



COLORADO
Behavioral Health
Administration

DACODS User Manual

(Drug and Alcohol Coordinated Data System)

FY 22/23, Version 2022.1
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Changes since the last version are outlined below and highlighted throughout this document.

- Page 1- When DACODS are due.
- Special Connections - Enrollment for this program is now open for clients within 1 year postpartum.
- Update from Pregnancy Screening to Special Connections Screening
Special Connections screening question label changes:
 - #125 Pregnancy/Postpartum Status
 - #126 Prenatal/Postpartum Care Status
 - #138 Mental Health History
- Appendix H - New Referral Source Code
 - I MATTER (Rapid Mental Health Response for CO Youth)

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

What is DACODS?

DACODS is the primary SUD client level treatment data collection instrument used by the Behavioral Health Administration (BHA).

Why must I complete DACODS?

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

When do I complete DACODS?

DACODS should be completed:

- At admission

The DACODS admission must be submitted by the 6th encounter or within 90 days of the first encounter, whichever comes first.

This **excludes** admissions to the following modalities which typically do not incur multiple encounters/visits or are services that pose a safety risk to clients. These DACODS admissions are due at the first encounter:

- Emergency Commitment
- Withdrawal Management
 - Ambulatory Medical Detox
 - Residential (non-hospital) Detox
 - Medically Managed Inpatient Detox
- Medically Managed inpatient (other than Withdrawal Management)
- Opioid Replacement Therapy (OTP licensed by BHA)
- Residential
 - Intensive Residential (IRT)
 - Transitional Residential (TRT)
 - Strategic Individualized Remediation Treatment (STIRT)
- Differential Assessments
- Step Up / Step Down in care
- Admission when transferring to another location at the same provider or to another provider. In this case, the clinician must complete a discharge DACODS before the client may be admitted to the other modality or agency.

- At discharge from that modality of substance use services.
- No activity in 90 days AND clinician feels the client will not return/pursue further treatment at this provider.

Which clients require a DACODS?

- Anyone who uses or who has used drugs or alcohol and is in an BHA-licensed substance use treatment, detoxification or DUI program, regardless of payer source for these services.
- Anyone who is being differentially assessed for a substance use problem by a substance use treatment or detoxification program, regardless of whether or not the client is determined to have a substance use problem, and regardless of payer source.
- Anyone court-ordered to attend a substance use treatment, detoxification or DUI education and/or therapy program, regardless of payer source.
- Anyone required by Child Welfare to be in a substance use treatment, detoxification or DUI education and/or therapy program regardless of payer source.
- Each and every substance use 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.

When NOT to complete a DACODS?

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

May two or more DACODS be active on the same client at the same time?

If a client receives services from two different programs or modalities simultaneously, then both programs/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?

Complete the DACODS by using the BHA's secure website:

(<https://adad.cdhs.state.co.us>) for online data entry. If the provider is part of an MSO network, please submit DACODS in accordance with your sub-contract with them.

How do I sign up for DACODS Training?

To sign up for training in how to use this system, contact the BHA's Data System Administrators: Jackie Urioste at jackie.urioste@state.co.us and Michael Bratina at michael.bratina@state.co.us A list of training dates and time can be found in the TMS Message Board (first screen after logging into TMS).

What about client confidentiality?

Do I need client consent before sending DACODS to BHA?

Licensure regulations of the Behavioral Health Administration (BHA) mandate that substance use treatment agencies submit client-identified information to BHA. Both federal laws, 42 CFR Part 2 and HIPAA, allow the licensing entity, BHA, to obtain client-identified information from substance use 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 to the BHA does that make my agency a covered entity under HIPAA?

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

ADMISSION

1. SSPA Number

Sub-State Planning Area (SSPA) region of clinic in which service originates.
Required.

- 1 = Northeast Colorado (Signal Behavioral Health Network)
- 2 = Denver area (Signal Behavioral Health Network)
- 3 = Colorado Springs area (Diversus Health)
- 4 = Southeast Colorado (Signal Behavioral Health Network)
- 5 = Western Slope - South (West Slope Casa)
- 6 = Western Slope - North (West Slope Casa)
- 7 = Boulder area (Mental Health Partners)

2. Admission Date

Required. Format: MMDDCCYY

Admission is defined as the client's first face-to face therapeutic service with the counselor. Therapeutic service includes the differential assessment.

The admission date cannot be greater than the current date.

3. Date of First Contact

Required. Format: MMDDCCYY

Client's initial communication (e.g. phone, in person, fax, video conferencing, etc.) requesting an appointment for treatment services with the agency. This may include a call from a referral source when that person is able to schedule the client for an appointment. If the client has been transferred within an agency for a reason such as a site closing or modality changes, the date of first contact would reflect the date of last contact from the previous site/modality, as opposed to date of first contact that initiated the initial treatment episode.

The date of first contact cannot be greater than the admission date or the current date.

4. Date of First Appointment Offered

Required. MMDDCCYY

The first available appointment (walk-in or scheduled) that the provider has for a client's specific treatment needs. (This may/may not be the appointment the client selected, it is the first available appointment that is offered)

The date of first appointment offered cannot be greater than the admission date or less than the first contact date.

5. Report Type

For MSO batch file submissions only.

A = Admission

Data pertains to client's status at admission to treatment; admission section 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.

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

6. Clinic/Provider License Number

Required. Format: #####-##

Identifies the provider of the alcohol or drug treatment service.

Clinic/provider identification is the six-digit license number assigned to a facility/clinic by BHA. 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.

7. Provider Client Number

Recommended. Not Required. Field Length 10

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 blank.

8. Medicaid ID Number

Not Required. Field length 10, Format: X9999999

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

Allowed as blanks only if the client does not have Medicaid ID and/or Primary Source of Payment is not Medicaid.

9. Last Name

Required (length 40)

Double last names may include a hyphen or space; last names may have a space followed by Jr. or II or some other designation.

10. First Name

Required (length 23)

Double first names may include a hyphen or space.

11. Middle Initial

Not Required (length 1)

Only 1 space provided; no hyphens, spaces or punctuation allowed.
If the client does not have a Middle Initial, leave this blank.

12. CCAR Agency Number | CCAR Client ID

Not Required

See Appendix I for CCAR Agency Numbers.

Enter the CCAR Agency number in the first box, and the CCAR Client ID number for this client in the second box.

13. Date of Birth

Required. Format: MMDDCCYY

14. Social Security Number

Required.

In the event that the SSN is not provided, BHA will require the provider to assign the proper mock SSN to track the reason it is not provided.

000000000 = Undocumented

555555555 = Not publicly funded

777777777 = Client Refused

999999999 = Unknown, DETOX only

The BHA will track the use of mock SSNs to monitor for overuse and/or abuse. If the client refuses to provide their SSN, the provider shall document this refusal in the client file by having the client sign a form, certifying their refusal.

15. Zip Code

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.

- If the zip code is completed, then Homeless & 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

16. County of Client’s Colorado Residence

Required for CO residents. Leave blank for out of state and homeless clients. See Appendix A for county codes.

17. Admission Modality

Required.
See Appendix E for modality codes and descriptions.

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

- 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**

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

18. Days Waited

Days client waited for treatment in this modality because of program capacity - Required.
(Not Required for Detox or Differential Assessment)

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.

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 (BHA) Substance Use Disorder Treatment Rules for information on acceptable waiting periods and interim services. All BHA-funded agencies should refer to their contract for information on acceptable waiting periods and interim services for specific client populations.

19. Interim Services

If days waited >0, were interim services offered?

Required if days waited > 0.

Not Required for Detox and Differential Assessment.

Interim services are those services or educational materials offered to clients placed on a waiting list for entry into a specific treatment modality.

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.

20. Number of prior substance use treatment episodes in client's lifetime

Required.

Identifies the number of times in his/her lifetime the client has sought and received substance use treatment in any drug or alcohol program.

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.

21. Number of detox treatment episodes in client's lifetime

Required.

Identifies the number of times in his/her lifetime the client has sought detox treatment in any drug or alcohol program.

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.

22. Gender
Required. (M/F)

- (M)ale
- (F)emale

23. Sexual Orientation
Required.

Identifies the sexual orientation of the client.

- 1= **Heterosexual**
- 2= **Gay/Lesbian**
- 3= **Bisexual**
- 4= **Other**
- 5= **Declined**

Heterosexual

The individual identifies as primarily or exclusively having a romantic attraction, sexual attraction or behavior towards persons of opposite sex or gender. The individual may also refer to self as *straight*.

Gay/Lesbian

The individual identifies as primarily or exclusively having a romantic attraction, sexual attraction or behavior towards persons of the same sex or gender. The individual may also refer to self as gay, lesbian or queer.

Bisexual

The individual identifies as primarily or exclusively having a romantic attraction, sexual attraction, or sexual behavior toward males *and* females.

Other

The individual identifies as primarily or exclusively **pansexual** (having a romantic or sexual attraction to all gender identities or sexual attraction to a person irrespective of that person's biological sex or gender) **OR asexual** (having no romantic or sexual attraction or sexual behavior towards any biological sex or gender) **OR questioning** (unsure of one's own sexual orientation).

Declined

The individual chooses not to answer the question.

24. Pregnancy/Postpartum Status
Is the client pregnant or postpartum?
Required.

Identifies the client's pregnancy status at time of admission.

Disabled if the client is male.

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.

25. Postpartum

(checkbox)

If the client is within 1 year postpartum, check the Postpartum box.

Disabled if the client is male.

26. Special Connections

Required if Pregnant = Yes or if Postpartum box is checked.

Yes/No

Special Connections Enrollment

Button

Special Connections Enrollment button enables when Special Connections = Yes.

Required if client is enrolling in Special Connections.

27. Race

Required.

Identifies the client's race with which they identify most strongly. If the client is bi-racial or multi-racial, mark all the races with which the client identifies. Base this response on the client's interpretation of him/herself. The client can select more than one option.

White - Origins in any of the people of Europe, North Africa, or the Middle East

Black - Origins in any of the Black racial groups of Africa

American Indian/ Alaskan Native - Origins in any of the original people of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment. Origins in any of the original people of Alaska, including Aleuts, Eskimos and Alaskan Indians.

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

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

Declined - Client declined to answer question

28. Ethnicity

Ethnicity with which the client identifies

Required.

Identifies the client's ethnicity with which they identify most strongly. Base this response on the client's interpretation of themselves.

Not Hispanic

Hispanic/Mexican - Of Mexican origin, regardless of race

Hispanic/Puerto Rican - Of Puerto Rican origin, regardless of race

Hispanic/Cuban - Of Cuban origin, regardless of race

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

Declined - Client declined to answer question

29. Marital status

Required.

Marital status at time of admission.

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

30. Client's Monthly Income

Not Required.

Identifies the client's total monthly income. Enter total gross legal income during the most recent full month. Use whole dollars only. If no income, zero-fill. If unknown or refused, leave all blank.

Enter the 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 the client's legal monthly income level is greater than 9999, enter 9999.

31. Number of persons living on client's legal income

Including the client

Required. (01-99)

Identifies the total number of adults and children who are supported by the client's legal monthly income, including the client. Must be at least 1.

If the client is paying child support, include the number of children being supported, even if they are not living with the client.

32. Number of children (<18 years of age) dependent upon the client

Required. (00-98)

Identifies the number of children whom the client supports financially and otherwise.

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.

33. Is client serving or have they served in the military

Required. Y/N

Identifies whether the client is currently on active duty or was on active duty in one or more of the seven uniformed services or their associated reserves:

- United States Army
- United States Marine Corps
- United States Navy
- United States Air Force
- United States Coast Guard
- United States Public Health Service Commissioned Corps
- National Oceanic and Atmospheric Administration Commissioned Corps
- Or is currently on active duty or was on active duty in the National Guard

Guidelines:

1. This item refers only to active duty. An individual who served in the National Guard or in one of the Reserves and was never called up for active duty should be recorded as No on this item.
2. This item now includes current active duty in the uniformed services. Previous versions of the DACODS only asked about veteran status.

34. Living situation

Required.

At the time of admission, identify the living situation that best describes the client's status over the past 30 days.

- 01 - Correctional facility/Jail
- 02 - Inpatient
- 03 - ATU, Adults Only
- 04 - Residential Treatment/Group (Youth)
- 05 - Foster Home (Youth)
- 06 - Boarding home (Adult)
- 07 - Group Home (Adult)
- 08 - Nursing Home
- 09 - Residential Facility (MH Adult)
- 10 - Residential Facility (Other)
- 11 - Sober Living
- 12 - Homeless

- 13 - Supported housing
- 14 - Assisted Living
- 15 - Independent Living
- 16 - Halfway House

35. Disability Status

Required.

Identifies if the client is disabled and specifies the disability. Base this response on the client's self-report, clinical observation or assessment, or on the client's medical or mental health history.

Select all that apply. If the response is 0=None, then no other response may be selected.

- 0 = None
- 1 = Developmental Disabilities
- 2 = Cerebral Palsy
- 3 = Seizure disorder/Epilepsy
- 4 = Autism
- 5 = Other neurological
- 6 = Developmental delay
- 7 = Deaf/Hearing Loss
- 8 = Significant speech impairment/Non-verbal
- 9 = Blind/Vision Loss
- 10 = Non-ambulatory
- 11 = Brain injury
- 12 = Psychiatric
- 13 = Down Syndrome
- 14 = Attention Deficit Disorder
- 15 = Other

36. Accommodation(s)

Does this client require reasonable accommodation(s) in order to participate in, or benefit from, treatment.
Required.

Specifies whether or not the client requires special equipment, access, educational materials, interpreters, etc. in order to participate in or benefit from treatment.

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 the same, regardless of funding availability.

37. Is the clinic providing reasonable accommodation(s)?

Required. Yes/No

Leave this item blank if the client does not have a disability, or a disability requiring accommodation.

38. Highest school grade completed

Required. 00-98. (GED=12; BA=16, etc.)

Identifies the highest grade of formal academic education the client has completed at the time of admission.

- 00 = No formal education
- 01 - 08 = Completion of the grade specified by year
- 12 = Completion of High School or GED
- 13 = Vocational or Specialized Education
- 16 = Completion of Bachelors
- 18 = Completion of Masters

For example: A response of 07 indicates completion of the 7th grade.

39. Current employment status

Required.

See Appendix C for Employment Status Codes and Descriptions.

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

- 1 = Employed full time (35+ hours/week)
- 2 = Employed part time (<35 hours/week)
- 3 = Unemployed
- 4 = Supported Employment
- 5 = Homemaker
- 6 = Student
- 7 = Retired
- 8 = Disabled
- 9 = Inmate
- 10 = Military
- 11 = Volunteer

Coding of clients with overlapping employment statuses (taken from MH National Measures):

When clients are engaged in two or more activities (have overlapping status), use DOL's system of priorities to determine the appropriate employment status. The prioritization rule is, labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker); and working or having a job takes precedence over looking for work.

Use code 01 or 02 if the client is employed and a student; or employed and retired; or employed and disabled.

Use code 03 if the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.)

40. School Attendance

Required.

Has client attended school within the past 3 months

Y/N/Not School Age

Identifies whether the client has attended school within the past 3 months

This measure is required for all clients who are school age. If the client is not school age, then enter N/A. This could include people who have completed high school or GED.

If the client is school age and did not attend any type of schooling in the past 3 months (including formal, alternative, vocational education) then enter No.

The client attended at least one day of school or more in the past 3 months (including formal, alternative, vocational education).

41. Primary source of income/support for client

(or client's parent if client <18 years of age)

Required.

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.

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

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

6=None

42. Primary source of payment for this treatment episode

Required.

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.

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.

- 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 (Not available for Modalities 7, 14, 15, 16, 17)

43. Health insurance

Regardless of payment source for this treatment episode
Required.

- 1 = Client is insured
- 2 = Client is not insured

44. Does the client's health insurance cover substance use treatment?

Identifies whether or not the client's health insurance includes coverage for any kind of substance use treatment.

Not required if the client is uninsured.

45. Current Mental Health Issues

Does the client have a current mental health problem in addition to substance use?

Required. Y/N/Unknown

Identifies if the client has a current mental health problem at the time of admission.

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.

46. Trauma History

Has the client (now or ever) experienced or witnessed a traumatic event?

Required.

0 = No

1 = Yes

2 = Unable to assess

Indicates whether the client has experienced or witnessed an event that is either universally accepted as traumatic or the client defined as traumatic. If so, this could be a factor in their treatment and recovery, and additional assessment is necessary.

0 = No

Client has not experienced physical, sexual, emotional abuse or assault and/or, Client has not witnessed physical, sexual or emotional abuse or assault of another person and/or,

Client has experienced a potentially traumatic event but **they do not define** it as traumatic, i.e. car accident, natural disaster, death of a loved one, witnessing a crime, military service, and/or,

The client is developmentally able to understand the question and respond accurately.

1 = Yes

Client has experienced physical, sexual or emotional abuse or assault, or Client has witnessed physical, sexual or emotional abuse or assault of another person. The client has experienced a potentially traumatic event **they define** as traumatic, i.e. car accident, natural disaster, death of a loved one, witnessing a crime, military service, witnessing domestic violence.

The client is developmentally able to understand the question and respond accurately.

2 = Unable to assess

Behavioral indicators of trauma are present however the client denies, refuses to answer, or is unable to endorse, any trauma. Further assessment recommended.

47. Transfer or referral source

Required.

Describes the person or agency referring the client to the alcohol or substance use treatment program.

See Appendix H for Transfer and Referral Source Codes and Descriptions.

1 = Individual (self, family, friend)

2 = Alcohol/drug use 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 (Probation, Parole/TASC, SB-94, Community Corrections)

8 = DUI/DWI Criminal Justice

- 9 = Involuntary commitment
- 10 = Other Community referral
- 11 = Drug Court
- 12 = STIRRT
- 13 = Crisis System
- 14 = I MATTER (Rapid Mental Health Response for CO Youth)

Rate each category according to counselor assessment of severity at admission: (Complete for Treatment only, not Detox)

48. Family issues and problems

Required.

Identifies the clinician's assessment of the client's skills and functioning level in the family setting at the time of admission.

- 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)

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.

49. Socialization problems

Required for Treatment, Leave blank for Detox

Identifies the clinician's assessment of the client's social skills and ability to function in positive relationships at the time of admission.

- 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)

50. Education, employment problems

Required for Treatment, Leave blank for Detox

Identifies the clinician's assessment of the client's functioning in the educational or employment setting at the time of admission.

- 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)

51. Medical/Physical problems

Required for Treatment, Leave blank for Detox

Identifies the clinician's assessment of the client's medical or physical level of functioning at the time of admission.

- 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)

52. Drug Type Primary/Secondary/Tertiary

Primary Required except for Differential Assessment

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.

53. Clinician's Diagnostic Impression

Primary/Secondary/Tertiary - Required for Primary

- 1=Use
- 2=Abuse
- 3=Dependence
- 0=Unknown (acceptable for Detox)

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

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-5. 5th ed., American Psychiatric Association, 2013.

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-5. 5th ed., American Psychiatric Association, 2013.

The response to this item is based upon subjective indicators of the clinician's assessment of the client's substance use patterns.

If the Primary drug type response is None, leave this item blank.

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

Leave blank for Primary if the modality is Differential Assessment and Primary Drug Type = None

54. Days Used

How many days in the last 30 days did the client use the Primary, Secondary, Tertiary substance during the 30 calendar days prior to admission.

Valid Values 00-30.

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

If the client had no Secondary or Tertiary drug type, leave blank.

If Differential Assessment and Primary Drug Type None, leave blank.

55. Route of Administration

Usual route of administration during most recent use period on admission, Primary/Secondary/Tertiary Required.

1=Oral - drinking or eating

2=Smoking (pipe/cigarette) - may use a pipe, cigarette, or other apparatus

3=Inhalation (nose/mouth) - Insufflations via the nose or mouth; does not include smoking

4=Injection (IV/IM) - 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

Leave blank if the modality is Differential Assessment and Primary Drug Type = None.

56. Age of first use

If Alcohol, Age first intoxicated.

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

Guidelines:

Enter the client's age at first drug use or first alcohol intoxication.

If the client had no Secondary and/or Tertiary drug, leave blank.

Do not enter the year of first use or first intoxication.

Leave blank if the modality is Differential Assessment and Primary Drug Type = None.

57. Source of illicit drugs

Required.

If the client's Primary Drug is none or alcohol this item may be = Unknown

Client's primary source from whom or from which they obtain(ed) their drugs

1 = Family

2 = School

3 = Friends

4 = Jail/prison

5 = Internet

6 = Entertainment events (bars, clubs, parties, raves, concerts, etc.)

7 = Stranger/street vendor

8 = Refused

9 = Unknown

10 = Prescription

58. Visit a medical emergency room

Not Required.

Number of times did the client visit a medical emergency room in the 6 months prior to admission.

May or may not be related to substance use, abuse or dependency.

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

59. Get admitted to a medical hospital

Not Required.

Number of times did the client visit a medical hospital in the 6 months prior to admission.

May or may not be related to substance use, abuse or dependency.

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

60. Visit a psychiatric emergency room

Not Required.

Number of times did the client visit a psychiatric emergency room in the 6 months prior to admission.

May or may not be related to substance use, abuse or dependency.

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

61. Get admitted to a psychiatric hospital

Not Required.

Number of times did the client visit a psychiatric hospital in the 6 months prior to admission.

May or may not be related to substance use, abuse or dependency.

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

62. DUI/DWAI Arrests in last 30 days

**Number of DUI/DWAI arrests in the last 30 days prior to this admission.
Required. (00-96)**

Identifies the number of drinking and driving arrests the client received during the 30 days prior to this admission.

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).

63. Other arrests in last 30 days

**Number of all other arrests in the last 30 days prior to this admission
Required. (00-96)**

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

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

64. Frequency of self-help attendance

**Frequency of attendance at self help programs in 30 days prior to Admission -
Required. (00-30)**

The number of times the client has attended a 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.

65. Interstate Compact

**Is the client covered by the Interstate Compact? Y/N
Leave blank for Detox**

Identifies if the client offended in another state and the court in that state ordered the client to receive substance use treatment in Colorado.

66. Tobacco use

Intended to identify the person's current tobacco use at the time report is administered.

- 1 = current smoker/tobacco user -every day
- 2 = current smoker/tobacco user - periodically
- 3 = former smoker/tobacco user
- 4 = never smoker/tobacco user
- 5 = smoker/tobacco user - current status unknown
- 6 = unknown if ever smoked/used

1 = current smoker/tobacco user-every day
Client identifies as either smoking or using any smokeless tobacco product daily.

2 = current smoker/tobacco user- periodically
Client identifies as either smoking or using any smokeless tobacco product at least once monthly.

3 = former smoker/tobacco user
Client identifies as having been a past regular smoker or user of any smokeless tobacco product, with at least 30 days of abstinence.

4 = never smoker/tobacco user
Client identifies as never being even a periodic smoker or user of any smokeless tobacco product.

5 = smoker/tobacco user-current status unknown
The interviewer is unable to ascertain the current use status of the client. This would be appropriate when the person refuses to respond, or is unable to provide the information. This could be used when there is other evidence of some use, but the level is not known.

6 = unknown if ever smoked/used tobacco
The interviewer is unable to ascertain the past tobacco use history of the client. This would be appropriate when the person refuses to respond, or is unable to provide information. This could be used when there is no evidence of current use.

67. Statutory Commitment at admission Required.

Was the client admitted under an emergency or an involuntary commitment at the time of admission.

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

DISCHARGE

**68. SSPA Number
Required.**

Sub-State Planning Area (SSPA) region of clinic in which service originates.

- 1 = Northeast Colorado (Signal Behavioral Health Network)
- 2 = Denver area (Signal Behavioral Health Network)
- 3 = Colorado Springs area (Diversus Health)
- 4 = Southeast Colorado (Signal Behavioral Health Network)
- 5 = Western Slope - South (West Slope Casa)
- 6 = Western Slope - North (West Slope Casa)
- 7 = Boulder area (Mental Health Partners)

**69. Admission date
Required. MMDDCCYY**

Admission is defined as the client's first face-to face therapeutic service with the counselor. Therapeutic service includes the differential assessment.

The admission date cannot be greater than the current date.

**70. Report Type
Required. D or X**
Only for use with batch file data submissions.

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

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

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:

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

71. Clinic/Provider License number

Required. #####-##

Identifies the provider of the alcohol or drug treatment service.

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.

Clinic/provider identification is the six-digit license number assigned to a facility/clinic by BHA. 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.

72. Medicaid ID Number

Not Required. Field length 10, X999999

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

Allowed as blanks only if the client does not have Medicaid ID and/or Primary Source of Payment is not Medicaid.

73. Provider Client Number

Not Required. Field Length 10

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 blank.

74. Last Name

Required (length 40)

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. Please check the admission record before entering the client's name. Spelling and punctuation must be identical.

Double last names may include a hyphen or space; last names may have a space followed by Jr. or II or some other designation.

75. First Name

Required (length 23)

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. Please check the admission record before entering the client's name. Spelling and punctuation must be identical.

Double first names may include a hyphen or space.

76. Middle Initial

Not Required (length 1)

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. Please check the admission record before entering the client's name. Spelling and punctuation must be identical.

No hyphens, spaces or punctuation allowed. If the 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.)

77. CCAR Agency Number | CCAR Client ID

Not Required.

Enter the CCAR Agency number in the first field, and the CCAR Client ID number for this client in the second field.

78. Date of Birth

Required. MMDDCCYY

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.

79. Social Security Number

Required

This field identifies the client's social security number.

Provide 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.

NOTE: Effective February 1, 2016, the Colorado Department of Human Services (CDHS), Behavioral Health Administration (BHA) will begin collecting social security numbers (SSNs) on the Drug/Alcohol Coordinated Data System (DACODS) records for all funded substance use disorder treatment clients.

In the event that the SSN is not provided, BHA will require the provider to assign the proper mock SSN to track the reason it is not provided.

000000000 = Undocumented
555555555 = Not publicly funded
777777777 = Client Refused

999999999 = Unknown, DETOX only

The CDHS-BHA Data and Evaluation team will track the use of mock SSNs to monitor for overuse and/or abuse. Further, if the client refuses to provide their SSN, the provider shall document this refusal in the client file by having the client sign a form, certifying their refusal.

80. Zip code, Homeless, Out of State zip

Enter the 5 or 9-digit zip code of the client's Colorado residence at the time of discharge; if the client is homeless or lives out of state, leave the zip code blank and check the appropriate line.

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.

81. Discharge Modality

Required

See Appendix E for modality codes and descriptions.

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

- 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 = Strategic Individualized Remediation Treatment**
- 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**

For Strategic Individualized Remediation Treatment Continuum of Care clients select Traditional Outpatient with a Referral Source of 12 = STIRRT.

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 a 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.

82. Current employment status

Required

See Appendix C for employment status codes and descriptions.

- 1 = Employed full time (35+ hours/week)**
- 2 = Employed part time (<35 hours/week)**
- 3 = Unemployed**
- 4 = Supported Employment**
- 5 = Homemaker**
- 6 = Student**
- 7 = Retired**
- 8 = Disabled**
- 9 = Inmate**
- 10 = Military**
- 11 = Volunteer**

Employment status at the time of discharge.

Coding of clients with overlapping employment statuses (taken from MH National Measures):

When clients are engaged in two or more activities (have overlapping status), use DOL's system of priorities to determine the appropriate employment status. The prioritization rule is, labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker); and working or having a job takes precedence over looking for work.

Use code 01 or 02 if the client is employed and a student; or employed and retired; or employed and disabled.

Use code 03 if the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.)

83. Current Mental Health

At time of discharge, does the client have a current mental health problem in addition to substance use

Required. Y/N/U

Identifies if the client has a current mental health problem at the time of discharge. 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.

84. Client's Monthly Income at discharge

(000-999, or blank)

Enter total gross legal income during the most recent full month. Use whole dollars only. If no income, zero-fill all. If unknown or refused, leave blank.

Identifies the client's total monthly income at time of discharge.

Enter the 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 the client's legal monthly income level is greater than 9999, enter 9999.

85. Number of persons living on client's legal income

This includes the client.

Required. (01-99), must be at least 01.

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.

If the client is paying child support, include the number of children being supported, even if they are not living with the client.

86. Number of children (<18 years of age) dependent upon the client

Required. 00-98, 99 for Detox if unknown.

Identifies the number of children whom the client supports financially or otherwise at the time of discharge.

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.

87. Client's living situation

Required

See Appendix D for living situation codes and descriptions.

- 01 = Correctional facility/Jail
- 02 = Inpatient
- 03 = ATU, Adults Only
- 04 = Residential Treatment/Group (Youth)
- 05 = Foster Home (Youth)
- 06 = Boarding home (Adult)
- 07 = Group Home (Adult)
- 08 = Nursing Home
- 09 = Residential Facility (MH Adult)
- 10 = Residential Facility (Other)
- 11 = Sober Living
- 12 = Homeless
- 13 = Supported housing
- 14 = Assisted Living
- 15 = Independent Living
- 16 = Halfway House

At the time of discharge, identifies the living situation that best describes the client's status over the past 30 days.

88. Date of last face-to-face contact with client

Required. MMDDCCYY

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

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.

89. Discharge date for this episode

Required. MMDDCCYY

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.

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.

90. Discharge Status - required

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

- 1 = Treatment completed at this facility**
- 2 = Transferred or referred to another substance use treatment program**
- 3 = Treatment not completed at this facility**

1 = Treatment completed at this facility

The client completed his/her course of treatment or service at this facility.

2 = Transferred or referred to another substance use treatment program or facility

The client is transferred or referred to another substance use treatment program for completion of their course of treatment or service.

3 = Treatment not completed at this facility.

The client did not complete his/her course of treatment or service at this facility.

91. Reason for Discharge

Required for clients who did not complete treatment ONLY

See Appendix G for Reason for Discharge Codes and Descriptions.

Indicates the outcome of the treatment or service, or the reason for transfer or discontinuance of treatment or service. This is a required field for clients who did not complete treatment (Discharge Status = 3). For clients who completed treatment (Discharge Status = 1) or been transferred (Discharge Status = 2) this field must be blank.

- 1 = Attendance**
- 2 = Client Decision**
- 3 = Client stopped coming and contact efforts failed**
- 4 = Financial/Payments**
- 5 = Lack of Progress**
- 6 = Medical Reasons**
- 7 = Military Deployment**
- 8 = Moved**
- 9 = Incarcerated**
- 10 = Died**
- 11 = Agency closed/No longer in business**

92. Statutory Commitment at any time during treatment

Required

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.

0 = None

1 = Emergency Commitment (detox clinics ONLY)

2 = Involuntary Commitment to non-detox treatment

93. Drug Type Primary/Secondary/Tertiary

Primary Required except for Differential Assessment

See Appendix B for drug type codes and descriptions

Valid Values (00-27)

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.

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.

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.

94. Days Used

How many days in the last 30 days did you use your Primary/Secondary/Tertiary substance? (Cannot be greater than 30)

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.

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

If the client had no Secondary or Tertiary drug type, leave blank.

If Differential Assessment and Primary Drug Type None, leave blank.

95. Route of Administration

Usual route of administration during treatment - Primary/Secondary/Tertiary, Required

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

1 = Oral - drinking or eating

2 = Smoking (pipe/cigarette) - may use a pipe, cigarette, or other apparatus

3 = Inhalation (nose/mouth) - Insufflations via the nose or mouth; does not include smoking

4 = Injection (IV/IM) - 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

Leave blank if the modality is Differential Assessment and Primary Drug Type = None.

96. Progress at time of discharge toward written, measurable treatment goals Required

Identifies the client's progress towards and degree of achievement of 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**

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 response must be 0=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.

97. Visit a medical emergency room

During the last 6 months of treatment, or during the length of treatment, whichever was less, how many times did the client visit a medical emergency room in the 6 months prior to admission.

May or may not be related to substance use, abuse or dependency.
If the client had more than 98 visits or admissions, enter 98.

98. Get admitted to a medical hospital

During the last 6 months of treatment, or during the length of treatment, whichever was less, how many times did the client visit a medical hospital in the 6 months prior to admission.

May or may not be related to substance use, abuse or dependency.
If the client had more than 98 visits or admissions, enter 98.

99. Visit a psychiatric emergency room

During the last 6 months of treatment, or during the length of treatment, whichever was less, how many times did the client visit a psychiatric emergency room in the 6 months prior to admission

May or may not be related to substance use, abuse or dependency.
If the client had more than 98 visits or admissions, enter 98.

100. Get admitted to a psychiatric hospital

During the last 6 months of treatment, or during the length of treatment, whichever was less, how many times did the client visit a psychiatric hospital in the 6 months prior to admission.

May or may not be related to substance use, abuse or dependency.
If the client had more than 98 visits or admissions, enter 98.

101. DUI/DWAI Arrests in previous 30 days

Number of DUI/DWAI arrests in the last 30 days prior to this discharge
Required. (00-96)

Identifies the number of drinking and driving arrests the client received during the 30 days prior to this discharge or during the course of treatment if that treatment encounter was less than 30 days.

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).

102. Number of all other arrests in the last 30 days prior to this discharge

Required. (00-96)

Identifies the number of all arrests of any type except DUI/DWAI/BUI/FUI during the 30 days prior to this discharge or during the course of treatment if that treatment encounter was less than 30 days.

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.

103. Frequency of attendance at self-help programs last 30 days

Frequency of attendance at self-help programs last 30 days prior to Discharge

Required. 00-30

The number of times the 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 use and dependence.

**Rate each category according to counselor assessment of severity at discharge
(Complete for Treatment only, not Detox):**

104. Family issues and problems

Required. leave blank for Detox

Identifies the clinician's assessment of the client's skills and functioning level in the family setting at the time of discharge.

- 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)**

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.

105. Socialization problems

Required. leave blank for Detox

Identifies the clinician's assessment of the client's social skills and ability to function in positive relationships at the time of discharge.

- 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)

106. Education, employment problems

Required. leave blank for Detox

Identifies the clinician's assessment of the client's functioning in the educational or employment setting at the time of discharge.

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)

107. Medical/Physical problems

Required. Leave blank for Detox

Identifies the clinician's assessment of the client's medical or physical level of functioning at the time of discharge.

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)

108. Number of Outpatient hours client had during this treatment episode

Required.

(Do NOT include Day Treatment or Opioid Replacement Therapy)

Identifies the total number of hours the client received for Outpatient services during this treatment episode. If the client did not have any outpatient services, leave blank.

Enter the number of hours and minutes.

Round minutes to 15 minutes increments.

Do not use decimals or fractions.

Examples:

5 hours, 15 minutes

2 hours, 30 minutes

14 hours, 45 minutes

Valid Entries: 0-9999 for hours

00, 15, 30, 45 for minutes

Blanks: Allowed for all modalities except 7=Traditional Outpatient and 9=Intensive Outpatient.

Special Connections Screening

Required for Special Connections Clients.

Not available for submission via batch file.

Scores indicated are based on the risk to the fetus.

109. SSPA

Required if Special Connections

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

1 = Northeast Colorado (Signal Behavioral Health Network)

2 = Denver area (Signal Behavioral Health Network)

3 = Colorado Springs area (Diversus Health)

4 = Southeast Colorado (Signal Behavioral Health Network)

5 = Western Slope - South (West Slope Casa)

6 = Western Slope - North (West Slope Casa)

7 = Boulder area (Mental Health Partners)

110. Admission date

Required if Special Connections.

MMDDCCYY

Admission is defined as the client's first face-to face therapeutic service with the counselor. Therapeutic service includes the differential assessment.

The admission date cannot be greater than the current date.

111. Report type

(No longer used now that Special Connections cannot be submitted via batch.)

112. Clinic/Provider License number

Required if Special Connections

Identifies the provider of the alcohol or drug treatment service.

Clinic/provider identification is the six-digit license number assigned to a facility/clinic by BHA. 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.

113. Provider Client Number

Not Required if Special Connections

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 blank.

114. Last Name

Required (length 40)

Double last names may include a hyphen or space; last names may have a space followed by Jr. or II or some other designation.

115. First Name

Required (length 23)

Double first names may include a hyphen or space.

116. Middle Initial

Not Required (length 1)

Only 1 space provided; no hyphens, spaces or punctuation allowed.

If the client does not have a Middle Initial, leave this blank.

117. Date of birth

Required if Special Connections

MMDDCCYY

Leave blank for Detox only

Identifies client's birth date

Client's date of birth must be at least 5 years less than (or prior to) the admission date.

118. Social Security Number

Required if Special Connections.

In the event that the SSN is not provided, BHA will require the provider to assign the proper placeholder SSN to track the reason it is not provided.

000000000 = Undocumented

555555555 = Not publicly funded

777777777 = Client Refused

The BHA Data and Evaluation team will track the use of placeholder SSNs to monitor for overuse and/or abuse. Further, if the client refuses to provide their SSN, the provider shall document this refusal in the client file by having the client sign a form, certifying their refusal.

119. Evaluation date

Required if Special Connections

Evaluation is defined as the date the client is evaluated for pregnancy screening.

The evaluation date cannot be greater than the current date.

120. Chronological age

Required if Special Connections

- 15 to 20 (score 4)
- 21 to 33 (score 2)
- 34 to 45 (score 0)

121. Age of first use of any drugs or alcohol

Required if Special Connections

- < 15 years old (score = 5)
- 15 to 20 (score = 4)
- 21 to 33 (score = 2)
- 34 to 45 (score = 0)

122. Drug Type - Primary

Required if Special Connections

See Appendix B for drug type codes and descriptions.

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.

-
- THC/Hallucinogens (score = 1)
- Opiates/amphetamines/stimulants (score = 2)
- Barbiturates/inhalants/tranquilizers/sedatives (score = 3)
- Cocaine/alcohol (score = 4)

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).

00 ('None') may only be selected for the Primary Drug Type if the modality in Modality is 0=Differential Assessment. All other responses for Primary Drug Type must be 01-26.

123. Drug Type - Secondary

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

- THC/Hallucinogens (score = 1)
- Opiates/amphetamines/stimulants (score = 2)
- Barbiturates/inhalants/tranquilizers/sedatives (score = 3)
- Cocaine/alcohol (score = 4)

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).

124. Frequency of use of drugs

Required if Special Connections

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.

- Monthly (score = 1)
- Weekly; three to five times (score = 2)
- Daily (score = 3)
- Three or more times daily, binging (score = 4)

125. Pregnancy/Postpartum Status

Required if Special Connections

Identifies the client's pregnancy or postpartum status. The system will then give a rating to that answer based on the risk to the fetus.

- First trimester (score = 0)
- Second trimester (score = 3)
- Third trimester (score = 4)
- Within 1 year postpartum (score = 0)

126. Pregnancy/Postpartum Care Status

Required if Special Connections

Identifies the client's pregnancy care status. The system will then give a rating to that answer based on the risk to the fetus.

- Already receiving prenatal care routinely (score = 0)
- Already receiving prenatal care but not consistently (score = 1)
- Not receiving prenatal care but willing to access (score = 2)
- Not receiving prenatal care (score = 3)
- Received 6-week postpartum care visit (score = 0)
- Did not receive any postpartum care (score = 0)

127. Access to other drug/alcohol treatment

Required if Special Connections

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.

- 0 = Has access to treatment (score = 0)
- 4 = Limited or no access to treatment (score = 4)

128. Family support

Required if Special Connections

Identifies the client's family support. The system will then give a rating to that answer based on the risk to the fetus.

- Strong (score = 0)
- Moderate (score = 2)
- Minimal or none (score = 4)

129. Family substance abuse history

Required if Special Connections

Identifies the client's family substance use history. The system will then give a rating to that answer based on the risk to the fetus.

- No family history of substance use (score = 0)
- Recovering family member(s) (score = 2)
- Family history of substance use or current family substance use (score = 4)

130. Drug using partner

Required if Special Connections

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.

- No drug using partner (score = 0)
- Yes, partner interested or enrolled in treatment (score = 3)
- Yes, partner not interested in treatment (score = 4)

131. HIV Risk
Required if Special Connections

Identifies the client's HIV risk. The system will then give a rating to that answer based on the risk to the fetus.

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

132. Method of Administration of primary drug
Required if Special Connections

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.

- Orally (score = 1)
- Inhale (score = 3)
- Smoking (score = 4)
- IV (score = 5)

133. Home environment
Required if Special Connections

Identifies the client's home environment. The system will then give a rating to that answer based on the risk to the fetus.

- Stable, drug free home with support (score = 0)
- Lives alone or with children in stable housing (score = 2)
- No stable residence for past year (score = 4)
- Homeless or living with drug user (score = 5)

134. Personal Safety
Required if Special Connections

Identifies the client's personal safety. The system will then give a rating to that answer based on the risk to the fetus.

- No incidents of emotional, verbal, or physical abuse between the beginning of pregnancy and now. (score = 0)
- One to two incidents of emotional, verbal or physical abuse between the beginning of pregnancy and now. (score = 2)
- Multiple incidents of emotional, verbal or physical abuse between the beginning of the pregnancy and now. (score = 4)

135. Employment/Education Status
Required if Special Connections

Identifies the client's education/employment status. The system will then give a rating to that answer based on the risk to the fetus.

- Secure employment; homemaker with income, student or job training program. (score = 0)
- Employed but moderate disruptions; unemployed but income. (score = 2)
- Unemployed due to disruptions/employed but major disruptions; virtually unemployed at present. (score = 4)

136. Legal Status
Required if Special Connections

Identifies the client's legal status. The system will then give a rating to that answer based on the risk to the fetus.

- Not on parole or probation. (score = 0)
- Charges pending. (score = 2)
- Currently on parole or probation. (score = 3)

137. Prior Criminal Record
Required if Special Connections

Identifies the client's prior criminal record. The system will then give a rating to that answer based on the risk to the fetus.

- No prior felony or misdemeanor conviction. (score = 0)
- One felony or misdemeanor conviction. (score = 2)
- Two or more felony or misdemeanor convictions. (score = 4)

138. Mental Health History
Required if Special Connections

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.

- No symptoms of mental disorder, no apparent impairment in functioning. (score = 0)
- Some symptoms with mild/moderate functioning impairment. (score = 2)
- Symptoms with severe impairment in functioning. (score = 4)

139. Prior alcohol/drug education or treatment
Required if Special Connections

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.

- No prior alcohol/drug education or treatment. (score = 0)
- One education or treatment experience. (score = 2)
- Two or more treatment experiences. (score = 4)

140. Family Status

Required if Special Connections

Identifies the client's family status. The system will then give a rating to that answer based on the risk to the fetus.

- First pregnancy, no other children. (score = 0)
- One child is living at home. (score = 1)
- Two or more children living at home under the age of six. (score = 2)
- Children living outside the client's home. (score = 3)
- Three or more children living with you. (score = 4)

141. Attitude

Required if Special Connections

Identifies the client's attitude. The system will then give a rating to that answer based on the risk to the fetus.

- Highly motivated to change; receptive to assistance. (score = 0)
- Moderate motivation to change. (score = 2)
- Rationalized behavior; negative; not motivated. (score = 4)

142. Hopefulness

Required if Special Connections

Identifies the client's hopefulness. The system will then give a rating to that answer based on the risk to the fetus.

- Ability to envision a positive future. (score = 0)
- Ability to believe there is hope for the future for self and infant. (score = 2)
- Not able to envision a future or vision is negative. (score = 4)

143. Self-Esteem

Rating by clinician

Required if Special Connections

Identifies the client's self esteem rating by the clinician. The system will then give a rating to that answer based on the risk to the fetus.

- High self-esteem. (score = 0)
- Moderate client self-esteem. (score = 2)
- None or low client self-esteem. (score = 4)

Appendix A - Colorado County Codes

Used in MSO batch file data submissions.

Code	County
1	Adams
2	Alamosa
3	Arapahoe
4	Archuleta
5	Baca
6	Bent
7	Boulder
8	Broomfield
9	Chaffee
10	Cheyenne
11	Clear Creek
12	Conejos
13	Costilla
14	Crowley
15	Custer
16	Delta
17	Denver
18	Dolores
19	Douglas
20	Eagle
21	El Paso
22	Elbert
23	Fremont
24	Garfield
25	Gilpin
26	Grand
27	Gunnison
28	Hinsdale
29	Huerfano
30	Jackson
31	Jefferson
32	Kiowa
33	Kit Carson
34	La Plata

Code	County
35	Lake
36	Larimer
37	Las Animas
38	Lincoln
39	Logan
40	Mesa
41	Mineral
42	Moffat
43	Montezuma
44	Montrose
45	Morgan
46	Otero
47	Ouray
48	Park
49	Phillips
50	Pitkin
51	Prowers
52	Pueblo
53	Rio Blanco
54	Rio Grande
55	Routt
56	Saguache
57	San Juan
58	San Miguel
59	Sedgwick
60	Summit
61	Teller
62	Washington
63	Weld
64	Yuma

Appendix B - Drug Type Codes and Descriptions

For Special Connections Clients - 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.

- THC/Hallucinogens (score =1)
- Opiates/amphetamines/stimulants (score = 2)
- Barbiturates/inhalants/tranquilizers/sedatives (score = 3)
- Cocaine/alcohol (score = 4)

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).

00 ('None') may only be selected for the Primary Drug Type if the modality in Modality is 0=Differential Assessment. All other responses for Primary Drug Type must be one of the 1-26 and 0-27 for Secondary options.

Code	Drug Type	Examples	Score Value for Pregnancy Screening
00	None (valid only for differential assessment)		0
01	Alcohol		4
02	Barbiturate		3
03	Benzodiazepine tranquilizer	Valium, Librium, Xanax, etc.	3
04	Clonazepam	Klonopin, Rivotril	3
05	Other sedatives/hypnotic	Chloral Hydrate, Dalmane, etc.	3
06	Other tranquilizer		3
07	Cocaine Hydrochloride/crack		4
08	Methamphetamine	crank, crystal, methedrine, etc.	2
09	Other amphetamine	Benzedrine, Dexedrine, Desoxyn, etc.	2
10	Other stimulants	Ritalin, Sanorex, Adderall, etc.	2
11	Heroin		2
12	Non Rx Methadone		2
13	Other Opiates/synthetic opiates	Morphine, Codeine, etc./ Demerol, Percodan, etc.	2
14	Marijuana/hashish		1
15	LSD		1
16	PCP		1
17	Other hallucinogens		1

Code	Drug Type	Examples	Score Value for Pregnancy Screening
18	Inhalant		3
19	Over the counter drug		1
20	Flunitrazepam	Rohypnol	3
21	Gamma-hydroxybutyrate, gamma-butyrolactone (GHB/GBL)		3
22	Ketamine	Special K	3
23	Methylenedioxymethamphetamine	MDMA, ecstasy	3
24	Anabolic Steroid		4
25	Other		3
26	Buprenorphine		2
27	Nicotine (Cannot be used for primary)		4

Appendix C - Employment Status Codes and Descriptions

- 1 = Employed full time (35+ hours/week)
- 2 = Employed part time (<35 hours/week)
- 3 = Unemployed
- 4 = Supported Employment
- 5 = Homemaker
- 6 = Student
- 7 = Retired
- 8 = Disabled
- 9 = Inmate
- 10 = Military
- 11 = Volunteer

01 = Employed full time (35+hours/week)

Client works 35 hours or more each week. Includes clients on strike whose normal working hours are 35+ hours per week.

02 = Employed part time (<35 hours/week)

The client works an average of less than 35 hours per week.

03 = Unemployed

The client is unemployed. Includes clients who have registered with employment agencies, responded to or placed ads, and/or submitted resumes to potential employers, 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.

04 = Supported Employment

Clients with moderate-to-severe levels of disabilities work to become active, wage-earning members of the workforce through the development of employment opportunities and on-going support within an employment situation. This is a formal organized program. Components of supported employment include:

- Vocational Profile/Assessment
- Job search
- Job preparation
- Job placement
- Job coaching

05 = Homemaker full time, no formal employment

06 = Student full time, no formal employment

07 = Retired, no formal employment

08 = Disabled, no formal employment

09 = Inmate

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

10 = Military

11 = Volunteer

Appendix D - Living Situation Codes and Descriptions

- 01 - Correctional facility/Jail
- 02 - Inpatient
- 03 - ATU, Adults Only
- 04 - Residential Treatment/Group (Youth)
- 05 - Foster Home (Youth)
- 06 - Boarding home (Adult)
- 07 - Group Home (Adult)
- 08 - Nursing Home
- 09 - Residential Facility (MH Adult)
- 10 - Residential Facility (Other)
- 11 - Sober Living
- 12 - Homeless
- 13 - Supported housing
- 14 - Assisted Living
- 15 - Independent Living
- 16 - Halfway House

01 - Correctional facility/Jail

This identifies detention facilities. It could be State Department of Corrections, or for youth, Division of Youth Corrections facilities, or it could be county or municipal jails.

02 - Inpatient

This identifies a hospital setting. The patient is at the hospital for diagnosis or treatment that requires an overnight stay.

03 - ATU, Adults Only

An Acute Treatment Unit (ATU) is a 24-hour residential treatment facility licensed by the Colorado Department of Public Health and Environment (CDPHE) and monitored by the Behavioral Health Administration (BHA). ATUs may serve as an alternative to inpatient hospitalization when it is determined the client can receive equal benefit at the ATU level of care. They provide a level of care and supervision for individuals who are in need of intensive psychiatric interventions for stabilization.

04 - Residential Treatment/Group (Youth)

05 - Foster Home (Youth)

Foster care is the term used for a system in which a minor who has been made a ward is placed in an institution, group home, or private home of a state-certified caregiver referred to as a foster parent. The placement of the child is arranged through the county department of human services. The institution, group home or foster parent is compensated for expenses.

The state via the family court and child protection agency stand in loco parentis to the minor, making all legal decisions while the foster parent is responsible for the day-to-day care of said minor. The foster parent is remunerated by the state for their services.

06 - Boarding home (Adult)

A boarding house is a house (often a family home) in which lodgers rent one or more rooms for one or more nights, and sometimes for extended periods of weeks, months, and years. The common parts of the house are maintained, and some services, such as laundry and cleaning, may be supplied. A lodging house, also known in the United States as a rooming house, may or may not offer meals.

07 - Group Home (Adult)

A group home is a private residence designed to serve adults with chronic disabilities. Typically there are no more than six residents and there is a trained caregiver there twenty-four hours a day.

08 - Nursing Home

A nursing home, convalescent home, skilled nursing facility, care home, rest home or intermediate care provides a type of residential care. They are a place of residence for people who require *continual* nursing care and have significant deficiencies with activities of daily living. Nursing aides and skilled nurses are usually available 24 hours a day.

Residents include the elderly and younger adults with physical or mental disabilities. Residents in a skilled nursing facility may also receive physical, occupational, and other rehabilitative therapies following an accident or illness.

09 - Residential Facility (MH Adult)

This identifies other 24 hour care residential facilities for adults with mental illness. This would be used when the facility is not specifically defined by the other categories, such as ATUs, Assisted Living, or Group Home.

10 - Residential Facility (Other)

These identify all other 24 hour care residential facilities that are not clearly defined by the other options. This could include substance use treatment facilities such as ASAM level III.1 and III.5 (transitional residential treatment and therapeutic communities, respectively), which are often long term settings. If the facility is also a Community Corrections facility, it should be identified as a halfway house.

11 - Sober Living

Sober living environments (SLEs) are facilities used by people recovering from substance use disorders, which serve as an interim environment between rehab and a return to their former lives. SLEs grew out of a need to have a safe and supportive place for people to live while they were in recovery. They are primarily meant to provide housing for people who have just come out of rehab (or recovery centers) and need a place to live that is structured and supportive for those in recovery. However, it is not necessary to come from rehab. In Colorado, these are not licensed facilities, and are often consumer run, without paid staff.

12=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 #14 (Zip

Code). If client has a zip code of Colorado residence, or lives out of state, then this response cannot be an option.

13 - Supported housing

Supported (or supportive) housing is a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include substance use, addiction or alcoholism, mental illness, HIV/AIDS, or other serious challenges to a successful life. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug use programs, community support services (e.g., child care, educational programs), and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care. As community housing, supportive housing can be developed as mixed income, scattered site housing not only through the traditional route of low income and building complexes.

14 - Assisted Living

Assisted living residences or assisted living facilities are housing facilities for people with disabilities. These facilities provide supervision or assistance with activities of daily living (ADLs); coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being. Assistance may include the administration or supervision of medication, or personal care services provided by a trained staff person.

Assisted living as it exists today emerged in the 1990s as an eldercare alternative on the continuum of care for people, for whom independent living is not appropriate but who do not need the 24-hour medical care provided by a nursing home and are too young to live in a retirement home. Assisted living is a philosophy of care and services promoting independence and dignity.

15 - Independent Living

This is used to identify living situations for people who are in a residence by themselves, or with family or a room-mate(s). The residence may be owned or rented by the occupants. For children and adolescents, this should be used when they are living in their parents' home/place of residence.

16 - Halfway House

Some halfway houses are meant solely for reintegration of persons who have been recently released from prison or jail, others are meant for people with chronic mental health disorders, and most others are for people with substance use issues. The state-placement of ex-criminal offenders to a halfway house after a prison sentence may either be decided upon as part of the judge's sentence or by a prison official's recommendation. In addition, a direct sentence to a halfway house may be decided upon by a judge or prosecutor in lieu of prison time. In Colorado, we are specifically considering Community Corrections facilities as Halfway Houses. This will distinguish these from Sober Living, and other residential care facilities.

Appendix E - Modality Codes and Descriptions

The modality or type of service into which the client is being admitted/discharged.

- 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

0 = Differential Assessment

Formal evaluation by counselor to determine type of substance use treatment needed and ASAM level of care. 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.

(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 use treatment.) (No corresponding ASAM Level)

1 = Ambulatory medical detox

Outpatient treatment services providing 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 settings 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 use 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 use 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.

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

Treatment modalities:

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

Detox modalities:

1=Ambulatory Medical Detox

2=Residential (non-hospital) Detox

12=Medically Managed Inpatient Detox

Modalities for DUI providers:

13=DUI Level I Education

14=DUI Level II Education only

15=DUI Level II Therapy and Education

Appendix F - Primary Source of Payment Codes and Descriptions

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.

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.

- 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 (Not available for Modalities 7, 14, 15, 16, 17)

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

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

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

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

05 = 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.

06 = 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.

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

08 = 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.

09 = 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 use treatment and recovery support services to individuals who meet the eligibility requirements.

The following modalities are not eligible for Colorado ATR:

- ORT - Opioid replacement therapy (Modality 7)
- DUI Level I education (Modality 14)
- DUI Level II education only (Modality 15)
- DUI Level II therapy and education (Modality 16)
- MIP - Minors in Possession (Modality 17)

Appendix G - Reason for Discharge Codes and Descriptions

Indicates the outcome of the treatment or service, or the reason for transfer or discontinuance of treatment or service. This is a required field for clients who did not complete treatment (Discharge Status =3). For clients who completed treatment (Discharge Status =1) or been transferred (Discharge Status =2) this field must be blank.

- 1 = Attendance**
- 2 = Client Decision**
- 3 = Client stopped coming and contact efforts failed**
- 4 = Financial/Payments**
- 5 = Lack of Progress**
- 6 = Medical Reasons**
- 7 = Military Deployment**
- 8 = Moved**
- 9 = Incarcerated**
- 10 = Died**
- 11 = Agency closed/No longer in business**

01 = Attendance

The client was not following attendance guidelines/regulations, Missed too many sessions.

02 = Client Decision

The client left treatment or service against professional advice; he/she dropped out or walked away from treatment. AWOL/Absconded

03 = Client Discontinued Attending and Contact Efforts failed

The client has stopped attending their treatment and the provider has been unable to contact them within 90 days

04 = Financial/Payments

The client is unable to keep their financial obligations to continue treatment. Funding has ended and the client has no other way to pay for treatment.

05 = Lack of Progress

The client is not making progress in achieving treatment goals. A new course of treatment may be required. This represents the clinician's decision.

06 = Medical Reasons

Treatment was discontinued due to medical reasons.

07 = Military deployment

The client left the area due to a military service/deployment.

08 = Moved

The client moved and can no longer attend treatment at this facility.

09 = Incarcerated

The client's course of treatment was terminated because the client has been incarcerated or placed in detention.

10 = Died

The client died during the course of treatment or service.

11 = Agency closed; no longer in business.

The agency is no longer in business.

Appendix H - Transfer and Referral Source Codes and Descriptions

Describes the person or agency referring the client to the alcohol or substance use treatment program.

- 1 = Individual (self, family, friend)
- 2 = Alcohol/drug use 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 (Probation, Parole/TASC, SB-94, Community Corrections)
- 8 = DUI/DWI Criminal Justice
- 9 = Involuntary commitment
- 10 = Other Community referral
- 11 = Drug Court
- 12 = STIRRT
- 13 = Crisis System
- 14 = I MATTER (Rapid Mental Health Response for CO Youth)

01 = 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.

02 = Alcohol/drug use care provider

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

03 = 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.

04 = 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.

05 = Employer

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

06 = Social/Human services including 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.

07 = 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. Clients need not be officially designated as on parole.

08 = 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.

09 = 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.

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.

13 = Crisis System

Referrals from Crisis response system will be identified when referrals come from either of:

- 24-Hour Crisis Telephone Lines (including peer warm lines): Telephone crisis services staffed by skilled professionals to assess and make appropriate referrals; or,
- Walk-In Crisis Services/ Crisis Stabilization Unit: Urgent care services with the capacity for immediate clinical intervention, triage, and stabilization

14 = I MATTER (Rapid Mental Health Response for CO Youth)

The I Matter program has a statewide public awareness and outreach campaign that includes digital ads on platforms such as TikTok and Snapchat and on-the-ground outreach to schools and youth organizations. Both the awareness campaign and the IMatterColorado.org website were informed by youth feedback.

Appendix I - CCAR Agency Numbers

CMHC Agency Number	CMHC Name
011	AllHealth Network
005	Asian Pacific Development Center
038	Aurora Mental Health Center
020	Axis Health Systems
027	Axis Health Systems 2 (CMH Location)
007	Centennial Mental Health Center
015	Community Reach Center
004	Diversus Health
025	Eagle Valley Behavioral Health
051	Health Solutions
018	Jefferson Center for Mental Health
023	Mental Health Partners
002	Mind Springs Health
006	North Range Behavioral Health
024	San Luis Valley Community Mental Health Center
045	Servicios de la Raza
014	Solvista Health
017	Southeast Health Group
012	SummitStone Health Partners
048	WellPower

See the latest CCAR User Manual for additional agency numbers.