Drug/Alcohol Coordinated Data System DACODS User Manual

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Produced by the Colorado Department of Human Services
Division of Behavioral Health

Introduction to the Drug/Alcohol Coordinated Data System (DACODS)

What is DACODS?

DACODS is the primary client level data collection instrument used by the Division of Behavioral Health (DBH) of the Colorado Department of Human Services.

Why must I complete DACODS?

The Substance Abuse and Mental Health Services Administration requires that DBH collect and report on the data items in DACODS as a requirement of funding. DBH uses this information to monitor service quality, utilization and effectiveness, and to report to the legislature on treatment outcomes and service needs in Colorado. DBH requires completion of DACODS as a requirement of agency licensure.

When do I complete DACODS?

DACODS should be completed

- at time of admission (first face-to-face therapeutic contact with a clinician) to any modality of substance abuse services for treatment, detoxification and DUI education and/or therapy clients;
- and at discharge from that modality of substance abuse services.
- Should a client transfer between modalities (e.g., go from residential to outpatient) or from one agency to another with a different licensing number, the clinician must complete a discharge DACODS before the client may be admitted to the second modality or agency and this modality's admission DACODS is completed.

Whom do I DACODS?

- Anyone who uses or who has used drugs or alcohol and is in an DBH-licensed substance abuse treatment, detoxification or DUI program, regardless of payer source for these services
- Anyone who is being differentially assessed for a substance abuse problem by a substance abuse treatment or detoxification program, regardless of whether or not the client is determined to have a substance abuse problem, and regardless of payer source
- Anyone court-ordered to attend a substance abuse treatment, detoxification or DUI education and/or therapy program, regardless of payer source
- Anyone required by Child Welfare to be in a substance abuse treatment, detoxification or DUI education and/or therapy program regardless of payer source
- Each and every substance abuse treatment, detoxification or DUI education and/or therapy client at each admission to and discharge from each modality, regardless of payer source
- Adolescents enrolled in Minors In Possession (MIP) Treatment Programs

Do NOT complete a DACODS on:

- Spouses, friends or relatives of a substance abuser for whom a substance abuse problem has not been identified
- Victims of domestic or physical violence or sexual abuse for whom a substance abuse problem has not been identified
- Children under 18 years of age for whom a substance abuse problem has not been identified, even though the parents or legal guardian have substance abuse problems
- Clients who receive services from agencies not licensed by DBH
- Clients who receive services that are not DBH licensed. (E.g., an agency may be DBH-licensed for DUI only, but may also render residential services for which the agency is not DBH-licensed. If a client obtains only the residential service, do not complete a DACODS. For this particular example, DACODS should be completed on clients in the DUI portion of their business only.)

May two or more DACODS be active on the same client simultaneously?
If a client receives services from two different programs or modalities simultaneously, then both programs or modalities should admit and discharge the client to DACODS. It is possible, therefore, for a client to have two or more DACODS open at the same time.

How do I complete DACODS?
The easiest and fastest way to complete DACODS is to use DBH's secure web site (https://www.adad.cdhs.state.co.us) for on-line data entry. To receive training in use of this system and/or in completion of the DACODS form, contact DBH's Provider Liaison, Jackie Urioste at 303-866-7484 or Jackie.urioste@state.co.us.

When do I submit DACODS to DBH?
DACODS should be completed as soon as possible after client admission and discharge. DACODS entered into DBH's secure web site are transmitted to DBH automatically.

Whom do I call if I have problems with or questions about DACODS or DACODS training?
Contact DBH's Provider Liaison, Jackie Urioste at 303-866-7484 or Jackie.urioste@state.co.us. If Jackie is unavailable, contact Troy Evatt at 303-866-7485 (troy.evatt@state.co.us).

Will I receive any DACODS data reports?
DBH posts all reporting based on aggregate DACODS data under the "Reports and Presentations" tab on DBH's public web site: www.cdhs.state.co.us/adad. Click on the "Adult Services" tab and scroll down to "Alcohol and Drug Abuse Division."

What about client confidentiality? Do I need client consent before sending DACODS to DBH?
Licensure regulations of the Division of Behavioral Health (DBH) of the Colorado Department of Human Services mandate that substance abuse treatment agencies submit client-identified information to DBH. Both federal laws, 42 CFR Part 2 and HIPAA, allow the licensing entity, DBH, to obtain client-identified information from substance abuse prevention and treatment agencies without client consent. Citations follow.

42 C.F.R Part 2

Subpart A – Introduction §290 EE-3, (b) (2) and § 290 DD-3 (b) (2)
"Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows…(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, an individual patient in any report of such research, audit or evaluation or otherwise disclose patient identities in any manner."

HIPAA

45 CFR §164.502(a) and §164.506(c)
"HIPAA permits protected health information to be disclosed without patient consent, for the covered entity's own treatment, payment or health care operations, and with some limitations, for the treatment, payment or health care operations of another covered entity."

45 CFR §164.512 (d) Standard: uses and disclosures for health oversight activities
"A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; licensure or disciplinary actions…or other activities necessary for appropriate oversight of:

(i) the health care system;
(ii) government benefit programs for which health information is relevant to beneficiary eligibility;
(iii) entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards…"

If I submit DACODS electronically to DBH does that make my agency a covered entity under HIPAA?

No, just submitting DACODS to DBH does not make you a HIPAA-covered entity. The data and information that DBH collects are not HIPAA-defined transactions.

How do I use this manual?

The DACODS User Manual follows the data item order on the DACODS form. E.g., if you have a question about DACODS data item #30, see #30 at the top of page, not page #30 on lower right of the page.

What if I have suggestions to improve DACODS, the data entry process or this manual?

Contact DBH's Provider Liaison, Jackie Urioste, at 303-866-7484 or Jackie.urioste@state.co.us. DBH welcomes all feedback and uses suggestions to improve processes for providers.

ADMISSION (#1-58)

1. SSPA #: _____ (1-7)

Description:	SubState Planning Area (SSPA) region of clinic in which service originates.
Guidelines:	1=Northeast Colorado 2=Denver area 3=Colorado Springs area 4=Southeast Colorado 5=Western Slope - South 6=Western Slope - North 7=Boulder area Write only the code number of the region. Do not write the region's name. Only one region is allowed.
Valid Entries:	1-7
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

2. Admission date: __ __/__ __/__ __ __ __
M M D D YEAR

Description:	Admission is defined as the client's first face-to face therapeutic service with the counselor. Therapeutic service includes the differential assessment.
Guidelines:	The admission date cannot be greater than the current date.
Valid Entries:	MM DD YYYY Valid entries must have two numerical digits for the month, two for the day, and four for the year.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	8
Field Type:	Date

3. Date of First Contact: __ __/__ __/__ __ __ __
M M D D YEAR

Description:	Client's initial communication with the intention of seeking or obtaining treatment services with anyone representing the agency.
Guidelines:	The date of first contact cannot be greater than the admission date or the current date.
Valid Entries:	MM DD YYYY Valid entries must have two numerical digits for the month, two for the day, and four for the year.
Unknown:	Allowed; leave blank
Refused:	Allowed; leave blank
Not Collected:	Allowed; leave blank
Blanks:	Allowed
Field Length:	8
Field Type:	Date

4. Report type: _____ (A-Treatment Admission; X-Detox Admission)

Description: A= Admission
Data pertains to client's status at admission to treatment; admission section (items #1-#58 should be initiated at the time of client's first face-to-face therapeutic service with a counselor (including differential assessment), and completed by the end of the third outpatient session or third day for residential modalities.

X=Detox
Data pertains to client's status at admission and client is admitted for detoxification or withdrawal services only. Clients admitted to detoxification services must be intoxicated, under the influence, or in mild to moderate stages of withdrawal from alcohol and/or other drugs.

Guidelines: An admission DACODS must be completed when any of the following occur:

- the client is admitted to treatment or detox services;
- the modality changes;
- the location of services changes such that the Clinic/Provider license number is different

Valid Entries: A, X

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Alpha

5. Clinic/Provider License number: __ __ __ __-__ __

Description:	Identifies the provider of the alcohol or drug treatment service.
Guidelines:	Clinic/provider identification is the six-digit license number assigned to a facility/clinic by DBH. For facilities/clinics with multiple locations, the first four digits may be identical, but the last two digits are unique numbers specific to individual locations or sites.
Valid Entries:	XXXX-XX Four numerical digits, a hyphen, and two numerical digits
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	7
Field Type:	Alphanumeric

6. Provider Client Number: __ __ __ __ __ __ __ __ __ __

Description:	This is an optional data element designed to assist programs to identify client records and link them with DACODS. This identifier is created by the facility/clinic, and should be a unique number for that facility/clinic. If not collected or not used, leave item blank.
Guidelines:	Up to 10 spaces are provided.
Valid Entries:	XXXXXXXXXX
Unknown:	Allowed as blanks
Refused:	Not acceptable
Not Collected:	Allowed as blanks
Blanks:	Allowed
Field Length:	10
Field Type:	Alphanumeric

7. Medicaid ID Number:

Description:	Client's Medicaid Identifier; to be completed whenever client has a Medicaid identifier, regardless of whether or not Medicaid is the primary payer for these current services
Guidelines:	Up to 7 spaces are provided.
Valid Entries:	X999999
Unknown:	Allowed as blanks only if client does not have Medicaid ID and/or Primary Source of Payment (item #34 is not response #5, Medicaid
Refused:	Allowed as blanks only if client does not have Medicaid ID and/or Primary Source of Payment (item # 34 is not response #5, Medicaid
Not Collected:	Allowed as blanks only if client does not have Medicaid ID and/or Primary Source of Payment (item #34 is not response #5, Medicaid
Blanks:	Allowed only if client does not have Medicaid ID and/or Primary Source of Payment (item #34 is not response #5, Medicaid
Field Length:	7
Field Type:	Alphanumeric

Client Information (#8-11)

8. Last Name: _____
First Name: _____ **M.I.** _____

Description: A "client" is a person who meets the following criteria:

1. has an alcohol or drug related problem and
2. has formally completed a differential assessment or
3. has been formally admitted to an alcohol or drug treatment unit for treatment or detox services, and
4. has his/her own client record.

Guidelines: Last Name – up to 40 spaces provided; double last names may include a hyphen or space; last names may have a space followed by "Jr." or "II" or some other designation.
First Name – up to 23 spaces provided; double first names may include a hyphen or space.
Middle Initial – only 1 space provided; no hyphens, spaces or punctuation allowed. If client does not have a Middle Initial, leave this line blank.

Valid Entries: Last Name – XXXXXXXXXX or XXXXX-XXXX, XX or XXXXX XXXX
First Name – XXXXXXXXXX or XXXXX-XXXX, or XXXXX XXXX
Middle Initial - X

Unknown: Acceptable for Middle Initial only

Refused: Acceptable for Middle Initial only

Not Collected: Acceptable for Middle Initial only

Blanks: One blank is acceptable between multiple last or first names; blanks are acceptable for Middle Initial

Field Length: Last Name – 40
First Name – 23
Middle Initial – 1

Field Type: Last Name – alpha
First Name – alpha
Middle Initial - alpha

9. Date of birth: __ __/__ __/__ __ __ __
M M D D YEAR

Description:	Identifies client's birth date
Guidelines:	Client's date of birth must be at least 5 years less than (or prior to) the admission date.
Valid Entries:	MM DD YYYY Valid entries must have two digits for the month, two digits for the day, and four digits for the year.
Unknown:	Not acceptable for treatment clients; Unknowns accepted for detox only and designated by leaving item blank
Refused:	Accepted for detox only; designate by leaving item blank
Not Collected:	Accepted for detox only; designate by leaving item blank
Blanks:	Accepted for detox only.
Field Length:	8
Field Type:	Date

10. Social Security Number: __ __ __-__ __-__ __ __ __

Description:	Identifies the client's social security number.
Guidelines:	Enter the client's entire social security number in the 9 spaces provided.
Valid Entries:	XXX-XX-XXXX 3 digits, a hyphen, 2 digits, a hyphen, and 4 digits
Unknown:	Allowed as blanks only if client does not have Social Security Number
Refused:	Allowed as blanks only if client does not have Social Security Number
Not Collected:	Allowed as blanks only if client does not have Social Security Number
Blanks:	Allowed
Field Length:	11
Field Type:	Alphanumeric

11. Zip code: __ __ __ __ __-__ __ __ __
___Homeless ___Out of State zip

Description:	Enter the 5 or 9-digit zip code of client's Colorado residence; if client is homeless or lives out of state, leave zip code blank and check the appropriate line.
Guidelines:	If the 5 or 9 digit zip code is completed, then both Homeless and Out of State zip must be blank. If the client is homeless, leave the zip code blank and check the line before Homeless. If the client lives out of state, leave the zip code blank and check the line before Out of State. If the client is both homeless and from out of state, check "Homeless."
Valid Entries:	XXXXX or XXXXX-XXXX Five numerical digits Or 5 digits, a hyphen and 4 digits.
Unknown:	Not acceptable for treatment Acceptable for detox only; designate by leaving item blank
Refused:	Acceptable for detox only; designate by leaving item blank
Not Collected:	Acceptable for detox only; designate by leaving item blank
Blanks:	Acceptable for detox only
Field Length:	5 or 10
Field Type:	Alphanumeric

12. County of client's Colorado residence: _____

1=Adams	21=El Paso	41=Mineral	61=Teller
2=Alamosa	22=Elbert	42=Moffat	62=Washington
3=Arapahoe	23=Fremont	43=Montezuma	63=Weld
4=Archuleta	24=Garfield	44=Montrose	64=Yuma
5=Baca	25=Gilpin	45=Morgan	
6=Bent	26=Grand	46=Otero	
7=Boulder	27=Gunnison	47=Ouray	
8=Broomfield	28=Hinsdale	48=Park	
9=Chaffee	29=Huerfano	49=Phillips	
10=Cheyenne	30=Jackson	50=Pitkin	
11=Clear Creek	31=Jefferson	51=Prowers	
12=Conejos	32=Kiowa	52=Pueblo	
13=Costilla	33=Kit Carson	53=Rio Blanco	
14=Crowley	34=La Plata	54=Rio Grande	
15=Custer	35=Lake	55=Routt	
16=Delta	36=Larimer	56=Saguache	
17=Denver	37=Las Animas	57=San Juan	
18=Dolores	38=Lincoln	58=San Miguel	
19=Douglas	39=Logan	59=Sedgwick	
20=Eagle	40=Mesa	60=Summit	

Description: Identifies the county of the client's Colorado residence.

Guidelines: For Colorado residents, write in the appropriate county code number in which the client's residence is located. Only one county code number entry is allowed. Do not write in the county name.

If client is homeless or lives out of state (as noted in previous question) leave item blank.

Valid Entries: 1-64, 99 for unknown

Unknown: Acceptable for detox; designate by entering 99

Refused: Acceptable for detox; designate by entering 99

Not Collected: Acceptable for treatment or detox only if client is homeless or from out of state as noted in previous item; designate by leaving item blank

Blanks: Acceptable for treatment or detox only if client is homeless or from out of state as noted in previous item

Field Length: 2

Field Type: Numeric

13. Admission Modality: _____

0= Differential Assessment
1= Ambulatory medical detox
2= Residential (non-hospital) detox (RDX)
3= Therapeutic community (TC)
4= Intensive residential (IRT)
5= Transitional residential (TRT)
6= Opioid replacement therapy (ORT)
7= Traditional Outpatient (OP)
8= STIRRT
9= Intensive Outpatient (IOP)
10= Day treatment (DAY)
11= Medically managed inpatient other than detox
12= Medically managed inpatient detox
13= DUI Level I education
14= DUI Level II education only
15= DUI Level II therapy and education
16= Minors in Possession (MIP) Treatment

Description: The modality or type of service into which the client is being admitted.

0= Differential Assessment
Formal evaluation by counselor to determine type of substance abuse treatment needed and ASAM level of care.
(Most clients receive a Differential Assessment during their intake. This modality refers to clients who ONLY receive the Differential Assessment and are determined to be inappropriate for substance abuse treatment.) (No corresponding ASAM Level)

1= Ambulatory medical detox
Outpatient treatment services providing for safe withdrawal in an ambulatory setting. ASAM Level I-D and Level II-D

2= Residential (non-hospital) detox (RDX)
24 hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. ASAM Level III.2-D

3= Therapeutic community (TC)
High-intensity residential program designed to address significant problems with living skills in a highly-structured recovery environment, utilizing the treatment community as the change agent modeling and enforcing appropriate values and behaviors. Treatment is specific to maintaining abstinence and preventing relapse, but also vigorously promotes personal responsibility and positive character change over a typical period of 9 to 18 months. ASAM Level III.5
Standardized Offender Assessment Level 6

4= Intensive residential (IRT)

Planned residential treatment regimen of 24-hour professionally directed evaluation, care and treatment of addicted persons in an inpatient setting typically lasting 30 days or less. ASAM Level III.7
Standardized Offender Assessment Level 5

5= Transitional residential (TRT)
Low-intensity professional addiction treatment services offered at 5 or more hours per week in a structured, 24-hour staffed residential recovery environment. Clients are typically required to work and attend recovery skills sessions over a period of 1 to 3 months. ASAM Level III.1
Standardized Offender Assessment Level 4

6= Opioid replacement therapy (ORT)
Ambulatory pharmacological treatment service for opiate-addicted clients designed to address client need to increase level of functioning, including elimination of illicit opiate use. ASAM Level OMT

7= Traditional Outpatient (OP)
Organized non-residential treatment provided in a variety of settings for fewer than 8 treatment contact hours per week for adults, and fewer than 5 treatment contact hours per week for minors. ASAM Level 1
Standardized Offender Assessment Level 3

8= Short Term Intensive Remedial Residential Treatment (STIRRT)
Specialized residential treatment for offenders in an inpatient setting typically lasting less than 30 days. (No corresponding ASAM Level)
Standardized Offender Assessment Level 5

9= Intensive Outpatient (IOP)
Nine or more hours per week for adults, and 6 or more hours per week for minors, of structured intensive substance abuse programming in which psychiatric and medical needs may also be addressed. ASAM Level II.1
Standardized Offender Assessment Level 4

10= Day treatment (DAY)
Twenty or more hours of clinically intensive programming per week in an ambulatory setting. ASAM Level II.5
Standardized Offender Assessment Level 4

11= Medically managed inpatient other than detox
Twenty-four hour medically-directed substance abuse treatment (excluding detox) provided in an acute care inpatient or hospital setting. ASAM Level IV

12= Medically managed inpatient detox

24 hour per day intensive medical acute care services in a hospital setting for detoxification for persons with severe medical complications associated with withdrawal. ASAM Level IV-D

13= DUI Level 1 education

Twelve hours of outpatient instruction for DUI/DWAI, BUI or FUI offenders placed in accordance with the ADDS program clinical procedures. No more than 6 hours shall be conducted in one calendar day.

14= DUI Level II education only

Twenty-four hours of outpatient therapeutic education provided over 8 to 12 weeks with an emphasis on group process for DUI/DWAI, BUI or FUI offenders placed in accordance with the ADDS guidelines.

15= DUI Level II therapy and education

Twenty-four hours of outpatient therapeutic education plus recommended Track A, B, C or D of therapy. Clients must satisfy a specific number of education and therapy hours required over a specific number of months, as determined by BAC and the number of prior offenses, per ADDS guidelines.

16= Minors in Possession (MIP) treatment

Outpatient education and treatment provided to youth receiving an underage drinking ticket. First offense groups shall be conducted with a minimum of 6 hours of education; second offense requires a minimum of 12 hours of treatment; and third and all subsequent offenses require a minimum of 20 hours of treatment services. All offenses require completion of additional court-ordered services.

Guidelines: Write in only one admission modality per DACODS.

If client is being admitted to two or more modalities simultaneously, then one DACODS form for each modality must be completed at time of admission to those modalities.

Differential Assessment

Use this response code if the Differential Assessment is the ONLY service the client is expected to receive. The client will not be referred for nor is expected to receive treatment services of any kind, nor will the client be placed on a waiting list for services.

Acceptable treatment modalities are:

0=Differential Assessment

3=Therapeutic Community

4=Intensive Residential
5=Transitional Residential
6=Opioid Replacement Therapy
7=Traditional Outpatient
8=STIRRT
9=Intensive Outpatient
10=Day Treatment
11=Medically Managed Inpatient other than detox
16=Minors in Possession (MIP) treatment

Acceptable detox modalities are:
1=Ambulatory Medical Detox
2=Residential (non-hospital) Detox
12=Medically Managed Inpatient Detox

Acceptable modalities for DUI providers are:
13=DUI Level I Education
14=DUI Level II Education only
15=DUI Level II Therapy and Education

Valid Entries:	1-15
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

14. Days client waited for treatment in this modality because of program capacity: _____

Description: Identifies the number of days the client waited to receive therapeutic services because of program capacity or program requirements. Determine the number of days waited by counting as day "one" the date the client first contacted anyone in or at the agency, up to but not including the first day the client actually receives billable treatment services. The first day of services is not included in the count.
This item does not apply to detox clients, Report Type X.
Guidelines: This item is intended to capture the number of days the client waited to begin actual treatment (which may include Differential Assessment) because of program capacity, treatment availability, admissions requirements or other program requirements. It should not include time delays caused by client unavailability.

All agencies licensed to provide gender specific women's treatment should refer to the most current Alcohol and Drug Abuse Division (DBH) Substance Use Disorder Treatment Rules for information on acceptable waiting periods and interim services. All DBH-funded agencies should refer to their contract for information on acceptable waiting periods and interim services for specific client populations.

Valid Entries: 000-999

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Acceptable for detox and clients admitted to Differential Assessment modality only; designate by leaving item blank

Blanks: Acceptable for detox and for clients admitted to Differential Assessment modality only

Field Length: 3

Field Type: Numeric

15. If days waited >0, were interim services offered? _____Yes _____No

Description:	Interim services are those services or educational materials offered to clients placed on a waiting list for entry into a specific treatment modality.
Guidelines:	At minimum interim services must include counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, steps that can be taken to ensure that HIV and TB transmission do not occur, and referral for HIV and/or TB treatment services if necessary. Enrollment in one modality may serve as interim services while the client remains on the waiting list for another modality.
Valid Entries:	Check (X) "Yes" or "No"
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox Report Type, Differential Assessment modality, or if days waited = 0; designate by leaving item blank
Blanks:	Acceptable for detox Report Type, Differential Assessment modality or if days waited = 0
Field Length:	1
Field Type:	Alpha

16. Number of prior substance abuse treatment episodes in client's lifetime: _____

Description:	Identifies the number of times in his/her lifetime the client has sought and received substance abuse treatment in any drug or alcohol program.
Guidelines:	The number of episodes may equal or be less than the number of admissions. Transfers to different modalities or levels of care should not be counted as separate prior episodes. Exclude self-help programs.
Valid Entries:	Number – 0-998
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	3
Field Type:	Numeric

17. Number of Detox treatment episodes in client's lifetime: _____

Description:	Identifies the number of times in his/her lifetime the client has sought detox treatment in any drug or alcohol program.
Guidelines:	The number of episodes may equal or be less than the number of admissions. Transfers to different modalities or levels of care should not be counted as separate prior episodes. Exclude self-help programs.
Valid Entries:	Number – 0-998
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	3
Field Type:	Numeric

18. Client's gender: ____Male ____Female

Description:	Identifies the gender of the client.
Guidelines:	Check only one option. If the client's gender is in question, check "Male" or "Female" according to the manner in which the clinician will treat the client.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Alpha

19. Is client pregnant? _____Yes _____No

Description:	Identifies the client's pregnancy status at time of admission.
Guidelines:	If the client is male, check "No." If the client is female and pregnant at the time of admission, check "Yes." If the client is female and not pregnant at the time of admission, check "No." Only one option is allowed. Checking "Yes" will trigger a Pregnancy Screening Button to appear. This screening should be completed for <u>all</u> pregnant clients at admission to and during treatment.
Valid Entries:	Check (X) Yes or No
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Alpha

20. Client's Primary Race/Ethnicity: ____

Description: Identifies the client's race or ethnicity with which they identify most strongly. If the client is bi-racial or multi-racial, mark the one ethnicity with which the client most strongly identifies.

1=White (non-Hispanic)
Origins in any of the people of Europe, North Africa, or the Middle East. Exclude anyone with Hispanic ethnicity

2=Black (non-Hispanic)
Origins in any of the Black racial groups of Africa. Exclude anyone with Hispanic ethnicity

3=American Indian
Origins in any of the original people of North and South America and who maintains cultural identification through tribal affiliation or community attachment

4=Alaskan Native
Origins in any of the original people of Alaska, including Aleuts, Eskimos and Alaskan Indians

5=Asian
Origins in any of the original people of the Far East, Indian subcontinent or Southeast Asia, including China, Japan, Vietnam, Malaysia, Philippine Islands, Pakistan, Thailand, Cambodia, Korea, India

6=Native Hawaiian/Pacific Islander
Origins in any of the original people of the Pacific Islands, including Hawaii, Guam, Samoa or other Pacific Islands

7=Hispanic/Mexican
Of Mexican origin, regardless of race

8=Hispanic/Puerto Rican
Of Puerto Rican origin, regardless of race

9=Hispanic/Cuban
Of Cuban origin, regardless of race

10=Other Hispanic
Of Central or South America and any other Spanish cultural origin, including Spain, regardless of race (excluding Mexico, Puerto Rico and Cuba)

11=Other Non-Hispanic
A default category for use in circumstances in which the client is not classified above or whose origin group is regarded as a racial class distinct from the above categories

Guidelines: Base this response on the client's interpretation of him/herself. Options may be found in the highlighted box directly beneath the item on the DACODS form. Only one option is allowed.

Valid Entries: 1-11

Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

21. All other Races/Ethnicities with which the client identifies (Check all that apply):

___1= White (non-Hispanic)
___2=Black (non-Hispanic)
___3=American Indian
___4=Alaskan Native
___5=Asian
___6= Native Hawaiian/Pacific Islander
___7=Hispanic/Mexican
___8=Hispanic/Puerto Rican
___9=Hispanic/Cuban
___10=Other Hispanic
___11=Other non-Hispanic

Description: Identifies all other races or ethnicities with which the client identifies. Exclude the Primary Race/Ethnicity already marked above in item #17.

1=White (non-Hispanic)
Origins in any of the people of Europe, North Africa, or the Middle East. Exclude anyone with Hispanic ethnicity

2=Black (non-Hispanic)
Origins in any of the Black racial groups of Africa. Exclude anyone with Hispanic ethnicity

3=American Indian
Origins in any of the original people of North and South America and who maintains cultural identification through tribal affiliation or community attachment

4=Alaskan Native
Origins in any of the original people of Alaska, including Aleuts, Eskimos and Alaskan Indians

5=Asian
Origins in any of the original people of the Far East, Indian subcontinent or Southeast Asia, including China, Japan, Vietnam, Malaysia, Philippine Islands, Pakistan, Thailand, Cambodia, Korea, India

6=Native Hawaiian/Pacific Islander
Origins in any of the original people of the Pacific Islands, including Hawaii, Guam, Samoa or other Pacific Islands

7=Hispanic/Mexican
Of Mexican origin, regardless of race

8=Hispanic/Puerto Rican
Of Puerto Rican origin, regardless of race

9=Hispanic/Cuban
Of Cuban origin, regardless of race

10=Other Hispanic
Of Central or South America and any other Spanish cultural origin, including Spain, regardless of race (excluding Mexico, Puerto Rico and Cuba)

11=Other Non-Hispanic

A default category for use in circumstances in which the client is not classified above or whose origin group is regarded as a racial class distinct from the above categories

Guidelines:	Base this response on the client's interpretation of him/herself. Check all that apply.
Valid Entries:	Check (X) the line next to the appropriate response(s).
Unknown:	Acceptable
Refused:	Acceptable
Not Collected:	Acceptable
Blanks:	Acceptable
Field Length:	1
Field Type:	Alpha

22. Client's marital status: _____
1= Never married
2= Married
3= Widowed
4= Separated
5= Divorced

Description: Specifies client's marital status at time of admission.

Guidelines: Write the number reflecting the client's marital status on the line next to the item. Choose only one option.

1= Never married
Includes those whose only marriage has been annulled
2= Married
Includes those living together and representing themselves as married
3= Widowed
Excludes those who have remarried after the death of a previous spouse
4= Separated
Includes those separated legally or otherwise absent from spouse because of marital discord
5= Divorced
Excludes those who have remarried after divorce from a previous spouse

Valid Entries: 1-5

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

23. Client's Monthly Income: _____
Enter total gross legal income during most recent full month. Use whole dollars only. If no income, zero-fill all. If unknown or refused, leave all blank.

Description:	Identifies the client's total monthly income.
Guidelines:	Enter client's legal income level only. Include all income contributing to the client's support, including public assistance (Temporary Assistance to Needy Families [TANF], Aid to the Needy Disabled [AND], Supplemental Security Income [SSI], Old Age Pension [OAP], Food Stamps) and child support payments. If a client is living with a parent but is self-supporting (that is, the client is paying his/her own way), exclude the parent's income. If a client is dependent upon the parent's income, include the parent's income in this figure. Use the most recent full month. Use whole dollars only. If the client has no income, enter zero (0). If the client's monthly income is unknown or if the client refuses to respond, leave the item blank. If client's legal monthly income level is greater than 9999, enter 9999.
Valid Entries:	000-9999
Unknown:	Acceptable; designate by leaving the item blank
Refused:	Acceptable; designate by leaving the item blank
Not Collected:	Not acceptable
Blanks:	Acceptable
Field Length:	4
Field Type:	Alphanumeric

24. Number of persons living on client's legal income, including client (must be at least 1): _____

Description:	Identifies the total number of adults and children who are supported by the client's legal monthly income, including the client.
Guidelines:	If the client is paying child support, include the number of children being supported, even if they are not living with the client.
Valid Entries:	1-99
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

25. Number of children (<18 years of age) dependent upon the client: ____

Description:	Identifies the number of children whom the client supports financially and otherwise.
Guidelines:	Enter the number of children the client has for whom the client is financially responsible, and for whom the client has primary parental responsibility. Include: 1) students between the ages of 18-21 who still require financial support for daily living; 2) Persons who are over the age of 18 who have mental or physical disabilities and require support.
Valid Entries:	0-98, 99 for unknown
Unknown:	Acceptable for detox clients only; designate by entering 99
Refused:	Acceptable for detox clients only; designate by entering 99
Not Collected:	Not Acceptable
Blanks:	Not Acceptable
Field Length:	2
Field Type:	Numeric

26. Is client a military service veteran: ___Yes ___No

Description:	Identifies whether the client has served active duty in the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.)
Guidelines:	Those whose only service was in the Reserves (i.e., never called to active duty), the National Guard or the Merchant Marines are not considered veterans.
Valid Entries:	Check (X) on the line by "Yes" or "No." May leave blank for detox clients only.
Unknown:	Acceptable for detox only; designate by leaving blank
Refused:	Acceptable for detox only; designate by leaving blank
Not Collected:	Acceptable for detox only; designate by leaving blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Alpha

27. Client's living situation: ____
1=Homeless (no fixed address; includes shelters)
2=Dependent living (living with parents)
3=Dependent living (living in a supervised setting)
4=Independent living (living on his/her own)

Description: At the time of admission, identifies whether the client is homeless, living with parents, in a supervised setting, or living on his or her own.

Guidelines: Choose only one option.

1=Homeless
Client is temporarily or chronically homeless; client has no fixed address; client may be staying at a shelter, living on the streets, or staying with friends. This response is only appropriate for those clients for whom "Homeless" was checked on Item #11 (Zip Code). If client has a zip code of Colorado residence, or lives out of state, then this response cannot be an option. If client is both homeless and from out of state, check option "1=Homeless" above.

2=Dependent living (living with parents)
Client lives with his/her parent(s), other relatives, guardian(s) or in a foster care setting and requires some supervision

3=Dependent living (living in a supervised setting)
Client lives in a supervised setting such as a residential or correctional institution, halfway house or group home

4=Independent living (living on his/her own)
Client lives alone or with others without supervision

Valid Entries: 1-4

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

28. Client disability (Check all that apply):

___0= None
___1= Mental Retardation
___2= Cerebral Palsy
___3= Seizure disorder/Epilepsy
___4= Autism
___5= Other neurological
___6= Developmental delay
___7= Significant hearing impairment/Deaf
___8= Significant speech impairment/Non-verbal
___9= Significant vision impairment/Blind
___10= Non-ambulatory
___11= Brain injury
___12= Psychiatric
___13= Downs Syndrome
___14= Attention Deficit Disorder
___15= Other

Description:	Identifies if client is disabled and specifies the disability.
Guidelines:	Base this response on the client's self-report, clinical observation or assessment, or on the client's medical or mental health history. Check all that apply. If the response is 0=None, then no other response can be checked for this item.
Valid Entries:	Check (X) on the line next to the appropriate disability
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Alpha

29. Does this client require reasonable accommodation(s) in order to participate in or benefit from treatment? ___Yes ___No

Description:	Specifies whether or not the client requires special equipment, access, educational materials, interpreters, etc. in order to participate in or benefit from treatment.
Guidelines:	Choose only one option. Reasonable accommodations are defined in the Americans With Disabilities Act. Clinicians and/or clinics may not discourage or otherwise turn away a client from treatment because the client requires reasonable accommodations in order to obtain or benefit from treatment services. Clinicians and/or clinics must provide reasonable accommodations to those clients requiring same, regardless of funding availability.
Valid Entries:	Check (X) "Yes" or "No" if client has any disability as noted in item #28 Leave item blank if client has no disability.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Acceptable only if client has no disability and 0=None was checked in Item #28 above.
Field Length:	1
Field Type:	Alpha

30. If "Yes" to item number 27 above, is the clinic providing reasonable accommodation(s)? ___Yes ___No

Description:	Identifies if the clinic or facility is providing reasonable accommodations for this client.
Guidelines:	Only one response option may be chosen. Check (X) "Yes" or "No" if client has a disability and the response for Item #29 above was "Yes." Leave this item blank if client does not have a disability (the response for Item #28 above was "0=None"), or if the response to Item #29 above was "No."
Valid Entries:	Check (X) on the line next to "Yes" or "No" or leave the item blank according to the Guidelines above.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Acceptable only if the response to Item #28 was "0=None" or if the response to Item #29 was "No."
Field Length:	1
Field Type:	Alpha

31. Highest school grade completed: _____ (GED=12; BA=16, etc.) ___Unknown

Description:	Identifies the highest grade of formal academic education the client has completed at the time of admission.
Guidelines:	00 = No formal education 08 = Completion of 8th grade 12 = Completion of High School or GED 16 = Completion of Bachelors 18 = Completion of Masters Leave item blank if "Unknown" is checked. Example: a response of "08" indicates completion of the 8th grade.
Valid Entries:	00-98
Unknown:	Acceptable for detox clients only; designate by checking (X) on the line next to "Unknown"
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Acceptable only if "Unknown" is checked for this item
Field Length:	2
Field Type:	Numeric (or check (X) for Unknown only)

32. Current employment status: ____
1=Employed full time (35+ hours/week)
2=Employed part time (<35 hours/week)
3=Unemployed, looking for work past 30 days/laid off
4=Unemployed, not looking for work past 30 days/laid off
5=Homemaker
6=Student
7=Retired
8=Disabled
9=Inmate
10=Other
0=Unknown

Description: Identifies the client's employment status at the time of admission.

Guidelines: Choose only one option.

1=Employed full time (35+hours/week)
Client works 35 hours or more each week. Includes members of the uniformed services, and clients on strike whose normal working hours are 35+ hours per week.

2=Employed part time (<35 hours/week)
Client works an average of less than 35 hours per week.

3=Unemployed, looking for work past 30 days/laid off
Client is unemployed and actively seeking employment. Includes clients who have registered with employment agencies, responded to or placed ads, and/or submitted resumes to potential employers.

4=Unemployed, not looking for work past 30 days/laid off
Client is unemployed and is not seeking employment. Includes clients who have been laid off and are waiting for recall from layoff, and clients whose source of support is illegal, such as theft or prostitution.

5=Homemaker full time, no formal employment

6=Student full time, no formal employment

7=Retired, no formal employment

8=Disabled, no formal employment

9=Inmate
Client is an inmate of an institution or prison that keeps the client, who may be otherwise able, from entering the labor force.

10=Other

0=Unknown – Acceptable for detox clients only

If a client is disabled and works full or part time, check option "1=Employed full time" or "2=Employed part time." Do not check option "8=Disabled."

Valid Entries:	For treatment clients 1-10 For detox clients 0-10
Unknown:	Acceptable for detox clients only
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

33. Primary source of income/support for client (or client's parent if client <18 years of age): _____
1=Wages
2=Public assistance
3=Retirement/Pension
4=Disability
5=Other
6=None
0=Unknown

Description: Identifies the client's principal source of legal financial support at the time of admission. For children under 18 years of age, this item indicates the parent's primary source of legal income or support.

Guidelines: 1=Wages
The client's employment is the primary source of income.

2=Public assistance
Public assistance includes any state or federal financial support such as welfare, TANF, Food Stamps, Aid to the Needy Disabled, Old Age Pension, etc. This does NOT include alimony, child support, social security payments, Worker's Compensation, or unemployment benefits.

3=Retirement/pension

4=Disability payments

5=Other
Includes alimony, child support, social security payments, Worker's Compensation, unemployment benefits, etc.

6=None

0=Unknown

Valid Entries: For treatment clients 1-6
For detox clients 0-6

Unknown: Acceptable for detox clients only

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

34. Primary source of payment for this treatment episode: _____
1=Self pay
2=MSO funds
3=Blue Cross/Blue Shield
4=Medicare
5=Medicaid
6=Active duty military/dependent government health plan
7=Other government payments (includes TANF and/or core services)
8=Worker's Compensation
9=Other health insurance companies
10=No charge (free, charity, special research, teaching)
11=Other
12=Colorado ATR

Description: Identifies the primary source of payment for THIS treatment episode at the time of admission. "Primary source" is defined as the entity that will pay for the largest portion of this treatment episode.

1=Self pay
The client is paying for this treatment episode.

2=MSO funds
Managed Service Organization (MSO) funds subsidize this client's treatment.

3=Blue Cross/Blue Shield
This insurance company will pay for the largest portion of this treatment episode.

4=Medicare
The client is enrolled in Medicare and Medicare will pay for the largest portion of this treatment episode.

5=Medicaid
The client is enrolled in Medicaid, a public health insurance plan for low-income persons, and Medicaid will pay for the largest portion of this treatment episode.

6=Active duty military/dependent government health plans
The client has health insurance through the military or as a dependent of someone in the military, and that insurance will pay the largest portion of this treatment episode.

7=Other government payments (includes County Department of Human/Social Services funding from TANF or core services)

8=Worker's Compensation

The client is receiving benefits due to an injury incurred in the course of his/her employment and those benefits will pay the largest portion of this treatment episode.

9=Other health insurance companies
The client has health care coverage through a regular indemnity insurance company(other than Blue Cross/Blue Shield), or is enrolled in a managed care plan, and his/her benefits will pay the largest portion of this treatment episode.

10=No charge (free, charity, special research, teaching)
No charge is assessed for this treatment episode.

11=Other

12=Colorado ATR
Colorado Access to Recovery provides NO COST substance abuse treatment and recovery support services to individuals who meet the eligibility requirements.

Guidelines:	If payment is made by multiple sources, indicate the source paying for the majority of the treatment services. In cases in which the payment is being made equally by two or more sources, enter only one source.
Valid Entries:	1-12
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

35. Health insurance of client, regardless of payment source for this treatment episode: _____
1=Client is insured
2=Client is not insured
0=Unknown

Description:	Identifies if the client has health insurance.
Guidelines:	Choose only one option.
Valid Entries:	For treatment clients 1-2 For detox clients 0-2
Unknown:	Acceptable for detox clients only
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

36. If client is insured, does the client's health insurance cover substance abuse treatment? ___Yes ___No

Description:	Identifies whether or not the client's health insurance includes coverage for any kind of substance abuse treatment.
Guidelines:	Check (X) "Yes" if the client's health insurance covers any kind of substance abuse treatment for this client, regardless of the client's current service needs.
Valid Entries:	Check (X) "Yes" or "No" if client is insured. Leave this item blank if client is uninsured (for Item #35, response #2 was checked) or if status of insurance is unknown (client is in detox <u>and</u> for Item #35, response #0 was checked).
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Acceptable if client is uninsured (for Item #35, response #2 was checked) or if status of insurance is unknown and client is in detox (for Item #35, response #0 was checked).
Field Length:	1
Field Type:	Alpha

37. Does the client have a current mental health problem in addition to substance abuse: ___Yes ___No ___Unknown

Description:	Identifies if the client has a current mental health problem at the time of admission.
Guidelines:	The response to this item is based upon subjective indicators of the clinician's assessment of the client's mental health. This judgment may be made from: the initial contact experience as well as any prior knowledge of the client; the clinician's diagnostic impression; the client's self-report of a mental health problem; or the clinician's assessment of the client's prescription medication regimen. This item does not refer to nor require the clinician to make a formal Axis I or II diagnosis as defined in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders.
Valid Entries:	Check (X) the line next to "Yes," "No" or "Unknown"
Unknown:	Acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Alpha

38. Transfer or referral source: _____
1=Individual (self, family, friend)
2=Alcohol/drug abuse care provider
3=Other health care provider (e.g., medical, mental)
4=School (educational)
5=Employer
6=Social/Human services
7=Non DUI Criminal Justice (e.g., Probation, Parole/TASC, SB-94, Community Corrections)
8=DUI/DWI Criminal Justice
9=Involuntary commitment
10=Other Community referral
11=Drug Court
12 = STIRRT

Description: Describes the person or agency referring the client to the alcohol or substance abuse treatment program.

Guidelines: Choose only one option.

1= Individual (self, family, friend)
Includes the client, a family member, friend or any other individual who would not be included in any of the following categories. Includes self-referral due to pending DUI/DWI.

2=Alcohol/drug abuse care provider
Any program, clinic or other health care provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education or treatment.

3=Other health care provider (e.g., medical, mental)
A physician, psychiatrist or other licensed health care professional; or a general hospital, psychiatric hospital, mental health program or nursing home.

4=School (educational)
A school principal, counselor or teacher; a school-based clinic; or a student assistance program (SAP), the school system or an educational agency.

5=Employer
A supervisor, employee counselor or work colleague; or an employee assistance program (EAP).

6=Social/Human services excluding TANF and Child Welfare
Any federal, state, county or other governmental agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare.

7=Non DUI Criminal Justice (e.g., Probation, Parole/TASC, SB-94, Community Corrections)

Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state or county judicial system, related to a non-DUI offense. Includes clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough or TASC. Client need not be "officially" designated as "on parole."

8=DUI/DWI Criminal Justice

Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state or county judicial system, Alcohol and Drug Evaluator, related to a Driving Under the Influence [DUI], Driving While Impaired [DWI], Boating Under the Influence [BUI], or Flying Under the Influence [FUI] offense.

9=Involuntary commitment

A civil action initiated by a petitioner and heard in a district court, whereby the client is ordered into treatment and is committed to the custody of the Alcohol and Drug Abuse Division.

10=Other Community referral

Other community or religious organizations, self-help groups such as Alcoholics Anonymous (AA), Al-Anon, or Narcotics Anonymous (NA).

11=Drug Court

A court specifically designed to process drug cases and that specializes in drug law and drug offenders.

12 =STIRRT Residential Continuing Care

Services specific to the offender population whereby the client meets a set of specific criteria to meet the admission criteria for residential and continuing care services. Referrals to the STIRRT programs are made through any criminal justice agency for consideration of acceptance by STIRRT programs.

Valid Entries:	1-12
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable

Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

For items #39-42, rate each category according to counselor assessment of severity at admission: (Complete for Tx only, not Detox):

39. Family issues and problems: ___
1=None (issues are temporary and relationships generally positive)
2=Slight (some issues present; occasional friction or discord)
3=Moderate (frequent disruptions or turbulence in family functioning)
4=Severe (extensive disruption of family functioning)

Description:	Identifies the clinician's assessment of the client's skills and functioning level in the family setting at the time of admission.
Guidelines:	Choose only one option. Includes the degree of family issues and problems the client is currently experiencing with or in the family. "Family" is defined as relatives or significant others whom the client considers "family" and with whom the client interacts on a frequent or regular basis. The client may or may not be cohabitating with family.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

40. Socialization problems: ___
1=None (able to form good relationships with others)
2=Slight (difficulty developing or maintaining relationships)
3=Moderate (inadequate social skills resulting in tenuous and strained relationships)
4=Severe (unable to form relationships)

Description:	Identifies the clinician's assessment of the client's social skills and ability to function in positive relationships at the time of admission.
Guidelines:	Choose only one option.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

41. Education, employment problems: ___
1= None (comfortable and competent in school or at work)
2=Slight (occasional or mild disruption of performance at school or work)
3=Moderate (occasional major or frequent minor disruptions; rarely meets expectations)
4=Severe (serious incapacity, absent motivation and ineffective functioning)

Description:	Identifies the clinician's assessment of the client's functioning in the educational or employment setting at the time of admission.
Guidelines:	Choose only one option.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

42. Medical/Physical problems: ___
1=None (no physical problems or well-controlled chronic conditions)
2=Slight (occasional or mild problems that interfere with daily living)
3=Moderate (frequent or chronic health problems)
4=Severe (incapacitated due to medical/physical problems)

Description:	Identifies the clinician's assessment of the client's medical or physical level of functioning at the time of admission.
Guidelines:	Choose only one option.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

43. DRUG TYPE Primary ___ Secondary ___ Tertiary ___

0=None (valid only for differential assessment) **1=Alcohol** **2=Barbiturate** **3=Benzodiazepine tranquilizer (Valium, Librium, Xanax, etc.)** **4=Clonazepam (Klonopin, Rivotril)** **5=Other sedative/hypnotic (Chloral Hydrate, Dalmane, etc.)** **6=Other tranquilizer** **7=Cocaine Hydrochloride/crack** **8=Methamphetamine (crank, crystal, methedrine, etc.)** **9=Other amphetamine (Benzedrine, Dexadrine, Desoxyn, etc.)** **10=Other stimulant (Ritalin, Sanorex, Adderall, etc.)** **11=Heroin** **12=Non Rx Methadone** **13=Other Opiate/synthetic opiate (Morphine, Codeine, etc./ Demerol, Percodan, etc.)**	**14=Marijuana/hashish** **15=LSD** **16=PCP** **17=Other hallucinogens** **18=Inhalant** **19=Over the counter drug** **20=Flunitrazepam (Rohypnol)** **21=Gamma-hydroxybutyrate, gamma-butyrolactone (GHB/GBL)** **22=Ketamine (Special K)** **23=Methylenedioxymethamphetamine (MDMA, ecstasy)** **24=Anabolic Steroid** **25=Other** **26=Bupenorphine** **27=Nicotine (Cannot be used for primary)**

Description: Primary - Identifies the client's primary drug, or that substance considered to be the primary cause of the client's dysfunction at the time of admission.

Secondary - Identifies the choice of secondary drug, if any, used by the client at time of admission.

Tertiary – Identifies the choice of tertiary drug, if any, used by the client at time of admission.

Guidelines: Choose only one option for Primary, one for Secondary (if appropriate) and one for Tertiary (if appropriate).

Write in the numeric code of the drug on the line next to "Primary," "Secondary," (if appropriate) and "Tertiary (if appropriate)." Do not write the drug name.

"0=None" may only be used for the Primary Drug Type if the modality in Item #13 is "0=Differential Assessment". All other responses for Primary Drug Type must be one of the 1-25 options listed above.

"0=None" must be used as the response for Secondary and/or Tertiary drug types if the client does not use a Secondary or Tertiary drug.

Valid Entries: 0-27

Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

44. Clinician's Diagnostic Impression Primary ___ Secondary ___ Tertiary ___
1=Use
2=Abuse
3=Dependence
0=Unknown

Description: Identifies the clinician's assessment of the client's substance problem.

Guidelines: Choose one option for Primary, one for Secondary and one for Tertiary. "0=Unknown"

1=Use
The client uses this substance but is not yet abusing or dependent upon this substance.

2=Abuse
The client is abusing this substance according to the definition of abuse in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR)

3=Dependence
The client is dependent upon this substance according to the definition of dependence in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR)

The response to this item is based upon subjective indicators of the clinician's assessment of the client's substance use patterns. The DSM-IV definitions are used as reference tools only. Responding to this item does not imply or infer that the clinician can or has made a formal Axis I or Axis II diagnosis.

If the Primary drug type (Item #43) response is "0=None," or the modality (Item #13) is "0=Differential Assessment," leave this item blank. If the client has no Secondary or Tertiary drug type, leave the Secondary or Tertiary portions of this item blank.

Valid Entries: Primary 0-3
Secondary 0-3
Tertiary 0-3

Unknown: Acceptable:
- if the corresponding Drug Type (Item #43) is "0=None;"
- for detox

Refused: Not acceptable

Not Collected: Not acceptable

Blanks:	Acceptable for “Primary” if the modality (Item #13) response is “0=Differential Assessment.” Acceptable for “Secondary” or “Tertiary” if the client had no “Secondary” or “Tertiary” drug type.
Field Length:	1
Field Type:	Numeric

45. How many days in the last 30 days did you use your Primary/Secondary/Tertiary? substance?
Primary _____ Secondary _____ Tertiary _____

Description: Identifies the number of days the client used his/her Primary, Secondary (if appropriate) and Tertiary (if appropriate) substance during the 30 calendar days before admission.

Guidelines: Response cannot be greater than 30.

Count the number of days used only. Do not count the number of times in a day the client used.

If modality (Item #13) was "0=Differential Assessment," leave item blank.

If client had no "Secondary" or "Tertiary" drug type, leave the "Secondary" or "Tertiary" portions of this item blank.

Valid Entries: 0-30

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Acceptable for "Primary" only for Differential Assessment modalities only (Item #13 "0=Differential Assessment)

Acceptable for "Secondary" or "Tertiary" if the client had no "Secondary" or "Tertiary" drug type.

Field Length: 2

Field Type: Numeric

46. Usual route of administration during most recent abuse period on admission:
Primary _____ Secondary _____ Tertiary _____
1=Oral
2=Smoking (pipe/cigarette)
3=Inhalation (nose/mouth)
4=Injection (IV/IM)
5=Other

Description: Identifies the client's usual route of administration of his/her Primary, Secondary and Tertiary substance.

Guidelines: Write only the numeric code of the client's usual route of administration on the line next to "Primary," "Secondary" and "Tertiary."

1=Oral
Drinking or eating

2=Smoking
May use a pipe, cigarette, or some other apparatus

3=Inhalation
Insufflations via the nose or mouth; does not include smoking

4=Injection
Intravenous, intramuscularly, subcutaneous, or any other administration involving the use of needles

5=Other
Any method of drug administration not described by any of the above codes

Valid Entries: 1-5

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Acceptable for "Primary" if the client had no Primary drug type and is receiving a Differential Assessment (Item #13, "0=Differential Assessment) only

Acceptable for "Secondary" or "Tertiary" if the client had no "Secondary" or "Tertiary" drug type.

Field Length: 1

Field Type: Numeric

47. Age first used; If Alcohol, Age first intoxicated:
Primary ___ Secondary ___ Tertiary ___
Unknown: Primary ___ Secondary ___ Tertiary ___

Description: For drugs, this field identifies the age at which the client first used his/her Primary, Secondary and Tertiary substance(s).
For alcohol, this field identifies the age at which the client was first intoxicated.

Guidelines: Enter the client's age at first drug use or first alcohol intoxication on the line next to Primary, Secondary and Tertiary, if appropriate. If client had no Secondary and/or Tertiary drug, leave line next to Secondary and/or Tertiary blank.

Do NOT enter the year of first use or first intoxication. Age of first use/intoxication must be less than or equal to client's current age. Age of first/intoxication must not be greater than client's current age.

Valid Entries: 0-99, X

Unknown: Acceptable for detox clients only. Designate by marking an X on the line next to the appropriate drug type

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Acceptable for "Primary" if the client had no Primary drug type and is receiving a Differential Assessment only (Item #13, "0=Differential Assessment")

Acceptable for "Secondary" or "Tertiary" if the client had no "Secondary" or "Tertiary" drug type.

Field Length: 2

Field Type: Numeric (or check (X) for Unknown only)

48. Source of illicit drugs (check one)
1=Family
2=School
3=Friends
4=Jail/prison
5=Internet
6=Entertainment event (bars, clubs, parties, raves, concerts, etc.)
7=Stranger/street vendor
8=Refused
9=Unknown
10=Prescription

Description:	Identifies the client's primary source from whom or from which they obtain(ed) their drugs
Guidelines:	If the client's Primary Drug is "none" or "alcohol" code this item as response number 9
Valid Entries:	1-10
Unknown:	Allowed as response number 9
Refused:	Allowed as response number 8
Not Collected:	Allowed as response number 9
Blanks:	Allowed as response number 9

In the 6 months prior to admission, how many times did the client

49. Visit a medical emergency room: ____ Unknown ____

50. Get admitted to a medical hospital: ____ Unknown ____

51. Visit a psychiatric emergency room: ____ Unknown ____

52. Get admitted to a psychiatric hospital: ____ Unknown ____

Description: Identifies the amount of medical and psychiatric emergency and inpatient services the client utilized in the 6 months prior to this admission.

Guidelines: Enter the number of times the client visited a medical or psychiatric emergency room, and the number of times the client was admitted to a medical or psychiatric inpatient setting in the 6 months prior to this admission. These visits/admissions may or may not be related to substance use, abuse or dependency.

If the client had more than 98 visits or admissions, enter 98.

If unknown, check (X) the appropriate line next to "Unknown."

Valid Entries: 0-98, X

Unknown: Acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 2

Field Type: Numeric (or check (X) for Unknown only)

53. Number of DUI/DWAI arrests in the last 30 days prior to this admission: _____ Unknown: ____

Description:	Identifies the number of drinking and driving arrests the client received during the 30 days prior to this admission.
Guidelines:	Enter the number of drinking and driving arrests the client received during the 30 day period prior to this admission. An arrest does not imply a conviction. Include the number of BUI and FUI arrests in this response. If the client was not arrested for drinking and driving during this time period, enter zero (0). If more than 30 arrests for drinking and driving in this time period, enter 30.
Valid Entries:	0-30
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric (or check (X) for Unknown only)

54. Number of all other arrests in the last 30 days prior to this admission: ____
Unknown: ____

Description: Identifies the number of all arrests of any type except DUI/DWAI/BUI/FUI during the 30 day period prior to this admission.

Guidelines: This includes arrests for offenses involving the illegal sale, possession, distribution and/or manufacture of drugs, underage drinking, and arrests not related to substance use or abuse. Arrest does not imply conviction.

If the client had more than 30 arrests, enter 30.

If the client was not arrested for any non-DUI/DWAI offenses, enter zero (0).

Valid Entries: 0-30

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 2

Field Type: Numeric (or check (X) for Unknown only)

55. Frequency of attendance at self help programs in 30 days prior to Admission: _____

Description: The number of times client has attended self-help program in the 30 days preceding the date of admission to treatment. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

Guidelines: Enter **0-30 Required**

Valid Entries: 0-30

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 2

Field Type: Numeric

56. Is client covered by the Interstate Compact?
_____Yes _____No

Description:	Identifies if the client offended in another state and the court in that state ordered the client to receive substance abuse treatment in Colorado.
Guidelines:	Check (X) the line next to "Yes" or "No." Choose only one option.
Valid Entries:	X
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients only; designate by leaving item blank
Blanks:	Acceptable for detox clients only; designate by leaving item blank
Field Length:	1
Field Type:	Alpha

57. Current tobacco use: _____Yes _____No

Description:	Identifies if the client is a current user of tobacco products.
Guidelines:	Check (X) "Yes" if the client uses any tobacco product by any route or frequency at the time of admission.
Valid Entries:	X
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Alpha

58. Statutory Commitment at admission: _____

0=None (no commitment or holding procedure)
1=Emergency Commitment (detox clinics ONLY)
2=Involuntary Commitment to non-detox treatment

Description: Identifies if the client was admitted under an emergency or an involuntary commitment at the time of admission.

Guidelines: DBH will automatically populate this field with zero (0).

<u>DISCHARGE</u> (#59-95)

59. SSPA#: _____ (1-7)

Description: SubState Planning Area (SSPA) region of clinic in which service originates.

Guidelines:
1=Northeast Colorado
2=Denver area
3=Colorado Springs area
4=Southeast Colorado
5=Western Slope – South
6=Western Slope – North
7=Boulder area

Write only the code number of the region. Do not write the region's name. Only one region is allowed. <u>SSPA Number on discharge must be identical to the SSPA Number at admission.</u>

Valid Entries: 1-7

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

60. Admission Date: __ __/ __ __/ __ __ __ __
mm dd yyyy

Description:	Admission is defined as the client's first face-to face therapeutic service with the counselor. Therapeutic service includes the differential assessment.
Guidelines:	The admission date on the discharge form must be identical to the admission date on the admission form for this client. Any discrepancy will result in a mismatch error being sent back to the clinician for correction.
Valid Entries:	MM DD YYYY Valid entries must have two numerical digits for the month, two for the day, and four for the year.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	8
Field Type:	Date

61. Report Type ___ (D – Treatment Discharge; X – Detox Discharge)

Description: D = Treatment Discharge
Data pertains to client's status at discharge from treatment.

X = Detox Discharge
Data pertains to client's status at discharge from detox.

Guidelines: Clients admitted into treatment (admission Report Type "A") must be discharged under Report Type "D."

Clients admitted for detox (admission Report Type "X") must be discharged under discharge Report Type "X."

A discharge DACODS should be completed on any client:

- who transfers to a modality different from the one under which they were admitted;
- who transfers to a different clinic or facility with a different license number from the admitting clinic or facility;
- who completes the course of treatment or detox and is formally discharged by a counselor;
- whose clinical record shows no activity in 90 days and after follow-up the clinician feels the client will not pursue further service.

Detox Discharges: DBH's Guidelines for releasing/discharging clients from detox are available on the DBH web site, www.cdhs.state.co.us/DBH

Valid Entries: D, X

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Alpha

62.Clinic/Provider License number: __ __ __ __-__ __

Description:	Identifies the provider of the alcohol or drug treatment service.
Guidelines:	The clinic/provider license number on the discharge form must be identical to the clinic/provider license number on the admission form. Any discrepancy will result in a mismatch error that will be returned to the clinician for correction. Clinic/provider identification is the six-digit license number assigned to a facility/clinic by DBH. For facilities/clinics with multiple locations, the first four digits may be identical, but the last two digits are unique numbers specific to individual locations or sites.
Valid Entries:	XXXX-XX Four numerical digits, a hyphen, and two numerical digits
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	7
Field Type:	Alphanumeric

63. Medicaid ID Number:

Description:	Client's Medicaid Identifier; to be completed whenever client has a Medicaid identifier, regardless of whether or not Medicaid is the primary payer for these current services
Guidelines:	Up to 7 spaces are provided.
Valid Entries:	X999999
Unknown:	Allowed as blanks only if client does not have Medicaid ID and/or Primary Source of Payment (item #34) is not response #5, Medicaid
Refused:	Allowed as blanks only if client does not have Medicaid ID and/or Primary Source of Payment (item # 34) is not response #5, Medicaid
Not Collected:	Allowed as blanks only if client does not have Medicaid ID and/or Primary Source of Payment (item #34) is not response #5, Medicaid
Blanks:	Allowed only if client does not have Medicaid ID and/or Primary Source of Payment (item #34) is not response #5, Medicaid
Field Length:	7
Field Type:	Alphanumeric

64.Provider Client Number: __ __ __ __ __ __ __ __ __ __

Description:	This is an optional data element designed to assist programs to identify client records and link them with DACODS. This identifier is created by the facility/clinic, and should be a unique number for that facility/clinic. If not collected or not used, leave item blank.
Guidelines:	Up to 10 spaces are provided.
Valid Entries:	XXXXXXXXXX
Unknown:	Allowed as blanks
Refused:	Not acceptable
Not Collected:	Allowed as blanks
Blanks:	Allowed
Field Length:	10
Field Type:	Alphanumeric

Client Information (#65-68)

65. Last Name: _____
First Name: _____ M.I. _____

Description: Identifies the client who is being discharged.

Guidelines: The client's name (Last Name, First Name and Middle Initial) on the discharge form must be identical to the client's name on the admission form. Any discrepancy will result in a mismatch error that will be returned to the clinician for correction. Please check the admission record before entering the client's name. Spelling and punctuation must be identical.

Last Name – up to 40 spaces provided; double last names may include a hyphen or space; last names may have a space followed by "Jr." or "II" or some other designation.

First Name – up to 23 spaces provided; double first names may include a hyphen or space.

Middle Initial – only 1 space provided; no hyphens, spaces or punctuation allowed. If client does not have a Middle Initial, leave this line blank. (Middle Initial can only be left blank on discharge if it was also blank on admission.)

Valid Entries: Last Name – XXXXXXXXXX or XXXXX-XXXX, XX or XXXXX XXXX
First Name – XXXXXXXXXX or XXXXX-XXXX, or XXXXX XXXX
Middle Initial - X

Unknown: Acceptable for Middle Initial only

Refused: Acceptable for Middle Initial only

Not Collected: Acceptable for Middle Initial only

Blanks: One blank is acceptable between multiple last or first names; blanks are acceptable for Middle Initial

Field Length: Last Name – 40
First Name – 23
Middle Initial – 1

Field Type: Last Name – alpha
First Name – alpha
Middle Initial - alpha

66.Date of birth: __ __/__ __/__ __ __ __
M M D D YEAR

Description:	Identifies client's birth date
Guidelines:	Client's date of birth on the discharge form must be identical to the client's date of birth on the admission form. Any discrepancy will result in a mismatch error that will be returned to the clinician for correction.
Valid Entries:	MM DD YYYY Valid entries must have two digits for the month, two digits for the day, and four digits for the year.
Unknown:	Not acceptable for treatment clients; Unknowns accepted for detox only and designated by leaving item blank
Refused:	Accepted for detox only; designate by leaving item blank
Not Collected:	Accepted for detox only; designate by leaving item blank
Blanks:	Accepted for detox only.
Field Length:	8

67. Social Security Number: __ __ __ - __ __ - __ __ __

Description:	Identifies the client's social security number.
Guidelines:	Enter the client's entire social security number in the 9 spaces provided. The client's social security number on the discharge form must be identical to the client's social security number on the admission form. Any discrepancy will result in a mismatch error that will be returned to the clinician for correction.
Valid Entries:	XXX-XX-XXXX 3 digits, a hyphen, 2 digits, a hyphen, and 4 digits
Unknown:	Allowed; leave blank
Refused:	Allowed; leave blank
Not Collected:	Allowed; leave blank
Blanks:	Allowed
Field Length:	11
Field Type:	Alphanumeric

68. Zip code: __ __ __ __ __-__ __ __ __
___Homeless ___Out of State zip

Description:	Enter the 5 or 9-digit zip code of client's Colorado residence at the time of discharge; if client is homeless or lives out of state, leave zip code blank and check the appropriate line.
Guidelines:	If the 5 or 9 digit zip code is completed, then both Homeless and Out of State zip must be blank. If the client is homeless, leave the zip code blank and check the line before Homeless. If the client lives out of state, leave the zip code blank and check the line before Out of State. If the client is both homeless and from out of state, check "Homeless."
Valid Entries:	XXXXX or XXXXX-XXXX Five numerical digits Or 5 digits, a hyphen and 4 digits.
Unknown:	Not acceptable for treatment Acceptable for detox only; designate by leaving item blank
Refused:	Acceptable for detox only; designate by leaving item blank
Not Collected:	Acceptable for detox only; designate by leaving item blank
Blanks:	Acceptable for detox only
Field Length:	5 or 10
Field Type:	Alphanumeric

69. Discharge Modality: _____

0= Differential Assessment
1= Ambulatory medical detox
2= Residential (non-hospital) detox (RDX)
3= Therapeutic community (TC)
4= Intensive residential (IRT)
5= Transitional residential (TRT)
6= Opioid replacement therapy (ORT)
7= Traditional Outpatient (OP)
8= STIRRT
9= Intensive Outpatient (IOP)
10= Day treatment (DAY)
11= Medically managed inpatient other than detox
12= Medically managed inpatient detox
13= DUI Level I education
14= DUI Level II education only
15= DUI Level II therapy and education
16= Minors in Posession (MIP) treatment

Description: The modality or type of service from which the client is being discharged.

0= Differential Assessment
Formal evaluation by counselor to determine type of substance abuse treatment needed and ASAM level of care.
(Most clients receive a Differential Assessment during their intake. This modality refers to clients who ONLY receive the Differential Assessment and are determined to be inappropriate for substance abuse treatment.) (No corresponding ASAM Level)

1= Ambulatory medical detox
Outpatient treatment services providing for safe withdrawal in an ambulatory setting. ASAM Level I-D and Level II-D

2= Residential (non-hospital) detox (RDX)
24 hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. ASAM Level III.2-D

3= Therapeutic community (TC)
High-intensity residential program designed to address significant problems with living skills in a highly-structured recovery environment, utilizing the treatment community as the change agent modeling and enforcing appropriate values and behaviors. Treatment is specific to maintaining abstinence and preventing relapse, but also vigorously promotes personal responsibility and positive character change over a typical period of 9 to 18 months. ASAM Level III.5

Standardized Offender Assessment Level 6

4= Intensive residential (IRT)
Planned residential treatment regimen of 24-hour professionally directed evaluation, care and treatment of addicted persons in an inpatient setting typically lasting 30 days or less. ASAM Level III.7 Standardized Offender Assessment Level 5

5= Transitional residential (TRT)
Low-intensity professional addiction treatment services offered at 5 or more hours per week in a structured, 24-hour staffed residential recovery environment. Clients are typically required to work and attend recovery skills sessions over a period of 1 to 3 months. ASAM Level III.1 Standardized Offender Assessment Level 4

6= Opioid replacement therapy (ORT)
Ambulatory pharmacological treatment service for opiate-addicted clients designed to address client need to increase level of functioning, including elimination of illicit opiate use. ASAM Level OMT

7= Traditional Outpatient (OP)
Organized non-residential treatment provided in a variety of settings for fewer than 9 treatment contact hours per week for adults, and fewer than 6 treatment contact hours per week for minors. ASAM Level 1 Standardized Offender Assessment Level 3

8= Short Term Intensive Remedial Residential Treatment (STIRRT)
Specialized residential treatment for offenders in an inpatient setting typically lasting less than 30 days. (No corresponding ASAM Level) Standardized Offender Assessment Level 5

9= Intensive Outpatient (IOP)
Nine or more hours per week for adults, and 6 or more hours per week for minors, of structured intensive substance abuse programming in which psychiatric and medical needs may also be addressed. ASAM Level II.1 Standardized Offender Assessment Level 4

10= Day treatment (DAY)
Twenty or more hours of clinically intensive programming per week in an ambulatory setting. ASAM Level II.5 Standardized Offender Assessment Level 4

11= Medically managed inpatient other than detox
Twenty-four hour medically-directed substance abuse treatment (excluding detox) provided in an acute care inpatient or hospital setting. ASAM Level IV

12= Medically managed inpatient detox

24 hour per day intensive medical acute care services in a hospital setting for detoxification for persons with severe medical complications associated with withdrawal. ASAM Level IV-D

13= DUI Level 1 education

Twelve hours of outpatient instruction for DUI/DWAI, BUI or FUI offenders placed in accordance with the ADDS program clinical procedures. No more than 6 hours shall be conducted in one calendar day.

14= DUI Level II education only

Twenty-four hours of outpatient therapeutic education provided over 8 to 12 weeks with an emphasis on group process for DUI/DWAI, BUI or FUI offenders placed in accordance with the ADDS guidelines.

15= DUI Level II therapy and education

Twenty-four hours of outpatient therapeutic education plus recommended Track A, B, C or D of therapy. Clients must satisfy a specific number of education and therapy hours required over a specific number of months, as determined by BAC and the number of prior offenses, per ADDS guidelines.

16= Minors in Possession (MIP) treatment

Outpatient education and treatment provided to youth receiving an underage drinking ticket. First offense groups are required to complete a minimum of 6 hours of education; second offense requires a minimum of 12 hours; and third and subsequent offenses require a minimum of 20 hours of treatment services. All offenses require completion of additional court-ordered services.

Guidelines: Write in only one discharge modality per DACODS. The discharge modality must be identical to the modality in which the client was admitted. Any other discrepancy will result in a mismatch error that will be returned to the clinician for correction.

If client is being discharged from two or more modalities simultaneously, then one DACODS form for each modality must be completed at time of discharge from those modalities.

Differential Assessment

This response code should be used if the Differential Assessment is the ONLY service the client received before discharge. The client was not referred for nor received treatment services of any kind, nor was the client placed on a waiting list for services. (Clients who are referred for treatment but who never show up for treatment or who only attend one or two sessions of treatment should NOT be discharged as Differential

Assessment clients. These clients should be discharged from the modality in which they were admitted.)

Acceptable treatment modalities are:
0=Differential Assessment
3=Therapeutic Community
4=Intensive Residential
5=Transitional Residential
6=Opioid Replacement Therapy
7=Traditional Outpatient
8=STIRRT
9=Intensive Outpatient
10=Day Treatment
11=Medically Managed Inpatient other than detox
16=Minors in Possession (MIP) treatment

Acceptable detox modalities are:
1=Ambulatory Medical Detox
2=Residential (non-hospital) Detox
12=Medically Managed Inpatient Detox

Acceptable modalities for DUI providers are:
13=DUI Level I Education
14=DUI Level II Education only
15=DUI Level II Therapy and Education

Valid Entries: 1-15

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 2

Field Type: Numeric

70. Current employment status: ____
1=Employed full time (35+ hours/week)
2=Employed part time (<35 hours/week)
3=Unemployed, looking for work past 30 days/laid off
4=Unemployed, not looking for work past 30 days/laid off
5=Homemaker
6=Student
7=Retired
8=Disabled
9=Inmate
10=Other
0=Unknown

Description: Identifies the client's employment status at the time of discharge.

Guidelines: Choose only one option.

1=Employed full time (35+hours/week)
Client works 35 hours or more each week. Includes members of the uniformed services, and clients on strike whose normal working hours are 35+ hours per week.

2=Employed part time (<35 hours/week)
Client works an average of less than 35 hours per week.

3=Unemployed, looking for work past 30 days/laid off
Client is unemployed and actively seeking employment. Includes clients who have registered with employment agencies, responded to or placed ads, and/or submitted resumes to potential employers.

4=Unemployed, not looking for work past 30 days/laid off
Client is unemployed and is not seeking employment. Includes clients who have been laid off and are waiting for recall from layoff, and clients whose source of support is illegal, such as theft or prostitution.

5=Homemaker full time, no formal employment

6=Student full time, no formal employment

7=Retired, no formal employment

8=Disabled, no formal employment

9=Inmate

Client is an inmate of an institution or prison that keeps the client, who may be otherwise able, from entering the labor force.

10=Other

0=Unknown – Acceptable for detox clients only

If client is disabled but works full or part time, use response number "1=Employed full time" or "2=Employed part time" for this item.

Valid Entries:	For treatment clients 1-10 For detox clients 0-10
Unknown:	Acceptable for detox clients only
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

71. At time of discharge, does the client have a current mental health problem in addition to substance abuse: ___Yes ___No ___Unknown

Description:	Identifies if the client has a current mental health problem at the time of discharge.
Guidelines:	The response to this item is based upon subjective indicators of the clinician's assessment of the client's mental health. This judgment may be made from: contact experience with the client during treatment or detox; prior knowledge of or experience with the client; the clinician's diagnostic impression; the client's self-report of a mental health problem; or the clinician's assessment of the client's prescription medication regimen. This item does not refer to nor require the clinician to make a formal Axis I or II diagnosis as defined in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders.
Valid Entries:	Check (X) the line next to "Yes," "No" or "Unknown"
Unknown:	Acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Alpha

72. Client's Monthly Income at discharge: _____
Enter total gross legal income during most recent full month. Use whole dollars only. If no income, zero-fill all. If unknown or refused, leave all blank.

Description:	Identifies the client's total monthly income at time of discharge.
Guidelines:	Enter client's legal income level only. Include all income contributing to the client's support, including public assistance (TANF, AND, SSI, OAP, Food Stamps) and child support payments. If a client is living with a parent but is self-supporting (that is, the client is paying his/her own way), exclude the parent's income. If a client is dependent upon the parent's income, include the parent's income in this figure. Use the most recent full month. Use whole dollars only. If the client has no income, enter zero (0). If the client's monthly income is unknown or if the client refuses to respond, leave the item blank. If client's legal monthly income level is greater than 9999, enter 9999.
Valid Entries:	000-9999
Unknown:	Acceptable; designate by leaving the item blank
Refused:	Acceptable; designate by leaving the item blank
Not Collected:	Not acceptable
Blanks:	Acceptable
Field Length:	4
Field Type:	Alphanumeric

73. Number of persons living on client's legal income, including client (must be at least 1): _____

Description:	Identifies the total number of adults and children who are supported by the client's legal monthly income, including the client, at the time of client's discharge from treatment or detox.
Guidelines:	If the client is paying child support, include the number of children being supported, even if they are not living with the client.
Valid Entries:	1-99
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

74. Number of children (<18 years of age) dependent upon the client: ____

Description:	Identifies the number of children whom the client supports financially or otherwise at the time of discharge.
Guidelines:	Enter the number of children the client has for whom the client is financially responsible, and for whom the client has primary parental responsibility. Include: 1) Students between the ages of 18-21 who still require financial support for daily living; 2) Persons who are over the age of 18 who have mental or physical disabilities and require support.
Valid Entries:	0-98, 99 is unknown
Unknown:	Acceptable for detox clients only; designate by entering 99
Refused:	Acceptable for detox clients only; designate by entering 99
Not Collected:	Not Acceptable
Blanks:	Not Acceptable
Field Length:	2
Field Type:	Numeric

75. Client's living situation: _____
1=Homeless (no fixed address; includes shelters)
2=Dependent living (living with parents)
3=Dependent living (living in a supervised setting)
4=Independent living (living on his/her own)

Description: At the time of discharge, identifies whether the client is homeless, living with parents, in a supervised setting, or living on his or her own.

Guidelines: Choose only one option.

1=Homeless
Client is temporarily or chronically homeless; client has no fixed address; client may be staying at a shelter, living on the streets, or staying with friends. This response is only appropriate for those clients for whom "Homeless" was checked on Item #68 (Zip Code). If client has a zip code of Colorado residence, or lives out of state, then this response cannot be an option. If client is both homeless and from out of state, check option "1=Homeless" above.

2=Dependent living (living with parents)
Client lives with his/her parent(s), guardian(s), other relatives or in a foster care and requires some supervision

3=Dependent living (living in a supervised setting)
Client lives in a supervised setting such as a residential or correctional institution, halfway house or group home.

4=Independent living (living on his/her own)
Client lives alone or with others without supervision.

Valid Entries: 1-4

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

76. Date of last face-to-face contact with client: __ __ / __ __ / __ __ __ __
mm dd yyyy

Description: Specifies the date the clinician last saw the client in a face-to-face treatment or detox service.

Guidelines: This date may be the same as the date of discharge if the last time the clinician personally interacted with the client was to discharge him/her.

The date of last face-to-face contact must be greater than or equal to the admission date.

Valid Entries: mmddyyyy

Valid entries must have two numerical digits for the month, two for the day, and four for the year.

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 8

Field Type: Date

77. Discharge date for this episode: __ __ / __ __ / __ __ __ __
mm dd yyyy

Description: For clients active in treatment services this item specifies the month, day and year when the client was formally discharged from those services. For clients whose last face-to-face contact was prior to their discharge date, this item specifies the date on which the decision was made to formally discharge the client.

Guidelines: The discharge date must be equal to or greater than the date of last contact. The discharge date may be greater than the date of last contact if: the client left treatment or detox against professional advice (dropped out); or the client's record indicates no activity within the last consecutive 90 days.
The discharge date must be equal to or greater than the client's admission date.

Valid Entries: mmddyyyy

Valid entries must have two numerical digits for the month, two for the day, and four for the year.

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 8

Field Type: Date

78. Reason for discharge or discontinuance: ____

1=Differential assessment only
2=Treatment completed at this facility and no further formal treatment recommended
3=Treatment completed at this facility and additional formal treatment recommended
4=Left against professional advice (dropped out)
5=Terminated by facility
6=Treatment not completed at this facility, transferred or referred to another substance abuse treatment program or facility for completion
7=Incarcerated
8=Died
9=Other
10=Agency closed/no longer in business

Description: Indicates the outcome of the treatment or service, or the reason for transfer or discontinuance of treatment or service.

Guidelines: Choose only one option.

1=Differential assessment only

The client received a differential assessment only and no substance abuse treatment or service was recommended. If this response is chosen, then the Discharge Modality (Item #69) response must be "0=Differential Assessment."

2=Treatment completed at this facility and no further formal treatment recommended

The client completed his/her course of treatment or service at this facility, and no further formal treatment was recommended.

3=Treatment completed at this facility and additional formal (substance abuse) treatment recommended

The client completed his/her course of treatment or service at this facility, but requires more formal substance abuse treatment, either at this or another facility. Self-help recovery groups are not considered formal treatment unless the counselor continues follow-up contact with the client.

4=Left against professional advice (dropped out)

The client left treatment or service against professional advice; he/she dropped out or walked away from treatment. This response category should be used for any client who does not enter into or complete the recommended course of treatment or service.

5=Terminated by facility

The client is formally terminated by the facility before the completion of his/her course of treatment or service, regardless of the reason for the termination.

6=Treatment not completed at this facility, transferred or referred to another substance abuse treatment program or facility for completion

The client is transferred or referred to another substance abuse treatment program for completion of their course of treatment or service, regardless of the reason for transfer or referral. Do not include referrals to self-help recovery groups.

7=Incarcerated

The client's course of treatment is terminated because the client has been incarcerated.

8=Died

The client died during the course of treatment or service.

9=Other

10=Agency closed; no longer in business.

Valid Entries:	1-10
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

79. Statutory Commitment at any time during treatment: _____
0=None
1=Emergency Commitment (detox clinics ONLY)
2=Involuntary Commitment to non-detox treatment

Description: Identifies if the client was admitted with an emergency or an involuntary commitment or was placed under an emergency or involuntary commitment during the course of treatment.

Guidelines: DBH will automatically populate this field with zero (0).

Valid Entries:

Unknown:

Refused:

Not Collected:

Blanks:

Field Length: 1

Field Type: Numeric

80. DRUG TYPE Primary ___ Secondary ___ Tertiary ___

0=None (valid only for differential assessment) **1=Alcohol** **2=Barbiturate** **3=Benzodiazepine tranquilizer (Valium, Librium, Xanax, etc.)** **4=Clonazepam (Klonopin, Rivotril)** **5=Other sedative/hypnotic (Chloral Hydrate, Dalmane, etc.)** **6=Other tranquilizer** **7=Cocaine Hydrochloride/crack** **8=Methamphetamine (crank, crystal, methedrine, etc.)** **9=Other amphetamine (Benzedrine, Dexadrine, Desoxyn, etc.)** **10=Other stimulant (Ritalin, Sanorex, Adderall, etc.)** **11=Heroin** **12=Non Rx Methadone** **13=Other Opiate/synthetic opiate (Morphine, Codeine, etc./ Demerol, Percodan, etc.)**	**14=Marijuana/hashish** **15=LSD** **16=PCP** **17=Other hallucinogens** **18=Inhalant** **19=Over the counter drug** **20=Flunitrazepam (Rohypnol)** **21=Gamma-hydroxybutyrate, gamma-butyrolactone (GHB/GBL)** **22=Ketamine (Special K)** **23=Methylenedioxymethamphetamine (MDMA, ecstasy)** **24=Anabolic Steroid** **25=Other** **26=Bupenorphine** **27=Nicotine (Cannot be used for primary)**

Description: Primary - Identifies the client's primary drug, or that substance considered to be the primary cause of the client's dysfunction at the time of admission. The Primary Drug Type at discharge must be identical to the Primary Drug Type at admission (Item #43).

Secondary - Identifies the choice of secondary drug, if any, used by the client at time of admission. The Secondary Drug Type at discharge must be identical to the Secondary Drug Type at admission (Item #43).

Tertiary – Identifies the choice of tertiary drug, if any, used by the client at time of admission. The Tertiary Drug Type at discharge must be identical to the Tertiary Drug Type at admission (Item #43).

Guidelines: Choose only one option for Primary, one for Secondary (if appropriate) and one for Tertiary (if appropriate).

Write in the numeric code of the drug on the line next to "Primary," "Secondary," (if appropriate) and "Tertiary (if appropriate)." Do not write the drug name.

"0=None" as a response option may be used for Primary drug type if the client was a Differential Assessment only (Item #69 "0=Differential Assessment").

"0=None" may be used as a response option for Secondary and/or Tertiary drug types if the client does not use a Secondary or Tertiary drug.

Valid Entries:	0-27
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric

81. How many days in the last 30 days did you use your Primary/Secondary/Tertiary substance?
Primary _____ Secondary _____ Tertiary _____

Description: Identifies the number of days the client used his/her Primary, Secondary (if appropriate) and Tertiary (if appropriate) substance during the last 30 calendar days of treatment.

Guidelines: Response cannot be greater than 30.

Count the number of days used only. Do not count the number of times in a day the client used.

If client received a Differential Assessment only, leave item blank.

If client had no "Secondary" or "Tertiary" drug type, leave the "Secondary" or "Tertiary" portions of this item blank.

Valid Entries: 0-30

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Acceptable for "Primary" if the client received a Differential Assessment only

Acceptable for "Secondary" or "Tertiary" if the client had no "Secondary" or "Tertiary" drug type

Field Length: 2

Field Type: Numeric

82. Usual route of administration during treatment:
Primary _____ Secondary _____ Tertiary _____
0=None
1=Oral
2=Smoking (pipe/cigarette)
3=Inhalation (nose/mouth)
4=Injection (IV/IM)
5=Other

Description: Identifies the client's usual route of administration of his/her Primary, Secondary and Tertiary substance during treatment.

Guidelines: Write only the numeric code of the client's usual route of administration on the line next to "Primary," "Secondary" and "Tertiary."

0=None
The client abstained from all drugs during treatment

1=Oral
Drinking or eating

2=Smoking
May use a pipe, cigarette, or some other apparatus

3=Inhalation
Insufflations via the nose or mouth; does not include smoking

4=Injection
Intravenous, intramuscularly, subcutaneous, or any other administration involving the use of needles

5=Other
Any method of drug administration not described by any of the above codes

Valid Entries: 1-5

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Acceptable for "Primary" if the client received a Differential Assessment only (Item #69, "0=Differential Assessment")

Acceptable for “Secondary” or “Tertiary” only if the client had no Secondary or Tertiary Drug Type (Item #80)

Field Length: 1

Field Type: Numeric

83. Progress at time of discharge toward written, measurable treatment goals: ____
1=Client completed Differential Assessment only
(Client intake completed and treatment service recommendations made, but no other services received)
2=High achievement of treatment goals
3=Moderate achievement of treatment goals
4=Minimal achievement of treatment goals

Description: Identifies the client's progress towards and degree of achievement of written, measurable treatment goals.

Guidelines: The response to this item should be based on the clinician's assessment of the client's progress towards his/her treatment goals. Choose only one option.

1=Client completed Differential Assessment only
If this response is chosen, then the Discharge Modality (Item #69) response must be "0=Differential Assessment," and the Reason for Discharge (Item #78) response must be "1=Differential Assessment."

Clients who are referred for treatment but who never show up or who only attend one or two treatment sessions should NOT be discharged as Differential Assessment clients.

2=High achievement of treatment goals
The client completed all phases of the treatment plan established at the beginning of this treatment episode, or completed between 66-100% (2/3 to all) the goals of this treatment modality.

3=Moderate achievement of treatment goals
The client completed between 33-66% (1/3 to 2/3) of their treatment goals in this treatment modality.

4=Minimal achievement of treatment goals
The client completed less than 33% (1/3) of their treatment goals in this modality.

Valid Entries: 1-4

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

During the last 6 months of treatment, or during the length of treatment, whichever was less, how many times did the client:

84. Visit a medical emergency room: ____ Unknown ____

85. Get admitted to a medical hospital: ____ Unknown ____

86. Visit a psychiatric emergency room: ____ Unknown ____

87. Get admitted to a psychiatric hospital: ____ Unknown ____

Description:	Identifies the amount of medical and psychiatric emergency and inpatient services the client utilized in the last 6 months of treatment, or during the length of treatment if it was less than 6 months.
Guidelines:	Enter the number of times the client visited a medical or a psychiatric emergency room, and the number of times the client was admitted to a medical or psychiatric inpatient setting in the last 6 months of treatment or during the course of treatment if treatment was less than 6 months. These visits/admissions may or may not be related to substance use, abuse, or dependency. If the client had more than 98 visits/admissions during this treatment, enter 98. If unknown, check (X) the appropriate line next to "Unknown."
Valid Entries:	0-98, X
Unknown:	Acceptable; designate by checking (X) the appropriate line next to "Unknown"
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	2
Field Type:	Numeric (or check (X) for Unknown only)

During the last 30 days, how many times did the client:

88. Get arrested for DUI/DWAI _____ Unknown _____
89. Get arrested for anything else besides a DUI/DWAI _____ Unknown _____

Description: Item 88 identifies the number of drinking and driving arrests the client received during the last 30 days.

Item 89 identifies the number of arrests other than DUI/DWAI the client had during the last 30 days.

Guidelines: Item 88:

Enter the number of drinking and driving arrests the client received during the last 30 days. If duration of treatment was less than 30 days, only count arrests during this treatment. An arrest does not imply a conviction. Include the number of BUI and FUI arrests in this response.

If the client was not arrested for drinking and driving during this time period, enter zero (0).

If more than 30 arrests for drinking and driving in this time period, enter 30.

Item 89:

This includes arrests during the last 30 days for offenses involving the illegal sale, possession, distribution and/or manufacture of drugs, underage drinking, and arrests <u>not</u> related to substance use or abuse. If duration of treatment was less than 30 days, only count arrests during this treatment. Arrest does not imply conviction.

If the client was not arrested for any non-DUI/DWAI/BUI/FUI offenses, enter zero (0).

If more than 30 arrests for any non-DUI/DWAI offenses during treatment, enter 30.

Valid Entries: 0-30

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 2

Field Type: Numeric

90. Frequency of attendance at self-help programs in 30 days prior to Discharge: ____

Description: The number of times client has attended a self help program in the 30 days preceding the date of discharge from treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

Guidelines: Enter **0-30 Required**

Valid Entries: 0-30

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 2

Field Type: Numeric

91. Family issues and problems
1=None (issues are temporary and relationships generally positive)
2=Slight (some issues present; occasional friction or discord)
3=Moderate (frequent disruptions or turbulence in family functioning)
4=Severe (extensive disruption of family functioning)

Description:	Identifies the clinician's assessment of the client's skills and functioning level in the family setting at the time of discharge.
Guidelines:	Choose only one option. Includes the degree of family issues and problems the client is currently experiencing with or in the family. "Family" is defined as relatives or significant others whom the client considers "family" and with whom the client interacts on a frequent or regular basis. The client may or may not be cohabitating with family.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

For items #92-94, rate each category according to counselor assessment of severity at discharge (Complete for Tx only, not Detox):

92. Socialization problems: ___
1=None (able to form good relationships with others)
2=Slight (difficulty developing or maintaining relationships)
3=Moderate (inadequate social skills resulting in tenuous and strained relationships)
4=Severe (unable to form relationships)

Description:	Identifies the clinician's assessment of the client's social skills and ability to function in positive relationships at the time of discharge.
Guidelines:	Choose only one option.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

93. Education, employment problems: ____
1= None (comfortable and competent in school or at work)
2=Slight (occasional or mild disruption of performance at school or work)
3=Moderate (occasional major or frequent minor disruptions; rarely meets expectations)
4=Severe (serious incapacity, absent motivation and ineffective functioning)

Description:	Identifies the clinician's assessment of the client's functioning in the educational or employment setting at the time of discharge.
Guidelines:	Choose only one option.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

94. Medical/Physical problems: ___
1=None (no physical problems or well-controlled chronic conditions)
2=Slight (occasional or mild problems that interfere with daily living)
3=Moderate (frequent or chronic health problems)
4=Severe (incapacitated due to medical/physical problems)

Description:	Identifies the clinician's assessment of the client's medical or physical level of functioning at the time of discharge.
Guidelines:	Choose only one option.
Valid Entries:	1-4
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Acceptable for detox clients; designate by leaving item blank
Blanks:	Acceptable for detox clients only
Field Length:	1
Field Type:	Numeric

95. Number of Outpatient hours client had during this treatment episode
_____ hours _____ minutes
(Do NOT include Day Treatment or Opioid Replacement Therapy)
(Round to 15 minute increments)

Description: Identifies the total number of hours the client received for Outpatient services (excluding Day Treatment and Opioid Maintenance Therapy) during this treatment episode.

Guidelines: Enter the number of hours and minutes. Round minutes to 15 minutes increments. Examples:
5 hours, 15 minutes
2 hours, 30 minutes
14 hours, 45 minutes

Do not use decimals or fractions.

This item applies ONLY to Discharge Modality (Item #67) responses "7=Traditional Outpatient" and "9=Intensive Outpatient."

Blanks are not acceptable if the client is being discharged from one of these two modalities.

If client did not have any outpatient services, leave item blank.

Valid Entries: 0-9999 for hours
00, 15, 30, 45 for minutes

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Acceptable for all modalities (Item #69) <u>except</u> "7=Traditional Outpatient" and "9=Intensive Outpatient"

Field Length: 6

Field Type: Numeric

Pregnancy **(#96-127)**

96. SSPA #: _____ (1-7)

Description: SubState Planning Area (SSPA) region of clinic in which service originates.

Guidelines:
1=Northeast Colorado
2=Denver area
3=Colorado Springs area
4=Southeast Colorado
5=Western Slope - South
6=Western Slope - North
7=Boulder area

Write only the code number of the region. Do not write the region's name. Only one region is allowed.

Valid Entries: 1-7

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

97. Admission date: __ __/__ __/__ __ __ __
M M D D YEAR

Description:	Admission is defined as the client's first face-to face therapeutic service with the counselor. Therapeutic service includes the differential assessment.
Guidelines:	The admission date cannot be greater than the current date.
Valid Entries:	MM DD YYYY Valid entries must have two numerical digits for the month, two for the day, and four for the year.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	8
Field Type:	Date

98. Report type: _____ (A-Treatment Admission; X-Detox Admission)

Description: A= Admission
Data pertains to client's status at admission to treatment; admission section (items #1-#58) should be initiated at the time of client's first face-to-face therapeutic service with a counselor (including differential assessment), and completed by the end of the third outpatient session or third day for residential modalities.

X=Detox
Data pertains to client's status at admission and client is admitted for detoxification or withdrawal services only. Clients admitted to detoxification services must be intoxicated, under the influence, or in mild to moderate stages of withdrawal from alcohol and/or other drugs.

Guidelines: An admission DACODS must be completed when any of the following occur:

- the client is admitted to treatment or detox services;
- the modality changes;
- the location of services changes such that the Clinic/Provider license number is different

Valid Entries: A, X

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Alpha

99. Clinic/Provider License number: __ __ __ __-__ __

Description:	Identifies the provider of the alcohol or drug treatment service.
Guidelines:	Clinic/provider identification is the six-digit license number assigned to a facility/clinic by DBH. For facilities/clinics with multiple locations, the first four digits may be identical, but the last two digits are unique numbers specific to individual locations or sites.
Valid Entries:	XXXX-XX Four numerical digits, a hyphen, and two numerical digits
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	7
Field Type:	Alphanumeric

100. Provider Client Number: __ __ __ __ __ __ __ __ __ __

Description:	This is an optional data element designed to assist programs to identify client records and link them with DACODS. This identifier is created by the facility/clinic, and should be a unique number for that facility/clinic. If not collected or not used, leave item blank.
Guidelines:	Up to 10 spaces are provided.
Valid Entries:	XXXXXXXXXX
Unknown:	Allowed as blanks
Refused:	Not acceptable
Not Collected:	Allowed as blanks
Blanks:	Allowed
Field Length:	10
Field Type:	Alphanumeric

Client Information (#8-11)

101. Last Name: _____
First Name: _____ **M.I.** _____

Description: A "client" is a person who meets the following criteria:

1. has an alcohol or drug related problem and
2. has formally completed a differential assessment or
3. has been formally admitted to an alcohol or drug treatment unit for treatment or detox services, and
4. has his/her own client record.

Guidelines: Last Name – up to 40 spaces provided; double last names may include a hyphen or space; last names may have a space followed by "Jr." or "II" or some other designation.
First Name – up to 23 spaces provided; double first names may include a hyphen or space.
Middle Initial – only 1 space provided; no hyphens, spaces or punctuation allowed. If client does not have a Middle Initial, leave this line blank.

Valid Entries: Last Name – XXXXXXXXXX or XXXXX-XXXX, XX or XXXXX XXXX
First Name – XXXXXXXXXX or XXXXX-XXXX, or XXXXX XXXX
Middle Initial - X

Unknown: Acceptable for Middle Initial only

Refused: Acceptable for Middle Initial only

Not Collected: Acceptable for Middle Initial only

Blanks: One blank is acceptable between multiple last or first names; blanks are acceptable for Middle Initial

Field Length: Last Name – 40
First Name – 23
Middle Initial – 1

Field Type: Last Name – alpha
First Name – alpha
Middle Initial - alpha

102. Date of birth: __ __/__ __/__ __ __ __
M M D D YEAR

Description:	Identifies client's birth date
Guidelines:	Client's date of birth must be at least 5 years less than (or prior to) the admission date.
Valid Entries:	MM DD YYYY Valid entries must have two digits for the month, two digits for the day, and four digits for the year.
Unknown:	Not acceptable for treatment clients; Unknowns accepted for detox only and designated by leaving item blank
Refused:	Accepted for detox only; designate by leaving item blank
Not Collected:	Accepted for detox only; designate by leaving item blank
Blanks:	Accepted for detox only.
Field Length:	8
Field Type:	Date

103. Social Security Number: __ __ __-__ __-__ __ __ __

Description:	Identifies the client's social security number.
Guidelines:	Enter the client's entire social security number in the 9 spaces provided.
Valid Entries:	XXX-XX-XXXX 3 digits, a hyphen, 2 digits, a hyphen, and 4 digits
Unknown:	Allowed as blanks only if client does not have Social Security Number
Refused:	Allowed as blanks only if client does not have Social Security Number
Not Collected:	Allowed as blanks only if client does not have Social Security Number
Blanks:	Allowed
Field Length:	11
Field Type:	Alphanumeric

104. Evaluation date: __ __/__ __/__ __ __ __
M M D D YEAR

Description:	Evaluation is defined as the date the client is evaluated for pregnancy screening.
Guidelines:	The evaluation date cannot be greater than the current date.
Valid Entries:	MM DD YYYY Valid entries must have two numerical digits for the month, two for the day, and four for the year.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	8
Field Type:	Date

105. Chronological age : ___
0 34 to 45
2 15 to 20
4 21 to 33

Description:	Identifies the client's chronological age. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2 or 4.
Guidelines:	Choose only one option.
Valid Entries:	34 to 45, 15-20 or 21-33
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

106. Age of first use of any drugs or alcohol: ___
0 34 to 45
2 21 to 33
4 15 to 20
5 under 15 years old

Description:	Identifies the client's age of first use of drugs or alcohol. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, 4 or 5.
Guidelines:	Choose only one option.
Valid Entries:	34 to 45, 21-33, 15-20 or under 15 years of age
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

107. DRUG TYPE Primary ___ Secondary ___

0=None (valid only for differential assessment) **1=Alcohol (Value =4)** **2=Barbiturate (Value =3)** **3=Benzodiazepine tranquilizer (Valium, Librium, Xanax, etc.) (Value =3)** **4=Clonazepam (Klonopin, Rivotril) (Value =3)** **5=Other sedative/hypnotic (Chloral Hydrate, Dalmane, etc.) (Value =3)** **6=Other tranquilizer (Value =3)** **7=Cocaine Hydrochloride/crack (Value =4)** **8=Methamphetamine (crank, crystal, methedrine, etc.) (Value =2)** **9=Other amphetamine (Benzedrine, Dexadrine, Desoxyn, etc.) (Value =2)** **10=Other stimulant (Ritalin, Sanorex, Adderall, etc.) (Value =2)** **11=Heroin (Value =2)** **12=Non Rx Methadone (Value =2)** **13=Other Opiate/synthetic opiate (Morphine, Codeine, etc./ Demerol, Percodan, etc.) (Value =2)**	**14=Marijuana/hashish (Value =1)** **15=LSD (Value =1)** **16=PCP (Value =1)** **17=Other hallucinogens (Value =1)** **18=Inhalant (Value =3)** **19=Over the counter drug (Value =1)** **20=Flunitrazepam (Rohypnol) (Value =3)** **21=Gamma-hydroxybutyrate, gamma-butyrolactone (GHB/GBL) (Value =3)** **22=Ketamine (Special K) (Value =3)** **23=Methylenedioxymethamphetamine (MDMA, ecstasy) (Value =3)** **24=Anabolic Steroid (Value =4)** **25=Other (Value =3)** **26=Bupenorphine (Value =2)** **27=Nicotine (Cannot be used for primary) (Value =4)**

Description: Primary - Identifies the client's primary drug, or that substance considered to be the primary cause of the client's dysfunction at the time of admission.

Secondary - Identifies the choice of secondary drug, if any, used by the client at time of admission.

The user will select a specific drug and then that drug is put into a category of a drug type and given a value. The system gives a rating to that answer based on the risk to the fetus. The ratings are 0,1, 2, 3, or 4.

The values/groups are:

1 THC/Hallucinogens
2 Opiates/amphetamines/stimulants
3 Barbiturates/inhalants/tranquilizers/sedatives
4 Cocaine/alcohol

Guidelines: Choose only one option for Primary or one for Secondary (if appropriate)

Select whichever Drug Type from the drop down that was selected for the Admission for drug on the line next to "Primary," and "Secondary," (if appropriate)" .

"0=None" may only be used for the Primary Drug Type if the modality in Item #69 is "0=Differential Assessment". All other responses for Primary Drug Type must be one of the 1-26 and 0-27 for Secondary options listed above.

Valid Entries: 0-27

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 2

Field Type: Numeric

108. Frequency of use of drugs: ___
1 Monthly
2 Weekly; three to five times
3 Daily
4 Three or more times daily, binging

Description:	Identifies the client's frequency of use of drugs or alcohol. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 1, 2, 3, or 4.
Guidelines:	Choose only one option.
Valid Entries:	Monthly, weekly, daily and three or more times daily/binging
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

109. Pregnancy status: ___
0 First trimester
3 Second trimester
4 Third trimester

Description:	Identifies the client's pregnancy status. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 3, or 4.
Guidelines:	Choose only one option.
Valid Entries:	First trimester, second trimester and third trimester
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

110. Pregnancy care status: ___
0 Already receiving prenatal care routinely
1 Already receiving prenatal care but not consistently
2 Not receiving prenatal care but willing to access
3 Not receiving prenatal care

Description:	Identifies the client's pregnancy care status. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 1, 2, or 3.
Guidelines:	Choose only one option.
Valid Entries:	Already receiving prenatal care routinely, already receiving prenatal care but not consistently, not receiving prenatal care but willing to access and not receiving prenatal care.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

111. Access to other drug/alcohol treatment: ___
0 Has access to treatment
4 Limited or no access to treatment

Description:	Identifies the client's access to other treatment. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0 or 4.
Guidelines:	Choose only one option.
Valid Entries:	Access to treatment or limited/no access to treatment.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

112. Family support: ___
0 Strong
2 Moderate
4 Minimal or none

Description:	Identifies the client's family support. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 4.
Guidelines:	Choose only one option.
Valid Entries:	Strong, moderate or minimal or none
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

113. Family substance abuse history: ___
0 No family history of substance abuse
2 Recovering family member(s)
4 Family history of substance use or current family substance use

Description:	Identifies the client's family substance abuse history. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 4.
Guidelines:	Choose only one option.
Valid Entries:	No family history of substance abuse, recovering family member(s), or family history of substance use/current family substance use.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

114. Drug using partner: ___
0 No drug using partner
3 Yes, partner interested or enrolled in treatment
4 Yes, partner not interested in treatment

Description:	Identifies if the client has a drug using partner. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 3, or 4.
Guidelines:	Choose only one option.
Valid Entries:	No drug using partner, partner interested or enrolled in treatment, or partner not interested in treatment.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

115. HIV Risk: ___

1 No reported history of high risk behaviors
2 Occupational exposure to HIV risk
3 Blood transfusion prior to 1985
4 Sex with IV drug user, multiple sexual partners, prostitution
5 Known to be HIV positive or IV drug user

Description:	Identifies the client's HIV risk. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 1, 2, 3, 4, or 5.
Guidelines:	Choose only one option.
Valid Entries:	No reported history of high risk behavior, occupation exposure to HIV risk, blood transfusion prior to 1985, sex with IV drug user/multiple sexual partners/prostitution or known to be HIV or IV drug users.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

116. Method of Administration of primary drug: ___
1 Orally
3 Inhale
4 Smoking
5 IV

Description:	Identifies the client's method of administration of primary drug. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 1, 3, 4, or 5.
Guidelines:	Choose only one option.
Valid Entries:	Orally, inhale, smoking or IV.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

117. Home environment: ___
0 Stable, drug free home with support
2 Lives alone or with children in stable housing
4 No stable residence for past year
5 Homeless or living with drug user

Description:	Identifies the client's home environment. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, 4, or 5.
Guidelines:	Choose only one option.
Valid Entries:	Stable/drug free home with support, lives alone or with children in stable housing, no stable residence for past year, or homeless or living with drug user.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

118. Personal safety: ___

0 No incidents of emotional, verbal, or physical abuse between beginning of pregnancy and now.

2 One to two incidents of emotional, verbal or physical abuse between beginning of pregnancy and now.

4 Multiple incidents of emotional, verbal or physical abuse between the beginning of the pregnancy and now.

Description:	Identifies the client's personal safety. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 4.
Guidelines:	Choose only one option.
Valid Entries:	No incident of emotional, verbal or physical abuse between beginning of pregnancy and now, one or two incidents of emotional, verbal or physical abuse between beginning of pregnancy and now, or multiple incidents of emotional, verbal or physical abuse between the beginning of the pregnancy and now.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

119. Employment/Education Status: ___
0 Secure employment; homemaker with income, student or job training program.
2 Employed but moderate disruptions; unemployed but income.
4 Unemployed due to disruptions/employed but major disruptions; virtually unemployed at present.

Description:	Identifies the client's education/employment status. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 4.
Guidelines:	Choose only one option.
Valid Entries:	Secure employment; homemaker with income/student or job training program, employed but moderate disruptions; unemployed but income, or unemployed due to disruptions/employed but major disruptions; virtually unemployed at present.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

120. Legal Status: ___
0 Not on parole or probation.
2 Charges pending.
3 Currently on parole or probation.

Description:	Identifies the client's legal status. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 3.
Guidelines:	Choose only one option.
Valid Entries:	Not on parole or probation, charges pending or currently on parole or probation.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

121. Prior Criminal Record: ___
0 No prior felony or misdemeanor conviction.
2 One felony or misdemeanor conviction.
4 Two or more felony or misdemeanor convictions.

Description:	Identifies the client's prior criminal record. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 4.
Guidelines:	Choose only one option.
Valid Entries:	No prior felony or misdemeanor conviction, one felony or misdemeanor conviction, or two or more felony or misdemeanor convictions.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

122 Emotional stability or Mental Disorders: ___
0 No symptoms of mental disorder, no apparent impairment in functioning.
2 Some symptoms with mild/moderate functioning impairment
4 Symptoms with severe impairment in functioning.

Description:	Identifies the client's emotional stability/Mental Disorders. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 4.
Guidelines:	Choose only one option.
Valid Entries:	No symptoms of mental disorder/no apparent impairment in functioning, some symptoms with mild/moderate functioning impairment, or symptoms with severe impairment in functioning.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

123 Prior alcohol/drug education or treatment: ___
0 No prior alcohol/drug education or treatment.
2 One education or treatment experience.
4 Two or more treatment experiences.

Description:	Identifies the client's prior alcohol/drug education or treatment. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2, or 4.
Guidelines:	Choose only one option.
Valid Entries:	No prior alcohol/drug education or treatment, one education or treatment experience, or two or more treatment experiences
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

124 Family Status: ___
0 First pregnancy, no other children.
1 One child living at home.
2 Two or more children living at home under the age of six.
3 Children living outside client's home.
4 Three or more children living with you.

Description: Identifies the client's family status. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 1, 2, 3 or 4.

Guidelines: Choose only one option.

Valid Entries: First pregnancy/no other children, one child living at home, two or more children living at home under the age of six, children living outside client's home, or three or more children living with you.

Unknown: Not acceptable

Refused: Not acceptable

Not Collected: Not acceptable

Blanks: Not acceptable

Field Length: 1

Field Type: Numeric

125 Attitude: ___
0 Highly motivated to change; receptive to assistance.
2 Moderate motivation to change.
4 Rationalized behavior; negative; not motivated.

Description:	Identifies the client's attitude. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2 or 4.
Guidelines:	Choose only one option.
Valid Entries:	Highly motivated to change; receptive to assistance, moderate motivation to change, dependent or unwilling to accept responsibility, or rationalized behavior; negative; not motivated.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

126 Hopefulness: ___
0 Ability to envision a positive future.
2 Ability to believe there is hope for the future for self and infant.
4 Not able to envision a future or vision is negative.

Description:	Identifies the client's hopefulness. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2 or 4.
Guidelines:	Choose only one option.
Valid Entries:	Ability to envision a positive future, ability to believe there is hope for the future for self and infant, or not able to envision a future or vision is negative
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric

127. Self esteem rating by clinician: ___
0 High self esteem.
2 Moderate client self esteem.
4 None or low client self esteem.

Description:	Identifies the client's self esteem rating by clinician. The system will then give a rating to that answer based on the risk to the fetus. The rating is shown above and the value is 0, 2 or 4.
Guidelines:	Choose only one option.
Valid Entries:	High self esteem, moderate client self esteem, or none/low client self esteem.
Unknown:	Not acceptable
Refused:	Not acceptable
Not Collected:	Not acceptable
Blanks:	Not acceptable
Field Length:	1
Field Type:	Numeric