



Programmer's Documentation  
Record Layout for Submission of Mental Health/Substance Abuse  
Treatment Programs Consumer Information to DSAMH

**THIS IS A WORKING DOCUMENT SUBJECT TO CHANGE. WE WILL MAKE EVERY  
ATTEMPT TO INFORM YOU OF SUCH CHANGES BUT YOUR SAFEST COURSE IS  
TO KEEP IN TOUCH WITH US AT ALL STAGES OF YOUR PROJECT.**

**The effective date for this revision is July 1, 2011.**

**Summary of Changes**

**Adding Four Fields:**

Screening for History of Trauma (SCREEN), Text, "P"  
Positive, "N" Negative, "N" Not Collected, "U" Unknown

Assessment for History of Trauma (ASSESS), Text, "P"  
Positive, "N" Negative, "Z" Not Collected, "U" Unknown

History of Pathological Gambling

Frequency of attendance at self-help programs in the 30 days  
prior to admission and prior to discharge

**Remove Six Fields:**

School Participation  
Skills Training Participation  
Secondary Employment  
Secondary and Tertiary presenting problems  
Functioning Improved

S (Self-report and C (Clinical Report) codes from the Alerts  
Field

Change Drug **Dependence** Reduced to Drug **Use** Reduced

Change the following codes in the Veteran Status Field:  
Remove "Y" Yes and "N" No and replace with:

Veteran/Previous Military Service (instructions: Includes active National Guard and Reserve duty.)

Active Duty

Immediate Family Member of Military or Veteran (instructions: "Immediate family member means a partner, spouse, child, parent or sibling.")

None of the Above

Unknown

Not Collected

You may no longer submit Client Data in ASCII comma delimited or fixed length files.

## Introduction

This document describes the CRF file we want to receive from you once the revised Consumer Report Form is implemented on July 1, 2011. (If you do not have a copy of the revised CRF, contact me immediately.) We prefer a Microsoft Access97 or Access2000 MDB(CRF.MDB containing the CRF table) or an ASCII Standard Xbase DBF (CRF.DBF). None of the submitted tables should have an index set on them.

All new submitters or those current submitters who are changing their systems must send test files for evaluation by DSAMH IS before going "live" with their systems. We will not report your agency as up to date with submissions until a test file passes our system checks and is approved by DSAMH IS.

DSAMH IS makes extensive use of two data tables, Codes and Referral, to test values in the submitted CRF. Developers may use the DSAMH Codes and Referral tables to simplify edit check programming or to code lookup algorithms. The tables are described in Appendix II. Contact DSAMH IS if you wish to get copies of these tables.

If you have any questions about the definitions of items or codes, call immediately; we want these descriptions to be as clear as possible.

Date field sizes throughout this document follow the Xbase convention of being 8 characters in length. We require the century be included as part of the date, i.e., 1/1/2000 rather than 1/1/00. Xbase programs must accommodate the century. Other languages must also capture the date century. The Division will not assume that 1/1/00 means January 1, 2000. ASCII files must present dates as text in "YYYYMMDD" format.

If anything is not clear in this document, you may want to look at the Consumer Reporting Form or its instruction manual. Always feel free to call.

Submission of data to the State:

The CRF e-file must be accompanied by the appropriate DSAMH PROGRAM MONTHLY REPORT - OUTPATIENT, or DSAMH PROGRAM MONTHLY REPORT - RESIDENTIAL, or DSAMH PROGRAM MONTHLY REPORT - INPATIENT. The Program Monthly Report is used to verify census counts in the submitted CRF e-file. We will not report your agency as up to date with submissions, even if you have sent a CRF e-file, unless it is accompanied by a PMR.

The CRF episode file that you send to the State will always contain two records for each consumer. The first or initial record will contain the information as it stood at the beginning of treatment. The second record will contain either the current information or the information as it stands at the end of treatment. It is possible that for a new admission, the current record will be identical to the admission record, except for the CONTEXT field. Even so, we must receive both an Admission and a Current or Discharge record.

The file will contain information about everyone who is currently active or has been discharged in less than 19 months. If the discharged date is more than 18 months old, the sites may stop sending information about the event. This allows us to receive corrected and/or updated data for up to 18 months (based on discharge date).

DSAMH IS calculates the 18 month submission period inclusively: that is for a submission ending July 31, 2004 any discharge that occurred on or before January 31, 2003 may be excluded from the submission.

Our system takes your submission, matches it against our master files and will either update the record in our master files or insert new records into the master files. Thus your submission is capable of correcting an admission or current/discharge record if you find an error in an earlier submission. Your submission will also be able to update the current status of an episode as well as adding a new episode to our master files. Once an episode pair of records is inserted into our master files they are retained permanently.

**The implication of this scheme for the data entry program is that your software must make a distinction between modifying a consumer's status at the time of admission and adding new updated information that reflects the current status of the consumer. It**

**must also provide for maintaining the two records for 18 months after discharge and then, if you choose, discontinuing submission of those records.**

Special Note about Key Fields: Treatment Unit ID (TXUNITID), Master Consumer Identifier (MCI) and Admission Date (ADMDATE) are included in the key fields used by the DSAMH IS master tables. It is not uncommon for one of these values to be corrected in a submission. When one or more of these key field values are corrected they will not be matched with the previously submitted episode and will be entered into our master tables as a new episode. The previous episode will be "left behind" in our master tables and will thus show as an increase in your census, invalidating the Program Monthly Report submitted with the e-file.

**When you have submitted an episodes' data to DSAMH IS, and in a later submission correct the Treatment Unit ID, MCI or Admission Date, please send a note along with the submission so we can correct the data in our master tables before processing your submission.** Thus there will be no invalid Program Monthly Report and your submission will pass our initial quality checking routines. If we consistently see "left behind" records, because you have not notified us of key field changes, we will cease reporting your agency as up to date with submissions until you set up a procedure to notify us of such changes.

There is no requirement to submit an assessment record via any kind of e-file. This specification describes only the CRF episode record pair required by DSAMH.

**Transfers:**

When a person transfers from one treatment unit to another within an agency, a discharge CRF record pair must be reported for the sending treatment unit, and an admission CRF record pair must be reported for the receiving treatment unit. Internal transfers may **not** take place on the same date: The discharge date for the transferring program must be, at least, the day before the admission date for the receiving program.

There are several data record requirements for internal transfers, done electronically by your system:

- The receiving unit must show an admission date at least one day after the sending units discharge date.
- The sending units DESTIN1 field must show the receiving units referral code. The sending unit must show "T" for transferred in the DISTYPE1 field.

- The receiving unit must show the sending units referral code in the SOURCE field.

WE DO NOT REQUIRE A CRF FOR A PROBATIONARY ADMISSION. ALL SITES WILL FILL OUT THE CRF WHEN A FULL-FLEDGED ADMISSION TAKES PLACE.

**ADMISSION/CURRENT or DISCHARGE RECORD:**

Rules for DBF table field types:

C - Character or Text field: Left justified and all CAPs padded with spaces. Some systems may refer to Character fields as Text or Variable Character fields.

Ex.: LASTNAME is Smith: "SMITH"

D - Date field: Must indicate century portion of year. Some systems may refer to date fields as Date/Time fields. If your system has Date/Time fields, we only want the date portion. Including the time portion in your submission may result in an import failure.

N - Numeric field: Integers or fixed decimal. Numbers are assumed to be positive. A minus (-) must indicate a negative number. If a decimal length is indicated, the decimal point takes up one of the places in the length. For instance, Len/Dec given as 8/2 means the field has a total of 8 places, one is occupied by the decimal point with 2 places to the right of the decimal point and 5 places to the left of the decimal point as in 99999.99. Keep in mind also, the minus (-) indicator for negative numbers will take one of the Length spaces.

All fields except MIDINITIAL and DESIGNATOR must contain data or the coded values indicated in the field description. Except for these two fields there may be no blank or null values. All fields must be filled with data or coded values for None, Unknown or Not Collected. ASCII text file submitters must plug these fields with a space in MIDINITIAL and three spaces in DESIGNATOR if no data is reported in these fields. Do not plug with the "Z" not collected code.

The CRF fields specification chart begins on the next page.

Field Name	Type, Length/Decimal(if numeric)
MCI Key Field	C, 10 Master Consumer Identifier: this MUST be filled in with a legitimate MCI number supplied by the State. Field must be right justified and left padded with 0's (zero's) to fill the 10 space field. None, Unknown and Not Collected codes not permitted. Allowable Characters: Numbers only, 0 - 9 Examples: "0000123456", "0007654321" MCI must be the same on both the Admission and the Current/Discharge records. CRF Prompt: Page 1 and 2: "MCI #"
TXUNITID Key Field	C, 9 Treatment Unit ID supplied by DSAMH: this MUST be filled with an id provided by the State. Allowable Characters: Numbers 0 - 9 with a hyphen in the 7th place as: "123456-89" None, Unknown and Not Collected codes not permitted. TXUNITID must be same on both the Admission and the Current/Discharge records. CRF Prompt: Page 1 and 2: "Treatment Unit ID #"
LASTNAME	C, 25 Consumer last name. Allowable characters are A through Z, dash(-), space, apostrophe(') and period. UNKNOWN if applicable. LASTNAME must be the same on both the Admission and the Current/Discharge records. Note: If consumer's change their name midway through a treatment episode, we expect their new name on the episode record pair. We do not maintain a history of name changes. We do not want you to change their name on previous episodes. CRF Label, Page 1: "Last Name"
FIRSTNAME	C, 25 Consumer first name. Allowable characters are A through Z, dash(-), space, apostrophe(') and period. UNKNOWN if applicable. FIRSTNAME must be the same on both the Admission and the Current/Discharge records. See note in

LASTNAME.

CRF Label, Page 1: "First Name"

MIDINITIAL C, 1  
Consumer middle initial. Allowable characters are A through Z. May be left blank but filled with a space.  
MIDINITIAL must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "M.I."

DESIGNATOR C, 3  
Genealogic or honorific tag such as Jr., Esq, III, etc. Any text acceptable. May be left blank but filled with three spaces.  
DESIGNATOR must be the same on both the Admission and the Current/Discharge records.

CRF Prompt: No prompt for this data element.

ADDRESS C, 30  
Additional line for consumer's address. This line should contain the consumer's development or apartment building name.  
NONE, UNKNOWN or NOT COLLECTED if applicable.  
CRF Prompt: No prompt for this data element.

STREET C, 30 (OPTIONAL)  
The consumer's current address.  
NONE or UNKNOWN if applicable.  
CRF Label, Page 1: "Street"

CITY C, 20  
City of consumer's current address.  
NONE or UNKNOWN if applicable.  
CRF Label, Page 1: "City"

STATE C, 2  
State of consumer's current address. Use the U.S.P.S. standard 2 character abbreviation. These are listed in the DSAMH Codes table or can be obtained from any Post Office.  
U-UNKNOWN  
Z-NOT COLLECTED  
CRF Label, Page 1: "State"

ZIP C, 10

The consumer's ZIP code. The 5 digit ZIP code is required. The Plus-Four portion should be filled if available. If the Plus-Four is not available, fill with -0000.

99999-9996 if Zip code is none

99999-9997 if Zip code is unknown

99999-9998 if Zip code is not collected for any consumer.

CRF Label, Page 1: "ZIP"

COUNTY

C, 1

Fill with one of these codes:

N New Castle

K Kent

S Sussex

O Out of state

U Unknown

Z Not collected for any consumer

CRF Label, Page 1: "County"

HOMEPHONE

C, 13 (**OPTIONAL**)

Consumer's home phone number. The Area Code is required. Note, the "(" and "-" are stored with the phone number.

(999)999-9996 None

(999)999-9997 Unknown

(999)999-9998 Not collected

CRF Label, Page 1: "Home Telephone"

ADMDATE

D, 8

Key Field

Admission Date - The date of admission to your program must be filled in. If the person was in your program all along but is now coming under the DSAMH purview, this admission date should reflect that fact.

No future dates, no unreasonably old dates.

ADMDATE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "DSAMH Admission Date Leave Blank Until Admission"

BIRTHDATE

D, 8

Consumer's date of birth. The date should put the person, on the admission date, at an age between 18 and 80 although we do allow for exceptions. No future dates, no blanks.

07/07/2777 Unknown

BIRTHDATE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "Birthdate"

SSN

C, 11  
Consumer's Social Security number. Note, the hyphens are stored with the number.  
999-99-9997 Unknown  
999-99-9998 Not collected  
SSN must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "S.S.#"

MEDICAREID

C, 11  
Consumer's Medicare id. Often the last (right most) character is a blank, as "123456789M ". Sometimes the Medicare ID fills all 11 spaces, such as "123456789C1".  
999999996N None  
999999997U Unknown  
999999998Z Not collected  
MEDICAREID must be the same on both the Admission and the Current/Discharge records, even if the consumer became Medicare eligible during treatment.

CRF Label, Page 1: "Medicare"

GENDER

C, 1  
Consumer's gender.  
M Male  
F Female  
GENDER must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 1: "Gender"

RACE

C, 2  
Consumer's racial identification.  
AA American Indian/Alaskan Native  
AP AA Plus Other Race(s)  
BL Black/African American  
BP BL Plus Other Race(s)  
CA White/Caucasian  
CP CA Plus Other Race(s)  
HA Native Hawaiian/Oth Pacific Is  
HP HA Plus Other Race(s)

MU Multi-racial, unspecified  
PA Asian  
PP PA Plus Other Race(s)  
U Unknown  
RACE must be the same on both the Admission and  
the Current/Discharge records.

CRF Label, Page 1: "Racial Identification"

ETHNICITY C, 1  
Consumer's Hispanic or Latino identification.  
P Puerto Rican  
M Mexican  
C Cuban  
O Other Hispanic or Latino Origin  
N Not of Hispanic or Latino Origin  
U Unknown  
ETHNICITY must be the same on both the Admission  
and the Current/Discharge records.

CRF Label, Page 1: "Hispanic/Latino"

MARITAL C, 1  
Consumer's marital status.  
M Married  
S Single - never married  
D Divorced  
X Xeparated  
W Widowed  
U Unknown  
CRF Label, Page 1: "Marital Status"

LANGUAGE C, 1  
Consumer's primary language.  
E English  
S Spanish  
M Sign (Manual) Language  
O Other  
U Unknown  
CRF Label, Page 1: "Primary Language"

RESIDENCE C, 2  
Consumer's residential arrangement  
PU Priuate house/residence - unsupervised  
PS Pris private house/residence - supervised  
FC Adult foster care  
BH Boarding house/SRO  
GU Group setting/community residence -  
unsupervised

GS Group setting/community residence - supervised  
NH Nursing home/ICF or SNF facilities  
CJ Corrections facility/Jail  
I Other institution  
O Other  
N None - on street/in a shelter/homeless  
U Unknown  
CRF Label, Page 1: "Residential Arrangement"

VETERAN

C, 2  
Consumer's Veteran Status or Military Service  
VP Veteran/Previous Military Service (Includes  
active National Guard and Reserve duty.)  
AD Active Duty  
FM ImmEDIATE FAMILY MEMBER of Military or  
Veteran (Immediate family member means a partner,  
spouse, child, parent or sibling.)  
NA None of the Above  
U Unknown  
Z Not Collected  
CRF Label, Page 1: "Veteran Status"

HINSKIND

C, 1  
Consumers health insurance - the kind of primary  
carrier.  
M Medicare  
A Medicaid  
E Delaware Managed Medicaid MCO  
C CHAMPUS  
B Blue Cross/Blue Shield  
V VA  
H HMO (service contract)  
G Other government funds for care  
P Other private commercial health insurance  
O Other  
N None  
U Unknown  
CRF Label, Page 1: "Pri. Health Insurance"

GRADE

C, 2  
Highest grade of schooling the consumer  
completed.  
01-08 first through eighth grades respectively  
09 Completed Freshman year of high school  
10 Completed sophomore year of high school  
11 Completed junior year of high school  
12 Completed senior year of high school  
13 Completed freshman year in college/1 yr. post  
secondary

14 completed sophomore year in college/2 yrs.  
post secondary  
15 Completed junior year in college/3 yrs. post  
secondary  
16 Completed senior year in college/4 yrs. post  
secondary  
17 Completed graduate school at the masters level  
18 Completed graduate school at the PhD./MD.  
level  
19 Completed post doctoral work  
96 Never completed any grade higher than  
preschool or kindergarten  
97 Unknown  
98 Not collected  
CRF Label, Page 1: "Education Write in Highest  
Grade Completed"

TRAINING

C, 1  
Field Expired, (data no longer needed for  
reporting, us "Z" Not Collected)

SCHOOL

C, 1  
Field Expired, (data no longer needed for  
reporting, us "Z" Not Collected)

PRIMEMPLOY

C, 1  
Consumer's primary employment - The primary  
employment or source of earned income within the  
30 days prior to admission or discharge. If  
there is no earned income, this is the primary  
daily activity. If consumer is a student and  
works part time, mark part time here and student  
under secondary employment. If consumer is a  
student and does not work, mark student here and  
secondary employment becomes none.  
F Full time  
P Part time  
M Military armed forces, active duty (active  
reserves, reserves)  
L Unemployed - looking for work  
N Unemployed - not looking  
D Disabled/unable to work  
H Homemaker  
S Student  
R Retired  
I Inmate/resident of institution  
V Volunteer

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O Other  
U Unknown  
CRF Label, Page 1: Admission Report: "Consumer's primary employment 30 days prior to admission."  
CRF Label, Page 1: Discharge Report: "Consumer's primary employment 30 days prior to discharge."

SECEMPLOY C, 1  
Field Expired, (data no longer needed for reporting, us "Z" Not Collected)

LEGALINVOL C, 2  
Consumer's current legal involvement in the judicial/corrections system.  
CP Charges pending  
SP Convicted - Sentence pending  
UP Sentenced - Unsupervised probation (SENTAC I)  
FS Sentenced - Field supervision (SENTAC II)  
IS Sentenced - Intense supervision (SENTAC III)  
QI Sentenced - Quasi-incarceration (SENTAC IV)  
CJ Sentenced - Prison/ corrections/ jail (SENTAC V)  
HX History of legal involvement but not current  
N None  
U Unknown  
CRF Label, Page 1: "Current Legal Involvement"

CONTACT1ST D, 8  
Consumer's date of first contact with agency. This date should be on or before the admission date. No future dates, no unreasonably old dates, no blanks.  
07/07/2777 Unknown  
08/08/2888 Not collected  
CONTACT1ST must be the same on both the Admission and the Current/Discharge records.  
  
CRF Label, Page 2: "Date of First Contact"

HHINCSRC C, 2  
Primary source of consumer's income.  
SS Social Security  
SI SSI  
SD SSDI  
VD VA - Disability  
VR VA- Retirement  
UI Unemployment insurance  
IL Illegal

E Employment  
S Spouse  
F Family/friends  
A AAFDC  
G General assistance  
P Pension/retirement income (IRA, KEOGH, SEP, ESOP)  
W Workman's comp.  
D DPrivate disability insurance  
I Investments/savings  
O Other  
N None  
U Unknown  
CRF Label, Page 1: "Consumer's Primary Source of Income"

HHINCGROSS N, 6  
Gross consumer income per year.  
Take the total from the last 12 months, if available, or if not, the last calendar (tax) year.  
1 - 999995  
999996 None  
999997 Unknown  
999998 Not collected  
999999 is not permitted. If the consumer makes over \$999,995 annually, use 999995.  
CRF Label, Page 1: "Consumer's Gross Income Per Year"

HHINCDPEND N, 2  
Number of persons dependent on consumer's income. Will always be at least 1 even if the consumer had no income. Report an average number if the household members vary regularly.  
1 - 20  
97 Unknown  
98 Not collected  
99 is not permitted. If the consumer has 95 or more dependents, use 95.  
CRF Label, Page 1: "Number Dependent on Consumer's Income"

PREGNANT C, 1  
Is consumer currently pregnant?  
Y Yes  
N No  
U Unknown  
Z Z Not collected

CRF Label, Page 2: "Currently Pregnant"

NEEDLEUSE C, 1  
Injection drug use ever?  
Y Yes  
N No  
U Unknown  
Z Not collected  
If the Admission record shows "Y", then the  
Current/Discharge record must show "Y".

CRF Label, Page 2: "Injection Drug User Ever"

DRUGS C, 1  
Alert - History of Substance Abuse  
Y Yes  
N No History Of Drug Abuse  
U Drug Abuse Unknown  
Z Drug Abuse Not Collected

CRF Label, Page 2: "Alerts - History of Substance Abuse"

SCREEN C, 1  
Screening for History of Trauma  
P Positive  
N Negative  
U Unknown  
Z Not Collected

CRF Label, Page 2: "Alerts - History of Substance Abuse"

ASSESS C, 1  
Assessing Trauma History for Mental Health  
(Creating a Trauma-Informed System of Care)  
P Positive  
N Negative  
U Unknown  
Z Not Collected  
CRF Label, Page 2: "Alerts - History of Substance Abuse"

MENTALILL C, 1  
Alert - History of mental illness  
If applicable,  
Y Yes  
N No Hx Of Mental Illness Report

U Hx Mental Illness Unknown  
Z Hx Mental Illness Not Collect  
2: "Alerts - History of Mental Illness"

PSYCHDIS C, 1  
Alert - Psychiatric disability  
If applicable,  
Y Yes  
N No Psychiatric Dis. Reported  
Z Not Collected  
U Unknown

CRF Label, Page 2: "Alerts - Psychiatric Disability"

TB C, 1  
Alert - Active tuberculosis  
If applicable,  
Y Yes  
N No Active TB  
Z Not Collected  
U Unknown

CRF Label, Page 2: "Alerts - TB Active"

TBHS C, 1  
Alert - History of tuberculosis  
If applicable,  
Y Yes  
N No Active TB  
Z Not Collected  
U Unknown

CRF Label, Page 2: "Alerts - TB History"

GAMBLEHX C, 1  
Alert - History of Pathological Gambling  
If applicable,  
Y Yes  
N No  
Z Not Collected  
U Unknown

CRF Label, Page 2: "Alerts - Gambling History"

NOTE: CRF Label, Page 1: "Alert - None"  
If this box on the form is checked and none of  
the other boxes are, all other Alert items would  
be marked with an N No - this consumer has no

Alerts set.

FREQSUPP N, 2  
Number of times the client attended self-help programs 30 days prior to admission or 30 days prior to discharge, as is appropriate. The allowed values range from 00 to 95  
97 Unknown  
98 Not Collected  
99 is not permitted. If consumer attended self-help groups 95 or more times prior to admission or discharge, use 95.  
CRF Label, Admission Report: "Frequency of attendance at self-help programs 30 days prior to admission." CRF Label, Discharge Report: "Frequency of attendance at self-help programs 30 days prior to discharge."

DRUG1 C, 2  
Primary substance of abuse type  
AL Alcohol  
CO Cocaine  
CR Crack  
ME Methamphetamine  
AM Other Amphetamines  
OS Other Stimulants  
HE Heroin  
OP Other Opiates and synthetics  
MD Non-prescription Methadone  
BA Barbiturates  
SE Sedatives or hypnotic  
BE Benzodiazepine  
TR Major Tranquilizers  
CS Cough syrups and mixtures  
MA Marijuana/hashish  
PC PCP  
LS LSD  
HA Other hallucinogens  
IN Inhalants  
ST Steroids  
OC Over-the-counter  
O Other  
N None  
U Unknown  
CRF Label, Page 2: "Alcohol & Drug Use Matrix"

FREQ1 C, 1  
Frequency of use of primary drug (DRUG1)  
N No use in past month

I Infrequent (1 - 3 times in the past month)  
O Often ( 1 - 2 times per week/4 - 8 times per month)  
F Frequently ( 3 - 6 times per week/12 - 24 times per month)  
D Daily  
M More frequently than daily (2 or more times per day)  
U Unknown  
Z Z Not collected  
CRF Label, Page 2: "Alcohol & Drug Use Matrix"

ROUTE1 C, 1  
Route of administration of primary drug (DRUG1)  
M Mouth (swallow)  
S Smoke  
B Breath/inhale/snort  
V Vintravenous  
I Ither injection (intramuscular or skin pop)  
O Other  
N None  
U Unknown  
Z Z Not collected  
CRF Label, Page 2: "Alcohol & Drug Use Matrix"

AGEBEGN1 N, 2/0  
Age of first use of primary drug (DRUG1)  
-1 Newborn  
1 - 95  
96 None  
97 Unknown  
98 Not collected  
CRF Label, Page 2: "Alcohol & Drug Use Matrix"

DRUG2 C, 2  
Secondary substance of abuse type.  
See DRUG1 for codes.

FREQ2 C, 1  
Frequency of use of secondary drug(DRUG2)  
See FREQ1 for codes.

ROUTE2 C, 1  
Route of administration of secondary drug(DRUG2)  
See ROUTE1 for codes.

AGEBEGN2 N, 2/0  
Age of first use of secondary drug(DRUG2)  
See AGEBEGN1 for codes.

DRUG3 C, 2  
Tertiary substance of abuse type.  
See DRUG1 for codes.

FREQ3 C, 1  
Frequency of use of tertiary drug(DRUG3)  
See FREQ1 for codes.

ROUTE3 C, 1  
Route of administration of tertiary drug(DRUG3)  
See ROUTE1 for codes.

AGEBEGN3 N, 2/0  
Age of first use of tertiary drug(DRUG3)  
See AGEBEGN1 for codes.

ADMTYPE C, 1  
Admission type.  
V Voluntary admission  
C Civil order  
J Judicial (court) order  
N None  
U Unknown  
ADMTYPE must be the same on both the Admission  
and the Current/Discharge records.  
  
CRF Label, Page 2: "Admission Type (Leave Blank  
Until Admitted"

PREVTXMH C, 1  
Alert - Previous Treatment for Mental Health,  
prior to this episode  
If applicable,  
Y Yes  
N No  
U Unknown  
PREVTXMH must be the same on both the Admission  
and the Current/Discharge records.  
  
CRF Label, Page 2: "Previous Tx for MH"

PREVTXAD C, 1  
Alert - Previous Treatment for Substance Abuse,  
prior to this episode  
If applicable,  
  
Y Yes  
N No

U Unknown

PREVTXAD must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 2: "Previous Tx for Alc. & Drugs"

SOURCE

C, 5

Referral source/agency

Select the Referral Code for the referring agency from the DSAMH Referral Agency List.

SOURCE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Page 2: "Source/Agency Code"

ADMREFTYPE

C, 1

Is this a Transfer or Referral?

T Transferred - Responsibility for this consumer's treatment was relinquished by the transferring treatment unit and acquired by this treatment unit.

R Referred - The referring treatment unit called to set up the first appointment and informed the consumer of same.

S Self-referred - The consumer was primarily responsible for establishing contact with this treatment unit.

U Unknown

ADMREFTYPE must be the same on both the Admission and the Current/Discharge records.

CRF Label: There is no prompt for this on the CRF form.

PROBLEM1

C, 2

The consumer's primary presenting problem.

AB Abuse/assault/rape Victim

AC Acting Out/uncontrollable

AD Unspecified Alcohol/drug (obs)

AL Alcohol

AX Anxiety/fears/phobias

CJ Criminal Justice

DE Depression Or Mood Disorder

DL Problems Coping W/ Daily Life

DO Danger To Others

DR Drug

DS Danger To Self (not Suicide)

EA Eating Disorder

FA Family Problem

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FD Physical Function Disturbance  
FI Financial  
GA Gambling  
HA Hallucinations/delusions  
IM Impaired Memory/disoriented  
MA Marital Problem  
MD Medical Problem  
N None  
O Other  
OB Obsessions/compulsions  
PA Paranoid Feelings  
PC Parent-child Problem  
RU Runaway Behavior  
SO Somatic Concern  
SR Social Relations (not Family)  
SU Suicide Threat/attempt  
SX Sexual Problems  
TH Thought Disorder  
U Unknown  
CRF Label, Page 2: "Presenting Problem - Primary"

PROBLEM2 C, 1  
Field Expired, (data no longer needed for reporting, use "Z" Not Collected)

PROBLEM3 C, 1  
Field Expired, (data no longer needed for reporting, use "Z" Not Collected)

PAYS C, 1  
Expected source of payment  
A Medicaid (Title XIX)  
B Blue Cross/Blue Shield  
C CHAMPUS  
D DSAMH  
E Delaware Managed Medicaid MCO  
G Other Government  
H HMO (Service Contract)  
I Individual Resources  
M Medicare (TITLE XVIII)  
N None, Provider Absorbs Costs  
O Other  
P Private Commercial Insurance  
S SENTAC  
U Unknown  
V Veterans Administration  
W Worker's Compensation

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CRF Label, Page 2: "Expected Source of Payment"

TXEND

D, 8  
Date of last service  
No future dates, no unreasonably old dates, no blanks.  
06/06/2666 None  
07/07/2777 Unknown  
08/08/2888 Not collected

CRF Label, Discharge Report, Page 2: "Date of Last Service"

DISDATE

D, 8  
Discharge date  
No future dates, no unreasonably old dates, no blanks.  
Note: If consumer is discharged, the DISDATE must be filled on both the A and D records. If the consumer is still active, fill both A and C records DISDATE with 06/06/2666.  
06/06/2666 Not discharged  
DISDATE must be the same on both the Admission and the Current/Discharge records.

CRF Label, Discharge Report, Page 2: "DSAMH Discharge Date"

DISREASON

C, 1  
Discharge reason  
G Program at this facility completed - All goals met  
S Program at this facility completed - Some goals met  
E Eligibility has lapsed, no longer eligible  
D Consumer died  
F Failure to meet program requirements  
A Admistrative discharge, lost contact  
C Corrections, jail  
R Refused service  
T Treatment continued in another program  
O Other  
U Unknown  
X Not applicable (not discharged)

CRF Label, Discharge Report, Page 2: "Discharge Reason"

DYSIMPROVE C, 1  
Field Expired, (data no longer needed for reporting, use "Z" Not Collected)

DEPIMPROVE C, 1  
Drug Use Reduced  
Y Yes  
N No  
U Unknown  
X Not applicable (not discharged or not an A&D client)

CRF Label, Discharge Report, Page 2: "Drug Use Reduced"

DESTIN1 C, 5  
Primary destination agency code.  
See SOURCE for codes.  
N None, consumer is not discharged

CRF Label, Discharge Report, Page 2: "Primary Destin/Agency Code"

DISTYPE1 C, 1  
Discharge referral type for primary destination(DESTIN1)  
T Transferred - Responsibility for this consumer's treatment was relinquished by this agency and acquired by another agency.  
R Referred - This agency called to set up the first appointment and informed the consumer of same.  
A Additional services were advised but a transfer or referral was not done  
N No additional services were advised  
U Unknown  
X Not applicable (not discharged)

CRF Label, Discharge Report, Page 2: No label, select from list beneath DESTIN1

DESTIN2 C, 5  
Secondary destination agency code.  
See DESTIN1 for codes.

CRF Label, Discharge Report, Page 2: "Second. Destin./Agency Code"

DISTYPE2        C, 1  
Discharge referral type for secondary  
destination(DESTIN2)  
See DISTYPE1 for codes.  
  
CRF Label, Discharge Report, Page 2: No label,  
select from list beneath DESTIN2

DESTIN3        C, 5  
Tertiary destination agency code.  
See DESTIN1 for codes.  
  
CRF Label, Discharge Report, Page 2: "Tertiary  
Destin./Agency Code"

DISTYPE3        C, 1  
Discharge referral type for tertiary  
destination(DESTIN3)  
See DISTYPE1 for codes.  
  
CRF Label, Discharge Report, Page 2: No label,  
select from list beneath DESTIN3

THERAPIST      C, 6  
ID of Primary therapist  
May contain alpha/numeric characters. Left  
justify and pad with 0's as: "120000" or "SMITH0"  
None    or 999996 None  
Unknow    or 999997 Unknown  
NotCol    or 999998 Not collected  
CRF Label, Page 2: "Primary Therapist"

STAFFID        C, 6  
ID of Person completing this CRF. This may or  
may not be the ID of the person entering the CRF  
into a data system. May contain alpha/numeric  
characters. Left justify and pad with 0's as:  
"120000" or "SMITH0"  
None    or 999996 None  
Unknow    or 999997 Unknown  
NotCol    or 999998 Not collected  
CRF Label, Page 2: "Person Completing Form"

FORMDONE       D, 8  
Date of completion - date the CRF was completed  
or, for those entering the CRF directly into a  
computer, the date the record was entered. The  
FORMDONE date on the Admission record should be  
on or after the Admission date. On the Discharge

record, it should be on or after the Discharge date.

CRF Label, Page 2: "Date of Completion"

CONTEXT C, 1  
Key Field Context of the data in this record.  
A Admission  
C Current  
D Discharge  
There will always be an Admission (CONTEXT = "A") record in the submitted data. Each Admission record will be paired with either a Current (CONTEXT = "C") record or a Discharge (CONTEXT = "D") record.  
There is no label for this on the CRF.

RECORDDONE D, 8  
Date this record was created and/or inserted into the file to be sent to DSAMH. If the CRF submission file is created new for each submission, this date is the date the file was created. (Note the paired D's in RECORDDONE)  
There is no label for this on the CRF.

TXMODE C, 2  
Modality of treatment for this consumer.  
AD Alcohol/Substance Abuse  
MH Mental Health  
DU Dual  
GA Gambling  
TXMODE must be the same on both the Admission and the Current/Discharge records.  
  
CRF Label, Page 1: "Modality (Select Only One)"

NUMARRESTS N, 2  
  
Number of Arrests within the last 30 days  
0 - 95  
97 Unknown  
98 Not Collected  
99 is not permitted. If consumer had 95 or more arrests during the past 30 days, use 95.  
CRF Label, Admission Report: "Number of times the consumer was arrested 30 days prior to admission."  
CRF Label, Discharge Report: "Number of times the consumer was arrested 30 days prior to discharge."

SOCSUP C, 1  
Social Support/Connectedness  
"Y" Yes  
"N" No  
"U" Unknown  
"Z" Not Collected  
CRF Label, Admission Report: "Was Consumer enrolled in a support program, such as AA, NA, etc., 30 days prior to admission?"  
CRF Label, Discharge Report: "Was Consumer enrolled in a support program, such as AA, NA, etc., 30 days prior to discharge?"

HOMELESS C, 1  
Homeless at any time during the past 30 days  
"Y" Yes  
"N" No  
"U" Unknown  
"Z" Not Collected.  
  
CRF Label, Admission Report: "Was the consumer homeless at any time during the 30 days prior to admission?"  
CRF Label, Discharge Report: "Was the consumer homeless at any time during the 30 days prior to discharge?"

Special Note for Axis I, Axis II and Axis III diagnosis codes: These fields contain a text or character value that looks like a number. The dot, ".", is stored with the data in the fields. We require a Diagnosis Code specifically listed in the DSM IV or ICD-9 CM. "x" codes are not permitted, such as "555.x " or "555.xx".

AXI1 C, 6  
A DSM IV Axis I diagnosis code.  
999.97 Unknown  
999.98 Not collected  
CRF Label, Page 1: "Axis 1: Clinical Disorders" and  
CRF Psychiatric Diagnosis: "Axis I: Clinical Disorders"

AXI2 C, 6  
A DSM IV Axis I diagnosis code.

999.97 Unknown  
999.98 Not collected  
CRF Label, Page 1: "Axis 1: Clinical Disorders"  
and  
CRF Psychiatric Diagnosis: "Axis I: Clinical Disorders"

AXI3 C, 6  
A DSM IV Axis I diagnosis code.  
999.97 Unknown  
999.98 Not collected  
CRF Label, Page 1: "Axis 1: Clinical Disorders"  
and  
CRF Psychiatric Diagnosis: "Axis I: Clinical Disorders"

AXIII1 C, 6  
A DSM IV Axis II diagnosis code.  
999.97 Unknown  
999.98 Not collected  
CRF Psychiatric Diagnosis: "Axis II: Personality Disorders/Mental Retardation"

AXIII2 C, 6  
A DSM IV Axis II diagnosis code.  
999.97 Unknown  
999.98 Not collected  
CRF Psychiatric Diagnosis: "Axis II: Personality Disorders/Mental Retardation"

AXIII3 C, 6  
A DSM IV Axis II diagnosis code.  
999.97 Unknown  
999.98 Not collected  
CRF Psychiatric Diagnosis: "Axis II: Personality Disorders/Mental Retardation"

AXPRIME C, 6  
The DSM IV Axis I or Axis II diagnosis which is considered the primary diagnosis. The diagnosis entered here must also appear in one of the Axis I or Axis II fields.  
The following Unknown code may only be used if all AXI and AXII codes are also marked Unknown.  
The following Not Collected code may only be used if all AXI and AXII codes are also marked Not Collected.  
999.97 Unknown  
999.98 Not collected

CRF Admission/Discharge Report, Page 1: Indicate by entering the Primary DX in the first set of blocks.

CRF Psychiatric Diagnosis: Indicate by checking one of the blocks next to the DX.

- AXIII1 C, 6  
An Axis III code from the ICD9-CM Diagnostic Codes.  
999.96 None  
999.97 Unknown  
999.98 Not collected  
CRF Psychiatric Diagnosis: "Axis III: General Medical Conditions"
- AXIII2 C, 6  
See AXIII1 for codes.
- AXIII3 C, 6  
See AXIII1 for codes.
- AXIII4 C, 6  
See AXIII1 for codes.
- AXIII5 C, 6  
See AXIII1 for codes.
- AXIVSUPG C, 1  
The presence of an Axis IV Psychosocial/Environmental stressor: Consumer's primary support group.  
Y Yes  
N No Problem/Not Collected  
U Unknown  
CRF Psychiatric Diagnosis: "Axis IV: Psychosocial and Environmental Problems"
- AXIVSOCE C, 1  
The presence of an Axis IV Psychosocial/Environmental stressor: Consumer's social environment.  
See codes for AXIVSUPG.
- AXIVEDU C, 1  
The presence of an Axis IV Psychosocial/Environmental stressor: Consumer's education.  
See codes for AXIVSUPG.

AXIVOCUP C, 1  
The presence of an Axis IV  
Psychosocial/Environmental stressor: Consumer's  
occupation.  
See codes for AXIVSUPG.

AXIVHOUS C, 1  
The presence of an Axis IV  
Psychosocial/Environmental stressor: Consumer's  
housing.  
See codes for AXIVSUPG.

AXIVECON C, 1  
The presence of an Axis IV  
Psychosocial/Environmental stressor: Consumer's  
economic status.  
See codes for AXIVSUPG.

AXIVHEAL C, 1  
The presence of an Axis IV  
Psychosocial/Environmental stressor: Consumer's  
access to health care services.  
See codes for AXIVSUPG.

AXIVLEGAL C, 1  
The presence of an Axis IV  
Psychosocial/Environmental stressor: Consumer's  
involvement with legal system/criminal justice  
system.  
See codes for AXIVSUPG.

AXIVOTHER C, 1  
The presence of an Axis IV  
Psychosocial/Environmental stressor: Consumer's  
other psychosocial/environmental problems.  
See codes for AXIVSUPG.

AXV C, 3  
The DSM IV Axis V Global Assessment of  
Functioning (GAF).  
000 - 100  
996 None  
997 Unknown  
998 Not collected  
CRF Psychiatric Diagnosis: "Axis V: Global  
Assessment of Functioning Scale Score"

AXDXDATE D, 8  
The date this DSM IV diagnosis was made.

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No future dates, no unreasonably old dates, no blanks.

07/07/2777 Unknown

08/08/2888 Not collected

CRF Psychiatric Diagnosis: "Date"

AXTIMEFRAM

C, 1

The DSM IV defined time frame of the GAF (AXV field).

A At admission

C Current

D At discharge

M Highest level last 6 months

N None/Not collected

O Other

U Unknown

Y Highest level last year

CRF Psychiatric Diagnosis: "Time Frame"

AXTIMETEXT

C, 30

The text description of the Axis V time frame (AXTIMEFRAM).

If AXTIMEFRAM is "O", this field may contain any descriptive text pertaining to the time frame, otherwise it must contain the description of the AXTIMEFRAM code.

AT ADMISSION

CURRENT

AT DISCHARGE

HIGHEST LEVEL LAST 6 MONTHS

NONE/NOT COLLECTED

OTHER

UNKNOWN

HIGHEST LEVEL LAST YEAR

CRF Psychiatric Diagnosis: "Time Frame Other"

AXSTAFFID

C, 6

The ID of the Treatment Unit staff member who made this diagnosis.

None or 999996 None

Unknow or 999997 Unknown

NotCol or 999998 Not collected

CRF Psychiatric Diagnosis: "Physician Formulating/Confirming Diagnosis"

**Appendix II - Codes and Referral Tables**

Codes

Fields relevant to CRF edit checks:

Field Name/Type/	Use in edit check
FIELDNAME/C/10	The CRF field to be checked. Each text field is represented in the Codes table, such as DRUG1, DRUG2, DRUG3, PROBLEM1, PROBLEM2 and PROBLEM3, etc. even though the valid code list for these fields are the same. Fields of type Date and Number are not included in the Codes table.
CODEVALUE/C/3	Valid code values, including None, Unknown and Not Collected values.
DESCRIP/C/30	Label describing the code value.

The remaining fields in the Codes table are not relevant to CRF edit checking and are used by DSAMH only.

Referral

Fields relevant to CRF edit checking:

Field Name/Type/Width	Use in edit checking:
REFCODE/C/5	The referral agency code used in CRF fields SOURCE, DESTIN1, DESTIN2, DESTIN3
DESCRIP/C/40	The agency name
START/D/8	The date the agency started. Used to check referral dates made before the agency started.
ENDD/D/8	The date the agency ceased accepting referrals. Used to check referral dates made after the agency ceased accepting referrals. The coded date 6/6/2666 indicates the agency is still accepting referrals.
TXUNITID/C/9	The Treatment Unit Id of this agency. Not all agencies have a Treatment Unit Id. Used in CRF field TXUNITID.
LONGTXUNIT/C/120	A more complete name of this agency. May be used on printed reports, however DESCRIP is usually sufficient for this purpose.

The remaining fields in the Referral table are not relevant to CRF edit checking and are used by DSAMH only.

Corrections to current documentation

TXEND must be the same on both the Admission and the Current/Discharge records.  
DISREASON must be the same on both the Admission and the Current/Discharge records.  
DYSIMPROVE must be the same on both the Admission and the Current/Discharge records.  
DEPIMPROVE must be the same on both the Admission and the Current/Discharge records.  
DESTIN1 must be the same on both the Admission and the Current/Discharge records.  
DISTYPE1 must be the same on both the Admission and the Current/Discharge records.  
DESTIN2 must be the same on both the Admission and the Current/Discharge records.  
DISTYPE2 must be the same on both the Admission and the Current/Discharge records.  
DESTIN3 must be the same on both the Admission and the Current/Discharge records.  
DISTYPE3 must be the same on both the Admission and the Current/Discharge records.