changes to existing OBH variables:

(1) New variables/questions added:

- None

(2) Variable coding changed:

a) **SERV_PROGRAM (E-32)**

- Four new ASAM levels were added:
 - 22-Early Intervention (ASAM 0.5)
 - 23-Ambulatory withdrawal management without extended on-site monitoring (ASAM 1-wm)
 - 24-Ambulatory withdrawal management with extended on-site monitoring (ASAM 2-wm)
 - 25-Medically managed intensive inpatient withdrawal management (ASAM 4-wm)

b) **GENDER (C-07)**

- Valid Entry Added:
 - 3-Person (Transgender)

c) **DRUG_1_AGE (A-55), DRUG_2_AGE (A-56), DRUG_3_AGE (A-57)**

- Valid Entry Added:
 - 98-Unknown

(3) Variable titles and definitions changed:

a) **PAY_SOURCE_1 (C-39), PAY_SOURCE_2 (C-40), PAY_SOURCE_3 (C-41)**

- 22-Medicaid-Healthy Blue

b) **SERV_PROGRAM (E-32)**

- 06-Halfway/ ¾ house/Clinically managed low-intensity residential treatment (ASAM 3.1)
- 08-Intensive Outpatient (ASAM 2.1)
- 09-Medical detox/hospital setting (24-hour) medically monitored residential detoxification (ASAM 3.7-wm)
- 10-Medically supported detox/non-hospital/medically monitored intensive residential treatment (ASAM 3.7)
- 12-Outpatient (ASAM 1)
- 13-Partial care/day treatment/partial hospitalization (ASAM 2.5)
- 16-Social detoxification/clinically managed residential social detoxification (ASAM 3.2-wm)
- 18-Therapeutic community-structured-long term/clinically managed medium intensity residential treatment-adult (ASAM 3.3)

- 20-Inpatient SA adult short-term (<30 days)/clinically managed high intensity residential treatment-adult (ASAM 3.5)
- 21-Inpatient SA adolescent long-term (>30 days)/clinically managed high intensity residential treatment-adolescent (ASAM 3.5)

(4) Valid entry options retired:

a) SERV_PROGRAM (E-32)

- 01-Acute Unit
- 07-Inpatient/Psychiatric Hospital
- 15-Rehab/Residential Long Term (>30 days)

b) PROGRAM_TYPE (E-40), PROGRAM_TYPE_2 (E-57), PROGRAM_TYPE_3 (E-58), PROGRAM_TYPE_4 (E-59)

- 01-Adult Respite Services
- 03-Case Management Services
- 04-Cognitive Behavior Therapy
- 05-Consumer Operated Services
- 06-Crisis Intervention Services/CART
- 07-Dialectical Behavioral Therapy
- 08-Drop in Center/Resource Education Center
- 11-Family Support Services
- 12-Forensic Act
- 14-Homeless Outreach Team Services
- 17-Intensive Case Management
- 18-Medication Management Only
- 20-Mentoring
- 22-Other Housing Services
- 23-Peer Support Services
- 24-Psycho-Social Skills Training
- 25-Respite Services
- 26-School Based MH Services
- 27-Supported Education
- 29-Supported Housing

CHAPTER 2

SCOPE OF REPORTING

Scope of Clients to Be Reported

The scope of clients to be included in this submittal will be all individuals who receive services from a publicly funded provider organizations/LGE under the auspices of the state. The following guidelines should be observed when defining criteria for inclusion in client-level data submitted to OBH:

- Include all persons with mental illness, addictive disorders, or co-occurring mental health and addictive disorders served under the auspices of state (including persons who received services funded by Medicaid, Medicare, Private Insurance, Private Pay, and federal funds).
- Include any other persons who are counted as being served under the auspices of the state behavioral health agency system, including Medicaid waivers, if the behavioral health component of the waiver is considered to be under the auspices the state.
- Include all identified persons who have received services, including screening, assessment, and crisis services. Telemedicine services should be counted if they are provided to registered or identified clients.
- Include all persons who have a one-time service event or who were seen but not admitted.
- Include all persons served for who the provider organizations/LGE contracts for services (including persons whose services are funded by Medicaid, Medicare, Private Insurance, Private Pay and federal funds) if the behavioral health component is considered to be under the auspices the state.

Service Program Reporting Structure

The following service program reporting structure will be used to identify and standardize the geographic areas of the state where the services are rendered, the name of the provider agencies, the service programs and program types, and the individual service providers:

- **Provider organization/LGE** – The “umbrella” business organization responsible for the provision of services. Used for the Local Governing Entity (LGE). Reported in data as REGION and the value is provided by OBH. REGION is reported as C-46 in Client Table, E-55 in Episode Table, A-96 in Assessment Table, and S-24 in Service Table.
Please note: an agency or company contracted by an LGE to provide services falls under the umbrella of the LGE. In this situation, the Provider/Organization/LGE is the LGE.
- **Provider Agency** – The clinic, facility, agency, private practice, etc. providing the services under the auspices of the provider organization/LGE. The distinction between provider organization/LGE and service program is made because some provider organization/LGEs

operate multiple service programs and facilities in various locations. Reported in Episode Table as EPISODE_AGENCY_UID (E-05) and EPISODE_AGENCY_NAME (E-56). Reported in Service Table as SERVICE_AGENCY_UID (S-23).

- **Service Program** – Specifies the primary mode of treatment (program element) to which the client is admitted for a particular episode of care/treatment. Reported in Episode Table as SERV_PROGRAM (E-32).
- **Program Type** – A program encompasses an organized set of services, whether these are provided within a clinic or other facility, or in the community (e.g., Assertive Community Treatment). Evidence Based Practices will be identified if they meet the criteria. Reported in Episode Table as PROGRAM_TYPE (E-40), PROGRAM_TYPE_2 (E-57), PROGRAM_TYPE_3 (E-58), and PROGRAM_TYPE_4 (E-59).
- **Service Provider** – The individual clinician who provides the behavioral health service. Reported in Episode Table as ASSIGN_PV (E-06). Reported in the Service Table as PV_SERV (S-13) and PV_CO_SERV (S-12).

Required Data Sets

There is one data set submitted by each LGE or LGE's EHR vendor for each reporting period. The data set captures the LGE's provider agencies. Clients who received services from the LGE or the provider agency are reported in this data set.

NOTE: The data set is comprised of five data tables: the header table, client table, episode table, assessment table, and the service table.

The **header table** contains system level data elements of the LGE and/or EHR vendor data file (e.g., who is sending the file, the reporting period, number of client records in the submission).

The **client table** contains one record per client who received services from the LGE during the reporting period. For example, a client who received outpatient services Capital Area Human Services District (CAHSD), from one of the CAHSD community mental health centers, who also spent 30 days at a residential treatment center also through CAHSD, should have only one record in the CAHSD client table. Each client record includes basic demographics and characteristics such as age, race, and parish of residence as well as the client's financial information such as household income and pay source. Each client record in the client table is identified by a unique client identifier (client UID) assigned by the LGE and/or EHR vendor record system and this client UID is used to link the client across multiple episodes of care and services within and across the LGE and/or EHR vendor record system.

The **episode table** contains information such as the reason for first contact, referral source, and date of admission as well as client status information that may be subject to change, such as residential status, marital status, and legal status. An **episode** of care begins when the client first presents for treatment (i.e., date of first contact) and ends when the client is discharged (date of discharge). For persons who

are seen but not admitted, the end date of the episode will be the date of last contact and the date of discharge is blank.

The episode table can contain multiple episodes of care per client record. For example, in the above scenario for CAHSD, the client would have two episodes of care; one for the community mental health center and one for the residential treatment program. The episode table can contain overlapping episodes of care when a client is being served concurrently by two provider agencies. For example, a client receiving outpatient services under CAHSD, from one of the CAHSD community mental health centers, who is also receiving Intensive Case Management from a CAHSD provider agency, would have two open episodes of care in the CAHSD episode table.

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the LGE and/or EHR vendor record system. This episode UID links each assessment and service provided to the individual client during a specific episode of care by a specific service program (clinic, facility, etc.) across the LGE and/or EHR vendor record system.

The **assessment table** contains clinical information obtained during an assessment or evaluation such as current problem, primary DSM-5 diagnosis, and current service provider. The assessment table can contain multiple assessments completed by multiple providers per client record. Each individual assessment is identified by the assessment date and/or a unique assessment identifier (assessment UID) assigned by the LGE and/or EHR vendor record system or the assessment instrument vendor system. The assessment UID is linked to a specific treatment episode UID assigned by LGE and/or EHR vendor record system.

The **service table** contains service session information such as the appointment status, the service provided, and when the service began and ended. The service table can contain multiple services provided by multiple service providers per client record. Each individual service session is identified by the unique service session identifier (session UID) assigned by the LGE and/or EHR vendor record system and is linked to a specific episode UID assigned by the LGE and/or EHR vendor record system.

Reporting Schedule

Data sets shall be transmitted to OBH on a bi-monthly basis to the agreed upon secure FTP site on the 1st and 15th days of each month. Data updates will be incremental in nature, and are inclusive of any record that has been edited or added within the prior two week time period. One two week time period will be from 1st of the month through the 14th of the month and the second two week time period will be from the 15th of the month through the last day of the month.

Data Sets Format

Data sets will be transmitted in comma delimited (.CSV) format with named columns in the header row. Column names supplied in this manual must be used or the data set will be rejected.

Overview of Reporting Process

There are three (3) steps in the data collection and submission of the data files (refer to Figure 1 on the next page for a schematic of the process). Step 2 is used for initial file submission setup. Steps 1 and 3 are ongoing.

Step 1: Develop and Submit for Review the Data Crosswalk

An LGE with its own data system (CareLogic, Greenway health, E-Clinical Works, Remarkable Health, ICANotes, etc.), whether purchased or proprietary, for the collection and storage of client-level data, must develop a data crosswalk. Please see Chapter 3 for complete details on developing a data crosswalk. Once the LGE and/or EHR vendor record system crosswalk is complete, the LGE and/or the electronic health record vendor must meet with the OBH technical team for review and approval of the crosswalk, *before any programming for extraction, transformation, and submission begins*.

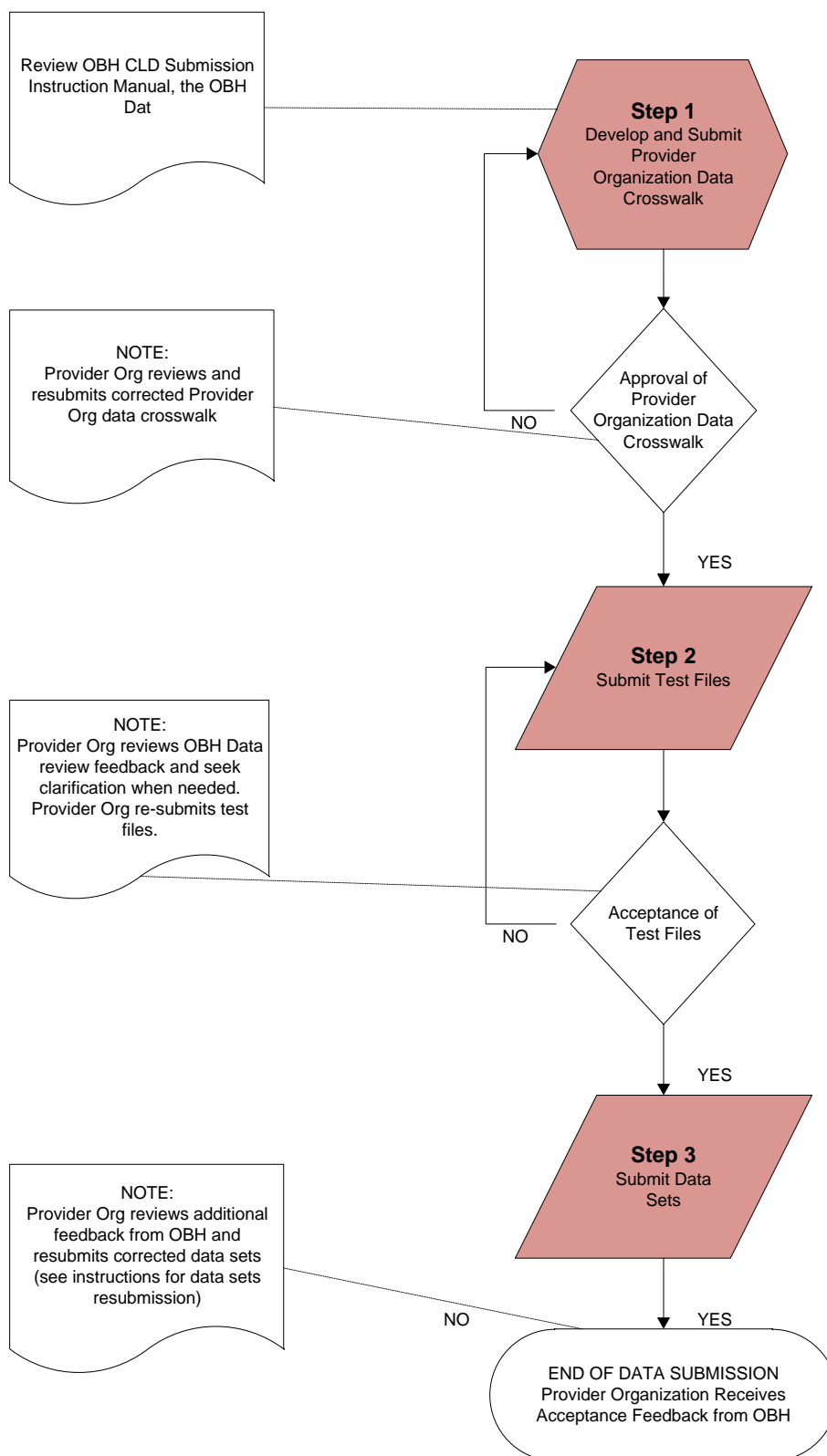
Step 2: Extract, Transform

The LGE is responsible for data collection and the extraction, transformation, and electronic submission of all data to OBH. This step includes submittal of a test file of 500 client records.

Step 3: Submittal of Complete client-level Data (ongoing)

Once the client-level data is extracted and transformed according to OBH guidelines, the LGE and/or EHR vendor is responsible for transmitting the data files to OBH on a bi-monthly basis via a pre-designated Secure File Transfer Protocol (SFTP) process.

Process for Submission of Client-Level Data Sets



Security

OBH requires use of a secure connection for data submission. The security of the data during transmission from the LGE and/or EHR vendor to OBH is the responsibility of the LGE and/or EHR vendor, but OBH will make every reasonable effort to accommodate the LGE and/or EHR vendor's security needs. At a minimum, it is recommended that submitted data files be encrypted. The LGE and/or EHR vendor must coordinate with the OBH to assure that the encryption methodology is available to OBH.

Secure FTP site

OBH manages the data files sent by LGE and/or EHR vendor as well as the OBH database in a secure manner. The OBH database is maintained on a secure server with ID and password access limited to authorized OBH staff. The server and back-up files are located in a locked room.

CHAPTER 3

DATA COLLECTION AND SUBMISSION

Setup, Collection, and Reporting Process

Regardless of the data system used by a LGE, *the collection, transformation, and reporting of data elements must meet standards outlined in this document.* Failure to meet these requirements may result in omission of data from federal (Block Grant, TEDS, URS) and state reporting.

Step 1: Development of LGE and/or EHR Vendor Data Crosswalk (ongoing)

Using the prescribed template supplied by OBH, LGEs and/or EHR vendors must develop and submit for approval by OBH a LGE and/or EHR vendor record system data crosswalk using the prescribed MS Excel Spreadsheet. A LGE and/or EHR Vendor Crosswalk is a document containing the general instructions (or map) for translating data from the LGE and/or EHR vendor's own data collection system to the data elements and values used by OBH. Each LGE and/or EHR vendor, working closely with OBH, develops this data crosswalk and updates the crosswalk as changes to the LGE and/or EHR vendor's record system require. The LGE and/or EHR Vendor Crosswalk guides development of the LGE and/or EHR vendor's computer program that converts the LGE and/or EHR vendor data elements to the OBH data elements. This **does not** require the LGE or EHR vendor to provide their data structure or schema to OBH.

Any time the LGE and/or EHR vendor plans to modify a data item in its data system, or modifies its system, it is important that the LGE and/or EHR vendor review its crosswalk and its computer program used to extract data for submission to OBH, to assure that each LGE and/or EHR vendor data item is correctly mapped to its OBH counterpart. If the Local Governing Entity (LGE) signs a new contract with a new EHR vendor, OBH must be notified within five (5) business days.

It is the LGE and/or EHR vendor's responsibility to develop programming to extract and transform the data for submission to OBH according to the specifications in the approved LGE and/or EHR Vendor Crosswalk. It is also the LGE and/or EHR vendor record system's responsibility to update programming as needed when a change is made to the LGE and/or EHR vendor data system, to assure that the LGE and/or EHR vendor data elements and values are accurately matched and translated to the OBH data elements and values. In addition, the crosswalk must include a coding translation for each value.

To establish an initial crosswalk, the LGE and/or EHR vendor develops a crosswalk by mapping the LGE and/or EHR vendor data elements and values to the appropriate OBH data elements and values as shown in Appendix A. The crosswalk must show in detail how each LGE and/or EHR vendor data element translates into the corresponding OBH data set element. The LGE and/or EHR vendor submits its crosswalk to OBH along with a copy of the LGE and/or EHR vendors current electronic data collection elements and values/codes. OBH reviews the crosswalk to ensure compatibility with the OBH data

requirements. OBH will schedule a meeting with the LGE and/or EHR vendor to review the crosswalk and to discuss and resolve any discrepancies. Appendix C shows an example of a crosswalk.

Once OBH approves the LGE and/or EHR vendor data crosswalk, OBH notifies the LGE and/or EHR vendor of the crosswalk's final approval. The LGE and/or EHR vendor transforms their data elements according to the crosswalk and then submits the test file of client-level data.

Once an initial crosswalk is established, it must be updated whenever a change is made to the LGE and/or EHR vendor's data system that affects the OBH data. When updating an existing crosswalk, the LGE and/or EHR vendor should provide a complete updated crosswalk highlighting the data elements requiring change. As a requirement of the Accountability Plan's (AP) quarterly on-site visit, the LGE need to submit a crosswalk to OBH by July 31st annually mentioning whether it was updated or not.

Crosswalk Objectives

The objectives of the LGE and/or EHR vendor data crosswalk are to:

- 1) Ensure that data in the LGE/EHR vendor data system are accurately collected and translated to the appropriate OBH data fields; and
- 2) Establish a consistent conversion of LGE/EHR vendor data elements to the OBH database, thereby ensuring comparability among LGE/EHR vendors.

Crosswalk Responsibilities

Each LGE/EHR vendor is responsible for:

- Preparing a LGE/EHR vendor data crosswalk that describes in detail how the LGE/EHR vendor will translate the data element values in its own system to the OBH data fields and values
- Submitting the crosswalk to OBH for review along with the LGE/EHR vendor electronic data structure and related instructions/definitions (sufficient information to enable an understanding of the source of each OBH data item)
- Converting the LGE/EHR vendor data to the OBH format specifications
- Establishing procedures to ensure the approved crosswalk is implemented properly by ensuring the LGE/EHR vendor data extraction and transformation program is correct
- Notifying OBH when changes to the LGE/EHR vendor crosswalk occur

OBH is responsible for:

- Assisting each LGE/EHR vendor in preparing its LGE/EHR vendor data crosswalk

- Reviewing each LGE/EHR vendor data crosswalk
- Giving final approval for each LGE/EHR vendor data crosswalk
- Providing technical assistance to LGE/EHR vendors with implementing the approved data crosswalk

General Crosswalk Guidelines

The following guidelines are provided to assist LGE/EHR vendors in developing the data crosswalk. The guidelines ensure statewide consistency in the reporting of OBH data. Detailed information on the OBH data set elements and their values are in Appendix A of this manual. Detailed instruction on how to complete the crosswalk are included in the crosswalk template provided by OBH.

- **Collecting Partial Data** – OBH anticipates that all LGE/EHR vendors will collect and submit data for all OBH data elements except for those that are not applicable to the client or program of service. It is important that these “not applicable data elements” are identified on the LGE/EHR vendor’s crosswalk as “not collected” along with the reason the item is not collected.
- **DSM Diagnosis** – DSM-5 is the required coding system for reporting diagnoses. This is subject to change as new editions are published.
- **Valid Field Codes** - All data elements in the OBH Data Set must have valid entries. Valid entries include numeric, alphanumeric characters, dates, or null values. The data dictionary in Appendix A shows valid values for each OBH data element.
- **LGE/EHR Vendor Clinic/Facility and Services Crosswalk**– Every data system has its own taxonomy for assigning unique Clinic/Facility identifiers and descriptions and unique Service Codes and Service Descriptions. In order to have standardization of data throughout the LGEs and/or EHR vendors, they must provide a mapping of Clinic/Facility ID's to Clinic/Facility Names used in their EHR systems as well as a mapping of these Clinic/Facility ID's and Clinic/Facility Names to the Clinic/Facility ID's and Clinic/Facility Names used by the EHR. In addition, the LGE and/or EHR vendor must provide a mapping of Service Codes to the Service Descriptions used in their EHR systems as well as a mapping of these Service Codes and Descriptions to the Service Codes and Service Descriptions used by the EHR. Complete instructions are provided in Part 3 of the LGE/EHR Vendor Data Crosswalk Template.

Step 2: Extraction and Transformation (initial setup)

Approval of the LGE or EHR Vendor Data Crosswalk by OBH indicates that programming for data extraction, transformation, and transference can begin. The LGE and/or EHR vendor is responsible for data extraction and transformation of all data prior to transference to OBH.

Submittal of Test Files

Before sending the complete data sets, test files comprised of no more than 500 records are generated and submitted to OBH using the prescribed record layout and coding convention. Test files are randomly selected client records containing all required data elements in the data dictionary of the relevant data table. The primary objective for this procedure is to ensure prompt processing of the complete data files by identifying and resolving any potential issues prior to the submission of the bigger data files. This is accomplished through checking the conformity of LGE and/or EHR vendor files with prescribed record format, use of coding conventions, and data quality control.

Review of Test Results and File Correction

OBH will review the test files and will provide feedback regarding the results of the test. The LGE and/or EHR vendor are advised to carefully review this feedback and correct all errors cited in the report. Depending on the types of errors and percentage of records with errors, a revised test file may be requested for resubmission. Because the testing process looks at a sample of data, successful testing does not guarantee that a production file will not contain errors that must be corrected.

Step 3: Submission of Complete Client-level Data Files (ongoing)

Extraction, transformation, and submission of the complete client-level data sets may begin upon advisement of the acceptability of the test files. The data tables are submitted as separate files but should be linkable as noted in the data table schema (using client UID, episode UID, etc.).

Submission Guidelines

LGEs and/or EHR vendors are expected to transmit client-level data on a semi-monthly basis (on the 1st and 15th days of each month) via a prescribed Secure File Transfer Protocol.

The initial submission is to include all client records and OBH required data sets. Subsequent submissions are to include all data for any client record that has been added or edited.

When a scheduled submission will not be made on time, the LGE and/or EHR vendor should notify OBH (by telephone email), and provide a revised delivery date within three (3) business days.

Failure to submit semi-monthly client-level data files will result in receipt of a blank semi-monthly Pre-Integration Data Validation Report by the LGE, until OBH begins to receive the data again. Please refer to Appendix E: Sample Pre-Integration Data Validation Report to view a sample report.

Treatment facilities/service providers should enter their client data daily to ensure completeness and accuracy of agency data submitted. Prompt data entry by service providers and subsequent submission to OBH will enable timely analysis and publication of statewide reports.

A successful submission of data to OBH requires that the LGE and/or EHR vendor perform the following tasks according to the reporting schedule:

- Collect complete LGE data through the LGE and/or EHR vendor data system
- Translate/crosswalk LGE and/or EHR vendor data to the appropriate OBH data fields, codes and file format
- Write programming to extract, transform, and transfer data from the LGE and/or EHR vendor system for OBH submission
- Produce header file and client-level data tables
- Submit the data file using the procedures for electronic transmission protocol approved by OBH

CHAPTER 4

PROCESSING DATA AND CORRECTING ERRORS

Review of Data Files

Feedback in the form of an email or report will be provided by OBH after the complete data files have been reviewed against required data edits (field and system). The feedback will specify whether or not the data files passed all edits and have been accepted by OBH. For every file submission, a corresponding data edit check is performed and feedback is provided.

Pre-Integration Data Validation Report

OBH provides a response file for each data submission time period to LGEs/EHR vendors. Based on evidence within the response file, the LGE data submission will be accepted or rejected. If no data is provided, the LGE will receive a blank file. Please refer to Appendix E: Sample Pre-Integration Data Validation Report to view a sample report.

File Correction and Resubmission

When data files are rejected, the LGE and/or EHR vendor must perform corrective action and resubmit the file(s). OBH will reject files when there are incorrect variable names, incorrect formatting, or high instances of missing or incorrect values. Resubmission should occur prior to the next data submission.

Issuance of Acceptance Report

Upon acceptance of the data files, OBH will notify the LGE and/or EHR vendor.

Quality Control

Quality control procedures assure OBH and the LGE and/or EHR vendor that the OBH system is providing accurate and valid data. The LGE and/or EHR vendor should develop procedures to ensure that the data they submit to OBH are accurate (how many clients/services do records show and are they accurate; are there high missing values) and in the correct format (are headers and variable numerical and character values correctly provided and uniform).

The objectives of the OBH quality control procedures are to assure that the data are accurate and valid. The feedback provided to the LGE and/or EHR vendor is used to confirm receipt of the LGE and/or EHR vendor data and to help the LGE and/or EHR vendor identify and resolve data problems.

Quality Control Responsibilities

Each LGE and/or EHR vendor is responsible for:

- Ensuring that each record in the data submission contains the required key fields that all fields in the record contain valid codes, and that no duplicate records are submitted
- Cross-checking data elements for consistency across data fields
- Acknowledge Error Reports/Pre-Integration Validation Report/OBH Feedback Tables within three (3) business days of receipt from OBH and resubmitting corrected data where appropriate
- Reviewing the OBH Feedback Tables for accuracy, notifying OBH when organization data has changed, comparing the OBH data with comparable LGE and/or EHR vendor data to assure the LGE and/or EHR vendor data have been completely and accurately reported to OBH, and notifying OBH of any data issues identified
- Responding to questions about potential data problems, when applicable, and resolving all data issues identified or providing an explanation as to why the data issue cannot be resolved or does not require resolution.

OBH is responsible for:

- Ensuring appropriate security of LGE and/or EHR vendor submissions
- Checking each record submitted to verify that all OBH key fields are valid
 - Notifying the LGE and/or EHR vendor of the quality of their data submissions through a semi-monthly Pre-Integration Data Validation Report,
 - Cross-checking information within records to ensure consistency and accuracy,
- Ensuring that each record in the OBH database is unique
- Prompt processing of LGE and/or EHR vendor data submissions into the OBH data warehouse
- Providing technical assistance to resolve the LGE and/or EHR vendor's submission problems

CHAPTER 5

OBH DATA WAREHOUSE, DATA MARTS, AND REPORTING

Data File Warehousing

Data files transferred from provider agencies statewide are loaded into the OBH Data Warehouse in an incremental cycle that allows archiving of redundant data and the creation of a historical data record.

OBH-Wide Data Match

Once loaded into the OBH Data Warehouse, all files are subjected to a state-wide data match. The data match includes all client data (mental health and addictive disorders) from all data sources. The data is matched using a data-matching algorithm that creates a common client ID, or warehouse unique identifier (WUID). This WUID uniquely identifies the client across all behavioral health systems statewide.

Build Data Marts for End Users

The matched data files are used to create data marts, where the various files are de-normalized into “flat” files. Data marts are then available to end users for analysis and web reports, to fulfill the business intelligence needs of OBH, the Louisiana Department of Health, and the submittal agency.

Submission of Client-Level Data to SAMHSA

OBH submits required client-level data to SAMHSA’s Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) for use in informing the NOMS, BLOCK GRANT, TEDS, and URS data sets.

Federal Report	Frequency
TEDS-MH Client Level Data Files	Quarterly
TEDS-SUD Client Level Data Files	Quarterly
URS Tables	Annually
Mental Health Block Grant (MHBG) Report	Annually
Substance Abuse Block Grant (SABG) Report	Annually
Combined Behavioral Health Assessment and Plan	Bi-Annually

APPENDIX A:

OBH DATA DICTIONARY

HEADER TABLE DATA SET

HEADER TABLE DATA SET**Scope**

The header table data set is comprised of system level data elements identifying the overall information of the LGE and/or EHR vendor data file such as who is sending the file, the reporting period, number of client records in the submission, etc. This section of the data dictionary defines the standards for the components of the header table data set.

HEADER TABLE

VARIABLE NAME:	ORGANIZATION_REPORTING_CODE
DEFINITION:	Identifies the LGE or EHR vendor submitting the data
VALID ENTRIES:	CHARACTER CODE
FIELD NUMBER:	H-01
FIELD LENGTH:	8
FIELD TYPE:	Character
FORMAT:	XXXXXXXX
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

A unique code is **issued by OBH** that will be used to identify the organization or EHR vendor submitting the electronic data.

Examples include the name of the Local Governing Entity (LGE), name of the non-profit agency, name of the private provider company, or name of the EHR vendor.

HEADER TABLE

VARIABLE NAME:	FILE_TYPE
DEFINITION:	Identifies the type of data file. i.e., Production or test
VALID ENTRIES:	P PRODUCTION- USED FOR PRODUCTION SUBMISSION T TEST- USED FOR TEST SUBMISSION
FIELD NUMBER:	H-02
FIELD LENGTH:	1
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

HEADER TABLE

VARIABLE NAME:	DATE
DEFINITION:	Identifies the day, month, and year the file was submitted/transferred
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	H-03
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

HEADER TABLE

VARIABLE NAME:	BEGINNING_REPORT_PERIOD
DEFINITION:	Identifies the beginning of reporting period for the submitted file.
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	H-04
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

HEADER TABLE

VARIABLE NAME:	ENDING_REPORT_PERIOD
DEFINITION:	Identifies the last date of the reporting period for the submitted file.
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	H-05
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

HEADER TABLE

VARIABLE NAME:	CLIENT_RECORD_COUNT
DEFINITION:	Identifies the total number of client records in the submitted file.
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-06
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

HEADER TABLE

VARIABLE NAME:	EPISODE_RECORD_COUNT
DEFINITION:	Identifies the total number of episode records in the submitted file
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-07
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

HEADER TABLE

VARIABLE NAME:	ASSESSMENT_RECORD_COUNT
DEFINITION:	Identifies the total number of assessment records in the submitted file.
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-08
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

HEADER TABLE

VARIABLE NAME:	SERVICE_RECORD_COUNT
DEFINITION:	Identifies the total number of service records in the submitted file.
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-10
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

[END HEADER TABLE DATA SET]

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CLIENT TABLE DATA SET

CLIENT TABLE DATA SET**Scope**

The client table data set is comprised of personal information relative to the client, such as name, date of birth, social security number, income, veteran status, racial origin, ethnicity, and gender. This section of the data dictionary defines the standards for the components of the client table data set.

Each table contains key fields that are used to uniquely identify a client across multiple data systems and for linking episodic information across database tables.

The following fields are key fields:

CLUID

DOB

NAME_F

NAME_L

SSN

Tables also contain fields used to complete the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA

CLIENT TABLE

VARIABLE NAME:	CITY
DEFINITION:	The client's current or last known city of residence.
VALID ENTRIES:	UP TO 20 CHARACTERS
FIELD NUMBER:	C-01
FIELD LENGTH:	20
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Enter the name of the client's current or last known city of residence.

VARIABLE NAME:	CLUID (KEY)
DEFINITION:	A unique client identifier that is assigned by the LGE, electronic health record vendor system.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	C-02
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Providers/agencies may use an existing unique client ID. This CLUID cannot be reassigned to a different person at any time. Consistent use of the CLUID across all data sets and across time should be observed whenever information about the person is submitted. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

CLIENT TABLE

VARIABLE NAME: **IRS_DEP_NUM**

DEFINITION: The number of individuals who rely or depend on the client's household income as filed on income taxes with the IRS

VALID ENTRIES: **01** **If client claims themselves, income tax is not filed, or client is a minor child**

02 – 99

FIELD NUMBER: C-03

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Enter a two-digit number to indicate the number of individuals who rely or depend on the client's household income.

Dependent is defined as the number of persons claimed as dependents for Internal Revenue Service (IRS) federal income tax purposes.

If client claims themselves, does not file income taxes with the IRS, or if client is a minor child, then default to 01.

VARIABLE NAME:	DOB
DEFINITION:	Specifies the client's date of birth
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	C-04
FIELD LENGTH:	10
FIELD TYPE:	Numeric
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the client's date of birth as two-digit month, two-digit day, and four-digit year, using the format MM/DD/YYYY.

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

CLIENT TABLE

VARIABLE NAME: **ETHNICITY**

DEFINITION: Identifies the client's ethnic heritage

VALID ENTRIES:	1 CENTRAL OR SOUTH AMERICAN	The client is an individual from Central or South America
	2 CUBAN	The client is an individual of Cuban heritage or culture, regardless of race.
	3 HISPANIC OR LATINO	The client is of known Central or South American or any Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.
	4 HISPANIC OR LATINO, UNKNOWN ORIGIN	The client is Hispanic or Latino but origin is unknown.
	5 MEXICAN/MEXICAN AMERICAN	The client is an individual of Mexican heritage or culture, regardless of race.
	6 NON-HISPANIC OR NON-LATINO	The client is an individual <u>not</u> of Hispanic or Latino origin.
	7 PUERTO RICAN	The client is an individual of Puerto Rican heritage or culture, regardless of race.
	98 UNKNOWN	

FIELD NUMBER: C-05

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TOMS, TEDS

GUIDELINES:

Enter the appropriate single-digit code for the client's ethnic heritage. Missing or invalid entries will result in omission from Substance Abuse Block Grant reporting.

CLIENT TABLE

VARIABLE NAME:	GENDER
DEFINITION:	Identifies the client's gender
VALID ENTRIES	1 MALE 2 FEMALE 3 PERSON (TRANSGENDER)
FIELD NUMBER:	C-07
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TOMS, TEDS

GUIDELINES:

Enter the appropriate single-digit code for the client's gender. Missing or invalid entries will result in omission from Substance Abuse Block Grant reporting.

VARIABLE NAME: **HEALTH_INS**

DEFINITION: Specifies whether the client has health insurance. The insurance may or may not cover behavioral health treatment.

VALID ENTRIES:

- 01 BLUE CROSS/BLUE SHIELD (BCBS)**
- 02 CHAMPUS**
- 03 HEALTH MAINTENANCE ORG (HMO)**
- 04 MEDICAID**
- 05 MEDICARE**
- 06 NONE**
- 07 OTHER (e.g. TRICARE)**
- 08 PRIVATE INSURANCE (Other than Blue Cross/Blue Shield or an HMO)**
- 09 VA**

FIELD NUMBER: C-08

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the 2-digit code that corresponds to the name/type of client's health insurance.

This data element specifies whether the client has health insurance. Pay_Source_1 (C-39), Pay_Source_2 (C-40), and Pay_Source_3 (C-41) specify the primary, secondary, and tertiary source of payment.

VARIABLE NAME: **HEALTH_INS_SEC**

DEFINITION: Specifies the client's secondary health insurance (if any). The insurance may or may not cover behavioral health treatment.

VALID ENTRIES:	01 BLUE CROSS/BLE SHIELD (BCBS) 02 CHAMPUS 03 HEALTH MAINTENANCE ORG (HMO) 04 MEDICAID 05 MEDICARE 06 NONE 07 OTHER (E.G., TRICARE) 08 PRIVATE INSURANCE (Other than Blue Cross/Blue Shield or an HMO) 09 VA
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FIELD NUMBER: C-09

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the 2-digit code that corresponds to the name/type of client's secondary health insurance.

This data element specifies whether the client has a secondary health insurance. For pay source, see Pay_Source_1 (C-39), Pay_Source_2 (C-40), and Pay_Source_3 (C-41).

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_1**

DEFINITION: Identifies the primary source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-10

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This field identifies the primary source of income for the client household.

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

Note: To report more detailed income information, OBH has added 09- Retirement/Pension and 10- Disability to distinguish these sources of income from wages/salary and social security. The EHR vendor is encouraged to collect and report data for all categories in the list of valid entries shown above; however, codes 09 and 10 are optional at this time.

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_2**

DEFINITION: Identifies a second source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-11

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

If the client reports a second source of household income, please select the appropriate category. If the client reports no second source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_3**

DEFINITION: Identifies a third source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-12

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

If the client reports a third source of household income, please select the appropriate category.
 If the client reports no third source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_4**

DEFINITION: Identifies a fourth source of income for the client.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-13

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

If the client reports a fourth source of household income, please select the appropriate category. If the client reports no fourth source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_5**

DEFINITION: Identifies a fifth source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-14

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

If the client reports a fifth source of household income, please select the appropriate category.

If the client reports no fifth source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_6**

DEFINITION: Identifies a sixth source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-15

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

If the client reports a sixth source of household income, please select the appropriate category.

If the client reports no sixth source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_7**

DEFINITION: Identifies a seventh source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-16

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

If the client reports a seventh source of household income, please select the appropriate category.

If the client reports no seventh source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

CLIENT TABLE

VARIABLE NAME: **HH_INCOME_8**

DEFINITION: Identifies an eighth source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-17

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

If the client reports an eighth source of household income, please select the appropriate category. If the client reports no eighth source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

VARIABLE NAME: **INC_OTHER**

DEFINITION: Family income from otherwise unclassified sources

VALID ENTRIES: **0** **No income from otherwise unclassified sources**

NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR

FIELD NUMBER: C-21

FIELD LENGTH: 7

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Record TOTAL dollar amount of annual payments to the client's family for unemployment compensation, workmen's compensation, pensions, alimony, child support, or any other source of income received regularly. Do not include one-time or lump-sum payments such as an inheritance or the sale of a house. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

When there is no income from otherwise unclassified sources, enter a single zero.

If the income from otherwise unclassified sources is unknown, then leave blank.

VARIABLE NAME: **INC_PUBA**

DEFINITION: Income from SSI, AFDC, or other public assistance

VALID ENTRIES: **0** **No income from otherwise unclassified sources**

NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR

FIELD NUMBER: C-22

FIELD LENGTH: 7

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Record the TOTAL dollar amount of annual payments to the client's family from Supplemental Security, Aid to Families with Dependent Children, "old age assistance," or other public welfare agencies. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

When there is no income from SSI, AFDC, or other public assistance; enter a single zero.

If the income from otherwise unclassified sources is unknown, then leave blank.

VARIABLE NAME: **INC_SSRR**

DEFINITION: Income from Social Security or Railroad Retirement

VALID ENTRIES: **0** **No income from otherwise unclassified sources**

NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR

FIELD NUMBER: C-23

FIELD LENGTH: 7

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Record the TOTAL dollar amount of annual payments to the client's family from Social Security or Railroad Retirement. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

If the client has no Social Security or Railroad Retirement income, enter a single zero.

If the income from otherwise unclassified sources is unknown, then leave blank.

VARIABLE NAME: **INC_WAGE**
 DEFINITION: Income from wages or salary

VALID ENTRIES: **0** **No income from otherwise unclassified sources**
NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR

FIELD NUMBER: C-25
 FIELD LENGTH: 7
 FIELD TYPE: Numeric
 FORMAT:
 PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Record the gross amount of annual income earned from wages, salary, commissions, bonuses, and tips before deductions for taxes, bonds, dues, or other items. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

If the client has no annual income from wages or salary, enter a single zero.

If the income from otherwise unclassified sources is unknown, then leave blank.

VARIABLE NAME: **LANGUAGE1**

DEFINITION: Identifies the client's primary spoken language

VALID ENTRIES:	01	ENGLISH
	02	SPANISH
	03	FRENCH
	04	VIETNAMESE
	05	CHINESE
	06	HINDI OR RELATED LANGUAGE
	07	HEBREW
	08	GERMAN
	09	RUSSIAN
	10	ARABIC
	11	PORTUGUESE
	12	OTHER

FIELD NUMBER: C-26

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Enter the client's primary spoken language.

VARIABLE NAME: **MONTHLY_INCOME**

DEFINITION: Specifies the client's monthly income.

VALID ENTRIES: **0** **No income from otherwise unclassified sources**

NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR

FIELD NUMBER: C-27

FIELD LENGTH: 7

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

If the client has no monthly income, enter a single zero.

If the income from otherwise unclassified sources is unknown, then leave blank.

VARIABLE NAME:	NAME_F
DEFINITION:	The client's first name
VALID ENTRIES:	UP TO 35 CHARACTERS
FIELD NUMBER:	C-29
FIELD LENGTH:	35
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	OBH, BLOCK GRANT, TEDS

GUIDELINES:

Enter the client's current legal first name.

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

CLIENT TABLE

VARIABLE NAME:	NAME_L
DEFINITION:	The client's current legal last name
VALID ENTRIES:	UP TO 35 CHARACTERS
FIELD NUMBER:	C-30
FIELD LENGTH:	35
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	OBH, BLOCK GRANT, TEDS

GUIDELINES:

Enter the client's current legal last name. This name may not necessarily be the same as the last name on the client's birth certificate, due to marriage or legal name changes.

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

CLIENT TABLE

VARIABLE NAME:	NAME_M
DEFINITION:	Client's middle initial
VALID ENTRIES:	FIRST CHARACTER OF CLIENT'S MIDDLE NAME
FIELD NUMBER:	C-31
FIELD LENGTH:	1
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	OBH, BLOCK GRANT, TEDS

GUIDELINES:

Enter the first letter of the client's current legal middle name. Do not include a period following the middle initial when entering this value.

When available, this variable is used as a key variable for Block Grant, TEDS and other reporting.

When there is no middle initial, please leave this data element blank.

CLIENT TABLE

VARIABLE NAME:	NAME_S
DEFINITION:	Suffix to client's last name
VALID ENTRIES:	JR, SR, I, II, III, IV, V, VI, VII, VIII, or IX
FIELD NUMBER:	C-32
FIELD LENGTH:	4
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	OBH, BLOCK GRANT, TEDS

GUIDELINES:

When the client's last name includes a suffix (i.e., John Smith, Jr.), the only allowable suffixes are the values JR, SR, I, II, III, IV, V, VI, VII, VIII, or IX. Do not include a period following the suffix when entering these values.

When available, this variable is used as a key variable for Block Grant, TEDS and other reporting.

When there is no name suffix, please leave this data element blank.

CLIENT TABLE

VARIABLE NAME: **PARISH**

DEFINITION: Specifies the client's current or last known parish of residence

VALID ENTRIES:	01	ACADIANA	34	MOREHOUSE
	02	ALLEN	35	NATCHITOCHES
	03	ASCENSION	36	ORLEANS
	04	ASSUMPTION	37	OUACHITA
	05	AVOUELLES	38	PLAQUEMINES
	06	BEAUREGARD	39	POINTE COUPEE
	07	BIENVILLE	40	RAPIDES
	08	BOSSIER	41	RED RIVER
	09	CADDO	42	RICHLAND
	10	CALCASIEU	43	SABINE
	11	CALDWELL	44	ST. BERNARD
	12	CAMERON	45	ST. CHARLES
	13	CATAHOULA	46	ST. HELENA
	14	CLAIBORNE	47	ST. JAMES
	15	CONCORDIA	48	ST. JOHN THE BAPTIST
	16	DESOTO	49	ST. LANDRY
	17	EAST BATON ROUGE	50	ST. MARTIN
	18	EAST CARROLL	51	ST. MARY
	19	EAST FELICIANA	52	ST. TAMMANY
	20	EVANGELINE	53	TANGIPAHOA
	21	FRANKLIN	54	TENSAS
	22	GRANT	55	TERREBONNE
	23	IBERIA	56	UNION
	24	IBERVILLE	57	VERMILLION
	25	JACKSON	58	VERNON
	26	JEFFERSON	59	WASHINGTON
	27	JEFFERSON DAVIS	60	WEBSTER
	28	LAFAYETTE	61	WEST BATON ROUGE
	29	LAFOURCHE	62	WEST CARROLL
	30	LASALLE	63	WEST FELICIANA
	31	LINCOLN	64	WINN
	32	LIVINGSTON		
	33	MADISON	99	OUT-OF-STATE

FIELD NUMBER: C-33

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: OBH, Legislature (when applicable)

GUIDELINES:

Enter the appropriate two-digit code for the client's current or last known parish of residence. For clients whose primary residence is out-of-state, report code 99- Out-of-State.

CLIENT TABLE

NAME: RACE

DEFINITION: Identifies the race of the client

VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER: C-34

CLIENT TABLE

FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This data element (C-33) will be considered the “primary” category. If the client reports more than one race, enter the additional racial origins, one per data element, using elements RACE2, RACE3, and RACE4, respectively.

Missing or invalid entries will result in omission from Substance Abuse Block Grant reporting.

NAME: RACE2

DEFINITION: Identifies a second race of the client

VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER: C-35

FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This element (C-34) provides a place to report a second racial origin as identified by the client. If the client reports a racial origin in addition to the primary category and this one, enter the additional racial origins, one per data element, using elements RACE3 and RACE4, respectively.

When there is no RACE 2, please leave this data element blank.

NAME: **RACE3**

DEFINITION: Identifies a third race of the client

VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER: C-36

FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This element provides a place to report a third racial origin as identified by the client. If the client reports a fourth racial origin, enter the additional racial origin using element RACE4.

When there is no RACE 3, please leave this data element blank.

NAME: **RACE4**

DEFINITION: Identifies a fourth race of the client

VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER: C-37

FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This element provides a place to report a fourth racial origin as identified by the client.

When there is no RACE 4, please leave this data element blank.

VARIABLE NAME: **SEXUAL_ORIENTATION**

DEFINITION: Identifies the client's sexual orientation

VALID ENTRIES:

- 1 ASEXUAL**
- 2 BISEXUAL**
- 3 GAY**
- 4 HETEROSEXUAL**
- 5 LESBIAN**
- 6 QUESTIONING**
- 7 DECLINE TO ANSWER**
- 8 NOT APPLICABLE DUE TO AGE**

FIELD NUMBER: C-38

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Enter the single-digit number that represents the client's sexual preference. If a client does not wish to share this information, use code 7- Decline to Answer.

VARIABLE NAME:	PAY_SOURCE_1	
DEFINITION:	Client's primary source of payment	
VALID ENTRIES:	01 CHAMPUS	Services (in total or in part) will be paid by insurance provided by the Civilian Health and Military Personnel Uniformed Services
	02 DRUG COURT	Direct referral from a Drug Court Program.
	03 FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support (<i>these individuals receive financial assistance formerly known as AFDC, welfare etc.</i>)
	05 MEDICARE	Services (in total or in part) will be paid by insurance provided through Social Security or Railroad Retirement.
	06 MEDICARE REPLACEMENT	
	07 MEDICARE SUPPLEMENTAL	Services (in total or in part) will be paid by insurance that is a supplement to Medicare.
	09 NO FEE	No fee is to be charged to the client. Services rendered are not affiliated with a claim of any type or invoice for reimbursement.
	11 OTHER PUBLIC RESOURCES	
	12 PERSONAL RESOURCES	Services (in total or in part) will be paid from the client's personal income or that of the client's household.
	13 PRIVATE HEALTH INSURANCE	Services (in total or in part) will be paid by the client's personal insurance carrier in accordance with the specifications of the policy.
	15 TANF	(For SA ONLY residential programs) - Temporary Assistance for Needy Families - This source of referral should only be used for residential programs receiving TANF funding.
	17 VA	Services (in total or in part) will be paid by the Veteran's Administration.

CLIENT TABLE

21	Medicaid-Aetna Better Health	Services (in total or in part) will be paid by Medicaid.
22	Medicaid-Healthy Blue	Services (in total or in part) will be paid by Medicaid.
23	Medicaid-AmeriHealth Caritas	Services (in total or in part) will be paid by Medicaid.
24	Medicaid-Louisiana Healthcare Connections	Services (in total or in part) will be paid by Medicaid.
25	Medicaid-UnitedHealthCare	Services (in total or in part) will be paid by Medicaid.
26	Medicaid - Other	Services (in total or in part) will be paid by Medicaid
30	State invoice for reimbursement	Services (in total or in part) will be paid by LDH (e.g. federal grant or state general funds) invoicing for reimbursement.

FIELD NUMBER: C-39

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the two-digit code that best represents the client's first source of payment to be billed for services.

Clients admitted to a facility's Education Program because of a DWI/DUI violation may be responsible for an additional copayment for such treatment. This copayment does not count toward meeting the LDH Liability Limit and will continue to be charged to the appropriate clients even after the Liability Limit is met. It is not covered by Medicaid.

Clients who meet the requirements for “No Fee Payment,” but were admitted to a facility’s Education Program because of a DWI/DUI violation, will not be responsible for any additional copayment for such treatment.

CLIENT TABLE

VARIABLE NAME: **PAY_SOURCE_2**

DEFINITION: Client's secondary source of payment

VALID ENTRIES:	01 CHAMPUS	Services (in total or in part) will be paid by insurance provided by the Civilian Health and Military Personnel Uniformed Services
	02 DRUG COURT	Direct referral from a Drug Court Program.
	03 FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support (<i>these individuals receive financial assistance formerly known as AFDC, welfare etc.</i>)
	05 MEDICARE	Services (in total or in part) will be paid by insurance provided through Social Security or Railroad Retirement.
	06 MEDICARE REPLACEMENT	
	07 MEDICARE SUPPLEMENTAL	Services (in total or in part) will be paid by insurance that is a supplement to Medicare.
	09 NO FEE	No fee is to be charged to the client. Services rendered are not affiliated with a claim of any type or invoice for reimbursement.
	11 OTHER PUBLIC RESOURCES	
	12 PERSONAL RESOURCES	Services (in total or in part) will be paid from the client's personal income or that of the client's household.
	13 PRIVATE HEALTH INSURANCE	Services (in total or in part) will be paid by the client's personal insurance carrier in accordance with the specifications of the policy.
	15 TANF	(For SA ONLY residential programs) - Temporary Assistance for Needy Families - This source of referral should only be used for residential programs receiving TANF funding.
	17 VA	Services (in total or in part) will be paid by the Veteran's Administration.

21	Medicaid-Aetna Better Health	Services (in total or in part) will be paid by Medicaid.
22	Medicaid-Healthy Blue	Services (in total or in part) will be paid by Medicaid.
23	Medicaid-AmeriHealth Caritas	Services (in total or in part) will be paid by Medicaid.
24	Medicaid-Louisiana Healthcare Connections	Services (in total or in part) will be paid by Medicaid.
25	Medicaid-UnitedHealthCare	Services (in total or in part) will be paid by Medicaid.
26	Medicaid - Other	Services (in total or in part) will be paid by Medicaid
30	State invoice for reimbursement	Services (in total or in part) will be paid by LDH (e.g., federal grant or state general funds) invoicing for reimbursement.

FIELD NUMBER: C-40

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the two-digit code that best represents the second source of payment to be billed for services.

Clients admitted to a facility's Education Program because of a DWI/DUI violation may be responsible for an additional copayment for such treatment. This copayment does not count toward meeting the LDH Liability Limit and will continue to be charged to the appropriate clients even after the Liability Limit is met. It is not covered by Medicaid.

Clients who meet the requirements for “No Fee Payment,” but were admitted to a facility’s Education Program because of a DWI/DUI violation, will not be responsible for any additional copayment for such treatment.

For clients who do not have a secondary pay source, please leave this data element blank.

CLIENT TABLE

VARIABLE NAME: **PAY_SOURCE_3**

DEFINITION: Client's third source of payment

VALID ENTRIES:	01 CHAMPUS	Services (in total or in part) will be paid by insurance provided by the Civilian Health and Military Personnel Uniformed Services
	02 DRUG COURT	Direct referral from a Drug Court Program.
	03 FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support (<i>these individuals receive financial assistance formerly known as AFDC, welfare etc.</i>)
	05 MEDICARE	Services (in total or in part) will be paid by insurance provided through Social Security or Railroad Retirement.
	06 MEDICARE REPLACEMENT	
	07 MEDICARE SUPPLEMENTAL	Services (in total or in part) will be paid by insurance that is a supplement to Medicare.
	09 NO FEE	No fee is to be charged to the client. Services rendered are not affiliated with a claim of any type or invoice for reimbursement.
	11 OTHER PUBLIC RESOURCES	
	12 PERSONAL RESOURCES	Services (in total or in part) will be paid from the client's personal income or that of the client's household.
	13 PRIVATE HEALTH INSURANCE	Services (in total or in part) will be paid by the client's personal insurance carrier in accordance with the specifications of the policy.
	15 TANF	(For SA ONLY residential programs) - Temporary Assistance for Needy Families - This source of referral should only be used for residential programs receiving TANF funding.
	17 VA	Services (in total or in part) will be paid by the Veteran's Administration.

21	Medicaid-Aetna Better Health	Services (in total or in part) will be paid by Medicaid.
22	Medicaid-Healthy Blue	Services (in total or in part) will be paid by Medicaid.
23	Medicaid-AmeriHealth Caritas	Services (in total or in part) will be paid by Medicaid.
24	Medicaid-Louisiana Healthcare Connections	Services (in total or in part) will be paid by Medicaid.
25	Medicaid-UnitedHealthCare	Services (in total or in part) will be paid by Medicaid.
26	Medicaid - Other	Services (in total or in part) will be paid by Medicaid
30	State invoice for reimbursement	Services (in total or in part) will be paid by LDH (e.g., federal grant or state general funds) invoicing for reimbursement.

FIELD NUMBER: C-41

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the two-digit code that best represents the third source of payment to be billed for services.

Clients admitted to a facility's Education Program because of a DWI/DUI violation may be responsible for an additional copayment for such treatment. This additional copayment does not count toward meeting the LDH Liability Limit and will continue to be charged to the appropriate clients even after the Liability Limit is met. It is not covered by Medicaid.

Clients who meet the requirements for “No Fee Payment,” but were admitted to a facility’s Education Program because of a DWI/DUI violation, will not be responsible for any additional copayment for such treatment.

For clients who do not have a tertiary pay source, please leave this data element blank.

VARIABLE NAME:	SSN (Key)
DEFINITION:	Identifies the client's Social Security Number
VALID ENTRIES:	9-DIGIT NUMERIC SOCIAL SECURITY NUMBER WITHOUT THE DASHES
FIELD NUMBER:	C-42
FIELD LENGTH:	9
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the 9-digit SSN without the dashes. This field is used to uniquely identify an individual across multiple data sources. Missing or invalid entries will result in omission from state and Block Grant reporting. Without this variable, client information will be excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced, because clients will be excluded.

CLIENT TABLE

VARIABLE NAME: **VA_ELIG**

DEFINITION: Identifies the client's Veteran's eligibility

VALID ENTRIES:	1	IS QUALIFIED	The client has a VA file number based on his/her active military service
	2	IS NOT QUALIFIED	The client does not have a VA file based on his/her active military service
	3	IS A QUALIFIED DEPENDENT	The client is listed as a qualified dependent under someone else's VA file number

FIELD NUMBER: C-43

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Enter the single-digit numeric code that indicates the client's Veteran's eligibility.

CLIENT TABLE

VARIABLE NAME: **VA_ST**

DEFINITION: Indicates the client's veteran status.

VALID ENTRIES:	1 NO	The client is not a veteran.
	2 YES	This client is a Veteran (see guidelines below for definition).

FIELD NUMBER: C-44

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the single-digit numeric code that indicates the client's veteran status.

A Veteran is a person 16 years or over who has served (even for a short time), but is not now serving, on active duty in the US Army, Navy, Air Force, Marine Corp, Coast Guard, or Commissioned Corps of the US Public health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during world War II.

Persons who served in the National Guard or Military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps.

CLIENT TABLE

VARIABLE NAME:	ZIP
DEFINITION:	Specifies the client's current or last known ZIP code of residence
VALID ENTRIES:	CLIENT'S NINE-DIGIT POSTAL ZIP CODE (NO DASHES)
FIELD NUMBER:	C-45
FIELD LENGTH:	9
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	TEDS, NOMS, BLOCK GRANT, OBH

GUIDELINES:

Enter the nine-digit ZIP code of the client's current or last known residence. If using the five-digit ZIP code, enter those numbers followed by 0000.

This data element is used in calculating values for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting.

VARIABLE NAME:	REGION
DEFINITION:	Identifies the Local Governing Entity (LGE) responsible for the provision of services.
VALID ENTRIES:	2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD) 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA) 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD) 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA) 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD) 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD) 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA) 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA) 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA) 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)
FIELD NUMBER:	C-46
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	TEDS, NOMS, BLOCK GRANT, OBH

GUIDELINES:

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently, ten human services areas/districts/authorities operate in regions throughout Louisiana. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

[END CLIENT TABLE DATA SET]

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EPISODE TABLE DATA SET

EPISODE TABLE DATA SET**Scope**

The episode table data set is comprised of information relative to the client's treatment history, such as disposition, diagnosis or addiction type, employment status, marital status, and others. This section of the data dictionary defines the standards for the components of the episode table data set.

Each table contains key fields used to link database tables. The following key fields are used for this purpose:

CLUID

EPISODE_UID

Tables also contain fields used to uniquely identify a client episode as defined by the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA. Missing data in any of these fields will result in the omission of the client record from TEDS and Block Grant reporting.

EPISODE TABLE

VARIABLE NAME:	ADDICTIONTYPE		
DEFINITION:	Identifies the primary addiction for which the client is seeking treatment (i.e., gambling, alcohol, drugs, etc.)		
VALID ENTRIES:	1	ALCOHOL	The reason for service with your facility is <u>alcohol</u> related
	2	DRUGS	The reason for service with your facility is <u>drug</u> related
	3	ALCOHOL AND DRUGS	The reason for service with your facility is <u>alcohol</u> and <u>drug</u> related
	4	GAMBLING	The reason for service with your facility is <u>gambling</u> related
	5	NONE	The reason for service with your facility is not related to drugs, alcohol, or gambling.
	99	OTHER	The reason for service with your facility is different from the above values
FIELD NUMBER:	E-01		
FIELD LENGTH:	2		
FIELD TYPE:	Numeric		
FORMAT:			
PURPOSE:	BLOCK GRANT, TEDS, OBH		

GUIDELINES:

This field is used to indicate the primary addiction for which the client is seeking treatment (i.e., gambling, alcohol, drugs, etc.). Enter the code corresponding to the category which best characterizes the client's primary addictive disorder. If the client's primary treatment need is a mental health disorder, enter 5-none.

The distinction between alcohol and drugs must be maintained at present to accord with Federal reporting requirements.

If a client is admitted with a substance abuse diagnosis, but has a gambling problem also, use the code that characterizes the primary and most immediate treatment need of the client.

Use 'Other' only if you have a situation in which the client's primary treatment need is for substance misuse/abuse and none of the other values available is appropriate.

EPISODE TABLE

VARIABLE NAME:	EPISODE_AGENCY_UID
DEFINITION:	A unique agency identifier for the provider agency/clinic where the client is receiving services
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	E-05
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

All facilities/agencies/clinics are assigned a unique agency UID by the electronic health information system used by the agency. This Episode Agency UID (also called the Service Agency UID) is used to uniquely identify the provider agency/clinic/facility where the client receives services. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

EPISODE TABLE

VARIABLE NAME:	ASSIGN_PV
DEFINITION:	Identifies the member of the clinic's therapeutic staff who will have primary responsibility for case coordination/management/treatment for this client.
VALID ENTRIES:	UP TO 10-DIGIT CODE
FIELD NUMBER:	E-06
FIELD LENGTH:	10
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the unique provider identifier (UID) of the member of the clinic's therapeutic staff who will have primary responsibility for case coordination/management/treatment for this client.

EPISODE TABLE

VARIABLE NAME:	CLUID
DEFINITION:	A unique client identifier that is assigned by the LGE or electronic health record vendor system.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	E-08
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

The CLUID is a unique client identifier that is assigned by the LGE or EHR vendor system. This CLUID cannot be reassigned to a different person at any time. Consistent use of the CLUID across all data sets and across time should be observed whenever information about the person is submitted. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

EPISODE TABLE

VARIABLE NAME:	CONT_DT
DEFINITION:	Identifies the date of first contact or first date of communication with the client; Communication may be classified as either face-to-face, by telephone, or electronically.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-09
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, NOMS, BLOCK GRANT, OBH

GUIDELINES:

Enter the date of first contact/communication with the client as the two-digit month, followed by the two-digit day, followed by the four-digit year, using the format MM/DD/YYYY.

EPISODE TABLE

VARIABLE NAME:	CONT_RES	
DEFINITION:	Identifies the primary reason for <i>first contact</i> between client and agency/facility	
VALID ENTRIES:	01 BEHAVIORAL HEALTH SERVICES- REGARDING SELF 02 BEHAVIORAL HEALTH SERVICES- REGARDING SIGNIFICANT OTHER 03 CRISIS INTERVENTION – SELF 04 CRISIS INTERVENTION - COLLATERAL 07 SERVICE CONTINUATION	The client contacted or was served at this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to his/her own behavioral health needs. The client contacted or was served at this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to the behavioral health needs of another individual. The client contacted or was served at this facility indicating that his/her situation and/or problem(s) are such that <u>immediate</u> and <u>emergency</u> services are required. The client was contacted or was served at this facility indicating that situation(s) and/or problem(s) of a significant other are such that <u>immediate</u> and <u>emergency</u> services are required The client contacted this facility to continue services that were initiated by another public or private practitioner, clinic, or hospital for behavioral health treatment.
FIELD NUMBER:	E-10	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

GUIDELINES: This information is to be collected on all clients. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

EPISODE TABLE

VARIABLE NAME:	DC_DATE (Key)
DEFINITION:	Specifies the date on which the client is discharged and the treatment episode ends
VALID ENTRIES:	EIGHT-DIGIT DATE OF DISCHARGE. 2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-11
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

A discharge is defined as the termination of services. The discharge date signifies that the client is no longer in treatment and is no longer under the care of the agency.

All electronic health record systems used by LGEs must have the capacity to record a discharge date.

Enter the date of discharge as the two-digit month, followed by the two-digit day, followed by the four-digit year, using the format MM/DD/YYYY.

Missing or invalid data will result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

Please note: for cases in which the client leaves treatment against facility/medical advice or drops out, the client must be formally discharged before considerable time has elapsed.

EPISODE TABLE

VARIABLE NAME: **DISPOSITION**

DEFINITION: Describes the outcome of the initial contact/interview with respect to what subsequent services, if any, are to be planned for the client.

VALID ENTRIES:	01	ADMISSION	The client has met all eligibility/admission criteria and is formally admitted to the clinic/program for further service.
	02	APPOINTMENT SCHEDULED	The individual is not formally admitted on the date of the initial interview, but a subsequent appointment is scheduled for the client.
	03	REFERRED ELSEWHERE	If after interviewing client, and the agency determines his/her needs can be more appropriately met at another agency, and he/she is so referred.
	04	NO FURTHER SERVICE REQUESTED	The client indicated that the first interview provided the information/help needed, and requests no other interventions of this program, and is not referred elsewhere.
	05	NO FURTHER SERVICE REQUIRED	From the initial interview the counselor determines no further intervention is required.
	06	EDUCATIONAL PROGRAM	The client is provided with a purely educational component of the program.
	08	INITIAL ASSESSMENT ONLY	An individual who has completed all documentation required for admission including client registry information and initial interview information, but is not admitted for treatment.

FIELD NUMBER: E-17

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

When coding 01 (Admission) the client **must** have completed all documentation required for admission including but not limited to: client registry information, initial interview information, and assessment information.

For AD clients, the initial interview information must include the Addiction Severity Index (ASI) score, and must carry a diagnosis of an addictive disorder.

EPISODE TABLE

VARIABLE NAME:	ED_LEVEL
DEFINITION:	Indicates the client's current school grade level or highest level of educational attainment
VALID ENTRIES:	00 NO YEARS OF SCHOOLING 01 GRADE 1 02 GRADE 2 03 GRADE 3 04 GRADE 4 05 GRADE 5 06 GRADE 6 07 GRADE 7 08 GRADE 8 09 GRADE 9 10 GRADE 10 11 GRADE 11 12 GRADE 12 13 NURSERY SCHOOL, PRE-SCHOOL (INCLUDING HEAD START) 14 KINDERGARTEN 15 SELF-CONTAINED SPECIAL EDUCATION CLASS (No equivalent grade level) 16 VOCATIONAL SCHOOL (See guidelines for definition) 17 COLLEGE UNDERGRADUATE FRESHMAN (1 ST Year) 18 COLLEGE UNDERGRADUATE SOPHMORE (2 nd Year) 19 COLLEGE UNDERGRADUATE JUNIOR (3 rd Year) 20 BACHELOR DEGREE 21 GRADUATE OR PROFESSIONAL SCHOOL (e.g., Master's, Doctoral, Medical or Law School) 97 UNKNOWN
FIELD NUMBER:	E-18
FIELD LENGTH:	2
FIELD TYPE:	Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

For clients who attended school anytime in the past three months, record the current grade level.

For clients who have not attended school in the last three months, record the highest grade level completed. (See A-85 for school enrollment/attendance status).

‘Anytime in the past three months’ means at least one day of school attendance in the past three months, counting from the day the information is collected. For example, if the client is currently in the 6th grade, the grade level would be recorded as 06 (GRADE 6). If the client has completed high school, but has not had any college education; educational attainment would be recorded as 12.

‘School’ includes home-schooling, online education, alternative school, vocational school, or regular school. Vocational school includes: business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation.

If the individual never attended school, record this as 00.

Use code 12 (Grade 12) for clients who have completed high school or for clients who have attained a General Equivalency Degree (GED).

Use code 15 (Self-contained Special Education) for children in a special education class that does not have an equivalent school grade level.

If the number of school years completed is unknown, use code 97.

Educational level is reported at admission, at last assessment/re-assessment (evaluation/re-evaluation) and at discharge.

The date of the most recent evaluation/re-evaluation of education status is reported using the **ED_LEVEL_UPDATE** data element (E-19).

Missing or invalid data may result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

EPISODE TABLE

VARIABLE NAME:	ED_LEVEL_UPDATE
DEFINITION:	Date of the last evaluation/review of the client's years of educational attainment
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-19
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is used to indicate whether the education level reported in E-18 is indeed an update. An update does not necessarily represent a different value but it should signify as the most recent status review.

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

EPISODE TABLE

VARIABLE NAME: **EMPL_ST**

DEFINITION: Specifies the client's current employment status

VALID ENTRIES:	1 DISABLED	The client is unable to pursue an occupation because of physical or mental impairment or the client has a physical or mental impairment that substantially limits one or more major life activities. <u>This data element is not to be used if the client has been certified as "disabled," but has another job.</u> See guidelines below.
	2 EMPLOYED FULL TIME	The client is regularly employed at least 35 hours per week.
	3 EMPLOYED PART TIME	The client is regularly employed, but for less than 35 hours per week.
	4 HOMEMAKER	The client's <u>primary</u> responsibility is to maintain a household.
	5 IN ARMED FORCES	The client is on active duty in the armed forces.
	6 IN HOSPITAL	The client is in a hospital or inpatient treatment facility.
	7 JAIL/PRISON/TRAINING INST	The client is out of the workforce because he/she is incarcerated in a jail, prison, or training institution.
	8 OCCASIONAL/SEASONAL WORKER	The client is employed only seasonally (Christmas, Thanksgiving, Easter, etc.) or occasionally (inventory, registration, etc.).
	9 OTHER	The employment status of the client is not appropriately described elsewhere.
	10 RETIRED	The client has retired from active work.

EPISODE TABLE

11	SHELTERD/NON-COMPETITIVE EMPLOYMENT	The client is engaged in non-competitive employment (not on the open market) provided in a controlled work environment with long-term support from a community support program. Ex. sheltered workshops, job coaches, “friendship clubs”, or mobile work crews.
12	STUDENT OR PRESCHOOL CHILD	The client’s <u>primary</u> responsibility is attending school (elementary, high school, college), or client is a child under school age.
14	UNEMPLOYED (LOOKING)	The client has been unemployed but actively seeking employment In the past 30 days.
15	UNEMPLOYED (NOT LOOKING)	The client is currently unemployed but not seeking employment in the past 30 days.
16	UNEMPLOYED (LAYOFF)	The client is laid off but awaiting recall by previous employer in the past 30 days.
98	UNKNOWN	

FIELD NUMBER: E-20

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Select the option that most accurately reflects the client’s current employment status.

Employment status is reported for all clients 16 years old and over who are in a non-institutional setting (prison, jail, detention center, hospital, inpatient facility).

EPISODE TABLE

Employment status is reported at admission, at last assessment/re-assessment (evaluation/re-evaluation) and at discharge.

When the client is engaged in more than one activity (ex. student and PT work), the labor force activity takes precedence over the non-labor force activity. In this situation, report the labor force activity as EMPL_STATUS (E-20).

See below to identify labor force and non-labor force activities.

LABOR FORCE ACTIVITIES

- 2 EMPLOYED FULL TIME
- 3 EMPLOYED PART TIME
- 13 UNEMPLOYED (LOOKING)
- 15 UNEMPLOYED (LAYOFF)
- 8 OCCASIONAL/SEASONAL WORKER
(IF CURRENTLY WORKING)

NON-LABOR FORCE ACTIVITIES

- 1 DISABLED
- 4 HOMEMAKER
- 5 IN ARMED FORCES
- 6 IN HOSPITAL
- 7 JAIL/PRISON/TRAINING INST
- 9 OTHER
- 10 RETIRED
- 11 SHELTERD/NON-COMPETITIVE
EMPLOYMENT
- 12 STUDENT OR PRESCHOOL CHILD
- 14 UNEMPLOYED (NOT LOOKING)

The date of the most recent evaluation/re-evaluation of employment status is reported using the **EMPL_ST_UPDATE** data element (E-21).

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

EPISODE TABLE

VARIABLE NAME:	EMPL_STATUS_UPDATE
DEFINITION:	Specifies the date of the last review of the client's employment status
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-21
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is used to indicate whether the employment status reported in E-18 is indeed an update. An update does not necessarily represent a different value but it should signify as the most recent status review.

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

EPISODE TABLE

VARIABLE NAME:	EPISODE_UID (Key)
DEFINITION:	A unique treatment episode identifier that is assigned by the LGE or electronic health vendor record system.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	E-22
FIELD LENGTH:	12
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

All electronic health record systems used by LGEs (ex. Local Governing Entities and their contracted agencies) must have the functionality to record an episode of care as defined by OBH. This variable is a key field used in all reporting.

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the LGE and/or EHR Vendor record system. This episode UID links each assessment and service provided to the individual client during a specific episode of care by a specific clinic/facility and service program across the LGE/EHR vendor.

An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge). For persons who are seen but not admitted, the begin date is the date of first service and the end date of the episode will be the date of last contact.

One client record may have multiple and/or overlapping episodes of care (each identified by a unique identifier) as the client moves in, out, and through the course of treatment over a period of time.

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

EPISODE TABLE

VARIABLE NAME:	FREQ_ATTEND (SELF-HELP ACTIVITIES FOR SA AND CO-OCCURRING DISORDER ONLY)
DEFINITION:	Specifies the client's frequency of attendance of self-help activities at 30 days prior to admission, last assessment, or discharge.
VALID ENTRIES:	1 NO ATTENDANCE IN THE PAST MONTH 2 1-3 TIMES IN THE PAST MONTH 3 4-7 TIMES IN THE PAST MONTH 4 8-15 TIMES IN THE PAST MONTH 5 16-30 TIMES IN THE PAST MONTH 6 SOME ATTENDANCE, BUT FREQUENCY UNKNOWN 7 NOT APPLICABLE- CLIENT NOT RECEIVING SA TREATMENT
FIELD NUMBER:	E-23
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH, NOMS

GUIDELINES:

This applies to clients receiving substance abuse treatment, including persons with co-occurring disorders that are receiving both SA and MH treatment. For mental health clients without an addictive disorder, please enter 7- Not Applicable.

The frequency of attendance of self-help activities within the past 30 days is to be reported at admission, last assessment, and at discharge.

This variable will indicate the frequency of attendance of self-help activities at the most recent evaluation/re-evaluation. This includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance use disorders.

The date of the most recent evaluation/re-evaluation of this status is reported using the **FREQ_ATTEND_UPDATE** data element (E-24).

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

EPISODE TABLE

VARIABLE NAME:	FREQ_ATTEND_UPDATE
DEFINITION:	Indicates the date the client's frequency of attendance of self-help activities status was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-24
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This applies to clients receiving substance abuse treatment, including persons with co-occurring disorders that are receiving both SA and MH treatment. For mental health clients without an addictive disorder, please leave blank.

Indicate the date of the most recent evaluation/re-evaluation of the client's frequency of attendance of self-help activities, regardless if there is a change in status. Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

EPISODE TABLE

VARIABLE NAME:	HSE_COMP		
DEFINITION:	Indicates the client's current household composition or living arrangements		
VALID ENTRIES:	01	ADULT ONLY	The client is an adult and lives alone
	02	ADULT (RELATIVES)	The client is an adult and lives with other family members (e.g., spouse, children, etc.)
	03	ADULT (NON-RELATIVES)	The client is an adult and does <u>not</u> live with family members (e.g., lives with friends, in an institutional environment, etc.)
	04	CHILD (BOTH PARENTS)	The client is a child and lives with <u>both</u> parents
	05	CHILD (ONE PARENT)	The client is a child and lives with only <u>one</u> of his/her parents
	06	CHILD (OTHER RELATIVE)	The client is a child and lives with family members other than his/her parents (e.g., lives with an uncle, aunt, grandparent, etc.)
	07	CHILD (FOSTER FAMILY)	The client is a child and lives in a foster care family
	08	CHILD (NON-RELATIVE)	The client is a child and does <u>not</u> live with family members (e.g., lives with friends, in an institutional setting, etc.)
	98	UNKNOWN	
FIELD NUMBER:	E-25		
FIELD LENGTH:	2		
FIELD TYPE:	Numeric		
FORMAT:			
PURPOSE:	BLOCK GRANT, OBH		

GUIDELINES:

NOTE: The following definitions apply to “parents” and “relatives:”

- Parent: A natural parent or an adult who is occupying a parental role to the client, such as an adoptive parent or an individual married to a natural parent (e.g., stepparent).
- Relative: An individual who is related to the client by kinship, marriage, or legal action (e.g., spouse, sibling, legal guardian, etc.).

VARIABLE NAME:	INTERVIEW_DT
DEFINITION:	Specifies the date of the initial interview/screening
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-26
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Enter the date the client was initially interviewed/screened as the two-digit month, two-digit day, and four-digit year, using the format MM/DD/YYYY.

EPISODE TABLE

VARIABLE NAME:	LEGAL_STATUS	
DEFINITION:	Indicates the legal authorization by which the client is admitted for service	
VALID ENTRIES:	1 EMERGENCY CERTIFICATION	Admission for service of a client by an emergency certificate executed by a physician or coroner. Emergency certification implies that the client is either (1) dangerous to self or others or (2) gravely disabled as a result of mental illness
	2 JUDICIAL	Admission for service which includes: (1) judicial commitment directly to the facility, (2) persons on judicial commitment to an inpatient facility who are on conditional discharge, and/or (3)
	3 NON-CONTESTED	Admission for service of a client who does not have the ability to make a knowing or voluntary consent, but who does not object to admission
	4 NONE	
	5 VOLUNTARY	Admission for service by consent of the client or the parent/guardian/curator of the client
	6 COURT ORDER DWI 1st or 2nd OFFENSE	Persons referred as a condition of probation or parole for Driving While Intoxicated (DWI) 1 st or 2 nd offense only.
	7 COURT ORDER/ NON-DWI/ DRUG COURT	Court referrals in which treatment is a condition of probation, parole, or drug court. For court referrals for DWI, use Court-DWI codes below.
	8 COURT ORDER DWI 3RD OFFENSE CONVICTION	Persons referred as a condition of probation or parole for Driving While Intoxicated (DWI) 3 rd offense only.
	9 COURT ORDER DWI 4TH OFFENSE CONVICTION	Persons referred as a condition of probation or parole for Driving While Intoxicated (DWI) 4 th offense only.

EPISODE TABLE

10	DWI 3RD PENDING	Persons referred that has been charged with a 3 rd offense DWI but not convicted in accordance to Act 1163.
11	DWI 4TH PENDING	Persons referred that has been charged with a 4 th offense DWI but not convicted in accordance to Act 1163.

FIELD NUMBER: E-28

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Select the option that most accurately reflects the client's current legal status.

EPISODE TABLE

VARIABLE NAME: **MARITAL_STATUS**

DEFINITION: Indicates the client's current marital status

VALID ENTRIES:	1 NEVER MARRIED	The client has never married (either legal or "common law") or the client's only marriage(s) ended in annulment
	2 MARRIED	The client is married (includes "common law" marriages and those living together as a married couple)
	4 SEPARATED	The client is married, but is currently living apart from (or has been deserted by) his/her spouse because of marital discord (includes informal as well as legal separations)
	5 DIVORCED	The client is legally divorced and has not remarried
	6 WIDOWED	The client's spouse is deceased and the client has not remarried
	7 UNKNOWN	The client's marital status is unknown

FIELD NUMBER: E-29

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Select the option that most accurately reflects the client's current marital status.

Marital status is to be reported at admission, last assessment, and at discharge.

The date of the most recent evaluation/re-evaluation of employment status is reported using the **MARITAL_ST_UPDATE** data element (E-30).

VARIABLE NAME:	MARITAL_STATUS_UPDATE
DEFINITION:	Last date the user reviewed the client's marital status.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-30
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Indicates the date the client's marital status was last evaluated, regardless if there is a change in status.

EPISODE TABLE

VARIABLE NAME: **METHADONE (SA ONLY)**

DEFINITION: Indicates whether the client is being admitted to a methadone program or if your facility is admitting the client in cooperation with a private methadone maintenance treatment program (e.g., whether methadone therapy is part of the client's treatment plan)

VALID ENTRIES:

1	YES
2	NO

FIELD NUMBER: E-31

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This information is collected only for clients receiving substance abuse treatment. If the client is receiving mental health treatment only, enter 2- No.

EPISODE TABLE

VARIABLE NAME: DEFINITION:			
		SERV_PROGRAM (PROGRAM ELEMENT or LOC)	
		Specifies the primary mode of treatment to which the client is admitted for a particular episode of care/treatment.	
VALID ENTRIES:	03	CRISIS UNIT	Provides urgent and emergent diagnostic evaluations, crisis management and referral to a treatment program tailored to the individual.
	06	HALFWAY/ $\frac{3}{4}$ HOUSE/CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL TREATMENT	24-hour non-acute care provided in a semi-structured environment which promotes ongoing recovery and transition to independent living with a long-term anticipated level of stay (>30 days). (ASAM 3.1)
	08	INTENSIVE OUTPATIENT	The client is receiving treatment at least (9) nine hours per week on three or more days per week typically provided in a clinic setting. (ASAM 2.1)
	09	MEDICAL DETOX/ HOSPITAL SETTING (24-Hour)/MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION	A hospital detoxification with full medical support which provides immediate acute care associated with medical problems and withdrawal. (ASAM 3.7-wm)
	10	MEDICALLY SUPPORTED DETOX/ NON-HOSPITAL/MEDICALLY	Care in a free standing facility which provides 24-hour nursing coverage with

EPISODE TABLE

	MONITORED INTENSIVE RESIDENTIAL TREATMENT	the ability to dispense medications as deemed appropriate by the physician. (ASAM 3.7)
12	OUTPATIENT	Ambulatory treatment services which are typically three hours or less in length, including individual, family or group services; these may include pharmacological therapies. (ASAM 1)
13	PARTIAL CARE/DAY TREATMENT/PARTIAL HOSPITALIZATION	A time-limited, structured program of psychotherapy and other therapeutic services specifically designed for persons in need of intensive treatment as an alternative to inpatient hospitalization or as an option following inpatient hospitalization. Services are provided a minimum of four hours per day at least two days per week and are typically provided in the clinic. (ASAM 2.5)
14	RECOVERY HOME	A 24-hour non-treatment setting which provides supportive “permanent” living, which is governed by recovering residents.
16	SOCIAL DETOXIFICATION/CLINICALLY MANAGED RESIDENTIAL SOCIAL DETOXIFICATION	24-hour services in a non-hospital setting providing safe withdrawal and transition to ongoing treatment. (ASAM 3.2-wm)

EPISODE TABLE

18	THERAPEUTIC COMMUNITY- STRUCTURED- LONG TERM/CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT-ADULT	24-hour non-acute care provided in a very structured program with an emphasis on peer support and social environment to foster change that provides a long-term anticipated level of stay of 6-24 months. (ASAM 3.3)
19	TRANSITIONAL LIVING FACILITY	Residential treatment services designed to assist the client with transitioning to living independently or to less intensive residential care.
20	INPATIENT SA ADULT SHORT-TERM (<30 DAYS)/CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL TREATMENT- ADULT	24-hour non-acute care for persons age 18 and older provided in a free standing setting. (ASAM 3.5)
21	INPATIENT SA ADOLESCENT LONG-TERM (>30 DAYS)/CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL TREATMENT- ADOLESCENT	24-hour non-acute care for persons age 12-17 provided in a free standing setting. (ASAM 3.5)
22	EARLY INTERVENTION	For SUD clients, this description corresponds to ASAM level 0.5

EPISODE TABLE

23	AMBULATORY WITHDRAWAL MANAGEMENT WITHOUT EXTENDED ON-SITE MONITORING	For SUD clients, this description corresponds to ASAM level 1-wm(withdrawal management)
24	AMBULATORY DETOXIFICATION WITH EXTENDED ONSITE MONITORING	For SUD clients, this description corresponds to ASAM level 2-wm
25	MEDICALLY MANAGED INTENSIVE INPATIENT WITHDRAWAL MANAGEMENT	For SUD clients, this description corresponds to ASAM level 4-wm

EPISODE TABLE

FIELD NUMBER:	E-32
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This is a KEY field. Enter the code that indicates the primary mode of treatment to which the client is seen or admitted for a particular episode of care/treatment. Values listed in parentheses indicate ASAM level of care by number.

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

EPISODE TABLE

VARIABLE NAME:	PREGNANT	
DEFINITION:	Indicates whether the client is pregnant at the time of admission	
VALID ENTRIES:	1	YES
	2	NO
FIELD NUMBER:	E-33	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

EPISODE TABLE

VARIABLE NAME:	PRIMARY_TARGET_GROUP	
DEFINITION:	Indicates the primary target group for the client at the time of admission	
VALID ENTRIES:	1 MENTAL HEALTH	Use when a client is being treated for a mental health disorder and has a mental health diagnosis.
	2 SUBSTANCE ABUSE	Use when a client is being treated for a substance abuse disorder and has a substance abuse diagnosis.
	3 CO-OCCURRING	Use when a client is being treated for a mental health and substance abuse disorder; and has a mental health and a substance abuse diagnosis.
FIELD NUMBER:	E-34	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

GUIDELINES:

This data element is used to flag the client's primary treatment group based on the type of treatment the client is receiving during a particular episode of treatment/service rather than being solely based on the client's diagnosis.

For example, some clients may have a mental health and a substance abuse diagnosis but your clinic/facility may only be treating the client for only the mental health disorder. In this situation, the primary group is 1- MENTAL HEALTH (and vice versa if the client is being treated for only the substance abuse disorder).

If in the above situation, if the client is being treated for both the mental health and substance abuse disorder, the primary target group is 3- CO-OCCURRING.

It is very important that this field is recorded correctly. It is used for all reporting. Without variable, client information will be excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced, because clients will be excluded.

EPISODE TABLE

VARIABLE NAME:	PRIOR_MH (SA ONLY)	
DEFINITION:	Indicates if the client has ever received prior treatment service for psychiatric and/or emotional disorders.	
VALID ENTRIES:	1	YES
	2	NO
FIELD NUMBER:	E-37	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

GUIDELINES:

This data element is required for persons receiving SA treatment. This information is collected at the time of admission to treatment based on treatment records (when available) or client self-report.

EPISODE TABLE

VARIABLE NAME: **PRIOR_TX_EPISODES (SA ONLY)**

DEFINITION: Indicates the number of previous substance abuse treatment episodes at the time of admission to treatment

VALID ENTRIES:	00	0 episodes
	01	1 episodes
	02	2 episodes
	03	3 episodes
	04	4 episodes
	05	5 episodes
	06	6 episodes
	07	7 episodes
	08	8 episodes
	09	9+ episodes
	97	UNKNOWN

FIELD NUMBER: E-38

FIELD LENGTH: 2

FIELD TYPE: Integer

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for persons receiving SA treatment.

This information is to be collected at the time of admission to treatment. Select the number of prior admissions to any program for the treatment of addictive disorders reported by the client, regardless of whether the program was operated by the state behavioral health authority (OBH-AD).

If you know the client has been in treatment before, but you or the client does not know how many times, give your best estimate based on client interview or record information. Enter "Unknown" only if you are unable to determine if the client has been in treatment previously.

EPISODE TABLE

VARIABLE NAME: **PROGRAM_TYPE**

DEFINITION: Specifies a set of services within a clinic, facility, or community-based program.

VALID ENTRIES:	02	ASSERTIVE COMMUNITY TX (ACT)-EBP
	10	FAMILY PSYCHO-EDUCATION-EBP
	13	FUNCTIONAL FAMILY THERAPY-EBP
	15	ILLNESS MGMT./RECOVERY-EBP
	16	INTEGR. TX CO-OCCUR DISORDER-EBP
	19	MEDICATION MANAGEMENT-EBP
	21	MULTISYSTEMIC THERAPY EBP
	28	SUPPORTED EMPLOYMENT-EBP
	30	SUPPORTED HOUSING-EBP
	31	THERAPEUTIC FOSTER CARE-EBP
	32	NONE

FIELD NUMBER: E-40

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

If more than one program is in place for client, record additional programs using Fields E-57 – E-59.

The intent of this data element is to obtain information to indicate how the state is doing in moving forward with implementation of the evidence-based form of the practice.

See **Appendix F: Mental Health Block Grant Reporting- Evidence Based Practices for Adult SMI and Child/Youth EBD.**

EPISODE TABLE

VARIABLE NAME:		REF_SRCE	
DEFINITION:		Identifies the source of the client's referral.	
VALID ENTRIES:	01	BUREAU OF PRISONS / FEDERAL PROBATION & PAROLE	Any referrals from the Federal Bureau of Prisons including Federal Probation and Parole.
	02	CHILD/ADULT PROTECTION PROGRAM	Child/Adult Protection Program referrals from Office of Community Services, Battered Women's programs, or other similar, protection/help service.
	03	CLERGY	The client decided to come to this clinic based upon the advice and/or recommendation of a member of the clergy.
	04	CORONER/OPC/PEC/LEGAL	Individuals referred by the parish coroner, including Coroner's Emergency Commitment or a private physician, including P.E.C.
	05	COURT/CRIM JUSTICE- CITY/PARISH	Juvenile or Adult - Individuals referred from City/Parish Courts, designated family or their agents (may include probation officers, attorneys, or judges).
	06	COURT/CRIM JUSTICE- STATE	Juvenile or Adult - Individuals referred from Louisiana training institutes, Division of Youth Services, Juvenile Reception and Diagnostic Center, District Courts when sitting as juvenile courts, District Courts or their agents, the Department of Public Safety and Corrections and the Parole Board. This includes Probation and Parole Officers, Attorneys, and other officers of these courts and District Attorneys. Use category 'DUI/DWI' if referred by the courts subsequent to being charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).

EPISODE TABLE

07	DIVERSIONARY PROGRAM	Direct referral from a Diversionary Program.
08	DRUG COURT	Direct referral from a Drug Court Program
09	DUI / DWI	The client was referred to this clinic by the courts subsequent to being charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).
11	EMPLOYER/EAP	Referrals from or through a formal or informal employee assistance program. Any referrals from employers and supervisors.
12	FAMILY/ FRIEND	The client decided to come to this clinic based on the advice or recommendation of family and/or friends or any other individual that is not listed in any other category.
13	FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support (these individuals receive financial assistance formerly known as AFDC, welfare etc.).
14	GAMBLING TX REFERRAL PROGRAM	This source of referral should only be used for the Gambling Treatment Referral Program (referrals received from the District Attorney's Office).
15	GENERAL HOSPITAL	The client was referred to this clinic by a general hospital.
17	INPATIENT PSYCHIATRIC FACILITY	The client was referred to this clinic by an inpatient psychiatric facility.
19	INPATIENT SA FACILITY	The client was referred to this clinic by an inpatient substance abuse program/facility.
23	NURSING HOME/EXTENDED CARE	The client was referred to this clinic by a private nursing home or an extended care

EPISODE TABLE

		facility. (State-run facilities are reported using E-43).
24	OCS/NON-TANF	Use this category when the individual was referred by Office of Community Services but <u>does not</u> meet TANF eligibility
25	OCS/TANF	Use this category when the client was referred by Office of Community Services and qualifies for TANF eligibility.
26	OTHER PRIVATE PHYSICIAN	The client was referred by a physician in private practice.
27	OTHER SOURCE OF REFERRAL	A source of referral not covered by another category.
28	OTHER STATE AGENCY	The client was referred to this clinic by a state agency or facility. NOTE: complete E41- to specify which agency or facility.
34	PRIVATE MH PRACTITIONER	The client was referred to this clinic by a mental health practitioner, such as psychologist or social worker, who is in private practice.
35	PRIVATE PSYCHIATRIST	The client was referred to this clinic by a licensed psychiatrist who is in private practice.
36	SCHOOL/EDUCATION PROGRAM	The client was referred to this clinic by a school or education agency or program (e.g., school system psychologist, principal, counselor, teacher, etc.).
37	SELF	The client decided on his/her own volition to come to this clinic.
38	SHELTER FOR HOMELESS/ABUSED	The client was referred to this facility by a shelter for the homeless and/or abused.
39	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	Use this category for TANF eligible individuals that present for treatment

EPISODE TABLE

		services, but are not referred from a OFS/OCS screening and assessment site <i>(these individuals do not receive financial assistance from DSS, but qualify for all other TANF services i.e., childcare assistance, food stamps, Medicaid etc.)</i> .
41	TANF-RESIDENTIAL WOMEN AND DEPENDENT CHILDREN PROGRAM	Use this category for any woman who qualifies for Temporary Assistance for Needy Families funding and is in a women and dependent children residential treatment program.
42	OUTPATIENT MENTAL HEALTH FACILITY/CLINIC	The client was referred from Community Mental Health or private MH outpatient facilities.
43	OUTPATIENT SA	The client was referred to this clinic by an outpatient substance abuse program/facility.
98	UNKNOWN	

FIELD NUMBER: E-42
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT:
 PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

Select the most appropriate and descriptive referral source from the available options.

If a client was referred by more than one source, determine which of these you believe to be the primary referral source or most important one to record. For instance, if a client was referred both by his/her personal physician and by a probation officer, select the latter as the referral source since a probation officer is likely to require reports relative to compliance.

If a probation officer or other legal entity referred the client, this will affect the client's legal status regardless of whom else may have referred the client to service.

EPISODE TABLE

If a client was referred both by a drug court and by TANF, enter the one that is paying for the client's treatment since that will be the most important one to track for billing purposes.

EPISODE TABLE

VARIABLE NAME:	RES_TYPE	
DEFINITION:	Identifies the type of residence where the client resides.	
VALID ENTRIES:	3 PRIVATE RESIDENCE-DEPENDENT LIVING	<u>FOR ADULTS ONLY.</u> Client lives in a house, apartment, or other similar dwellings and are heavily dependent on others for assistance in living in this situation.
	4 GROUP HOME, HALFWAY HOUSE, REHABILITATION CENTER	The client resides in a group home, halfway house, or rehabilitation center as part of a supervised residential program designed to meet special needs (including SA residential programs).
	5 HOMELESS/SHELTER	The client's residence is primarily transient (for example, a camper trailer or motor home) or the client has no fixed address; includes living in a shelter, mission, car, on the street, temporary living quarters, or in a place that is limited/short-term stay (24/hr. unit or shelter).
	6 HOSPITAL	The client is in a medical or psychiatric hospital.
	7 PRIVATE RESIDENCE-INDEPENDENT LIVING	<u>FOR ADULTS ONLY.</u> Client is living in a private residence and is capable of self-care. 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 or substance abuse. They may live with friends, a spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations.
	8 JAIL/PRISON/TRAINING INST.	Client resides in a jail, correctional facility, and/or training institute with care provided 24-hrs, 7 days a week.

EPISODE TABLE

9 NO PERMANENT RESIDENCE	The client's residence is primarily transient (for example, a camper trailer or motor home) or the client may live "on the street". Includes clients living in a shelter, mission, or temporary living quarters or in a place that is limited/short-term stay.
10 NURSING HOME OR INTERMEDIATE CARE FACILITY	The client is in a nursing home or intermediate care facility.
11 OTHER QUARTERS	The client's residence is not appropriately described elsewhere (e.g., military barracks, dormitory, fraternity, sorority, etc.).
12 RESIDENTIAL HOTEL	The client lives in a residential hotel or other type of boarding house arrangement, or rents a single room in someone's house.
16 WITH FAMILY/ EXTENDED FAMILY OR NON-RELATIVE	<u>FOR CHILDREN AND ADOLESCENTS ONLY.</u> Client lives in a private residence with family/ extended family or non-relative.
17 FOSTER HOME/ FOSTER CARE	The client lives in a home licensed by a county or State department to provide foster care
98 UNKNOWN	

FIELD NUMBER: E-43

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

EPISODE TABLE

Select the option that most accurately reflects the client's current living situation. All LGEs are to report the NOMS, BLOCK GRANT categories of Dependent and Independent Living for clients living in a Private Residence (house, apartment, or other similar dwellings) as indicated by Code 3, 7, or 16.

Living situation/residential status is reported at admission, at last assessment/re-assessment (evaluation/re-evaluation) and at discharge.

The date of the most recent evaluation/re-evaluation of residential status is reported using the **RES_TYPE_UPDATE** data element (E-44).

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

EPISODE TABLE

VARIABLE NAME:	RES_TYPE_UPDATE
DEFINITION:	Specifies the date of the last review of the client's residential status
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-44
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Enter the data of the most recent status review.

This data element is used to indicate whether the residential status reported in E-45 is indeed an update (i.e. status re-assessed by staff). An update does not necessarily represent a different value but it should represent the value as of the most recent status review.

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

EPISODE TABLE

VARIABLE NAME:	TERMTYPE
DEFINITION:	Indicates the reason for client treatment termination
VALID ENTRIES:	1 ADMINISTRATIVELY DISCHARGED (see guidelines below) 2 APPROPRIATE SERVICES NOT AVAIL, CLIENT REFERRED ELSEWHERE BUT REJECTED 3 APPROPRIATE SERVICES NOT AVAILABLE, CLIENT REFERRED ELSEWHERE 4 CLIENT DID NOT FOLLOW-UP FOR AFTERCARE APPOINTMENT 5 CLIENT DID NOT KEEP FOLLOW-UP APPOINTMENT(S) 6 CLIENT DIED 7 CLIENT INCARCERATED, NOT AVAILABLE FOR TREATMENT 8 CLIENT LEFT TX PRIOR TO COMPLETION; FURTHER TX NEEDED, REJECTED BY CT 9 CLIENT MOVED, CONTACT N/A 10 CLIENT REFERRED ELSEWHERE 11 COMPLETED PROGRAM, NO FURTHER TX REQUIRED 12 COMPLETED TX, CLIENT REFERRED TO NEXT LOC 13 COMPLETED TX, CLIENT REFERRED TO NEXT LOC, BUT REJECTED BY CT 15 DISCHARGED - COURT ORDER 16 NO FURTHER TREATMENT NEEDED/APPROPRIATE REFERRAL NOT AVAILABLE 18 TREATMENT INTERRUPTED DUE TO NATURAL DISASTER 19 CLIENT LOST TO CONTACT 20 NO FURTHER TREATMENT NEEDED IN FACILITY/REFERRED ELSEWHERE
FIELD NUMBER:	E-45
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH
GUIDELINES:	(see next page)

EPISODE TABLE

Enter the 2-digit code that best describes the circumstances at the time of treatment termination/discharge.

When the client has not received a service for an extended length of time, the client is administratively discharged and the case file is closed and is removed from the active client caseload.

Thresholds for length of time are as follows:

MH clients- no service within the past hundred and eighty (180); case is to be closed and removed from the active client caseload.

AD clients- no service within the past ninety (90) days; case is to be closed and removed from the active client caseload.

EPISODE TABLE

VARIABLE NAME:	EPISODE_START_DATE
DEFINITION:	The date the current episode of care begins
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-51
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is used in the context of the current episode of care.

The client does not have to be admitted to have an EPISODE START DATE.

EPISODE TABLE

VARIABLE NAME:	WOMAN_DEP (WOMEN ONLY)		
DEFINITION:	Indicates whether the client is a woman with dependent children at the time of admission, re-assessment, or discharge		
VALID ENTRIES:	1	YES	
	2	NO	
	3	NOT APPLICABLE	Male client
FIELD NUMBER:	E-53		
FIELD LENGTH:	1		
FIELD TYPE:	Numeric		
FORMAT:			
PURPOSE:	BLOCK GRANT, OBH		

GUIDELINES: A dependent child is defined as a minor child who relies on the care of a parent or guardian and is living with the client.

EPISODE TABLE

VARIABLE NAME:	NUM_DEP_CHILD
DEFINITION:	Indicates the number of dependent children at the time of admission, re-assessment, or discharge
VALID ENTRIES:	0 – 25
FIELD NUMBER:	E-54
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES: Enter the number of minor children who are living with the client.

EPISODE TABLE

VARIABLE NAME:	REGION
DEFINITION:	Identifies the Local Governing Entity (LGE) providing services to the client. See guidelines below for important information.
VALID ENTRIES:	2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD) 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA) 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD) 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA) 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD) 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD) 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA) 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA) 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA) 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)
FIELD NUMBER:	E-55
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	TEDS, NOMS, BLOCK GRANT, OBH

GUIDELINES:

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE to provide services, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services areas/districts/authorities operate in regions throughout Louisiana. Without variable, client information will be excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced, because clients will be excluded.

EPISODE TABLE

VARIABLE NAME:	EPISODE_AGENCY_NAME
DEFINITION:	The name of the provider agency/clinic/site associated with a particular unique EPISODE_AGENCY_UID
VALID ENTRIES:	AGENCY NAME
FIELD NUMBER:	E-56
FIELD LENGTH:	50
FIELD TYPE:	Character
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

The EPISODE_AGENCY_NAME is the name of the agency/clinic located at the physical address.

Without variable, client information will be excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced, because clients will be excluded.

EPISODE TABLE

VARIABLE NAME: **PROGRAM_TYPE_2**
 DEFINITION: Specifies a set of services within a clinic, facility, or community-based program.

VALID ENTRIES:	02	ASSERTIVE COMMUNITY TX (ACT)-EBP
	10	FAMILY PSYCHO-EDUCATION-EBP
	13	FUNCTIONAL FAMILY THERAPY-EBP
	15	ILLNESS MGMT./RECOVERY-EBP
	16	INTEGR. TX CO-OCCUR DISORDER-EBP
	19	MEDICATION MANAGEMENT-EBP
	21	MULTISYSTEMIC THERAPY EBP
	28	SUPPORTED EMPLOYMENT-EBP
	30	SUPPORTED HOUSING-EBP
	31	THERAPEUTIC FOSTER CARE-EBP
	32	NONE

FIELD NUMBER: 2
 FIELD LENGTH: Numeric
 FIELD TYPE:
 FORMAT: BLOCK GRANT, OBH
 PURPOSE:
 GUIDELINES:

If only one program is in place for client, record using Field E-40.

The intent of this data element is to obtain information to indicate how the state is doing in moving forward with implementation of the evidence-based form of the practice.

See **Appendix F: Mental Health Block Grant Reporting- Evidence Based Practices for Adult SMI and Child/Youth EBD.**

EPISODE TABLE

VARIABLE NAME: **PROGRAM_TYPE_3**
DEFINITION: Specifies a set of services within a clinic, facility, or community-based program.

VALID ENTRIES:	02	ASSERTIVE COMMUNITY TX (ACT)-EBP
	10	FAMILY PSYCHO-EDUCATION-EBP
	13	FUNCTIONAL FAMILY THERAPY-EBP
	15	ILLNESS MGMT./RECOVERY-EBP
	16	INTEGR. TX CO-OCCUR DISORDER-EBP
	19	MEDICATION MANAGEMENT-EBP
	21	MULTISYSTEMIC THERAPY EBP
	28	SUPPORTED EMPLOYMENT-EBP
	30	SUPPORTED HOUSING-EBP
	31	THERAPEUTIC FOSTER CARE-EBP
	32	NONE

FIELD NUMBER: E-58
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT:
PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

If only one program is in place for client, record using Field E-40.

The intent of this data element is to obtain information to indicate how the state is doing in moving forward with implementation of the evidence-based form of the practice.

See **Appendix F:** Mental Health Block Grant Reporting- Evidence Based Practices for Adult SMI and Child/Youth EBD.

VARIABLE NAME: **PROGRAM_TYPE_4**
 DEFINITION: Specifies a set of services within a clinic, facility, or community-based program.

VALID ENTRIES:	02	ASSERTIVE COMMUNITY TX (ACT)-EBP
	10	FAMILY PSYCHO-EDUCATION-EBP
	13	FUNCTIONAL FAMILY THERAPY-EBP
	15	ILLNESS MGMT./RECOVERY-EBP
	16	INTEGR. TX CO-OCCUR DISORDER-EBP
	19	MEDICATION MANAGEMENT-EBP
	21	MULTISYSTEMIC THERAPY EBP
	28	SUPPORTED EMPLOYMENT-EBP
	30	SUPPORTED HOUSING-EBP
	31	THERAPEUTIC FOSTER CARE-EBP
	32	NONE

FIELD NUMBER: E-59
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT:
 PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

If only one program is in place for client, record using Field E-40.

The intent of this data element is to obtain information to indicate how the state is doing in moving forward with implementation of the evidence-based form of the practice.

See **Appendix F: Mental Health Block Grant Reporting- Evidence Based Practices for Adult SMI and Child/Youth EBD.**

[END EPISODE DATA SET]

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ASSESSMENT TABLE DATA SET

ASSESSMENT DATA SET**Scope**

The assessment data set is comprised of information relative to the client's assessment/evaluation records, such as diagnosis and current problem. This section of the data dictionary defines the standards for the components of the assessment data set.

Each table contains key fields used to link database tables. The following key fields are used for this purpose:

EPISODE_UID

Tables also contain key fields used for the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA. Most fields in the OBH Client-level Data Manual are required for TEDS and Block Grant reporting and missing data in certain fields will result in the omission of the client record from TEDS and Block Grant reporting.

ASSESSMENT TABLE

VARIABLE NAME:	ARRESTS
DEFINITION:	Indicates the number of times the client was arrested in the past 30 days.
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-01
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, NOMS

GUIDELINES:

The number of arrests within the past 30 days is to be reported at admission, last assessment/evaluation, and at discharge.

This variable will indicate the number of arrests at the most recent evaluation/re-evaluation.

The date of the most recent evaluation/re-evaluation of arrests status is reported using the **ARRESTS_UPDATE** data element (A-02).

This data element is used for calculating entries for URS, NOMS, Block Grant, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

ASSESSMENT TABLE

VARIABLE NAME:	ARRESTS_UPDATE
DEFINITION:	Indicates the date the arrest status was re-evaluated, regardless if there is a change in status
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-02
FIELD LENGTH:	10
FIELD TYPE:	Numeric
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, NOMS

GUIDELINES:

This data element is used to indicate whether the arrests status reported in A-01 is indeed an update. An update does not necessarily represent a different value but it should signify as the most recent status review.

This data element is used for calculating entries for URS, NOMS, Block Grant, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

ASSESSMENT TABLE

VARIABLE NAME:	ASSESS_DT
DEFINITION:	Indicates the date of the client's last assessment/evaluation.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-03
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

An assessment/evaluation is defined as a standard set of questions used to determine the client's current problem and need for services.

An assessment/evaluation may occur throughout the course of treatment i.e. at admission, treatment update, and discharge.

The ASSESS_DT is the date of the last assessment/evaluation.

This data element is used to calculate values for state and federal reporting.

ASSESSMENT TABLE

VARIABLE NAME:	ASSESS_TYPE		
DEFINITION:	Identifies the type of assessment provided.		
VALID ENTRIES:	1	INITIAL	The initial assessment is the first, substantive, face-to-face interaction between an individual and a member(s) of the clinic’s clinical/therapeutic staff. See guidelines below for further information.
	2	UPDATE	An update is a reassessment, re-evaluation, treatment plan update, or some other type of case review. See guidelines below for update requirements.
	3	DISCHARGE	An assessment done at the time of discharge, generally as part of the discharge summary. A discharge represents the closure of an episode of service; either due to completion of treatment at a single facility during an episode of service or a prolonged lack of contact/service. See guidelines below for additional information.
FIELD NUMBER:	A-07		
FIELD LENGTH:	1		
FIELD TYPE:	NUMERIC		
FORMAT:			
PURPOSE:	BLOCK GRANT, TEDS, OBH		

GUIDELINES:

Information recorded must be from an actual review of the client's progress and case record. Information from previous assessments cannot be brought forward and considered an update.

INITIAL ASSESSMENT:

The intake process usually involves one or more assessments and if applicable, a psychiatric evaluation. Examples of an initial assessment include:

- A clinical interview to assess an individual's problems and to determine the need for further behavioral health care service or referral
- Provision of a specific professional service (e.g., psychosocial assessment, psychological evaluation, psychiatric evaluation, Addiction Severity Index assessment).

Administration of the Level of Care Utilization System (LOCUS) instrument alone is not considered an initial assessment/evaluation for the purpose of this variable.

UPDATE ASSESSMENT:

The information in the electronic record system represents the status of the client at a point in time. That point in time is only as current as the last update made by clinic staff. In order to keep the record current with the most recent information, OBH recommends that updated data be reviewed and entered, as necessary. However, in order to meet federal reporting requirements, certain clinical and outcomes information is required and must be reviewed and updated on a prescribed basis as follows:

Addictive Disorders

An **update** is defined as the *quarterly* update of information about an active client. An active client is defined as someone receiving services within the three month period prior to the quarterly update. For example, a client admitted on July 13, 2012, who last received services on April 15, 2013 and has not yet been discharged, would be considered active on a quarterly update occurring July 13, 2013.

Mental Health

An **update** is defined as the *annual* update of information about active clients. A post-admission annual update is required for all active clients. An active client is defined as someone receiving services within the six month period prior to the annual update. For example, a client admitted on July 13, 2012, who last received services on February 14, 2013 and has not yet been discharged, would be considered active on an annual update occurring July 13, 2013. In this example, the annual update is due no later than July 13, 2013.

Co-Occurring Disorders

For individuals receiving both addictive disorders and mental health treatment, please follow the guidelines above for Mental Health updates.

DISCHARGE ASSESSMENT:

A discharge represents the closure of an episode of service; either due to completion of treatment at a single facility during an episode of service or a prolonged lack of contact/service.

A Discharge Assessment/Review is to be completed at the time of discharge. Information recorded must be from an actual review of the client's case/status and must be current; therefore, information from previous assessments/reviews cannot be brought forward. If the client has not been seen for some time (more than 6 months), such as a discharge due to loss of contact or the client has left against medical advice, there is no need for a discharge assessment/review.

ASSESSMENT TABLE

VARIABLE NAME:	CP_ALCOHOL
DEFINITION:	Current problem: alcohol use
VALID ENTRIES:	1 YES
	0 NO
FIELD NUMBER:	A-27
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Use this field to indicate whether or not the client has an alcohol problem. An alcohol problem is different from an addictive disorder in that client symptomology may not meet the diagnostic criteria of an addictive disorder.

ASSESSMENT TABLE

VARIABLE NAME:	CP_DRUGS
DEFINITION:	Current problem: drug use
VALID ENTRIES:	1 YES
	0 NO
FIELD NUMBER:	A-29
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Use this field to indicate whether or not the client has a drug problem. A drug problem is different from an addictive disorder in that client symptomology may not meet the diagnostic criteria of an addictive disorder.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_1	
DEFINITION:	Indicates a physical or mental impairment or disability observed in the client.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a sever, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug use, blood transfusion, blood, or blood products.

ASSESSMENT TABLE

06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

ASSESSMENT TABLE

FIELD NUMBER:	A-44
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Use this field to indicate whether or not the client has any physical or mental impairments or disabilities.

Agencies/clinics are allowed to report up to 5 impairments/disabilities using fields A-44 through A-48.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_2	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a sever, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planed and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug use, blood transfusion, blood, or blood products.

ASSESSMENT TABLE

06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

ASSESSMENT TABLE

FIELD NUMBER:	A-45
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_3	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44 or A-45.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a severe, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug

ASSESSMENT TABLE

	use, blood transfusion, blood, or blood products.
06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized by toxic symptoms or allergic

ASSESSMENT TABLE

manifestations which in humans
primarily affect the lungs.

FIELD NUMBER: A-46
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT:
PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44 and A-45.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_4	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44, A-45, or A-46.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a sever, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug use, blood transfusion, blood, or blood products.

06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized

ASSESSMENT TABLE

by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

FIELD NUMBER: A-47
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT:
PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44, A-45, and A-46.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_5	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44, A-45, A-46 or A-47.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a severe, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug

ASSESSMENT TABLE

	use, blood transfusion, blood, or blood products.
06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized by toxic symptoms or allergic

ASSESSMENT TABLE

manifestations which in humans
primarily affect the lungs.

FIELD NUMBER: A-48
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT:
 PURPOSE: BLOCK GRANT, OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44, A-45, A-45, and A-47.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1	
DEFINITION:	Identifies the client's primary substance of abuse or addiction type	
VALID ENTRIES:	1 ALCOHOL	Includes beer, wine, whiskey, liqueurs, and ethyl and methyl alcohol. Slang names include moonshine, shine, stump juice, booze, etc.
	2 AMPHETAMINES (but not methamphetamine)	Includes stimulants <u>other than cocaine</u> . Examples are biphphetamine, dexedrine, metamphetamine, dextroamphetamine, phenmetrazine (preludin), and methylphenidate (Ritalin). <u>TRADE NAMES</u> : Desoxyn, drexedrine, Mediatric, Preludin, Delcobese <u>SLANG NAMES</u> : Pep pills, bennies, uppers, black mollies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.
	3 BARBITURATES	Includes the barbiturate drugs Amobarbital, Phenobarbital, Butosol, Phenobarbital, Secobarbital, and Tuinal.
	4 BENZODIAZEPINE	Includes benzodiazepine tranquilizers, such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, and XANAX.

5 COCAINE (including crack or “free base”)	Refers to the stimulant cocaine (including Crack or “free base”). <u>SLANG NAMES</u> : Coke, flake, snow, speedball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown
6 ECSTASY	Refers to Methylenedioxymethamphetamine (MDMA), a stimulant with hallucinogenic properties.
7 Gambling	Primary addiction type is gambling, or the act of risking money or something else of value on an activity with an uncertain outcome.
8 GHB	Gamma Hydroxy Butyrate (GHB), an anesthetic with effects similar to alcohol.
9 HALLUCINOGENS	Hallucinatory agents <u>other than PCP</u> , including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MMDA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin, and Psilosyn.
10 HEROIN	<u>SLANG NAMES</u> : Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack
11 INHALANTS	Volatile organic solvents such as spray paint, glue, toluene, amyl nitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, and shoe polish.

12	MARIJUANA/HASHISH	Marijuana, hashish, THC, or other cannabis products and derivatives. <u>SLANG NAMES</u> : Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.
13	METHAMPHETAMINE	Methamphetamine, a stimulant closely related to amphetamine and ephedrine. <u>SLANG NAMES</u> : Speed, Crystal
14	NONE	Code 14 (NONE) should only be used when the client does not have a SUD OR when there is no secondary or tertiary drug of abuse.
15	NON-RX METHADONE	Non-prescription methadone, such as Dolophine, LAAM, Amidone, and Fizzies
16	OTHER	Client has a SUD, and uses any drugs or chemicals, singular or in combination, that are not described in any category herein.
17	OTHER OPIATES AND SYNTHETICS	Opiates or synthetics not listed in another category <u>except Oxycontin</u> . Included here are Opiate and synthetic narcotics such as Codeine, Morphine and Opium Derivatives <u>other than heroin</u> . Examples are Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids), Pentazocine {Talwin}, Lamotil, Darvon, and Fentanyl. <u>SLANG NAMES</u> : dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese

18 OTHER SEDATIVES AND HYPNOTICS	<p>red, boy, schoolboy, lords, “T’s and Blues”, etc.</p> <p>Sedative or hypnotic acting non-barbiturate drugs, such as Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), and Chloral Hydrate (Noctec somuos).</p> <p><u>TRADE NAMES</u>: Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox.</p> <p><u>SLANG NAMES</u>: Doors and Fours, Quads, Ludes, Soapers, Sopes.</p>
19 OTHER STIMULANTS	<p>Stimulants not listed in another category and includes the trade names Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, and Voranil.</p>
20 OVER-THE-COUNTER DRUG	<p>Legal over-the-counter preparations exclusive of items listed elsewhere. Included in this category are analgesics, diet preparations, relaxants, and cold and sleep preparations (such as Nyquil, Sominex, Aspirin, etc.).</p>
21 OXYCONTIN	<p>Time-released synthetic opioid.</p>
22 PCP	<p>Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).</p>
23 SOMA	<p>SOMA or Carisoprodol, a muscle relaxer that may be habit-forming.</p>
24 TRANQUILIZERS (not benzodiazepines)	<p>Depressants that are not otherwise listed as barbiturates, benzodiazepines, or sedative-hypnotics. This category includes anti-anxiety drugs and muscle relaxants such as chlordiazepoxides, reserphine, lithium compounds, and penothiazines.</p> <p><u>TRADE NAMES</u>: Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, and Valmid</p>

98 UNKNOWN

FIELD NUMBER:	A-49
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the option that most accurately reflects the primary drug of abuse. Please select the most specific option for primary drug of abuse from the above choices. If a client is abusing a substance not listed here, select the most appropriate “other” category. **Note:** For *primary* drug of abuse, “none” should only be used for persons who do not have a SUD. Missing or invalid data may result in the omission of the client record for TEDS and when reporting the Substance Abuse Block Grant reporting.

Primary drug of abuse is to be reported at admission, last assessment/evaluation, and at discharge.

The date of the most recent evaluation/re-evaluation of the primary drug of abuse is reported using the **DRUG_1_UPDATE** data element (A-50).

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_UPDATE
DEFINITION:	Indicates the date the client's primary substance of abuse or addiction type was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-50
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's primary substance of abuse or addiction type, regardless if there is a change.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2	
DEFINITION:	Identifies the client's secondary substance of abuse or addiction type	
VALID ENTRIES:	1	ALCOHOL Includes beer, wine, whiskey, liqueurs, and ethyl and methyl alcohol. Slang names include moonshine, shine, stump juice, booze, etc.
	2	AMPHETAMINES (but not methamphetamine) Includes stimulants <u>other than cocaine</u> . Examples are biphphetamine, dexedrine, metamphetamine, dextroamphetamine, phenmetrazine (preludin), and methylphenidate (Ritalin). <u>TRADE NAMES</u> : Desoxyn, drexedrine, Mediatric, Preludin, Delcobese <u>SLANG NAMES</u> : Pep pills, bennies, uppers, black mollies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.
	3	BARBITURATES Includes the barbiturate drugs Amobarbital, Phenobarbital, Butosol, Phenobarbital, Secobarbital, and Tuinal.
	4	BENZODIAZEPINE Includes benzodiazepine tranquilizers, such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, and XANAX.
	5	COCAINE (including crack or "free base") Refers to the stimulant cocaine (including Crack or "free base"). <u>SLANG NAMES</u> :

ASSESSMENT TABLE

	Coke, flake, snow, speedball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown.
6 ECSTASY	Refers to Methylenedioxymethamphetamine (MDMA), a stimulant with hallucinogenic properties.
7 GAMBLING	Primary addiction type is gambling, or the act of risking money or something else of value on an activity with an uncertain outcome.
8 GHB	Gamma Hydroxy Butyrate (GHB), an anesthetic with effects similar to alcohol.
9 HALLUCINOGENS	Hallucinatory agents <u>other than PCP</u> , including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MMDA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin, and Psilosyn.
10 HEROIN	<u>SLANG NAMES</u> : Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack
11 INHALANTS	Volatile organic solvents such as spray paint, glue, toluene, amyl nitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, and shoe polish.
12 MARIJUANA/HASHISH	Marijuana, hashish, THC, or other cannabis products and derivatives. <u>SLANG NAMES</u> : Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.

ASSESSMENT TABLE

13 METHAMPHETAMINE	Methamphetamine, a stimulant closely related to amphetamine and ephedrine. <u>SLANG NAMES</u> : Speed, Crystal
14 NONE	Code 14 (NONE) should only be used when the client does not have a SUD OR when there is no secondary or tertiary drug of abuse.
15 NON-RX METHADONE	Non-prescription methadone, such as Dolophine, LAAM, Amidone, and Fizzies
16 OTHER	Any other drugs or chemicals, singular or in combination, that are not otherwise classified as narcotics, hallucinogens, barbiturates or stimulants, including over-the-counter or “street” drugs not classified herein. <u>Note</u> : This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.
17 OTHER OPIATES AND SYNTHETICS	Opiates or synthetics not listed in another category <u>except Oxycontin</u> . Included here are Opiate and synthetic narcotics such as Codeine, Morphine and Opium Derivatives <u>other than heroin</u> . Examples are Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids), Pentazocine {Talwin}, Lamotil, Darvon, and Fentanyl. <u>SLANG NAMES</u> :

	dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, "T's and Blues", etc.
18 OTHER SEDATIVES AND HYPNOTICS	<p>Sedative or hypnotic acting non-barbiturate drugs, such as Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), and Chloral Hydrate (Noctec somuos).</p> <p><u>TRADE NAMES</u>: Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox.</p> <p><u>SLANG NAMES</u>: Doors and Fours, Quads, Ludes, Soapers, Sopes.</p>
19 OTHER STIMULANTS	<p>Stimulants not listed in another category and includes the trade names Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, and Voranil.</p>
20 OVER-THE-COUNTER DRUG	<p>Legal over-the-counter preparations exclusive of items listed elsewhere. Included in this category are analgesics, diet preparations, relaxants, and cold and sleep preparations (such as Nyquil, Sominex, Aspirin, etc.).</p>
21 OXYCONTIN	Time-released synthetic opioid.
22 PCP	Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).

ASSESSMENT TABLE

23	SOMA	SOMA or Carisoprodol, a muscle relaxer that may be habit-forming.
24	TRANQUILIZERS (not benzodiazepines)	Depressants that are not otherwise listed as barbiturates, benzodiazepines, or sedative-hypnotics. This category includes anti-anxiety drugs and muscle relaxants such as chlordiazepoxides, reserphine, lithium compounds, and penothiazines. <u>TRADE NAMES:</u> Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, and Valmid
25	Tobacco	Any tobacco product, to include cigarettes, cigars, dip, snuff, chewing tobacco, etc. <u>Note:</u> This choice should only be used as a secondary or tertiary drug usage option.
98	UNKNOWN	

FIELD NUMBER: A-51

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

See guidelines on next page.

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

This data element specifies a client's secondary substance of abuse. Secondary drug of abuse is reported at admission, last assessment/evaluation, and at discharge.

If the client does not have secondary substance of abuse, use code 14.

Note: The data elements DRUG_2 and DRUG_3 have an additional option: tobacco. This option should only be used as a secondary or tertiary substance of abuse, never as the primary substance of abuse (A-49) for person's receiving substance abuse treatment.

The date of the most recent evaluation/re-evaluation of the secondary drug of abuse is reported using the **DRUG_2_UPDATE** data element (A-52).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_UPDATE
DEFINITION:	Indicates the date the client's secondary substance of abuse or addiction type was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-52
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This field is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Record the date of the most recent assessment/evaluation of the client's secondary substance of abuse or addiction type, regardless if there is a change.

If the client does not have a secondary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3	
DEFINITION:	Identifies the client's tertiary substance of abuse or addiction type	
VALID ENTRIES:	1 ALCOHOL	Includes beer, wine, whiskey, liqueurs, and ethyl and methyl alcohol. Slang names include moonshine, shine, stump juice, booze, etc.
	2 AMPHETAMINES (but not methamphetamine)	Includes stimulants <u>other than cocaine</u> . Examples are biphphetamine, dexedrine, metamphetamine, dextroamphetamine, phenmetrazine (preludin), and methylphenidate (Ritalin). <u>TRADE NAMES</u> : Desoxyn, dexedrine, Mediatic, Preludin, Delcobese <u>SLANG NAMES</u> : Pep pills, bennies, uppers, black mollies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.
	3 BARBITURATES	Includes the barbiturate drugs Amobarbital, Phenobarbital, Butosol, Phenobarbital, Secobarbital, and Tuinal.
	4 BENZODIAZEPINE	Includes benzodiazepine tranquilizers, such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, and XANAX.
	5 COCAINE (including crack or "free base")	Refers to the stimulant cocaine (including Crack or "free base"). <u>SLANG NAMES</u> : Coke, flake, snow, speedball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown.
	6 ECSTASY	Refers to Methylenedioxymethamphetamine (MDMA), a stimulant with hallucinogenic properties.
	7 GAMBLING	Primary addiction type is gambling, or the act of risking money or something else of

ASSESSMENT TABLE

	value on an activity with an uncertain outcome.
8 GHB	Gamma Hydroxy Butyrate (GHB), an anesthetic with effects similar to alcohol.
9 HALLUCINOGENS	Hallucinatory agents <u>other than PCP</u> , including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MMDA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin, and Psilosyn.
10 HEROIN	<u>SLANG NAMES</u> : Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack
11 INHALANTS	Volatile organic solvents such as spray paint, glue, toluene, amyl nitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, and shoe polish.
12 MARIJUANA/HASHISH	Marijuana, hashish, THC, or other cannabis products and derivatives. <u>SLANG NAMES</u> : Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.
13 METHAMPHETAMINE	Methamphetamine, a stimulant closely related to amphetamine and ephedrine. <u>SLANG NAMES</u> : Speed, Crystal
14 NONE	Code 14 (NONE) should only be used when the client does not have a SUD OR when there is no secondary or tertiary drug of abuse.
15 NON-RX METHADONE	Non-prescription methadone, such as Dolophine, LAAM, Amidone, and Fizzies
16 OTHER	Any other drugs or chemicals, singular or in combination, that are not otherwise

	classified as narcotics, hallucinogens, barbiturates or stimulants, including over-the-counter or “street” drugs not classified herein. <u>Note</u> : This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.
17 OTHER OPIATES AND SYNTHETICS	Opiates or synthetics not listed in another category <u>except Oxycontin</u> . Included here are Opiate and synthetic narcotics such as Codeine, Morphine and Opium Derivatives <u>other than heroin</u> . Examples are Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids), Pentazocine {Talwin}, Lamotil, Darvon, and Fentanyl. <u>SLANG NAMES</u> : dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, “T’s and Blues”, etc.
18 OTHER SEDATIVES AND HYPNOTICS	Sedative or hypnotic acting non-barbiturate drugs, such as Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), and Chloral Hydrate (Noctec somuos). <u>TRADE NAMES</u> : Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox. <u>SLANG NAMES</u> : Doors and Fours, Quads, Ludes, Soapers, Sopes.
19 OTHER STIMULANTS	Stimulants not listed in another category and includes the trade names Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, and Voranil.
20 OVER-THE-COUNTER DRUG	Legal over-the-counter preparations exclusive of items listed elsewhere.

ASSESSMENT TABLE

		Included in this category are analgesics, diet preparations, relaxants, and cold and sleep preparations (such as Nyquil, Sominex, Aspirin, etc.).
21	OXYCONTIN	Time-released synthetic opioid.
22	PCP	Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).
23	SOMA	SOMA or Carisoprodol, a muscle relaxer that may be habit-forming.
24	TRANQUILIZERS (not benzodiazepines)	Depressants that are not otherwise listed as barbiturates, benzodiazepines, or sedative-hypnotics. This category includes anti-anxiety drugs and muscle relaxants such as chlordiazepoxides, reserphine, lithium compounds, and penothiazines. <u>TRADE NAMES:</u> Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, and Valmid
25	Tobacco	Any tobacco product, to include cigarettes, cigars, dip, snuff, chewing tobacco, etc. <u>Note:</u> This choice should only be used as a secondary or tertiary drug usage option.
98	UNKNOWN	
FIELD NUMBER:	A-53	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

ASSESSMENT TABLE

This data element specifies a client's tertiary substance of abuse. Tertiary drug of abuse is reported at admission, last assessment/evaluation, and at discharge.

If the client does not have a tertiary substance of abuse, use code 14.

Note: The data elements DRUG_2 and DRUG_3 have an additional option: tobacco. This option should only be used as a secondary or tertiary substance of abuse, never as the primary substance of abuse (A-49) for person's receiving substance abuse treatment.

The date of the most recent evaluation/re-evaluation of the tertiary drug of abuse is reported using the **DRUG_3_UPDATE** data element (A-54).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3_UPDATE
DEFINITION:	Indicates the date the client's tertiary substance of abuse or addiction type was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-54
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's tertiary substance of abuse or addiction type, regardless if there is a change.

If the client does not have a tertiary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_AGE	
DEFINITION:	Specifies the age at which the client first used the substance identified as the primary drug of abuse (DRUG_1)	
VALID ENTRIES:	01 – 95 98	VALID AGE OF FIRST USE UNKNOWN
FIELD NUMBER:	A-55	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Enter the age at which the client first used the primary substance of abuse (A-49).

If the client does not have a primary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_AGE	
DEFINITION:	Specifies the age at which the client first used the secondary substance of abuse (DRUG_2)	
VALID ENTRIES:	01 – 95 98	VALID AGE OF FIRST USE UNKNOWN
FIELD NUMBER:	A-56	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Enter the age at which the client first used the secondary substance of abuse (A-51).

If the client does not have a secondary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3_AGE	
DEFINITION:	Specifies the age at which the client first used the tertiary substance of abuse (DRUG_3)	
VALID ENTRIES:	01 – 95 98	VALID AGE OF FIRST USE UNKNOWN
FIELD NUMBER:	A-57	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, TEDS, OBH	

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Enter the age at which the client first used the tertiary substance of abuse (A-53).

If the client does not have a tertiary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_1_FREQ**

DEFINITION: Characterizes the pattern of client's use for the primary drug of abuse.

VALID ENTRIES:	1 1-3 TIMES IN THE PAST MONTH	Regardless of the amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30days preceding admission.
	2 1-2 TIMES PER WEEK	The client or credible collateral reports at least one episode of use per week.
	3 3-6 TIMES PER WEEK	The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extended over more than one day.
	4 DAILY	The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the 30days preceding admission.
	5 FREQUENCY UNKNOWN	Used when client doesn't know how frequent he/she uses a particular drug.
	6 NO USE DURING TREATMENT	The client or credible collateral reports the client had no use during treatment at the current level of care.
	7 NO USE IN THE PAST MONTH	The client or credible collateral reports the client has not used this drug during the 30days preceding admission.
	8 NOT APPLICABLE	Code 8- NOT APPLICABLE should only be used when the client does not have a SUD.

FIELD NUMBER: A-58

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the value which characterizes the client's use pattern for the primary drug of use.

If the primary addiction type is Gambling, use these same values to record frequency of gambling episodes.

The date of the most recent evaluation/re-evaluation of the pattern of client's use of the primary drug of abuse is reported using the **DRUG_1_FREQ_UPDATE** data element (A-59).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_FREQ_UPDATE
DEFINITION:	Indicates the date the client's use pattern for the primary drug of use was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-59
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's use pattern for the primary drug of use or addiction type, even if the value for client's use pattern does not change from one assessment to the next.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_2_FREQ**

DEFINITION: Characterizes the client's use pattern for the secondary drug of use.

VALID ENTRIES:	1 1-3 TIMES IN THE PAST MONTH	Regardless of the amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30days preceding admission.
	2 1-2 TIMES PER WEEK	The client or credible collateral reports at least one episode of use per week.
	3 3-6 TIMES PER WEEK	The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extended over more than one day.
	4 DAILY	The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the 30days preceding admission.
	5 FREQUENCY UNKNOWN	Used when client doesn't know how frequent he/she uses a particular drug.
	6 NO USE DURING TREATMENT	The client or credible collateral reports the client had no use during treatment at the current level of care.
	7 NO USE IN THE PAST MONTH	The client or credible collateral reports the client has not used this drug during the 30days preceding admission.
	8 NOT APPLICABLE	Code 8- NOT APPLICABLE should only be used when the client does not have a SUD OR when there is no secondary or tertiary drug of abuse.

FIELD NUMBER: A-60

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the value which characterizes the client's use pattern for the secondary drug of use.

If the secondary addiction type is Gambling, use these same values to record frequency of gambling episodes.

If the client does not have a secondary drug of use or addiction type, use 8- NOT APPLICABLE or leave blank.

The date of the most recent evaluation/re-evaluation of the pattern of client's use of the secondary drug of abuse is reported using the **DRUG_2_FREQ_UPDATE** data element (A-61).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_FREQ_UPDATE
DEFINITION:	Indicates the date the client's use pattern for the secondary drug of use was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-61
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's use pattern for the secondary drug of use or addiction type, even if the value for client's use pattern does not change from one assessment to the next.

If the client does not have a secondary drug of use or addiction type, leave blank.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_3_FREQ**

DEFINITION: Characterizes the client's use pattern for the tertiary drug of use.

VALID ENTRIES:	1 1-3 TIMES IN THE PAST MONTH	Regardless of the amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30days preceding admission.
	2 1-2 TIMES PER WEEK	The client or credible collateral reports at least one episode of use per week.
	3 3-6 TIMES PER WEEK	The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extended over more than one day.
	4 DAILY	The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the 30days preceding admission.
	5 FREQUENCY UNKNOWN	Used when client doesn't know how frequent he/she uses a particular drug.
	6 NO USE DURING TREATMENT	The client or credible collateral reports the client had no use during treatment at the current level of care.
	7 NO USE IN THE PAST MONTH	The client or credible collateral reports the client has not used this drug during the 30days preceding admission.
	8 NOT APPLICABLE	Code 8- NOT APPLICABLE should only be used when the client does not have a SUD OR when there is no secondary or tertiary drug of abuse.

FIELD NUMBER: A-62

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the value which characterizes the client's use pattern for the tertiary drug of use.

If the tertiary addiction type is Gambling, use these same values to record frequency of gambling episodes.

If the client does not have a tertiary drug of use or addiction type, use 8- NOT APPLICABLE or leave blank.

The date of the most recent evaluation/re-evaluation of the pattern of client's use of the tertiary drug of abuse is reported using the **DRUG_3_FREQ_UPDATE** data element (A-63).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3_FREQ_UPDATE
DEFINITION:	Indicates the date the client's use pattern for the tertiary drug of use was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-63
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's use pattern for the tertiary drug of use or addiction type, even if the value for client's use pattern does not change from one assessment to the next.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_1_RTE**

DEFINITION: Specifies the client's route of administration of the primary substance of abuse.

VALID ENTRIES:

- 01 INHALATION**
- 02 INJECTION (IV OR INTRAMUSCULAR)**
- 03 NONE REPORTED** This code is to be used by prevention programs and collateral services.
- 04 NOT APPLICABLE-** Code 4 (NOT APPLICABLE) should only be used when the client does not have a SUD **OR** for clients receiving substance abuse treatment when the primary type is Gambling.
- 05 ORAL**
- 06 OTHER**
- 07 SMOKING**
- 98 UNKNOWN**

FIELD NUMBER: A-64

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

If the primary addiction type is Gambling, choose 04- Not Applicable.

If client does not indicate a primary substance of use, leave blank.

The date of the most recent evaluation/re-evaluation of the client's route of administration of the primary substance of abuse is reported using the **DRUG_1_RTE_UPDATE** data element (A-65).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_RTE_UPDATE
DEFINITION:	Indicates the date the client's route of administration of the primary substance of abuse was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-65
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

Indicate the date of the most recent assessment/evaluation of the client's route of administration of the primary substance of abuse, even if the value for client's route of administration for the primary substance of abuse does not change from one assessment to the next.

If client does not indicate a primary substance of use, leave blank.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_2_RTE**

DEFINITION: Specifies the client's route of administration of the secondary substance of abuse.

VALID ENTRIES:

- 01 INHALATION**
- 02 INJECTION (IV OR INTRAMUSCULAR)**
- 03 NONE REPORTED** This code is to be used by prevention programs and collateral services.
- 04 NOT APPLICABLE-** Code 4 (NOT APPLICABLE) should only be used when the client does not have a SUD **OR** for clients receiving substance abuse treatment when the primary type is Gambling **OR** when there is no secondary drug of abuse.
- 05 ORAL**
- 06 OTHER**
- 07 SMOKING**
- 98 UNKNOWN**

FIELD NUMBER: A-66

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

If the secondary addiction type is Gambling, use code 04- NOT APPLICABLE.

If there is no secondary substance of abuse, leave blank.

The date of the most recent evaluation/re-evaluation of the client's route of administration of the secondary substance of abuse is reported using the **DRUG_2_RTE_UPDATE** data element (A-67).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_RTE_UPDATE
DEFINITION:	Indicates the date the client's route of administration of the secondary substance of abuse was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-67
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

Indicate the date of the most recent assessment/evaluation of the client's route of administration of the secondary substance of abuse, even if the value for client's route of administration for the secondary substance of does not change from one assessment to the next.

If there is no secondary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_3_RTE**

DEFINITION: Specifies the client's route of administration of the tertiary substance of abuse.

VALID ENTRIES:

- 01 INHALATION**
- 02 INJECTION (IV OR INTRAMUSCULAR)**
- 03 NONE REPORTED** This code is to be used by prevention programs and collateral services.
- 04 NOT APPLICABLE-** Code 4 (NOT APPLICABLE) should only be used when the client does not have a SUD **OR** for clients receiving substance abuse treatment when the primary type is Gambling **OR** when there is no tertiary drug of abuse.
- 05 ORAL**
- 06 OTHER**
- 07 SMOKING**
- 98 UNKNOWN**

FIELD NUMBER: A-68

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

If the secondary addiction type is Gambling, use code 04- NOT APPLICABLE.

If there is no tertiary substance of abuse, leave blank.

The date of the most recent evaluation/re-evaluation of the client's route of administration of the tertiary substance of abuse is reported using the **DRUG_3_RTE_UPDATE** data element (A-69).

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3_RTE_UPDATE
DEFINITION:	Indicates the date the client's route of administration of the tertiary substance of abuse was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-69
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

Indicate the date of the most recent assessment/evaluation of the client's route of administration of the tertiary substance of abuse, even if the value for client's route of administration for the tertiary substance of use does not change from one assessment to the next.

If there is no tertiary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DX_PRIMARY
DEFINITION:	Specifies the client's mental health or addictive disorder condition that was the primary cause for evaluation and admission to clinical care.
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-74
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

The secondary diagnosis is reported using field A-75. If the client has more than three diagnoses, use fields A-97 to A-102 to report additional diagnoses as needed.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

ASSESSMENT TABLE

VARIABLE NAME:	DX_SEC
DEFINITION:	Specifies the client's mental health or addictive disorder condition that is considered the secondary reason for treatment.
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-75
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

The primary diagnosis should be reported using field A-74. Secondary diagnosis should be reported using field A-75. If the client has more than three diagnoses, report using fields A-97 to A-102 as needed.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

ASSESSMENT TABLE

VARIABLE NAME:	ENCOUNTERS
DEFINITION:	Indicates the number times a police officer has spoken with the client about his/her behavior in the past 30 days
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-78
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

This variable indicates the number of encounters with police in the past 30 days. Do not include the number of arrests.

Encounters status is to be reported at admission, assessment/re-assessment, and at discharge.

The date of the most recent assessment/evaluation of encounters status is reported using the **ENCOUNTERS_UPDATE** data element (A-79).

ASSESSMENT TABLE

VARIABLE NAME:	ENCOUNTERS_UPDATE
DEFINITION:	Indicates the date the client's encounters status (A-78) was evaluated/re-evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-79
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

This variable indicates the date of the most recent assessment/evaluation of the number of encounters with police in the past 30 days, regardless if there is a change in the number of encounters from the previous assessment.

ASSESSMENT TABLE

VARIABLE NAME:	EPISODE_UID (Key)
DEFINITION:	A unique treatment episode identifier that is assigned by the LGE or electronic health vendor record system.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	A-80
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

All electronic health record systems used by LGEs (ex. Local Governing Entities and their contracted agencies) must have the functionality to record an episode of care as defined by OBH. This variable is a key field used in all reporting.

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the LGE and/or EHR Vendor record system. This episode UID links each assessment and service provided to the individual client during a specific episode of care by a specific clinic/facility and service program across the LGE/EHR vendor.

An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge). For persons who are seen but not admitted, the begin date is the date of first service and the end date of the episode will be the date of last contact.

One client record may have multiple and/or overlapping episodes of care (each identified by a unique identifier) as the client moves in, out, and through the course of treatment over a period of time.

This data element is used for calculating entries for URS, NOMS, BLOCK GRANT, TEDS, and OBH reporting. Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ABSENCE
DEFINITION:	Indicates the number days the client was absent from school for any reason in the past 30 days
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-83
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

The number of days absent from school is to be reported at admission, last assessment, and at discharge.

The date of the most recent assessment/evaluation of the client's school attendance status is reported using the **SCHOOL_ABSENCE_UPDATE** data element (A-84).

For ADULTS, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ABSENCE_UPDATE
DEFINITION:	Indicates the date the client's attendance status (A-83) was last evaluated/re-evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-84
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

This variable indicates the date of the most recent assessment/evaluation of the client's attendance status in the past 30 days, regardless if number of days absent is the same number of days reported at the time of the previous assessment.

For ADULTS, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ENROLLMENT	
DEFINITION:	Indicates if the client attended school at any time in the past three months	
VALID ENTRIES:	1	YES
	2	NO
FIELD NUMBER:	A-85	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE:	BLOCK GRANT, OBH	

GUIDELINES:

‘At any time in the past three months’ means the client had at least one day of school attendance within the past three months.

School enrollment is to be reported at admission, last assessment, and at discharge.

The date of the most recent assessment/evaluation of the client’s school enrollment status is reported using the **SCHOOL_ENROLL_UPDATE** data element (A-86).

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ENROLL_UPDATE
DEFINITION:	Indicates the date the client's school enrollment status (A-85) was last evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-86
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

This variable indicates the date of the most recent assessment/evaluation of the client's school enrollment status (A-85) in the past three months, regardless if status for school enrollment is the same as the status reported at the time of the previous assessment.

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_SUSPENSION
DEFINITION:	Indicates the number days the client was suspended or expelled from school in the past 30 days
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-87
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

The number of days suspended or expelled from school is to be reported at admission, last assessment, and at discharge.

The date of the most recent assessment/evaluation of the client's suspension/expulsion status is reported using the **SCHOOL_SUSP_UPDATE** data element (A-88).

For ADULTS, leave blank

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_SUSP_UPDATE
DEFINITION:	Indicates the date the client's school suspension/expulsion status (A-83) was last evaluated/re-evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-88
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

This variable indicates the date of the most recent assessment/evaluation of the client's suspension/expulsion status in the past 30 days, regardless if the number of days is the same number of days reported at the time of the previous assessment.

For ADULTS, leave blank

ASSESSMENT TABLE

VARIABLE NAME:	SP_DATE (MH AND CO OCCURING DISORDER ONLY)
DEFINITION:	Indicates the date the Special Population indicated was determined.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-92
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

This variable indicates the date of the most recent assessment/evaluation of Special Population criteria for the client. Special Population SMI/EBD status is recorded using A-95.

ASSESSMENT TABLE

VARIABLE NAME: **SP_SMI (MH AND CO OCCURRING DISORDER ONLY)**

DEFINITION: Special Population SMI/EBD

VALID ENTRIES:	0 Non-SMI/EBD	
	1 SMI (Adults)	See guidelines below
	2 EBD (Children or Youth)	See guidelines below

FIELD NUMBER: A-95

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT:

PURPOSE: Block Grant, TEDS, OBH

GUIDELINES:

Missing or invalid data will result in the omission of the client record for TEDS and when reporting the Mental Health Block Grant reporting.

CODE: 1 - Special Population SMI (ADULT) - an individual age 18 or older who has a severe persistent mental disorder and meets all of the criteria below:

1. **Age**: 18 years or older
2. **Diagnosis**: the major psychiatric diagnoses most likely to result in chronic or long-term problems are schizophrenia, recurrent depression, and manic-depressive psychoses, although there are other mental illnesses that may be equally persistent and disabling. In elderly persons, this may include a number of mental disorders associated with the aging process.
3. **Disability**: Impaired role functioning as indicated by at least two of the following functional areas:
 - a. Unemployed or has markedly limited skills and a poor work history, or if retired is unable to engage in normal activities to manage income.
 - b. Employed in a sheltered setting.
 - c. Requires public financial assistance for out-of-hospital maintenance (SSI, General Assistance, etc.) and/or is unable to procure such without help (does not apply to routine retirement benefits).

- d. Unable to procure appropriate public support services without assistance.
 - e. Severely lacks social support systems in the natural environment, e.g., no close friends or group affiliations, lives alone, highly transient.
 - f. Requires assistance in basic life skills (must be reminded to take medicine, must have transportation to CMHC arranged, needs assistance in household management tasks, etc.).
 - g. Exhibits social behavior which results in demand for intervention by the mental health and/or judicial/legal system.
4. **Duration:** Must meet at least one of the following indicators of duration:
- a. Psychiatric hospitalization of at least six months in the last five years.
 - b. Two or more hospitalizations for mental disorders in the last 12 month period.
 - c. A single episode of continuous structural supportive residential care other than hospitalization for duration of at least six months.
 - d. A previous psychiatric evaluation indicating a history of severe psychiatric disability of at least six months duration.

CODE 2 - Special Population EBD (CHILDREN OR YOUTH) — This category may include children or youth (age 0 through 17) who:

1. Exhibit seriously impaired contact with reality, and severely impaired social, academic, and self-care functioning, whose thinking is frequently confused, and whose behavior may be grossly inappropriate and bizarre, and whose emotional reactions are frequently inappropriate to the situation
- OR
2. Manifest long-term patterns of inappropriate behaviors, which may include but are not limited to: aggressiveness, antisocial acts, refusal to accept adult requests or rules, suicidal behavior, developmentally inappropriate inattention, hyperactivity, impulsiveness
- OR
3. Experience serious discomfort from anxiety, depression, or irrational fears and concerns whose symptoms may include but are not limited to: serious eating and/or sleeping disturbances, extreme sadness, suicidal ideation, persistent refusal to attend school or excessive avoidance of unfamiliar people, maladaptive dependence on parents, or non-organic failure to thrive

OR

4. Have a DSM-5 diagnosis indicating a severe mental disorder, which requires 24-hour care and supervision, such as, but not limited to: Psychosis, Schizophrenia, Major Affective Disorders, Reactive Attachment Disorder of Infancy or Early Childhood (non-organic failure to thrive), or Severe Conduct Disorder.

This classification does not include children/youth that are socially maladjusted, unless it is determined that they also meet the criteria for Emotional/Behavioral Disorders.

For CODE-2, the client must meet All criteria below:

A. Functional Disability:

There is evidence of severe, disruptive and/or incapacitating functional limitations of behavior characterized by at least two of the following:

1. Inability to routinely exhibit appropriate behavior under normal circumstances.
2. Tendency to develop physical symptoms or fears associated with personal or school problems.
3. Inability to learn or work that cannot be explained by intellectual, sensory, or health factors.
4. Inability to build or maintain satisfactory interpersonal relationships with peers and adults.
5. A general pervasive mood of unhappiness or depression.
6. Conduct characterized by lack of behavioral control or adherence to social norms which is secondary to an emotional disorder.

B. Duration:

1. The impairment or pattern of inappropriate behavior(s) has persisted for at least one year.

OR

2. There is substantial risk that the impairment or pattern of inappropriate behavior(s) will persist for an extended period.

OR

3. There is a pattern of inappropriate behaviors that are severe and of short duration.

C. Educational Performance:

There is evidence that all of the following exist:

1. Educational performance must be significantly and adversely affected as a result of behaviors which meet the definition of Emotional/Behavioral Disorder.
2. Behavior patterns, consistent with the definition, exist after educational assistance, and/or counseling.
3. Behavior patterns, consistent with the definition, persist after individualized, systematic intervention.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

ASSESSMENT TABLE

VARIABLE NAME: **REGION**

DEFINITION: Identifies the Local Governing Entity (LGE) providing services to the client. Note important guidelines below.

VALID ENTRIES:

- 2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD)**
- 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA)**
- 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)**
- 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA)**
- 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)**
- 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)**
- 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA)**
- 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA)**
- 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA)**
- 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)**

FIELD NUMBER: A-96

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT:

PURPOSE: TEDS, NOMS, Block Grant, OBH

GUIDELINES:

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE to provide services, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services areas/districts/authorities operate in regions throughout Louisiana.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

ASSESSMENT TABLE

VARIABLE NAME:	DX_3
DEFINITION:	To record DSM diagnosis in addition to the primary and secondary diagnoses
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-97
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

Use this variable to record additional diagnoses. The primary diagnosis is recorded in field A-74 and the secondary diagnosis is recorded in field A-75.

If the client does not have an additional diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

Diagnostic Codes: LGEs should use DSM-5 codes to report mental health and substance abuse diagnoses.

ASSESSMENT TABLE

VARIABLE NAME:	DX_4
DEFINITION:	To record DSM diagnosis in addition to the primary and secondary diagnosis
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-98
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

Use this variable to record additional diagnoses. The primary diagnosis is recorded in field A-74 and the secondary diagnosis is recorded in field A-75.

If the client does not have an additional diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

Diagnostic Codes: LGEs should use DSM-5 codes to report mental health and substance abuse diagnoses.

ASSESSMENT TABLE

VARIABLE NAME:	DX_5
DEFINITION:	To record DSM diagnosis in addition to the primary and secondary diagnosis
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-99
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

Use this variable to record additional diagnoses. The primary diagnosis is recorded in field A-74 and the secondary diagnosis is recorded in field A-75.

If the client does not have an additional diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

Diagnostic Codes: LGEs should use DSM-5 codes to report mental health and substance abuse diagnoses.

ASSESSMENT TABLE

VARIABLE NAME:	DX_6
DEFINITION:	To record DSM diagnosis in addition to the primary and secondary diagnosis
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-100
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

Use this variable to record additional diagnoses. The primary diagnosis is recorded in field A-74 and the secondary diagnosis is recorded in field A-75.

If the client does not have an additional diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

Diagnostic Codes: LGEs should use DSM-5 codes to report mental health and substance abuse diagnoses.

ASSESSMENT TABLE

VARIABLE NAME:	DX_7
DEFINITION:	To record DSM diagnosis in addition to the primary and secondary diagnosis
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-101
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

Use this variable to record additional diagnoses. The primary diagnosis is recorded in field A-74 and the secondary diagnosis is recorded in field A-75.

If the client does not have an additional diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

Diagnostic Codes: LGEs should use DSM-5 codes to report mental health and substance abuse diagnoses.

ASSESSMENT TABLE

VARIABLE NAME:	DX_8
DEFINITION:	To record DSM diagnosis in addition to the primary and secondary diagnosis
VALID ENTRIES:	DSM-5 CODE
FIELD NUMBER:	A-102
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

Use this variable to record additional diagnoses. The primary diagnosis is recorded in field A-74 and the secondary diagnosis is recorded in field A-75.

If the client does not have an additional diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-5 codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

Diagnostic Codes: LGEs should use DSM-5 codes to report mental health and substance abuse diagnoses.

[END ASSESSMENT DATA SET]

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SERVICE TABLE DATA SET

SERVICE TABLE**SERVICE DATA SET****Scope**

The service table contains service session information such as the appointment status, the service provided, who provided the service and when the service began and ended.

The service table can contain multiple services provided by multiple service providers per client record. Each individual service session is identified by the unique service session identifier (session UID) assigned by the LGE and/or EHR Vendor record

This section of the data dictionary defines the standards for the components of the service table data set. Only submit data for service tickets that meet the standards for final approval.

Each table contains key fields used to link database tables. The following key fields are used for this purpose:

CLUID

EPISODE_UID

Tables also contain fields used to uniquely identify a client episode as defined by the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA.

SERVICE TABLE

VARIABLE NAME:	APPT_STAT	
DEFINITION:	Identifies whether the appointment was scheduled or unscheduled (walk-in) and gives the reason a scheduled appointment was not kept.	
VALID ENTRIES:	1	SCHEDULED APPOINTMENT The service/appointment was scheduled, <i>i.e.</i> , the activity, patient, and staff involved were known prior to service provision.
	2	UNSCHEDULED APPOINTMENT The service/appointment was unscheduled, <i>i.e.</i> , a walk-in.
	3	NO SHOW Client failed to appear without prior notice to cancel appointment.
	4	CANCELLED BY CLIENT Client informs facility of cancellation prior to the scheduled appointment time.
	5	CANCELLED BY PROVIDER Provider cancels because of inability to keep scheduled appointment.
FIELD NUMBER:	S-01	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE::	BLOCK GRANT, TEDS, OBH	

GUIDELINES:

This field is used in calculations for Block Grant, TEDS, and OBH reporting. The following standards must be adhered to when coding appointment status:

Scheduled Appointment- client arrives before or within fifteen minutes of the scheduled appointment time and keeps the appointment with the clinician.

Unscheduled Appointment- The service/appointment was unscheduled, *i.e.*, a walk-in.

No show- client does not arrive within fifteen minutes after the scheduled appointment time or did not call at least 24 hours in advance of the appointment time to reschedule.

Cancelled by recipient- client calls at least 24 hours in advance of the scheduled appointment time and cancels the appointment.

SERVICE TABLE

Cancelled by staff- staff cancels a scheduled appointment with a client and reschedules the appointment.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

SERVICE TABLE

VARIABLE NAME:	BEGINTIME
DEFINITION:	The time when the service begins.
VALID ENTRIES:	2-DIGIT HOURS:2-DIGIT MINUTES USING MILITARY TIME (14:00 = 1:00)
FIELD NUMBER:	S-03
FIELD LENGTH:	5
FIELD TYPE:	Time
FORMAT:	HH:MM
PURPOSE::	Block Grant, OBH

GUIDELINES:

Report the actual begin time of the service. This data element is used to calculate various values for various utilization management reports.

IMPORTANT: All provider agencies/EHR vendors are to build capacity to report this data element in future reporting.

SERVICE TABLE

VARIABLE NAME:	CLN_TYPE	
DEFINITION:	Describes the client(s) or individual(s) participating in the session.	
VALID ENTRIES:	1 PRIMARY CLIENT 2 PARENT(S) COLLATERAL 3 SPOUSE COLLATERAL 4 CHILD/SIBLING COLLATERAL 5 OTHER RELATIVE COLLATERAL 6 NON-RELATIVE COLLATERAL 7 PRIMARY CLIENT & SIGNIFICANT OTHER(S) 8 REPRESENTATIVE OF OTHER ORGANIZATION 99 OTHER	Individual(s) identified as client(s). Includes individual or group contacts in which each participant is a client. Individuals seen in relation to their child. This code will be used if one or both parents are present. Individual seen in relation to his/her spouse, or person who relates to an identified client in the spouse role whether or not they are married. An individual seen in relation to his/her parent(s) or a sibling's problem or case. Individuals who are related to the primary client other than as parent, spouse, child, or sibling. Individual(s) who have significant relationship(s) with the primary client, <i>i.e.</i> , friends. This code is to be used when the primary client is seen with a significant other. This code is to be used when the primary client is seen with a representative(s) of another organization such as a parole officer, teacher, or another provider. Not falling into any other category.
FIELD NUMBER:	S-04	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:		
PURPOSE::	Block Grant, TEDS, OBH	

GUIDELINES: The collateral codes are to be used only for individuals seen regarding the primary client.

SERVICE TABLE

VARIABLE NAME:	CLUID
DEFINITION:	The unique client identifier of the client receiving the service
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	S-05
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

The CLUID is a unique client identifier that is assigned by the LGE/EHR vendor record system.

Providers/agencies may use an existing unique client ID.

This ID cannot be reassigned to a different person at any time.

Consistent use of the CLUID across all data sets and across time should be observed whenever information about the person is submitted.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

SERVICE TABLE

VARIABLE NAME:	ENDTIME
DEFINITION:	The time when the service ends.
VALID ENTRIES:	2-DIGIT HOURS:2-DIGIT MINUTES USING MILITARY TIME (14:00 = 1:00)
FIELD NUMBER:	S-08
FIELD LENGTH:	5
FIELD TYPE:	Time
FORMAT:	HH:MM
PURPOSE::	Block Grant, OBH

GUIDELINES:

Report the actual time that the service ends. This data element is used to calculate various values for utilization management reports.

IMPORTANT: All provider agencies/EHR vendors are to build capacity to report this data element in future reporting.

VARIABLE NAME:	EPISODE_UID (Key)
DEFINITION:	A unique treatment episode identifier that is assigned by the LGE or electronic health vendor record system.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	S-10
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

All electronic health record systems used by LGEs (ex. Local Governing Entities and their contracted agencies) must have the functionality to record an episode of care as defined by OBH. This variable is a key field used in all reporting.

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the LGE and/or EHR Vendor record system. This episode UID links each assessment and service provided to the individual client during a specific episode of care by a specific clinic/facility and service program across the LGE/EHR vendor.

An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge). For persons who are seen but not admitted, the begin date is the date of first service and the end date of the episode will be the date of last contact.

One client record may have multiple and/or overlapping episodes of care (each identified by a unique identifier) as the client moves in, out, and through the course of treatment over a period of time.

Missing or invalid data will result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

SERVICE TABLE

VARIABLE NAME:	PV_CO_SERV
DEFINITION:	Specifies the unique provider identifier of the co-therapist/co-counselor providing the service.
VALID ENTRIES:	UP TO 10-DIGIT CODE
FIELD NUMBER:	S-12
FIELD LENGTH:	10
FIELD TYPE:	Character
FORMAT:	
PURPOSE::	Block Grant, OBH

GUIDELINES:

This code is a unique provider identifier that is assigned by the LGE/EHR vendor record system. The code may be alphanumeric. NPI number for the individual may be used.

The unique provider ID cannot be reassigned to a different therapist/counselor/clinician at any time.

When there is no co-therapist/co-counselor, leave blank.

SERVICE TABLE

VARIABLE NAME:	PV_SERV
DEFINITION:	Specifies the unique provider identifier of the therapist/counselor providing the service.
VALID ENTRIES:	UP TO 10-DIGIT CODE
FIELD NUMBER:	S-13
FIELD LENGTH:	10
FIELD TYPE:	Character
FORMAT:	
PURPOSE::	Block Grant, OBH

GUIDELINES:

This code is a unique provider identifier that is assigned by the LGE/EHR vendor record system. The code may be alphanumeric. NPI number for the individual may be used.

The unique provider ID cannot be reassigned to a different therapist/counselor/clinician at any time.

SERVICE TABLE

VARIABLE NAME:	SERV_DATE
DEFINITION:	Specifies the date the service was provided.
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY THE 2-DIGIT DAY FOLLOWED BY THE 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	S-14
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE::	Block Grant, TEDS, OBH

GUIDELINES:

This variable is used in calculations needed for Block Grant, TEDS, and OBH reporting. Missing or invalid data will result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS), Block Grant that are part of Block Grant reporting.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

SERVICE TABLE

VARIABLE NAME:	SERVICE
DEFINITION:	A unique 5-digit code that specifies the service provided to the client.
VALID ENTRIES:	Current Procedural Terminology (CPT) Codes
FIELD NUMBER:	S-18
FIELD LENGTH:	5
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	Block Grant, TEDS, OBH

GUIDELINES:

Current Procedural Terminology (CPT) code should be used. Valid entries will have 5 characters.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

SERVICE TABLE

VARIABLE NAME:	TICKETNO
DEFINITION:	A unique identifier for the individual service provided during the session.
VALID ENTRIES:	UP TO 18 DIGITS
FIELD NUMBER:	S-20
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE::	Block Grant, OBH

GUIDELINES:

This field is used for validation purposes.

SERVICE TABLE

VARIABLE NAME:	SERVICE_AGENCY_UID
DEFINITION:	A unique agency identifier for the provider agency/clinic where the client is receiving services.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	S-23
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE::	Block Grant, TEDS, OBH

GUIDELINES:

All facilities/agencies/clinics are assigned a unique agency UID by the electronic health information system used by the agency. This Service Agency UID (also called the episode agency UID) is used to uniquely identify the provider agency/clinic/facility where the client receives services.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

SERVICE TABLE

VARIABLE NAME:	REGION
DEFINITION:	Identifies the Local Governing Entity (LGE) providing services to the client. Note important guidelines below.
VALID ENTRIES:	2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD) 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA) 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD) 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA) 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD) 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD) 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA) 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA) 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA) 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)
FIELD NUMBER:	S-24
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	
PURPOSE:	TEDS, NOMS, Block Grant, OBH
GUIDELINES:	

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE to provide services, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services areas/districts/authorities operate in regions throughout Louisiana.

Failure to input this variable will result in client information being excluded from state and federal level reporting. When these variables are missing, reporting will appear reduced.

[END SERVICE DATA SET]

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APPENDIX B:

OBH DATA CROSSWALK TEMPLATE

OBH DATA CROSSWALK TEMPLATE

Step 1: LGE and/or EHR VENDOR DATA CROSSWALK

The LGE and/or EHR Vendor Data Crosswalk have/has three parts and all three must be completed.

Part 1 shows the mapping of the LGE and/or EHR Vendor data elements, codes, and categories corresponding with those prescribed in this Instruction Manual. This will serve as a reference to ensure consistent statewide reporting across all LGEs and/or EHR vendors. It will also provide insight on the congruence between the LGE and/or EHR vendor data collection protocols and the OBH client-level data reporting requirements.

Part 2 collects LGE and/or EHR vendor data notes, definitions, data collection protocol, and other contextual information essential to better understanding the reporting capacity of the LGE and/or EHR vendor. The information will be used to build technical assistance needs of the LGE and/or EHR vendor to meet OBH client-level data reporting requirements. This will also capture specific LGE and/or EHR Vendor data footnotes that would accompany any future LGE and/or EHR Vendor specific presentation or reporting.

Part 3 shows the mapping of the LGE and/or EHR Vendor unique clinic/facility identifiers (codes) with the corresponding LGE and/or EHR Vendor clinic/facility names as they are used in the LGE and/or EHR Vendor system.

Part 3 also includes a mapping of the LGE and/or EHR vendor unique service identifiers (codes) with the corresponding LGE and/or EHR vendor service descriptions as it is in the LGEs and/or EHR vendor system.

OBH will use these mappings to standardize these identifiers for use in the OBH data warehouse and its associated business intelligence tools (i.e. DataMaker2, DataQuest2, etc.).

**LGE AND/OR EHR VENDOR
DATA CROSSWALK TEMPLATE SAMPLE**

OBH FIELD NUMBER	CODE	DATA ITEM DESCRIPTION/VALUE LABEL
H-01	ORGANIZATION_REPORTING_CODE	
		CHARACTER CODE
H-02	FILE_TYPE	
	P	PRODUCTION-USED FOR PRODUCTION SUBMISSION
	T	TEST-USED FOR TEST SUBMISSION

PROV ORG FIELD NUMBER	CODE	DATA ITEM DESCRIPTION/VALUE LABEL	COMMENT

[illegible]

OBH DATA CROSSWALK TEMPLATE

		DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT				
C-05	ETHNICITY					
	1	CENTRAL OR SOUTH AMERICAN				
	2	CUBAN				
	3	HISPANIC OR LATINO				
	4	HISPANIC OR LATINO, UNKNOWN ORIGIN				
	5	MEXICAN / MEXICAN AMERICAN				
	6	NON-HISPANIC OR NON-LATINO				
	7	PUERTO RICAN				
	98	UNKNOWN				
C-07	GENDER					
	1	MALE				
	2	FEMALE				
	3	PERSON (TRANSGENDER)				

Please note: this sample crosswalk is for illustrative purposes only. It does not contain the complete crosswalk. The actual OBH Org/LGE Crosswalk Template will be provided to you for completion. If you do not have the actual OBH Org/LGE Crosswalk Template, please contact Shamim Akhter at shamim.akhter@la.gov or (225)342-2525.

APPENDIX C:

LOCAL GOVERNING ENTITIES

LOCAL GOVERNING ENTITIES

LOCAL GOVERNING ENTITIES (LGEs)

A Local Governing Entity (LGE) is a human services district/authority which uses existing state funding for mental health, substance use disorders, developmental disabilities and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services districts/authorities operate in regions throughout Louisiana. These LGE's are as follows:

LGE NAME	PARISHES INCLUDED
METROPOLITAN HUMAN SERVICES DISTRICT	Orleans, St. Bernard and Plaquemines parishes (formerly Region I)
CAPITAL AREA HUMAN SERVICES DISTRICT	East Baton Rouge, West Baton Rouge, Ascension, Iberville, Point Coupee, East Feliciana and West Feliciana parishes (formerly Region II)
SOUTH CENTRAL LOUISIANA MENTAL HEALTH AUTHORITY	Assumption, Lafourche, St. Charles, St. James, St. John/Baptist, St. Mary, Terrebonne (formerly Region III)
ACADIANA AREA HUMAN SERVICES DISTRICT	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion, (formerly Region IV)
IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis (formerly Region V)
CENTRAL LOUISIANA HUMAN SERVICES DISTRICT	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn (formerly Region VI)
NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster (formerly Region VII)
NORTHEAST DELTA HUMAN SERVICES AUTHORITY	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll (formerly Region VIII)
FLORIDA PARISHES HUMAN SERVICES AREA	St. Tammany, St. Helena, Livingston, Tangipahoa and Washington parishes (formerly Region IX)
JEFFERSON PARISH HUMAN SERVICES AREA	Jefferson Parish (formerly Region X)

APPENDIX D:

UPDATES, CHANGES, AND MODIFICATIONS TABLE

UPDATES, CHANGES, AND MODIFICATIONS TABLE

2017 OBH Client Level Data Manual Changes			
Field Number	Variable Name	Change	Description of Changes
H-01	ORGANIZATION_REPORTING_CODE	UPDATED DESCRIPTION, CLARIFIED DEFINITION	Clarified variable definition
C-03	IRS_DEP_NUM	VARIABLE RENAMED FROM DEP_NUM	Clarified description to distinguish from NUM_DEP_CHILD (E-54) and renamed to specify IRS definition of dependents
C-21	INC_OTHER	CLARIFIED DEFINITION	Clarified definition to include all clients
C-22	INC_PUBA	CLARIFIED DEFINITION	Clarified definition to include all clients
C-23	INC_SSRR	CLARIFIED DEFINITION	Clarified definition to include all clients
C-25	INC_WAGE	CLARIFIED DEFINITION	Clarified definition to include all clients
C-39	PAY_SOURCE_1	INCLUDED ADDITIONAL VARIABLE CODES, CLARIFIED DEFINITION	Additional codes to reflect Medicaid groups. Clarified definitions of pay sources.
C-40	PAY_SOURCE_2	INCLUDED ADDITIONAL VARIABLE CODES, CLARIFIED DEFINITION	Additional codes to reflect Medicaid groups. Clarified definitions of pay sources.
C-41	PAY_SOURCE_3	INCLUDED ADDITIONAL VARIABLE CODES, CLARIFIED DEFINITION	Additional codes to reflect Medicaid groups. Clarified definitions of pay sources.
E-05	EPISODE_AGENCY_UID	VARIABLE RENAMED FROM AGENCY_UID	Variable renamed for clarity
E-09	CONT_DT	CLARIFIED DEFINITION	Rewording of variable definition
E-11	DC_DATE	CLARIFIED DEFINITION	Rewording of variable definition
E-22	EPISODE_UID (Key)	CLARIFIED DEFINITION	Rewording of variable definition
E-29	MARITAL_STATUS	CLARIFIED DEFINITION	Clarified variable definition
E-32	SERV_PROGRAM	INCLUDED ADDITIONAL VARIABLE CODES, CLARIFIED DEFINITION, RETIRED VARIABLES	Additional codes to reflect ASAM levels. Clarified definitions for variables specific to SUD clients. RETIRED variables due to reporting requirements
E-49	[SMO]_AGENCY_MIS	RETIRED	RETIRED due to change in MCO
E-50	[SMO]_PROVIDER_NAME	RETIRED	RETIRED due to change in MCO
E-51	EPISODE_START_DATE	VARIABLE RENAMED FROM START_DATE, CLARIFIED DEFINITION	Clarified variable definition

UPDATES, CHANGES, AND MODIFICATIONS TABLE

Field Number	Variable Name	Change	Description of Changes
E-52	CLOSE_DATE	RETIRED	RETIRED due to change in MCO
E-53	WOMAN_DEP	CLARIFIED DEFINITION	Clarified variable definition
E-54	NUM_DEP_CHILD	VARIABLE RENAMED FROM NUM_DEP	Clarified variable definition and renamed to distinguish from C-03 (DEP_NUM)
E-56	EPISODE_AGENCY_NAME	NEW VARIABLE	Added variable due to change in MCO
E-40	PROGRAM_TYPE	RETIRED CODES	Retired due to reporting requirements
E-57	PROGRAM_TYPE_2	RETIRED CODES	Retired due to reporting requirements
E-58	PROGRAM_TYPE_3	RETIRED CODES	Retired due to reporting requirements
E-59	PROGRAM_TYPE_4	RETIRED CODES	Retired due to reporting requirements
A-08	AXIS_I_2	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-09	AXIS_I_3	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-10	AXIS_I_4	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-11	AXIS_II_2	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-12	AXIS_II_3	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-13	AXIS_III_1	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-14	AXIS_III_2	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-15	AXIS_III_3	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-16	AXIS_III_4	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-17	AXIS_III_5	RETIRED	Retired due to multiaxial system no longer being used as a part of the DSM-5
A-49	DRUG_1	CLARIFIED DEFINITION	Clarified description for “NONE” category
A-51	DRUG_2	CLARIFIED DEFINITION	Clarified description for “NONE” category
A-53	DRUG_3	CLARIFIED DEFINITION	Clarified description for “NONE” category
A-55	DRUG_1_AGE	UPDATED VARIABLE CODES	Updated variable codes to include “NONE” option

UPDATES, CHANGES, AND MODIFICATIONS TABLE

Field Number	Variable Name	Change	Description of Changes
A-56	DRUG_2_AGE	UPDATED VARIABLE CODES	Updated variable codes to include “NONE” option
A-57	DRUG_3_AGE	UPDATED VARIABLE CODES	Updated variable codes to include “NONE” option
A-58	DRUG_1_FREQ	CLARIFIED DEFINITION	Clarified description for “NOT APPLICABLE” category
A-60	DRUG_2_FREQ	CLARIFIED DEFINITION	Clarified description for “NOT APPLICABLE” category
A-62	DRUG_3_FREQ	CLARIFIED DEFINITION	Clarified description for “NOT APPLICABLE” category
A-64	DRUG_1_RTE	CLARIFIED DEFINITION	Clarified description for “NOT APPLICABLE” category
A-66	DRUG_2_RTE	CLARIFIED DEFINITION	Clarified description for “NOT APPLICABLE” category
A-68	DRUG_3_RTE	CLARIFIED DEFINITION	Clarified description for “NOT APPLICABLE” category
A-74	DX_PRIMARY	UPDATED DESCRIPTION, CLARIFIED DEFINITION	Updated to reflect DSM-5 changes
A-75	DX_SEC	UPDATED DESCRIPTION, CLARIFIED DEFINITION	Updated to reflect DSM-5 changes
A-80	EPISODE_UID (Key)	CLARIFIED DEFINITION	Rewording of variable definition
A-97	DX_3	NEW VARIABLE	Added variable to collect DSM-5 diagnoses
A-98	DX_4	NEW VARIABLE	Added variable to collect DSM-5 diagnoses
A-99	DX_5	NEW VARIABLE	Added variable to collect DSM-5 diagnoses
A-100	DX_6	NEW VARIABLE	Added variable to collect DSM-5 diagnoses
A-101	DX_7	NEW VARIABLE	Added variable to collect DSM-5 diagnoses
A-102	DX_8	NEW VARIABLE	Added variable to collect DSM-5 diagnoses
S-03	BEGINTIME	CLARIFIED DEFINITION	Rewording of variable definition
S-08	ENDTIME	CLARIFIED DEFINITION	Rewording of variable definition
S-10	EPISODE_UID (Key)	CLARIFIED DEFINITION	Rewording of variable definition
S-12	PV_CO_SERV	CLARIFIED DEFINITION	Rewording of variable definition

UPDATES, CHANGES, AND MODIFICATIONS TABLE

S-13	PV_SERV	CLARIFIED DEFINITION	Rewording of variable definition
S-18	SERVICE	CHANGES TO CODING	CPT codes will be used
S-22	GPD	RETIRED	RETIRED due to change in MCO
S-23	SERVICE_AGENCY_UID	CLARIFIED DEFINITION	Rewording of variable definition

APPENDIX E:

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

Sample Pre-Integration Data Validation Report

- For the comparison tables below, the data enclosed in this report captures your most current EHR submission as well as provides a comparison to data in your last submission. **We strive for 5% or less missing in all variables.**
 - In the missing_status column, if missing is greater than 5% missing, you will see “Need improv.”
 - If missing is less than 5% , you will see “OK”;
 - If missing is less than 1% missing, you will see “Great”.
- The Submit Comparison chart illustrates the trend in missing data for select variables. We have provided these variables as a sampling of variables where a high percentage of missing has impacted reporting.
 - If the difference in percent for missing data is >+5%, the trend indicates an increased number of missing.
 - If the difference in percent for missing data is <-5%, the trend indicates improvement from your last submission.
- Our suggestion to reduce the number of missing entries:
 - Please use “Unknown” and “None”, which are valid entries per the Client Level Data Manual. Skipping/Not entering any valid entries will increase the number of missing values. “Missing” is not a valid entry.

1. Service Date Range

Service_Date_Start	Service_Date_End
05/16/2017	05/31/2017

2. Record Submitted

Submit	Table	Region	Record	Uniq_CLUID	Uniq_Episode_UID
2017_05_20	Assessment				
	Client				
	Episode				
	Service				

3. Table Relation

Table Relation	Uniq_CLUID	Uniq_Episode_UID
1. Client		
2. Episode		
3. Service		
4. Assessment		

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

Table Relation	Uniq_CLUID	Uniq_Episode_UID
5. Joined Episode and Service		
6. Joined All Tables		

4. Service Count

Service Count	REGION	Day Total
	N	
5/16/2017		
5/17/2017		
5/18/2017		
5/19/2017		
5/20/2017		
5/21/2017		
5/22/2017		
5/23/2017		
5/24/2017		
5/25/2017		
5/26/2017		
5/27/2017		
5/28/2017		
5/29/2017		
5/30/2017		
5/31/2017		
Region Total		

5. Missing Data Report Based on Individual Variables

Table	Variable	Missing	%_Missing	OK	%_OK
ASSESSMENT	ARRESTS				
	ARRESTS_UPDATE				
	ASSESS_DT				
	ASSESS_TYPE				
	CP_ALCOHOL				

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

Table	Variable	Missing	%_Missing	OK	%_OK
	CP_DRUGS				
	DISABILITY_1				
	DISABILITY_2				
	DISABILITY_3				
	DISABILITY_4				
	DISABILITY_5				
	DRUG_1				
	DRUG_1_AGE				
	DRUG_1_FREQ				
	DRUG_1_FREQ_UPDATE				
	DRUG_1_RTE				
	DRUG_1_RTE_UPDATE				
	DRUG_1_UPDATE				
	DRUG_2				
	DRUG_2_AGE				
	DRUG_2_FREQ				
	DRUG_2_FREQ_UPDATE				
	DRUG_2_RTE				
	DRUG_2_RTE_UPDATE				
	DRUG_2_UPDATE				
	DRUG_3				
	DRUG_3_AGE				
	DRUG_3_FREQ				
	DRUG_3_FREQ_UPDATE				
	DRUG_3_RTE				
	DRUG_3_RTE_UPDATE				
	DRUG_3_UPDATE				
	DX_3				
	DX_4				
	DX_5				
	DX_6				
	DX_7				
	DX_8				
	DX_PRIMARY				
	DX_SEC				
	ENCOUNTERS				
	ENCOUNTERS_UPDATE				
	EPISODE_UID				
	REGION				
	SCHOOL_ABSENCE				
	SCHOOL_ABSENCE_UPDATE				
	SCHOOL_ENROLLMENT				
	SCHOOL_ENROLL_UPDATE				
	SCHOOL_SUSPENSION				
	SCHOOL_SUSP_UPDATE				
	SP_DATE				
	SP_SMI				
CLIENT	CITY				

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

Table	Variable	Missing	%_Missing	OK	%_OK
	CLUID				
	DOB				
	ETHNICITY				
	GENDER				
	HEALTH_INS				
	HEALTH_INS_SEC				
	HH_INCOME_1				
	HH_INCOME_2				
	HH_INCOME_3				
	HH_INCOME_4				
	HH_INCOME_5				
	HH_INCOME_6				
	HH_INCOME_7				
	HH_INCOME_8				
	INC_OTHER				
	INC_PUBA				
	INC_SSRR				
	INC_WAGE				
	IRS_DEP_NUM				
	LANGUAGE1				
	MONTHLY_INCOME				
	NAME_F				
	NAME_L				
	NAME_M				
	NAME_S				
	PARISH				
	PAY_SOURCE_1				
	PAY_SOURCE_2				
	PAY_SOURCE_3				
	RACE				
	RACE2				
	RACE3				
	RACE4				
	REGION				
	SSN				
	VA_ELIG				
	VA_ST				
	ZIP				
EPISODE	ADDICTIONTYPE				
	ASSIGN_PV				
	CLUID				
	CONT_DT				
	CONT_RES				
	DC_DATE				
	DISPOSITION				
	ED_LEVEL				
	ED_LEVEL_UPDATE				
	EMPL_ST				
	EMPL_STATUS_UPDATE				

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

Table	Variable	Missing	%_Missing	OK	%_OK
	EPISODE_AGENCY_NAME				
	EPISODE_AGENCY_UID				
	EPISODE_START_DATE				
	EPISODE_UID				
	FREQ_ATTEND				
	FREQ_ATTEND_UPDATE				
	HSE_COMP				
	INTERVIEW_DT				
	LEGAL_STATUS				
	MARITAL_STATUS				
	MARITAL_STATUS_UPDATE				
	METHADONE				
	NUM_DEP_CHILD				
	PREGNANT				
	PRIMARY_TARGET_GROUP				
	PRIOR_MH				
	PRIOR_TX_EPISODES				
	PROGRAM_TYPE				
	PROGRAM_TYPE_2				
	PROGRAM_TYPE_3				
	PROGRAM_TYPE_4				
	REF_SRCE				
	REGION				
	RES_TYPE				
	RES_TYPE_UPDATE				
	SERV_PROGRAM				
	TERMTYPE				
	WOMAN_DEP				
SERVICE	APPT_STAT				
	BEGINTIME				
	CLN_TYPE				
	CLUID				
	ENDTIME				
	EPISODE_UID				
	PV_CO_SERV				
	PV_SERV				
	REGION				
	SERVICE				
	SERVICE_AGENCY_UID				
	SERV_DATE				
	TICKETNO				

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.1 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_1 and DRUG_1_UPDATE		%	N
DRUG_1 (a12,A-49)	DRUG_1_UPDATE (a13,A-50)		
OK	MISSING		
	OK		
Total			

6.1.1 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_1 and DRUG_1_UPDATE		%	N
DRUG_1 (a12,A-49)	DRUG_1_UPDATE (a13,A-50)		
OK	MISSING		
	OK		
Total			

6.1.1 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_1	DRUG_1_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_missing
OK	MISSING					

6.1.2 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_1_AGE and DRUG_1_UPDATE		%	N
DRUG_1_AGE (a18,A-55)	DRUG_1_UPDATE (a13,A-50)		
MISSING	MISSING		
	OK		
OK	MISSING		
	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.2 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_1_AGE and DRUG_1_UPDATE		%	N
DRUG_1_AGE (a18,A-55)	DRUG_1_UPDATE (a13,A-50)		
MISSING	MISSING		
	OK		
OK	MISSING		
	OK		
Total			

6.1.2 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_1_AGE	DRUG_1_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					
MISSING	OK					
OK	MISSING					

6.1.3 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_1_RTE and DRUG_1_RTE_UPDATE		%	N
DRUG_1_RTE (a27,A-64)	DRUG_1_RTE_UPDA TE (a28,A-65)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

6.1.3 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_1_RTE and DRUG_1_RTE_UPDATE		%	N
DRUG_1_RTE (a27,A-64)	DRUG_1_RTE_UPDA TE (a28,A-65)		
OK	MISSING		
	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.3 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_1_RTE	DRUG_1_RTE_UPDATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_missing
MISSING	MISSING					
OK	MISSING					

6.1.4 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_1_FREQ and DRUG_1_FREQ_UPDATE		%	N
DRUG_1_FREQ (a21,A-58)	DRUG_1_FREQ_UPDATE (a22,A-59)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

6.1.4 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_1_FREQ and DRUG_1_FREQ_UPDATE		%	N
DRUG_1_FREQ (a21,A-58)	DRUG_1_FREQ_UPDATE (a22,A-59)		
	MISSING		
OK	OK		
Total			

6.1.4 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_1_FREQ	DRUG_1_FREQ_UPDATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_missing
MISSING	MISSING					
OK	MISSING					

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.5 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_2 and DRUG_2_UPDATE		%	N
DRUG_2 (a14,A-51)	DRUG_2_UPDATE (a15,A-52)		
MISSING	MISSING		
OK	OK		
Total			

6.1.5 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_2 and DRUG_2_UPDATE		%	N
DRUG_2 (a14,A-51)	DRUG_2_UPDATE (a15,A-52)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

6.1.5 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_2	DRUG_2_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					

6.1.6 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_2_AGE and DRUG_2_UPDATE		%	N
DRUG_2_AGE (a19,A-56)	DRUG_2_UPDATE (a15,A-52)		
MISSING	MISSING		
OK	OK		
Total			

6.1.6 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_2_AGE and DRUG_2_UPDATE		%	N
DRUG_2_AGE (a19,A-56)	DRUG_2_UPDATE (a15,A-52)		
MISSING	MISSING		
	OK		
OK	MISSING		

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

DRUG_2_AGE and DRUG_2_UPDATE	%	N
OK		
Total		

6.1.6 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_2_AGE	DRUG_2_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					

6.1.7 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_2_RTE and DRUG_2_RTE_UPDATE	%	N
DRUG_2_RTE (a29,A-66)	DRUG_2_RTE_UPDA TE (a30,A-67)	
MISSING	MISSING	
OK	OK	
Total		

6.1.7 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_2_RTE and DRUG_2_RTE_UPDATE	%	N
DRUG_2_RTE (a29,A-66)	DRUG_2_RTE_UPDA TE (a30,A-67)	
MISSING	MISSING	
OK	MISSING	
	OK	
Total		

6.1.7 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_2_RTE	DRUG_2_RTE_UPDA TE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.8 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_2_FREQ and DRUG_2_FREQ_UPDATE		%	N
DRUG_2_FREQ (a23,A-60)	DRUG_2_FREQ_UPD ATE (a24,A-61)		
MISSING	MISSING		
OK	OK		
Total			

6.1.8 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_2_FREQ and DRUG_2_FREQ_UPDATE		%	N
DRUG_2_FREQ (a23,A-60)	DRUG_2_FREQ_UPD ATE (a24,A-61)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

6.1.8 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_2_FREQ	DRUG_2_FREQ_UPD ATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					

6.1.9 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_3 and DRUG_3_UPDATE		%	N
DRUG_3 (a16,A-53)	DRUG_3_UPDATE (a17,A-54)		
MISSING	MISSING		
	OK		
OK	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.9 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_3 and DRUG_3_UPDATE		%	N
DRUG_3 (a16,A-53)	DRUG_3_UPDATE (a17,A-54)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

6.1.9 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_3	DRUG_3_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					
MISSING	OK					

6.1.10 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_3_AGE and DRUG_3_UPDATE		%	N
DRUG_3_AGE (a20,A-57)	DRUG_3_UPDATE (a17,A-54)		
MISSING	MISSING		
OK	OK		
Total			

6.1.10 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_3_AGE and DRUG_3_UPDATE		%	N
DRUG_3_AGE (a20,A-57)	DRUG_3_UPDATE (a17,A-54)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.10 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_3_AGE	DRUG_3_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					

6.1.11 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_3_RTE and DRUG_3_RTE_UPDATE		%	N
DRUG_3_RTE (a31,A-68)	DRUG_3_RTE_UPDA TE (a32,A-69)		
MISSING	MISSING		
	OK		
OK	OK		
Total			

6.1.11 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_3_RTE and DRUG_3_RTE_UPDATE		%	N
DRUG_3_RTE (a31,A-68)	DRUG_3_RTE_UPDA TE (a32,A-69)		
MISSING	MISSING		
	OK		
OK	OK		
Total			

6.1.11 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_3_RTE	DRUG_3_RTE_UPDA TE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					
MISSING	OK					

6.1.12 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) A. Current Submit

DRUG_3_FREQ and DRUG_3_FREQ_UPDATE		%	N
DRUG_3_FREQ (a25,A-62)	DRUG_3_FREQ_UPD ATE (a26,A-63)		
MISSING	MISSING		
	OK		
OK	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.12 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) B. Last Submit

DRUG_3_FREQ and DRUG_3_FREQ_UPDATE		%	N
DRUG_3_FREQ (a25,A-62)	DRUG_3_FREQ_UPD ATE (a26,A-63)		
MISSING	MISSING		
OK	OK		
Total			

6.1.12 PRIMARY_TARGET_GROUP In (2:SUD and 3:Co-occurring) C. Submit Comparison

DRUG_3_FREQ	DRUG_3_FREQ_UPD ATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					
MISSING	OK					

6.1.13 PRIMARY_TARGET_GROUP In (1:MH and 3:Co-occurring) A. Current Submit

SP_SMI and SP_DATE		%	N
SP_SMI (a45,A-95)	SP_DATE (a44,A-92)		
MISSING	OK		
OK	OK		
Total			

6.1.13 PRIMARY_TARGET_GROUP In (1:MH and 3:Co-occurring) B. Last Submit

SP_SMI and SP_DATE		%	N
SP_SMI (a45,A-95)	SP_DATE (a44,A-92)		
MISSING	OK		
OK	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.1.13 PRIMARY_TARGET_GROUP In (1:MH and 3:Co-occurring) C. Submit Comparison

SP_SMI	SP_DATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_mising
MISSING	OK					

6.2.1 In Assessment table A. Current Submit

ARRESTS and ARRESTS_UPDATE		%	N
ARRESTS (a01,A-01)	ARRESTS_UPDATE (a02,A-02)		
MISSING	OK		
OK	OK		
Total			

6.2.1 In Assessment table B. Last Submit

ARRESTS and ARRESTS_UPDATE		%	N
ARRESTS (a01,A-01)	ARRESTS_UPDATE (a02,A-02)		
OK	OK		
Total			

6.2.1 In Assessment table C. Submit Comparison

ARRESTS	ARRESTS_UPDATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_mising
MISSING	OK					

6.2.2 In Assessment table A. Current Submit

ASSESS_TYPE and ASSESS_DT		%	N
ASSESS_TYPE (a04,A-07)	ASSESS_DT (a03,A-03)		
OK	OK		
Total			

6.2.2 In Assessment table B. Last Submit

ASSESS_TYPE and ASSESS_DT		%	N
ASSESS_TYPE (a04,A-07)	ASSESS_DT (a03,A-03)		
OK	MISSING		
	OK		
Total			

6.2.3 In Assessment table A. Current Submit

CP_ALCOHOL and ASSESS_DT		%	N
CP_ALCOHOL (a05,A-27)	ASSESS_DT (a03,A-03)		
MISSING	OK		
OK	OK		
Total			

6.2.3 In Assessment table B. Last Submit

CP_ALCOHOL and ASSESS_DT		%	N
CP_ALCOHOL (a05,A-27)	ASSESS_DT (a03,A-03)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

6.2.3 In Assessment table C. Submit Comparison

CP_ALCOHOL	ASSESS_DT	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

6.2.4 In Assessment table A. Current Submit

CP_DRUGS and ASSESS_DT		%	N
CP_DRUGS (a06,A-29)	ASSESS_DT (a03,A-03)		
MISSING	OK		
OK	OK		
Total			

6.2.4 In Assessment table B. Last Submit

CP_DRUGS and ASSESS_DT		%	N
CP_DRUGS (a06,A-29)	ASSESS_DT (a03,A-03)		
MISSING	MISSING		
OK	MISSING		

CP_DRUGS and ASSESS_DT	%	N
OK		
Total		

6.2.4 In Assessment table C. Submit Comparison

CP_DRUGS	ASSESS_DT	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

6.2.5 In Assessment table A. Current Submit

DX_PRIMARY and ASSESS_DT	%	N
DX_PRIMARY (a33,A-74) ASSESS_DT (a03,A-03)		
MISSING OK		
OK OK		
Total		

6.2.5 In Assessment table B. Last Submit

DX_PRIMARY and ASSESS_DT	%	N
DX_PRIMARY (a33,A-74) ASSESS_DT (a03,A-03)		
MISSING MISSING		
OK OK		
OK MISSING		
OK OK		
Total		

6.2.5 In Assessment table C. Submit Comparison

DX_PRIMARY	ASSESS_DT	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

6.2.6 In Assessment table A. Current Submit

DX_SEC and ASSESS_DT	%	N
DX_SEC (a34,A-75) ASSESS_DT (a03,A-03)		
MISSING OK		
OK OK		
Total		

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.2.6 In Assessment table B. Last Submit

DX_SEC and ASSESS_DT		%	N
DX_SEC (a34,A-75)	ASSESS_DT (a03,A-03)		
MISSING	MISSING		
	OK		
OK	MISSING		
	OK		
Total			

6.2.6 In Assessment table C. Submit Comparison

DX_SEC	ASSESS_DT	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

6.2.7 In Assessment table A. Current Submit

DX_3 and ASSESS_DT		%	N
DX_3 (a47,A-97)	ASSESS_DT (a03,A-03)		
MISSING	OK		
OK	OK		
Total			

6.2.7 In Assessment table B. Last Submit

DX_3 and ASSESS_DT		%	N
DX_3 (a47,A-97)	ASSESS_DT (a03,A-03)		
MISSING	MISSING		
	OK		
OK	MISSING		
	OK		
Total			

6.2.7 In Assessment table C. Submit Comparison

DX_3	ASSESS_DT	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.2.8 In Assessment table A. Current Submit

ENCOUNTERS and ENCOUNTERS_UPDATE		%	N
ENCOUNTERS (a35,A-78)	ENCOUNTERS_UPD ATE (a36,A-79)		
MISSING	OK		
OK	OK		
Total			

6.2.8 In Assessment table B. Last Submit

ENCOUNTERS and ENCOUNTERS_UPDATE		%	N
ENCOUNTERS (a35,A-78)	ENCOUNTERS_UPD ATE (a36,A-79)		
OK	OK		
Total			

6.2.8 In Assessment table C. Submit Comparison

ENCOUNTERS	ENCOUNTERS_UPD ATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

6.2.9 In Assessment table A. Current Submit

SCHOOL_ABSENCE and SCHOOL_ABSENCE_UPDATE		%	N
SCHOOL_ABSENCE (a38,A-83)	SCHOOL_ABSENCE_ UPDATE (a39,A-84)		
MISSING	OK		
OK	OK		
Total			

6.2.9 In Assessment table B. Last Submit

SCHOOL_ABSENCE and SCHOOL_ABSENCE_UPDATE		%	N
SCHOOL_ABSENCE (a38,A-83)	SCHOOL_ABSENCE_ UPDATE (a39,A-84)		
MISSING	OK		
OK	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.2.9 In Assessment table C. Submit Comparison

SCHOOL_ABSENCE	SCHOOL_ABSENCE_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

6.2.10 In Assessment table A. Current Submit

SCHOOL_ENROLLMENT and SCHOOL_ENROLL_UPDATE		%	N
SCHOOL_ENROLLM ENT (a40,A-85)	SCHOOL_ENROLL_U PDATE (a41,A-86)		
MISSING	OK		
OK	OK		
Total			

6.2.10 In Assessment table B. Last Submit

SCHOOL_ENROLLMENT and SCHOOL_ENROLL_UPDATE		%	N
SCHOOL_ENROLLM ENT (a40,A-85)	SCHOOL_ENROLL_U PDATE (a41,A-86)		
MISSING	OK		
OK	OK		
Total			

6.2.10 In Assessment table C. Submit Comparison

SCHOOL_ENROLLM ENT	SCHOOL_ENROLL_U PDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	OK					

6.2.11 In Assessment table A. Current Submit

SCHOOL_SUSPENSION and SCHOOL_SUSP_UPDATE		%	N
SCHOOL_SUSPENS ION (a42,A-87)	SCHOOL_SUSP_UPD ATE (a43,A-88)		
MISSING	OK		
OK	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.2.11 In Assessment table B. Last Submit

SCHOOL_SUSPENSION and SCHOOL_SUSP_UPDATE		%	N
SCHOOL_SUSPENSION (a42,A-87)	SCHOOL_SUSP_UPDATE (a43,A-88)		
MISSING	OK		
OK	OK		
Total			

6.2.11 In Assessment table C. Submit Comparison

SCHOOL_SUSPENSION	SCHOOL_SUSP_UPDATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_missing
MISSING	OK					

6.3.0 In Episode table A. Current Submit

PRIMARY_TARGET_GROUP		%	N
PRIMARY_TARGET_GROUP (e24,E-34)			
OK	Total		

6.3.0 In Episode table B. Last Submit

PRIMARY_TARGET_GROUP and		%	N
PRIMARY_TARGET_GROUP (e24,E-34)			
OK	Total		

6.3.1 In Episode table A. Current Submit

EPISODE_UID and PRIMARY_TARGET_GROUP		%	N
EPISODE_UID (e13,E-22)	PRIMARY_TARGET_GROUP (e24,E-34)		
OK	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.3.1 In Episode table B. Last Submit

EPISODE_UID and PRIMARY_TARGET_GROUP		%	N
EPISODE_UID (e13,E-22)	PRIMARY_TARGET_GROUP (e24,E-34)		
OK	OK		
Total			

6.3.2 In Episode table A. Current Submit

ED_LEVEL and ED_LEVEL_UPDATE		%	N
ED_LEVEL (e09,E-18)	ED_LEVEL_UPDATE (e10,E-19)		
MISSING	MISSING		
OK	OK		
Total			

6.3.2 In Episode table B. Last Submit

ED_LEVEL and ED_LEVEL_UPDATE		%	N
ED_LEVEL (e09,E-18)	ED_LEVEL_UPDATE (e10,E-19)		
MISSING	MISSING		
OK	OK		
Total			

6.3.2 In Episode table C. Submit Comparison

ED_LEVEL	ED_LEVEL_UPDATE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					

6.3.3 In Episode table A. Current Submit

EMPL_ST and EMPL_STATUS_UPDATE		%	N
EMPL_ST (e11,E-20)	EMPL_STATUS_UPDATE (e12,E-21)		
MISSING	MISSING		

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

EMPL_ST and EMPL_STATUS_UPDATE		%	N
OK	OK		
Total			

6.3.3 In Episode table B. Last Submit

EMPL_ST and EMPL_STATUS_UPDATE		%	N
EMPL_ST (e11,E-20)	EMPL_STATUS_UPDATE (e12,E-21)		
MISSING	MISSING		
OK	OK		
Total			

6.3.3 In Episode table C. Submit Comparison

EMPL_ST	EMPL_STATUS_UPDATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_missing
MISSING	MISSING					

6.3.4 In Episode table A. Current Submit

FREQ_ATTEND and FREQ_ATTEND_UPDATE		%	N
FREQ_ATTEND (e14,E-23)	FREQ_ATTEND_UPDATE (e15,E-24)		
MISSING	MISSING		
OK	OK		
Total			

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.3.4 In Episode table B. Last Submit

FREQ_ATTEND and FREQ_ATTEND_UPDATE		%	N
FREQ_ATTEND (e14,E-23)	FREQ_ATTEND_UPDATE (e15,E-24)		
MISSING	MISSING		
OK	OK		
Total			

6.3.4 In Episode table C. Submit Comparison

FREQ_ATTEND	FREQ_ATTEND_UPDATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_mising
MISSING	MISSING					

6.3.5 In Episode table A. Current Submit

RES_TYPE and RES_TYPE_UPDATE		%	N
RES_TYPE (e29,E-43)	RES_TYPE_UPDATE (e30,E-44)		
MISSING	OK		
Total			

6.3.5 In Episode table B. Last Submit

RES_TYPE and RES_TYPE_UPDATE		%	N
RES_TYPE (e29,E-43)	RES_TYPE_UPDATE (e30,E-44)		
MISSING	OK		
Total			

6.3.5 In Episode table C. Submit Comparison

RES_TYPE	RES_TYPE_UPDATE	curr_submit_Pct	missing_status	last_submit_Pct	diff_Pct	change_on_mising
MISSING	OK					

APPENDIX E

SAMPLE PRE-INTEGRATION DATA VALIDATION REPORT

6.3.6 In Episode table A. Current Submit

SERV_PROGRAM and PROGRAM_TYPE		%	N
SERV_PROGRAM (e22,E-32)	PROGRAM_TYPE (e27,E-40)		
MISSING	MISSING		
OK	MISSING		
	OK		
Total			

6.3.6 In Episode table B. Last Submit

SERV_PROGRAM and PROGRAM_TYPE		%	N
SERV_PROGRAM (e22,E-32)	PROGRAM_TYPE (e27,E-40)		
MISSING	MISSING		
	OK		
OK	MISSING		
	OK		
Total			

6.3.6 In Episode table C. Submit Comparison

SERV_PROGRAM	PROGRAM_TYPE	curr_sub mit_Pct	missing_status	last_subm it_Pct	diff_Pct	change_on_mis sing
MISSING	MISSING					
OK	MISSING					

7. Other feedback:

APPENDIX F:

MENTAL HEALTH BLOCK GRANT REPORTING- EVIDENCE BASED PRACTICES (EBP) FOR ADULT SMI AND CHILD/YOUTH EBD

DEFINITIONS:

DEFINITIONS FOR SPECIFIC EVIDENCE BASED PRACTICES

Supported Housing

Definition

Supported housing is defined as services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assists clients in selecting, obtaining, and maintaining safe, decent, affordable housing while maintaining a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), and right to tenure, service choice, service individualization and service availability.

Fidelity Measure (Collected from survey sent to the LGEs)

http://download.ncadi.samhsa.gov/ken/pdf/toolkits/housing/29473_PSHousing_Evaluating.pdf

Minimum Requirements for Reporting Supported Housing

- Target population: Targeted to persons who would not have a viable housing arrangement without this service.
- Staff assigned: Specific staff are assigned to provide supported housing services.
- Housing is integrated: That is, Supported Housing is provided for living situations in settings that are also available to persons who do not have mental illnesses.
- Consumer has the right to tenure: The ownership or lease documents are in the name of the consumer.
- Affordability: Supported housing assures that housing is affordable (consumers pay no more than 30-40% on rent and utilities) through adequate rent subsidies, etc.

Supported Housing is Not:

- Residential treatment services
- A component of case management or ACT

Supported Employment

Definition

Mental health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services

MH BLOCK GRANT REPORTING EBP

from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client to staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

Fidelity Measure (Collected from survey sent to the LGEs)

<http://store.samhsa.gov/product/SMA08-4365>

Minimum Requirements for Reporting Supported Employment

- Competitive employment: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status. Employment is competitive so that potential applicants include persons in the general population.
- Integration with treatment: Employment specialists are part of the mental health treatment teams with shared decision making. They attend regular treatment team meetings (not replaced by administrative meetings) and have frequent contact with treatment team members.
- Rapid job search: The search for competitive jobs occurs rapidly after program entry.
- Eligibility based on consumer choice (not client characteristics): No eligibility requirements such as job readiness, lack of substance abuse, no history of violent behavior, minimal intellectual functioning, and mild symptoms.
- Follow-along support: Individualized follow-along supports are provided to employer and client on a time-unlimited basis. Employer supports may include education and guidance. Client supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), and, networked supports (friends/family).

Supported Employment is Not:

- Prevocational training
- Sheltered work
- Employment in enclaves (that is, in settings where only people with disabilities are employed)

NOTE: if an employment specialist is part of an ACT team, this should be reported under ACT and not separately as supported employment

Assertive Community Treatment (ACT)

Definition

A team based approach to the provision of treatment, rehabilitation, and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations. Lehman, Steinwachs, and Co-Investigators of Patient Outcomes Research Team, *Schizophrenia Bulletin*, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on

MH BLOCK GRANT REPORTING EBP

controlled, randomized effectiveness studies in the Surgeon General's report on mental health (U.S. Department of Health and Human Services, (1999). Chapter 4; "Adults and mental health." In Mental Health: A report of the Surgeon General.). Additionally, CMS (Centers for Medicare and Medicaid Services [formerly the Health Care Financing Administration (HCFA)]) recommended that state Medicaid agencies consider adding ACT to their State Plans in the HCFA Letter to State Medicaid Directors, Center for Medicaid and State Operations, June 07, 1999.

Fidelity Measure (Collected from survey sent to the LGEs)

<http://store.samhsa.gov/product/SMA08-4345>

Minimum Requirements for Reporting ACT

- Small caseload: Client/ provider ratio of 10:1 or fewer is the ideal
- Multidisciplinary team approach: This is a team approach rather than an approach that emphasizes services by individual providers. The team should be multidisciplinary and could include a psychiatrist, nurse, and substance abuse specialist. For reporting purposes, there should be at least 3 FTE on the team.
- Includes clinical component: In addition to case management, the program directly provides services such as: psychiatric services, counseling/psychotherapy, housing support, substance abuse treatment, employment/rehabilitative services.
- Services provided in community settings: Program works to monitor status, and develop community living skills in the community rather than the office.
- Responsibility for crisis services: Program has 24-hour responsibility for covering psychiatric crises.

ACT is Not Intensive Case Management

Reporting of Other EBPs provided by ACT Teams: If specific EBPs (such as Supported Employment, Supported Housing, etc.) are provided as a component of ACT, they should be reported under ACT and not separately under other practices. In the "comments" section of the tables, please list any EBPs that are provided as a component of ACT (for example, if Supported Employment (SE) is provided as part of ACT, do not provide separate numbers for persons receiving SE services, but do list in the ACT comment area that Supported Employment is provided as part of ACT).

Please note that to report these as EBPs; they should conform to the reporting guidelines for each EBP provided in this document.

Family Psychoeducation

Definition

Family psycho-education is offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family psycho-education programs may be either multi-family or single-family focused. Core characteristics of family psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

Fidelity Measure (Collected from survey sent to the LGEs)

<http://store.samhsa.gov/product/SMA09-4423>

MH BLOCK GRANT REPORTING EBP

Minimum Requirements for Reporting Family Psychoeducation

- A structured curriculum is used.
- Psychoeducation is a part of clinical treatment.

Family Psychoeducation is Not:

Several mechanisms for family psycho-education exist. The evidence-based model, promoted through SAMHSA's EBP implementation resource kit ("toolkit") involves a clinician. For URS reporting, do not include family psycho-education models not involving a clinician as part of clinical treatment.

Note: Some states are providing NAMI's Family-to-Family program and not the family psychoeducation EBP described above. If a state is providing NAMI's Family-to-Family program, this should be reported under family psychoeducation with an asterisk and a note indicating that the numbers reflect the NAMI program and not the EBP described above.

Integrated Treatment for Co-occurring Substance Abuse and Mental Health Disorders**Definition**

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

Fidelity Measure (Collected from survey sent to the LGEs)

<http://store.samhsa.gov/product/SMA08-4367>

Minimum Requirements for Reporting Integrated Treatment

- Multidisciplinary team: A team of clinical professionals working in one setting and providing MH and SA interventions in a coordinated fashion.
- Stagewise interventions: That is, treatment is consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention).

Integrated Treatment is Not:

- Coordination of clinical services across provider agencies

Illness Self-Management and Recovery**Definition**

Illness Self-Management and Recovery (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with mental illness strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse

MH BLOCK GRANT REPORTING EBP

prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.

Fidelity Measure (Collected from survey sent to the LGEs)

<http://store.samhsa.gov/product/SMA09-4463>

Minimum Requirements for Reporting Illness Self-Management and Recovery

Service includes a specific curriculum that includes mental illness facts, recovery strategies, using medications, stress management, and coping skills. It is critical that a specific curriculum is being used for these components to be counted for reporting.

Evidence-Based Illness Management is Not:

- Advice related to self-care, but a comprehensive, systematic approach to developing an understanding and a set of skills that help a consumer be an agent for his or her own recovery.

Medication Management

Definition

In the toolkit on medication management, there does not appear to be any explicit definition of medication management. However, the critical elements identified for evidence-based medication management approaches are the following:

- Utilization of a systematic plan for medication management;
- Objective measures of outcome are produced;
- Documentation is thorough and clear; and
- Consumers and practitioners share in the decision-making.

Fidelity Measure (Collected from survey sent to the LGEs)

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/>

Minimum Requirements for Reporting Medication Management

- Treatment plan specifies outcome for each medication.
- Desired outcomes are tracked systematically using standardized instruments in a way to inform treatment decisions.
- Sequencing of antipsychotic medication and changes are based on clinical guidelines.

Evidence-Based Medication Management is Not:

Medication prescription administration that occurs without the minimum requirements specified above.

Therapeutic Foster Care (TFC)

Definition

Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the

MH BLOCK GRANT REPORTING EBP

program remain small. In addition, therapeutic foster parents are given a higher stipend than traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.

Fidelity Measure (Collected from survey sent to the LGEs)

Not available

Minimum Requirements for Reporting Multisystemic Therapy

- There is an explicit focus on treatment
- There is an explicit program to train and supervise treatment foster parents
- Placement is in the individual family home

Therapeutic Foster Care is Not:

An enhanced version of regular foster care

Multisystemic Therapy (MST)**Definition**

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes.

Fidelity Measure (Collected from survey sent to the LGEs)

Not available

Minimum Requirements for Reporting Multisystemic Therapy

- Services take into account the life situation and environment of the child / adolescent and involve peers, school staff, parents, etc.
- Services are individualized.
- Services are provided by MST therapists or masters-level professionals.
- Services are time-limited.
- Services are available 24/7.

Functional Family Therapy (FFT)**Definition**

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors, and related syndromes. Treatment occurs in phases where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family. The phases are engagement, motivation, assessment, behavior change, and generalization.

Fidelity Measure (Collected from survey sent to the LGEs)

Not available

Minimum Requirements

- Services are provided in phases related to engagement, motivation, assessment, behavior change, etc.
- Services are short-term, ranging from 8-26 hours of direct service time.
- Flexible delivery of service by one and two person teams to clients in the home, the clinic, juvenile court, and at time of re-entry from institutional placement.

APPENDIX G:

**TELESAGE OUTCOME MEASUREMENT SYSTEM
(TOMS) QUALITY OF CARE (QOC) SURVEYS
REQUIREMENTS**

Number of Completed Quality of Care Surveys Required for Receiving a Compliant Grade in the Accountability Plan (AP) Tool

For the **Adult Quality of Care Survey (Modified MHSIP) / C'est Bon Survey:**

- Surveys are anonymous
- 42 Questions
- Minimum of 10-15% of all mental health clients served
- Surveys completed by OBH survey team may be counted towards required percentage

For the **Parent/Guardian Quality of Care Survey (YSS-F) / LaFête Survey:**

- Surveys are anonymous
- 32 Questions
- Minimum of 5% of all mental health clients served