

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	adobe pdf
Run by	OPS\$PCUMMING
Report Date	09-APR-08 12:54

# Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration

Media ID : Sisar Forms 1 thru 4 Office of Applied Studies

Start Date : 01-JUL-98

End Date :

Follow-up :

Florida's Treatment Episode Data Set

Version : 1

K = Key Field

**System**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>System Transaction Type</b>	-	<b>System Transaction Type</b>	
<b>K 2</b>	<b>State Code</b>	<b>FL</b>	<b>FIPS Code</b>	
<b>3</b>	<b>Reporting Date</b>	-	<b>Month and Year of Submission</b>	

# Crosswalk Report

Florida's Treatment Episode Data Set  
Version : 1

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**Minimum**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	<b>1,3,3,2,4</b>	<b>Provider ID</b>	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>1,2,3,2</b>	<b>SISAR/Client ID</b>	
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>1.24</b>	<b>Co-Dependent</b>	
	1 Yes		1 yes	
	2 No		2 No	
	2 No		3 Unknown	
<b>K 4</b>	<b>Client Transaction Type</b>	<b>-</b>	<b>Temporary Item till 7/00</b>	
	A Admission		A Initial Admissions	
<b>K 5</b>	<b>Date of Admission</b>	<b>1,3,4,2,3</b>	<b>Admission Date</b>	
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>1.6</b>	<b>Prior Admissions</b>	

# Crosswalk Report

Florida's Treatment Episode Data Set  
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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>1.22.39</b>	<b>Referral Source</b>	
01	Individual (includes self-referral)	01	Individual	
02	Alcohol/Drug Abuse Provider	02	Substance Abuse Provider	
03	Other Health Care Provider	03	Mental Health Provider	
07	Court/Criminal Justice/DUI/DWI	04	Juvenile Justice	
03	Other Health Care Provider	05	Co, Public Health Unit	
04	School (Educational)	06	School ( educational)	
05	Employer/EAP	07	Empolyer/EAP	
06	Other Community Referral	08	Other Social/Health/Community	
07	Court/Criminal Justice/DUI/DWI	09	TASC	
07	Court/Criminal Justice/DUI/DWI	10	Probation/Parolee?Controlled Release	
07	Court/Criminal Justice/DUI/DWI	11	DUI/DWI	
07	Court/Criminal Justice/DUI/DWI	12	Pre-trial	
07	Court/Criminal Justice/DUI/DWI	13	Prison/Jail	
07	Court/Criminal Justice/DUI/DWI	14	Other Court Order/Law Enforcement	
03	Other Health Care Provider	15	Children & Families/Dependent	
03	Other Health Care Provider	16	CINS/FINS	
03	Other Health Care Provider	17	Addiction Receiving Facility (ARF)	
03	Other Health Care Provider	18	Outreach	

No longer effective as of: 06-30-2004

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Item No Treatment Episode Data Set

Item

Value

State System Data

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>1.22.39</b>	<b>Referral Source.</b>	
01	Individual (includes self-referral)	01	Individual	
02	Alcohol/Drug Abuse Provider	02	Substance Abuse Care Provider	
03	Other Health Care Provider	03	Mental Health Care Provider	
07	Court/Criminal Justice/DUI/DWI	04	Juvenile Justice	
03	Other Health Care Provider	05	County Public Health Unit	
04	School (Educational)	06	School (Education)	
05	Employer/EAP	07	Employer/EAP (Employee Assistance Program)	
06	Other Community Referral	08	Other SocialService/Health/Community Referral	
07	Court/Criminal Justice/DUI/DWI	09	TASC (Assessment Centers)	
07	Court/Criminal Justice/DUI/DWI	10	Probation/Parole/Controlled Release	
07	Court/Criminal Justice/DUI/DWI	11	DUI/DWI	
07	Court/Criminal Justice/DUI/DWI	12	Pretrial	
07	Court/Criminal Justice/DUI/DWI	13	Prison/Jail	
07	Court/Criminal Justice/DUI/DWI	14	Other Court Order/Recognized Legal Entity	
03	Other Health Care Provider	16	CINS	
03	Other Health Care Provider	17	Addiction Receiving Facilities (ARF's)	
03	Other Health Care Provider	18	Outreach Program	
03	Other Health Care Provider	19	DCF/SAMH	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	<b>1.22.39</b>	<b>Referral Source.</b>	
02	Alcohol/Drug Abuse Provider	20	Community Hospital	
02	Alcohol/Drug Abuse Provider	21	State Hospital	
02	Alcohol/Drug Abuse Provider	22	Physician/Doctor	
07	Court/Criminal Justice/DUI/DWI	23	Law Enforcement	
07	Court/Criminal Justice/DUI/DWI	24	Family Safety Foster Care (CBC)	
07	Court/Criminal Justice/DUI/DWI	25	Family Safety Protective Services	
98	Not Collected	99	None of the Above	

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<b>8</b>	<b>Date of Birth</b>	<b>4.6</b>	<b>Date of Birth</b>	
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<b>9</b>	<b>Sex</b>	<b>4.8</b>	<b>Sex</b>	
1	Male	1	Male	
2	Female	2	Female	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Race</b>	<b>4.7</b>	<b>Race</b>	
05	White		1	White
04	Black or African American		2	Black
02	American Indian ( Other than Alaskan Native)		3	American Indian
03	Asian or Pacific Islander		4	Asian Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)		5	Alaskan Native
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
<b>11</b>	<b>Ethnicity</b>	<b>4.9</b>	<b>Ethnicity</b>	
01	Puerto Rican		1	Puerto Rican
02	Mexican		2	Mexican
03	Cuban		3	Cuban
04	Other Specific Hispanic		4	Other Hispanic
05	Not of Hispanic Origin		5	Haitian
05	Not of Hispanic Origin		6	Other

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>12</b>	<b>Education</b>	<b>1.7</b>	<b>Highest School Grade</b>	
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		00-20	Grade (GED =12)
00	Less Than One Grade Completed		00-20	Grade (GED =12)
<b>13</b>	<b>Employment Status</b>	<b>1.8</b>	<b>Employment Status</b>	
01	Full Time		1	Full Time
02	Part Time		2	Part Time
03	Unemployed		3	Unemployed/Seeking Empl.
04	Not in Labor Force		4	Not In Labor Force
04	Not in Labor Force		5	Unemployed/Not Seeking Empl.

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>1.29.38</b>	<b>Substance Problems</b>	
01	None	01	None	
02	Alcohol	02	Alcohol	
03	Cocaine, Crack	03	Crack/Cocaine	
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	04	Marijuana/Hashish	
05	Heroin	05	Heroin	
06	Non-Prescription Methadone	06	Non-Presc. Methadone	
07	Other Opiates and Synthetics	07	Other Opiates/Synth	
08	PCP	08	PCP-Phencylidine	
09	Other Hallucinogens	09	Other Hallucingens	
10	Methamphetamine	10	Methamphetamines	
11	Other Amphetamines	11	Other Amphetamines	
12	Other Stimulants	12	Other Stimulant	
13	Benzodiazepines	13	Benzodiazepine	
14	Other Non-Benzodiazapine Tranquilizers	14	Other Tranq.	
15	Barbiturates	15	Barbiturates	
16	Other Non-Barbituate Sedatives or Hypnotics	16	Other Sed./Hypnotic	
17	Inhalants	17	Inhalants	
18	Over-the-Counter	18	Over-the-counter	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>1.29.38</b>		<b>Substance Problems</b>
10	Methamphetamine		19	Ice
20	Other		20	Other
97	Unknown		21	Unknown/Denies
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiart-15C)</b>	<b>1.30</b>		<b>Most Usual Route</b>
01	Oral		1	Oral
02	Smoking		2	Smoking
03	Inhalation		3	Inhalation
04	Injection (IV or intramuscular)		4	Injection
20	Other		5	Other
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>1.3,40</b>		<b>Frequency of Use</b>
01	No use in the past month		1	No past month use
02	1-3 times in past month		2	1 to 3 times in past month
03	1-2 times per week		3	1 to 2 times per week
04	3-6 times per week		4	3 to 6 times per week
05	Daily		5	Daily

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>1.32</b>	<b>Age of First Use</b>	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 18</b>	<b>Type of Services</b>	<b>3.6</b>	<b>Placement/Services</b>	
01	Detoxification - Hospital Inpatient ( Detox, 24 hour Service)	-	-	
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	01	Level 1	
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	02	Level 2	
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	03	Level 3	
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	04	Level 4	
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	05	Host Family	
05	Rehabilitation/Residential - Long-term, ( more than 30 days)	06	Supported Housing	
02	Detoxification Free-standing Residential ( Detox, 24 hour Service)	07	Residential	
08	Ambulatory Detoxification	08	ARF	
08	Ambulatory Detoxification	09	OutPatient	
08	Ambulatory Detoxification	10	Methadone	
07	Ambulatory - Non-Intensive Outpatient	11	OutPatient	
07	Ambulatory - Non-Intensive Outpatient	12	Day/Night	
07	Ambulatory - Non-Intensive Outpatient	13	Inmate	
07	Ambulatory - Non-Intensive Outpatient	14	Community	
07	Ambulatory - Non-Intensive Outpatient	15	TASC	
07	Ambulatory - Non-Intensive Outpatient	16	EAP	
07	Ambulatory - Non-Intensive Outpatient	17	Medication/Methadone Maint.	

Florida's Treatment Episode Data Set  
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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>K 18</b>	<b>Type of Services</b>	<b>3.6</b>		<b>Placement/Services</b>
07	Ambulatory - Non-Intensive Outpatient		18	Primary(not used)
07	Ambulatory - Non-Intensive Outpatient		19	Targeted
07	Ambulatory - Non-Intensive Outpatient		20	Overlay Juvenile Justice
07	Ambulatory - Non-Intensive Outpatient		21	Overlay-Other
07	Ambulatory - Non-Intensive Outpatient		22	Aftercare/Continuing Care
07	Ambulatory - Non-Intensive Outpatient		23	Interim Services
07	Ambulatory - Non-Intensive Outpatient		24	TBA
<b>19</b>	<b>Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual</b>	<b>3.6</b>		<b>Placement/Services</b>
1	Yes		17	Medication/Methadone Maint.

# Crosswalk Report

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**Optional**

Florida

Item No Treatment Episode Data Set

Item

Value

State System Data

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**Optional**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	<b>1.29.38</b>	<b>Substance Problems</b>	
	9997 Unknown	01	None	
	0201 Alcohol	02	Alcohol	
	0301 Crack	03	Crack/Cocaine	
	0401 Marijuana/Hashish	04	Marijuana/Hashish	
	0501 Heroin/Morphine	05	Heroin	
	0601 Methadone	06	Non-Presc. Methadone	
	0706 Other Narcotic Analgesics	07	Other Opiates/Synth	
	0801 PCP or PCP Combinations	08	PCP-Phencylidine	
	0902 Other Hallucinogens	09	Other Hallucingens	
	1001 Methamphetamine/Speed	10	Methamphetamines	
	1101 Amphetamine	11	Other Amphetamines	
	1201 Other Stimulants	12	Other Stimulant	
	1308 Other Benzodiazepine	13	Benzodiazepine	
	1403 Other Tranquilizer	14	Other Tranq.	
	1501 Phenobarbital	15	Barbiturates	
	1605 Other Sedatives	16	Other Sed./Hypnotic	
	1703 Other Inhalants	17	Inhalants	
	2002 Other Drugs	18	Over-the-counter	

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**Optional**

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	<b>1.29.38</b>		<b>Substance Problems</b>
	2002 Other Drugs		19	Ice
	2002 Other Drugs		20	Other
	9997 Unknown		21	Unknown/Denies
	1103 Methyleneioxymethamphetamine (MDMA, Ecstasy)			
	1606 Fluoxetine (Prozac)			
	1607 GHB/GBL ( gamma-hydroxybutyrate, gamma-butyrolactone)			
	1608 Ketamine ( Special K)			
	1609 Clonazepam (Klonopin, Rivotril)			
<b>2</b>	<b>Detail Drug Code, Secondary</b>	<b>1.29.38</b>		<b>Substance Problems</b>
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	<b>1.29.38</b>		<b>Substance Problems</b>
<b>4</b>	<b>DSM Diagnosis</b>	<b>1.29.38</b>		<b>Substance Problems</b>
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>1.28</b>		<b>Needs Mental Health Treatment</b>
	1 Yes		1	Yes
	2 No		2	No
	7 Unknown		3	Unknown

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>6</b>	<b>Pregnant at Time of Admission</b>	<b>1.41</b>	<b>Admission Trimester</b>	
1	Yes	1	1st	
1	Yes	2	2nd	
1	Yes	3	3rd	
<b>7</b>	<b>Veteran Status</b>	<b>-</b>	<b>Not Collected</b>	
8	Not Collected	8	Not Collected	
<b>8</b>	<b>Living Arrangements</b>	<b>1.23</b>	<b>Living Arrangement</b>	
01	Homeless	1	Homeless	
02	Dependent Living	2	Dependent Living	
02	Dependent Living	3	Foster Care	
03	Independent Living	4	Independent Living	
02	Dependent Living	5	Institution	
97	Unknown	6	Unknown	



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Item No Treatment Episode Data Set                      Item            Value            State System Data

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Health Insurance</b>	<b>1.25</b>	<b>Insurance Type</b>	
21	None		1	None
03	Medicare		2	Medicare
04	Medicaid		3	Medicaid
01	Private Insurance (other than BCBS or HMO)		4	Private
20	Other (e.g. TriCare, Champus)		5	Healthy Kids
06	Health Maintenance Organization (HMO)		6	HMO
20	Other (e.g. TriCare, Champus)		7	Other
97	Unknown		8	Unknown
No longer effective as of: 06-30-2004				

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<b>10</b>	<b>Health Insurance</b>	-	<b>Not Collected</b>
98	Not Collected		98 Not Collected

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<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	-	<b>Not Collected</b>
98	Not Collected		98 Not Collected

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<b>12</b>	<b>Detailed Not in Labor Force</b>	-	<b>Not Collected</b>
98	Not Collected		98 Not Collected

Florida's Treatment Episode Data Set  
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Florida

Item No Treatment Episode Data Set

Item

Value

State System Data

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	<b>1.22.39</b>	<b>Referral Source</b>	
05	Diversiory Program (E.G. TASC)	09	TASC	
03	Probation/Parole	10	Probation/Parolee?Controlled Release	
07	DUI/DWI	11	DUI/DWI	
02	Other Court ( Not State or Federal)	12	Pre-trial	
06	Prison	13	Prison/Jail	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	14	Other Court Order/Law Enforcement	
No longer effective as of: 06-30-2004				

Florida's Treatment Episode Data Set  
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Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	<b>1.22.39</b>	<b>Referral Source.</b>	
05	Diversions Program (E.G. TASC)	09	TASC (Assessment Centers)	
03	Probation/Parole	10	Probation/Parole/Controlled Release	
07	DUI/DWI	11	DUI/DWI	
02	Other Court ( Not State or Federal)	12	Pretrial	
06	Prison	13	Prison/Jail	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	14	Other Court Order/Recognized Legal Entity	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	23	Law Enforcement	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	24	Family Safety Foster Care (CBC)	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	25	Family Safety Protective Services	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Marital Status</b>	<b>1.9</b>	<b>Marital Status</b>	
01	Never Married		1	Never Married
02	Now Married ( includes those living together as married)		2	Married
03	Separated (legally seperated or otherwise absent becasue of marital discord))		3	Widowed
04	Divorced		4	Divorced
03	Separated (legally seperated or otherwise absent becasue of marital discord))		5	Seperated
97	Unknown		6	Unknown
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	<b>1.26</b>	<b>Days Waiting</b>	
<b>16</b>	<b>Number of Arrests in the 30 Days Prior to Admission</b>	<b>-</b>	<b>Not Collected</b>	

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**Discharge/NOMS**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>System Transaction at Discharge</b>	-		<b>System Transaction Type</b>
<b>2</b>	<b>State Code at Discharge</b>	<b>FL</b>		<b>FIPS Code</b>
<b>3</b>	<b>Reporting Date at Discharge</b>	-		<b>Month and Year of Submission</b>
	- MMYYYY			
<b>4</b>	<b>Provider Identifier at Discharge</b>	<b>1,3,3,2.</b>		<b>Provider ID</b>
		<b>4</b>		
<b>5</b>	<b>Client Identifier at Discharge</b>	<b>1,2,3,2</b>		<b>SISAR/Client ID</b>
<b>6</b>	<b>Co-Dependent/Collateral at Discharge</b>	<b>1.24</b>		<b>Co-Dependent</b>

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**Discharge/NOMS**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Type of Service at Discharge</b>	<b>3.6</b>	<b>Placement/Services</b>	
01	Detoxification, 24-Hour Service, Hospital Inpatient	-	-	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	01	Level 1	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	02	Level 2	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	03	Level 3	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	04	Level 4	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	05	Host Family	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	06	Supported Housing	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	07	Residential	
08	Ambulatory Detoxification	08	ARF	
08	Ambulatory Detoxification	09	OutPatient	
08	Ambulatory Detoxification	10	Methadone	
07	Ambulatory -Non Intensive - Outpatient	11	OutPatient	
07	Ambulatory -Non Intensive - Outpatient	12	Day/Night	
07	Ambulatory -Non Intensive - Outpatient	13	Inmate	
07	Ambulatory -Non Intensive - Outpatient	14	Community	
07	Ambulatory -Non Intensive - Outpatient	15	TASC	
07	Ambulatory -Non Intensive - Outpatient	16	EAP	
07	Ambulatory -Non Intensive - Outpatient	17	Medication/Methadone Maint.	

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**Discharge/NOMS**

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Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Type of Service at Discharge</b>	<b>3.6</b>	<b>Placement/Services</b>	
07	Ambulatory -Non Intensive - Outpatient		18	Primary(not used)
07	Ambulatory -Non Intensive - Outpatient		19	Targeted
07	Ambulatory -Non Intensive - Outpatient		20	Overlay Juvenile Justice
07	Ambulatory -Non Intensive - Outpatient		21	Overlay-Other
07	Ambulatory -Non Intensive - Outpatient		22	Aftercare/Continuing Care
07	Ambulatory -Non Intensive - Outpatient		23	Interim Services
07	Ambulatory -Non Intensive - Outpatient		24	TBA
<b>8</b>	<b>Date of Last Contact</b>	<b>2.5</b>	<b>Discharge Date</b>	
<b>9</b>	<b>Date of Discharge</b>	<b>3.8</b>	<b>End Date</b>	

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**Discharge/NOMS**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Reason for Discharge, Transfer, or Discontinuance of Treatment</b>	<b>2.6</b>	<b>Discharge Reason</b>	
01	Treatment Completed	01	Completed episode of care - No substance use	
01	Treatment Completed	02	Completed episode of care - Some substance use( some impairment)	
03	Terminated by Facility	06	Noncompliance with agency rules	
02	Left Against Professional Advice	07	Left before completing treatment	
05	Incarcerated	08	Incarcerated	
06	Death	09	Died	
07	Other	10	Complete Non-TX services (TASC/Interv./Prev.)	
07	Other	11	Did not complete Non-TX services (TASC/Interv./Prev.)	
07	Other	12	Other	
04	Transferred to Another Substance Abuse Treatment Program or Facility	13	Referred Outside og agency - current episode of care is completed	
04	Transferred to Another Substance Abuse Treatment Program or Facility	14	Referred Outside og agency - current episode of care is not completed	
<b>11</b>	<b>Provider Identifier at Admission</b>	<b>1,3,4,2,3</b>	<b>Admission Date</b>	
<b>12</b>	<b>Client Identifier at Admission</b>	<b>1,2,3,2</b>	<b>SISAR/Client ID</b>	
<b>13</b>	<b>Co-Dependent/Collateral at Admission</b>	<b>1.24</b>	<b>Co-Dependent</b>	

Florida's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	<b>Client Transaction Type.</b>	-		<b>Temporary Item till 7/00</b>
15	<b>Date of Admission.</b>	1,3,4,2,3		<b>Admission Date</b>
16	<b>Type of Service at Admission</b>	3.6		<b>Placement/Services</b>
17	<b>Date of Birth.</b>	4.6		<b>Date of Birth</b>
18	<b>Sex.</b>	4.8		<b>Sex</b>
19	<b>Race.</b>	4.7		<b>Race</b>
20	<b>Ethnicity.</b>	4.9		<b>Ethnicity</b>
21	<b>Substance Problem At Discharge, (Primary, Secondary, Tertiary)</b>	-		<b>Not Collected</b>
22	<b>Frequency of Use at Discharge (Primary, Secondary, Tertiary)</b>	-		<b>Not Collected</b>
23	<b>Living Arrangements at Discharge</b>	-		<b>Not Collected</b>
24	<b>Employment at Discharge</b>	-		<b>Not Collected</b>

# Crosswalk Report

Florida's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge/NOMS**

Florida

Item No	Treatment Episode Data Set	Item	Value	State System Data
25	<b>Detailed Not In Labor Force at Discharge</b>	-	<b>Not Collected</b>	
26	<b>Number of Arrests in 30 Days Prior to Discharge</b>	-	<b>Not Collected</b>	

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report