

Chapter 6B – Substance Abuse Discharge Data Set (SA DCHRG)

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I. Document Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	Effective Date	Revision Date	Description	Author
12.0	07/01/2015	05/10/2017	◆ Completed Version 12.0	SAMH Data Unit
12.0	07/01/2017	07/11/2017	◆ Added back SADIAG (Mandatory for FY15-16 and prior yrs) and MHDIAG (When appropriate for FY15-16 and prior yrs)	Sherry Catledge

II. General Policies and Considerations

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

1. Contractors who submitted substance abuse admission records are required to submit the corresponding discharge record upon completion of services.

II.B. Adding Substance Abuse Discharge Records

1. Contractors should submit a discharge record when the client has completed services from the corresponding admission record.

Note: A client can remain in an agency's mental health program after discharge from the substance abuse program.

2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID.
3. A discharge record with minimum data requirements may be submitted under some circumstances. See DREASON Descriptions and Instructions for details.

II.C. Updating Substance Abuse Discharge Records

1. A substance abuse discharge record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

II.D. Deleting Substance Abuse Discharge Records

1. To delete a substance abuse discharge record, an SA DCHRG deletion record must be submitted according to the file layout in Table 2.

Table 2. SA DCHRG Record Deletion File Layout

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXXX
SSN	11	9	XXXXXXXXXX
PURPOSE	20	1	X
EVALDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXXX

Warning: When a client's substance abuse discharge record (PURPOSE = 3) is deleted, the associated ASAM discharge record (PURPOSE = 3) will be deleted.

II.E. DCF Pamphlet 155-2 Chapters and Forms

1. DCF Pamphlet 155-2 chapters and forms can be located on the following Website:
<http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12>

III. Substance Abuse Discharge Data File Layout (SA DCHRG)

Table 3. SA DCHRG Data File Layout

Field Name	Pos	Type / Size	Edits and Validations							
CONTRACTORID (Mandatory Key)	1	CHAR(10)	<ul style="list-style-type: none"> Format: XX-XXXXXXX Contractor must be registered in SAMHIS. Must match CONTRACTORID in DEMO record. 							
	Descriptions and Instructions: Contractor Id - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.									
SITEID (Mandatory)	11	CHAR(2)	<ul style="list-style-type: none"> Format: XX right justified/zero filled. Must be registered in SAMHIS for the PROVIDERID. 							
	Descriptions and Instructions: Site Id - The physical location of the provider where services will be provided.									
SSN (Mandatory Key)	13	CHAR(9)	<ul style="list-style-type: none"> Format: XXXXXXXXX Must match SSN in DEMO record. 							
	Descriptions and Instructions: Social Security Number – Enter the Client’s SSN. See General Policies and Considerations on Adding Substance Abuse Discharge Records.									
CLIENTID	22	CHAR(10)	<ul style="list-style-type: none"> Left justified/space filled. 							
	Descriptions and Instructions: Client Id - Contractor use only as of July 1, 2015.									
CNTYRESID (Mandatory)	32	CHAR(2)	<ul style="list-style-type: none"> Must be between 01 and 67 or 99; right justified/zero filled. 							
	Descriptions and Instructions: County of Residence - Indicate the Florida county in which the client resides at time of evaluation. If unknown or client is homeless, enter the county of the provider site where the services were provided. Refer to the Florida County Codes Table in Appendix 5 – Data Code Tables.									
GRADE (Mandatory)	34	CHAR(2)	<ul style="list-style-type: none"> Must be 00-08, 24-28, 30-42; right justified/zero filled. 							
	Descriptions and Instructions: Grade - Indicate the highest educational level completed by the client prior to this evaluation. Refer to the Educational Levels (GRADE) Codes Table Appendix 5 – Data Code Tables. NOTE: New code values effective July 1, 2015. Two of the new codes 20 and 21 will overlap with prior years. See notation in Appendix 5.									
MARITAL (Mandatory)	36	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 8. 							
	Descriptions and Instructions: Marital Status - Indicate the client’s current marital status. Refer to the Marital Status Codes Table in Appendix 5 – Data Code Tables.									
HLTHSTAT (Mandatory)	37	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 8. 							
	Descriptions and Instructions: Health Status - Indicate the appropriate code for the client’s health status at evaluation. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">[1] Agitated</td> <td style="width: 50%;">[5] Forgetful</td> </tr> <tr> <td>[2] Comatose</td> <td>[6] Lethargic</td> </tr> <tr> <td>[3] Disoriented</td> <td>[7] Other Mental Condition</td> </tr> <tr> <td>[4] Depressed</td> <td>[8] Oriented</td> </tr> </table>			[1] Agitated	[5] Forgetful	[2] Comatose	[6] Lethargic	[3] Disoriented	[7] Other Mental Condition	[4] Depressed
[1] Agitated	[5] Forgetful									
[2] Comatose	[6] Lethargic									
[3] Disoriented	[7] Other Mental Condition									
[4] Depressed	[8] Oriented									
PREGTRIM (Mandatory)	38	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5. 							
	Descriptions and Instructions: Pregnancy Trimester - Indicate the client’s pregnancy status at admission. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">[1] 1st trimester</td> <td style="width: 50%;">[4] Not pregnant or male</td> </tr> <tr> <td>[2] 2nd trimester</td> <td>[5] Unknown (Effective 07/01/2015)</td> </tr> <tr> <td>[3] 3rd trimester</td> <td></td> </tr> </table>			[1] 1 st trimester	[4] Not pregnant or male	[2] 2 nd trimester	[5] Unknown (Effective 07/01/2015)	[3] 3 rd trimester		
[1] 1 st trimester	[4] Not pregnant or male									
[2] 2 nd trimester	[5] Unknown (Effective 07/01/2015)									
[3] 3 rd trimester										

Field Name	Pos	Type / Size	Edits and Validations
ADMITYPE (Mandatory)	39	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 4.
	<p>Descriptions and Instructions: Admission Type - Indicate the code that matches the client's type of admission.</p> <p>[1] Voluntary Competent – Not court ordered into treatment; not deemed legally incompetent [2] Voluntary Incompetent – Not court ordered into treatment; legally incompetent [3] Involuntary Competent – Court ordered into treatment; not deemed legally incompetent [4] Involuntary Incompetent – Court ordered into treatment; legally incompetent</p>		
DRUGCRT (Mandatory)	40	CHAR(1)	<ul style="list-style-type: none"> Must be 0 or 1.
	<p>Descriptions and Instructions: Drug Court - Indicate if the client was Drug Court ordered to attend substance abuse treatment.</p> <p>[0] No [1] Yes</p>		
CHILDWEL (Mandatory)	41	CHAR(1)	<ul style="list-style-type: none"> Must be 0 or 1.
	<p>Descriptions and Instructions: Child Welfare - Indicate if the client was involved in the child welfare system at admission.</p> <p>[0] No [1] Yes</p>		
RESIDSTAT (Mandatory)	42	CHAR(2)	<ul style="list-style-type: none"> Must be 01 through 18 or 99; right justified/zero filled.
	<p>Descriptions and Instructions: Residential Status Indicate the residential status. Enter the two-digit code that reflects the correct residential setting. Refer to the Residential Status Codes in Appendix 5 – Data Code Tables.</p> <p>Note: New code 18 – Other Residential Status effective July 1, 2015.</p>		
DEPCRIMS (Mandatory)	44	CHAR(2)	<ul style="list-style-type: none"> Must be 00 through 09, 27 or 28 if age at time of admission < 18. Must be 00, 10 through 13, 16 through 19, 21 through 26, 28 or 29 if age at time of admission is >= 18.
	<p>Descriptions and Instructions Dependency or Criminal Status: Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults). Refer to the Dependency / Criminal Status Codes Table in Appendix 5 – Data Code Tables. If information is insufficient for either adults or children, use 00.</p>		
PROBPRIM (Mandatory)	46	CHAR(2)	<ul style="list-style-type: none"> Must be 02 - 20, 22 – 48, 50-98, 1A – 2P; right justified/zero filled.
	<p>Descriptions and Instructions: Primary Problem - Indicate the primary substance problem at discharge. Refer to the Substance Abuse Drug Codes Table in Appendix 5 – Data Code Tables.</p> <ul style="list-style-type: none"> Enter the substance which is primarily responsible for the client's current need for treatment. Do not use the same drug used in PROBPRIM for PROBSEC or PROBTER. If the client is admitted to a methadone maintenance modality, the primary substance must be a narcotic (heroin, non-prescription methadone, or any other narcotic). If a client is receiving legally prescribed methadone from another clinic and is admitted to the reporting clinic for dosage adjustment or termination, the primary substance must be the narcotic for which the client originally received methadone. The prescribed methadone should not be identified as the client's primary substance under "non-medical methadone", "other" drug, etc. If a record is submitted which has the Primary Drug as '98' and either the secondary or tertiary substance as a declared drug, i.e., heroin; SAMHIS will automatically drop the '98' as the primary substance and make heroin as the primary substance Code 99 is not allowed to be used on the discharge record. 		

Field Name	Pos	Type / Size	Edits and Validations
PROBSEC	48	CHAR(2)	<ul style="list-style-type: none"> • Must be 02 - 20, 22 – 48, 50 – 97, 1A – 2P; right justified/zero filled or spaces.
			<p>Descriptions and Instructions: Secondary Problem - Indicate the secondary substance problem. This cannot be the same as used for PROBPRIM. Refer to the Substance Abuse Drug Codes Table in Appendix 5 – Data Code Tables.</p>
PROBTER	50	CHAR(2)	<ul style="list-style-type: none"> • Must be 02 - 20, 22 – 48, 50 – 97, 1A – 2P; right justified/zero filled or spaces.
			<p>Descriptions and Instructions: Tertiary Problem - Indicate the tertiary substance problem. This cannot be the same as reported for PROBPRIM or PROBSEC. Refer to the Substance Abuse Drug Codes Table in Appendix 5 – Data Code Tables.</p>
ROUTPRIM	52	CHAR(1)	<ul style="list-style-type: none"> • Must be 1 through 5 or space. • Mandatory only if PROBPRIM is not equal to 98.
			<p>Descriptions and Instructions: Primary Route - Indicate the client's usual route of administration or method of ingestion of the primary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the primary drug.</p> <p>[1] Oral [3] Inhalation [5] Other [2] Smoking [4] Injection (IV or Intra-muscular)</p>
ROUTSEC	53	CHAR(1)	<ul style="list-style-type: none"> • Must be 1 through 5 or space. • Mandatory only if PROBSEC is not spaces.
			<p>Descriptions and Instructions: Secondary Route - Indicate the client's usual route of administration or method of ingestion of the secondary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the secondary drug.</p> <p>[1] Oral [3] Inhalation [5] Other [2] Smoking [4] Injection (IV or Intra-muscular)</p>
ROUTTER	54	CHAR(1)	<ul style="list-style-type: none"> • Must be 1 through 5 or space. • Mandatory only if PROBTER is not spaces.
			<p>Descriptions and Instructions: Tertiary Route - Indicate the client's usual route of administration or method of ingestion of the tertiary substance of abuse into the client's system. If more than one route of administration is used, enter the most frequent route for the tertiary drug.</p> <p>[1] Oral [3] Inhalation [5] Other [2] Smoking [4] Injection (IV or Intra-muscular)</p>
FREQPRIM	55	CHAR(1)	<ul style="list-style-type: none"> • Must be 1 through 5 or space. • Mandatory only if PROBPRIM is not equal to 98.
			<p>Descriptions and Instructions: Primary Frequency - Indicate the client's frequency of use of the primary substance during the month prior to discharge.</p> <p>[1] No Past Month Use [4] 3-6 Times per Week [2] 1-3 Times in Past Month [5] Daily [3] 1-2 Times per Week</p>
FREQSEC	56	CHAR(1)	<ul style="list-style-type: none"> • Must be 1 through 5 or space. • Mandatory only if PROBSEC is not spaces.
			<p>Descriptions and Instructions: Secondary Frequency - Indicate the client's frequency of use of the secondary substance of abuse during the month prior to discharge.</p> <p>[1] No Past Month Use [4] 3-6 Times per Week [2] 1-3 Times in Past Month [5] Daily [3] 1-2 Times per Week</p>

Field Name	Pos	Type / Size	Edits and Validations
DRUGHARM	86	CHAR(1)	<ul style="list-style-type: none"> Must be 0, 1 or 3 if age at time of admission is < 18. (Mandatory) Must be 0, 1, 3 or space if age at time of admission is >= 18.
			<p>Descriptions and Instructions: Drug Harmful - Indicate if the client perceives drugs as being harmful to their overall health.</p> <p>[0] No [1] Yes [3] Unknown</p>
ALCOHARM	87	CHAR(1)	<ul style="list-style-type: none"> Must be 0, 1 or 3 if age at time of admission is < 18. (Mandatory) Must be 0, 1, 3 or space if age at time of admission is >= 18.
			<p>Descriptions and Instructions: Alcohol Harmful - Indicate if the client perceives alcohol as being harmful to their overall health.</p> <p>[0] No [1] Yes [3] Unknown</p>
TOBAHARM	88	CHAR(1)	<ul style="list-style-type: none"> Must be 0, 1 or 3 if age at time of admission is < 18. (Mandatory) Must be 0, 1, 3 or space if age at time of admission is >= 18.
			<p>Descriptions and Instructions: Tobacco Harmful - Indicate if the client perceives tobacco as being harmful to their overall health.</p> <p>[0] No [1] Yes [3] Unknown</p>
TOBACUSE	89	CHAR(1)	<ul style="list-style-type: none"> Must be 0, 1 or 3 if age at time of admission is < 18. (Mandatory) Must be 0, 1, 3 or space if age at time of admission is >= 18.
			<p>Descriptions and Instructions: Tobacco Usage - Indicate if the client uses tobacco products.</p> <p>[0] No [1] Yes [3] Unknown</p>
FUTUSE	90	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5 if age at admission is < 18. (Mandatory) Must be 1 through 5 or space if age at admission is >= 18.
			<p>Descriptions and Instructions: Future Usage - Indicate the client's intention to use drugs or alcohol.</p> <p>[1] No past experimentation or use and no future intent [2] No past experimentation or use but expresses future use [3] Past experimentation or use but no further intent [4] Past experimentation or use and expresses future intent [5] Currently experiments or uses substance</p>
FRIENDUSE	91	CHAR(1)	<ul style="list-style-type: none"> Must be 0, 1 or 3 if age at admission < 18. (Mandatory) Must be space if age at admission >= 18 at the time of admission.
			<p>Descriptions and Instructions: Friends Usage - Indicate if friends engage in underage drinking or use of drugs or tobacco.</p> <p>[0] No [1] Yes [3] Unknown</p>
INITEVADA (Mandatory)	92	CHAR(8)	<ul style="list-style-type: none"> Format: YYYYMMDD
			<p>Descriptions and Instructions: Initial Evaluation Date - This date must match EVALDATE from the associated substance abuse admission record.</p>
EMPL (Mandatory)	100	CHAR(2)	<ul style="list-style-type: none"> Must be 10, 20, 30, 31, 40, 50, 60, 70 or 81 through 86.
			<p>Descriptions and Instructions: Employment Status - Indicate the client's employment status at discharge. Refer to the Employment Status Codes Table in Appendix 5 – Data Code Tables.</p>

Field Name	Pos	Type / Size	Edits and Validations
DREASON (Mandatory)	102	CHAR(2)	<ul style="list-style-type: none"> Must be 01, 02, 06-11, 13-17; right justified/zero filled.
	<p>Descriptions and Instructions: Discharge Reason - Indicate the reason for discharge. Refer to Table 18. Substance Abuse Discharge Reason Codes in Appendix 5 – Data Code Tables.</p> <p>Note: For DREASON 06-09, 11, 16, 17 only the mandatory keys and DREASON are required.</p>		
DOUTCOME (Mandatory)	104	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 8. 7 may only be used if DREASON = 7, 8, 13, 14, 15. 8 may only be used if PREGTRIM = 4.
	<p>Descriptions and Instructions: Discharge Pregnancy Outcome - Indicate the birth outcome for a client that was pregnant within the admission and discharge dates.</p> <p>[1] Live birth (drug presence in newborn) [5] Pregnancy terminated [2] Live birth (no drug presence in newborn) [6] Not yet delivered (transfers only) [3] Still birth [7] Unknown Birth Outcome (an option only if whereabouts of client is unknown) [4] Miscarriage [8] N/A</p>		
<p>Services: (Service Provided/Referred) Block Grant (BG) requirement (Mandatory)</p> <p>The following 23 items indicate the services provided or referrals given within the admission and discharge dates. This is not intended to be an all-inclusive listing of services.</p> <p>Indicate the appropriate code below.</p> <p>[1] Agency provided [3] Both provided & referred [5] N/A [2] Referral made [4] Unknown</p>			
SRVCHILD (Mandatory)	105	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	<p>Descriptions and Instructions: Child Care Services - Indicate if the client received child care services.</p>		
SRVCRIME (Mandatory)	106	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	<p>Descriptions and Instructions: Criminal Justice Services - Indicate if the client's services were coordinated with any criminal justice or juvenile justice activity or program.</p>		
SRVEDUC (Mandatory)	107	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	<p>Descriptions and Instructions: Education Services - Indicate if the client received educational services.</p>		
SRVFAMI (Mandatory)	108	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	<p>Descriptions and Instructions: Family Services - Indicate whether the client's services included any counseling with one or more members of the client's family.</p>		
SRVHIVAI (Mandatory)	109	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	<p>Descriptions and Instructions: HIV Services - Indicate if the client received HIV services.</p>		
SRVHIVED (Mandatory)	110	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5
	<p>Descriptions and Instructions: HIV Education Services - Indicate if the client received counseling on preventing the exposure to, and the transmission of, HIV disease.</p>		
SRVHIVEI (Mandatory)	111	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	<p>Descriptions and Instructions: HIV Early Intervention Services - Indicate if the client received an HIV Early Intervention Project service.</p>		
SRVHIVTE (Mandatory)	112	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	<p>Descriptions and Instructions: HIV Testing Services - Indicate if the client received HIV testing.</p>		

Field Name	Pos	Type / Size	Edits and Validations
SRVHOUSE (Mandatory)	113	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Housing Services - Indicate if the client was provided special housing services.		
SRVIMMUN (Mandatory)	114	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Immunization Services - Indicate if the client received any immunization.		
SRVINTER (Mandatory)	115	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Interim Services - Indicate if the client received interim services within 48 hours after requesting services.		
SRVMEDIC (Mandatory)	116	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Medical Services - Indicate if the client received services rendered by a MD, professional member of a medical service, nurse, phlebotomist, etc.		
SRVMENTA (Mandatory)	117	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Mental Health Services - Indicate if the client received mental health counseling.		
SRVPEDIA (Mandatory)	118	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Pediatric Services - Indicate if the client's minor children received health care services.		
SRVPRENA (Mandatory)	119	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Prenatal Services - Indicate if the client received health care and/or medical services directed at women during their pregnancy (pre-natal) or immediately following completion of pregnancy up to one year (postpartum).		
SRVPUBLI (Mandatory)	120	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Public Assistance Eligibility - Indicate how the client's eligibility for services such as TANF (WAGES), Social Security, food stamps, subsidized housing, etc. was determined.		
SRVPUBRE (Mandatory)	121	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5
	Descriptions and Instructions: Public Assistance Services - Indicate if the client received any of the government funded services listed above in public assistance eligibility (SRVPUBLI).		
SRVTB (Mandatory)	122	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Tuberculosis Services - Indicate if the client received TB services.		
SRVTBTES (Mandatory)	123	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Tuberculosis Tested Services Indicate if the client received a TB test.		
SRVTRANS (Mandatory)	124	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Transportation Services - Indicate if the client's dependent children received transportation services.		
SRVTXPLA (Mandatory)	125	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Treatment Plan Services - Indicate if the client's treatment plan was monitored by a staff person.		
SRVTRAIN (Mandatory)	126	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Training Services - Indicate if the client received domestic violence and sexual abuse counseling.		

Field Name	Pos	Type / Size	Edits and Validations
SRVVOCAT (Mandatory)	127	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 5.
	Descriptions and Instructions: Vocational Training Services - Indicate if the client received vocational training including basic literacy or job skills training.		
Note: This completes the 23 service/referral items.			
SURVEY	128	CHAR(613)	<ul style="list-style-type: none"> Space filled.
	Descriptions and Instructions: Survey - No longer used.		
PROVINFO	741	CHAR(20)	<ul style="list-style-type: none"> Left justified/space filled.
	Descriptions and Instructions: Provider Information - Contractor use only.		
DRUGFREE (Mandatory)	761	CHAR(1)	<ul style="list-style-type: none"> Must be 0, 1, 3 or 4 if client is a female. 4 may only be used if PREGTRIM = 4.
	Descriptions and Instructions: Drug Free Status - Indicate whether the client was drug-free at time of delivery if the client was pregnant at any time during the episode of care. [0] No [3] Unknown (use <i>only</i> if whereabouts of client is unknown) [1] Yes [4] N/A		
PROVIDERID (Mandatory Key)	762	CHAR(10)	<ul style="list-style-type: none"> Format: XX-XXXXXXX Provider must be registered in SAMHIS. Must match PROVIDERID in DEMO record.
	Descriptions and Instructions: Provider Id - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.		
SADIAG	772	CHAR(6)	<ul style="list-style-type: none"> Format: XXX.XX (Mandatory for FY 15-16 or prior years) Must be space filled (For FY 16-17 and forward)
	Descriptions and Instructions: Substance Abuse Diagnosis Code (ICD-9) Indicate the client's substance abuse diagnosis, if any. Refer to Appendix 3 - ICD-9 Code Table.		
MHDIAG	778	CHAR(6)	<ul style="list-style-type: none"> Format XXX.XX (For FY 15-16 or prior years) Must be space filled (For FY 16-17 and forward)
	Descriptions and Instructions: Mental Health Diagnosis Code (ICD-9) - Indicate the client's mental health diagnosis. Refer to Appendix 3 - ICD-9 Code Table.		
ARREST	784	CHAR(1)	<ul style="list-style-type: none"> Format: X (space filled)
	Descriptions and Instructions: Arrests – No longer used. Use the ARREST field in position 803 as it has expanded from 1 character to 2 characters.		
CONTNUM1 (Mandatory)	785	CHAR(5)	<ul style="list-style-type: none"> Must be a valid SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).
	Descriptions and Instructions: Contract Number 1 - Contract under which services may be provided.		
CONTNUM2	790	CHAR(5)	<ul style="list-style-type: none"> Format: XXXXX; space filled.
	Descriptions and Instructions: Contract Number 2 - No longer used.		
CONTNUM3	795	CHAR (5)	<ul style="list-style-type: none"> Format: XXXXX; space filled.
	Descriptions and Instructions: Contract Number 3 - No longer used.		
SOCIAL (Mandatory)	800	CHAR(2)	<ul style="list-style-type: none"> Must be 01 through 07.
	Descriptions and Instructions: Social Status - The number of times the client has attended a self-help program in the 30 days preceding the date of discharge. [01] None [04] 8-15 [07] Unknown [02] 1-3 [05] 16-30 [03] 4-7 [06] Some Attendance (Frequency unknown)		

Field Name	Pos	Type / Size	Edits and Validations
SCHOOL (Mandatory)	802	CHAR(1)	<ul style="list-style-type: none"> Must be 1 through 4.
	Descriptions and Instructions: School Status - Indicate if the client was suspended or expelled from school within the last 30 days. [1] Suspended [3] Suspended and Expelled [2] Expelled [4] Not Applicable		
ARREST (Mandatory)	803	CHAR(2)	<ul style="list-style-type: none"> Must be 00 through 96; right justified/zero filled.
	Descriptions and Instructions: Arrests - Indicate the number of times the client was arrested within the last 30 days.		
SADIAG10 (Mandatory)	805	CHAR(8)	<ul style="list-style-type: none"> Must be a valid Substance Abuse ICD-10-CM code.
	Descriptions and Instructions: Substance Abuse Diagnosis Code (ICD-10) - Enter the substance abuse diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). Refer to Appendix 8 .		
MHDIAG10	813	CHAR(8)	<ul style="list-style-type: none"> Must be a valid Mental Health ICD-10-CM code or spaces.
	Descriptions and Instructions: Mental Health Diagnosis Code (ICD-10) - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). Refer to Appendix 8 .		