

Attachment A - D1

TEDS data elements (existing)

TEDS ADMISSION DATA SET MINIMUM DATA SET

PROVIDER IDENTIFIER

CLIENT IDENTIFIER

CLIENT OR CODEPENDENT/COLLATERAL

- **Client:**
 - Has an alcohol or drug related problem
 - Has completed the screening and intake process
 - Has been formally admitted for treatment or recovery service in an alcohol or drug treatment unit
 - Has his or her own client record

A person is not a client if he or she has completed only a screening or intake process or has been placed on a waiting list.

- **Codependent/collateral:**
 - Has no alcohol or drug related problem
 - Is seeking services because of problems arising from his or her relationship with an alcohol or drug user
 - Has been formally admitted for service to a treatment unit
 - Has his or her own client record or has a record within a primary client record

GUIDELINES: Reporting of *Codependent/collateral* is optional. If a record does not include a value for this field, it is assumed to be a substance abuse client record. If a substance abuse client with an existing record in TEDS becomes a codependent, a new client record should be submitted indicating that the client has been admitted as a codependent, and vice versa.

TRANSACTION TYPE

Identifies whether a record is for an admission or a transfer/change in service.

- **A.** Admission
- **T.** Transfer/change in service

GUIDELINES: For TEDS, a treatment episode is defined as that period of service between the beginning of treatment for a drug or alcohol problem and the termination of services for the prescribed treatment plan. The episode includes one admission (when services begin), and one discharge (when services end). Within a treatment episode, a client may transfer to a different service, facility, program, or location. In some data systems, such transfers may generate admissions records. When it is feasible for the State to identify transfers, they should be reported as transfers, not as admis-

sions. When admissions and transfers cannot be differentiated in a State data system, such changes in service should be reported to TEDS as admissions.

DATE OF ADMISSION

The day when the client receives his or her first direct treatment or recovery service.

TYPE OF SERVICE AT ADMISSION

Describes the type of service the client receives.

- **Detoxification, 24-hour service, hospital inpatient.** 24-hour per day medical acute care services in a hospital setting for detoxification for persons with severe medical complications associated with withdrawal
- **Detoxification, 24-hour service, free-standing residential.** 24-hour per day services in a non-hospital setting providing for safe withdrawal and transition to ongoing treatment
- **Rehabilitation/residential, hospital (other than detoxification).** 24-hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency
- **Rehabilitation/residential, short-term (30 days or fewer).** Typically, 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency
- **Rehabilitation/residential, long-term (more than 30 days).** Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; this may include transitional living arrangements such as halfway houses
- **Ambulatory, intensive outpatient.** As a minimum, the client must receive treatment lasting two or more hours per day for three or more days per week
- **Ambulatory, non-intensive outpatient.** Ambulatory treatment services including individual, family, and/or group services; these may include pharmacological therapies
- **Ambulatory, detoxification.** Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological)

AGE

Identifies client's age at admission. Derived from client's date of birth and date of admission.

- **0.** Indicates a newborn with a substance dependency problem
- **1-96.** Indicates the age at admission

SEX

Identifies client's sex.

- **Male**
- **Female**

RACE

Specifies the client's race.

- **Alaska Native (Aleut, Eskimo, Indian).** Origins in any of the original people of Alaska
- **American Indian (other than Alaska Native).** Origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment
- **Asian or Pacific Islander.** Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands
 - **Asian.** Origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam
 - **Native Hawaiian or other Pacific Islander.** Origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands
- **Black or African American.** Origins in any of the black racial groups of Africa
- **White.** Origins in any of the original people of Europe, North Africa, or the Middle East
- **Other single race.** Client is not classified in any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories
- **Two or more races.** For use when the State data system allows multiple race selection and more than one race is indicated

GUIDELINES: If a State does not distinguish between *American Indian* and *Alaska Native*, both should be coded as *American Indian*. If a State does not distinguish between *Asian* and *Native Hawaiian or other Pacific Islander*, both should be coded as *Asian or Pacific Islander*. For States that collect multiple races: a) when a single race is designated, the specific race code should be used; b) if the State collects a primary or preferred race along with additional races, the code for the primary/preferred race should be used; c) if the State uses a system such as an algorithm to select a single race when multiple races have been designated, the same system may be used to determine the race code for TEDS. When two or more races have been designated and neither (b) nor (c) above apply, the TEDS code for *Two or more races* should be used.

ETHNICITY

Identifies client's specific Hispanic origin

- **Puerto Rican.** Of Puerto Rican origin, regardless of race
- **Mexican.** Of Mexican origin, regardless of race
- **Cuban.** Of Cuban origin, regardless of race
- **Other specific Hispanic.** Of known Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race
- **Hispanic (specific origin not specified).** Of Hispanic origin, but specific origin not known or not specified
- **Not of Hispanic origin**

GUIDELINES: If a State does not collect specific Hispanic detail, code *Ethnicity* for Hispanics as *Hispanic (specific origin not specified)*.

NUMBER OF PRIOR TREATMENT EPISODES

Indicates the number of previous treatment episodes the client has received in any drug or alcohol program. Changes in service for the same episode (transfers) should *not* be counted as separate prior episodes.

- **0 previous episodes**
- **1 previous episode**
- **2 previous episodes**
- **3 previous episodes**
- **4 previous episodes**
- **5 or more previous episodes**

GUIDELINES: It is preferred that the number of prior treatments be a self-reporting field collected at the time of client intake. However, this data item may be derived from the State data system if the system has that capability, and episodes can be counted for at least several years.

EDUCATION

Specifies the highest school grade the client has completed.

- **0.** Less than one grade completed
- **1-25.** Years of school (highest grade) completed

GUIDELINES: States that use specific categories for some code numbers should map their codes to a logical number of years of school completed. For General Equivalency Degree, use *12*. For Bachelor's Degree, use *16*.

EMPLOYMENT STATUS

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

- **Full time.** Working 35 hours or more each week; includes members of the uniformed services
- **Part time.** Working fewer than 35 hours each week
- **Unemployed.** Looking for work during the past 30 days, or on layoff from a job
- **Not in labor force.** Not looking for work during the past 30 days, or a student, homemaker, disabled, retired, or an inmate of an institution.

GUIDELINES: Seasonal workers are coded in this category based on their employment status at time of admission.

PRINCIPAL SOURCE OF REFERRAL

Describes the person or agency referring the client to the alcohol or drug abuse treatment program.

- **Individual (includes self-referral).** 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 DWI/DUI
- **Alcohol/drug abuse care provider.** Any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment
- **Other health care provider.** A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home
- **School (educational).** A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency
- **Employer/EAP.** A supervisor or an employee counselor
- **Other community referral.** Community or religious organization or any Federal, State, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA) are also included in this category. Defense attorneys are included in this category.
- **Court/criminal justice referral/DUI/DWI.** Any police official, judge, prosecutor, probation officer, or other person affiliated with a Federal, State, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough, or TASC. Client need not be officially designated as “on parole.” Includes clients referred through civil commitment.

SUBSTANCE PROBLEM (PRIMARY, SECONDARY, OR TERTIARY)

These fields identify the client’s primary, secondary, and tertiary substance problems.

- **None**
- **Alcohol**
- **Cocaine/crack**
- **Marijuana/hashish.** This includes THC and any other *cannabis sativa* preparations
- **Heroin**
- **Nonprescription methadone**
- **Other opiates and synthetics.** Includes codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects
- **PCP.** Phencyclidine
- **Other hallucinogens.** Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.
- **Methamphetamine**

- **Other amphetamines.** Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs
- **Other stimulants.** Includes methylphenidate and any other stimulants
- **Benzodiazepines.** Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines
- **Other non-benzodiazepine tranquilizers.** Includes meprobamate and other non-benzodiazepine tranquilizers
- **Barbiturates.** Amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
- **Other non-barbiturate sedatives or hypnotics.** Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives or hypnotics
- **Inhalants.** Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.
- **Over-the-counter medications.** Includes aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, any other legally obtained nonprescription medication
- **Other.** Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.

USUAL ROUTE OF ADMINISTRATION (OF PRIMARY, SECONDARY, AND TERTIARY SUBSTANCES)

These fields identify the usual route of administration of the respective substances.

- **Oral**
- **Smoking**
- **Inhalation**
- **Injection (IV or intramuscular)**
- **Other**

FREQUENCY OF USE (OF PRIMARY, SECONDARY, AND TERTIARY SUBSTANCES)

These fields identify the frequency of use of the respective substances.

- **No use in the past month**
- **1-3 times in the past month**
- **1-2 times in the past week**
- **3-6 times in the past week**
- **Daily**

AGE OF FIRST USE (OF PRIMARY, SECONDARY, AND TERTIARY SUBSTANCE)

For drugs other than alcohol, these fields identify the age at which the client first used the respective substance. For alcohol, these fields record the age of first intoxication.

- **0.** Indicates a newborn with a substance dependency problem
- **1-96.** Indicates the age at first use

OPIOID TREATMENT

Identifies whether the use of methadone, LAAM, or buprenorphine treatment is part of the client's treatment plan.

- **Yes**
- **No**

TEDS ADMISSION DATA SET

SUPPLEMENTAL DATA SET

States are encouraged to collect and report data for all categories in the list of valid entries shown. Collecting and reporting a subset of the categories is also acceptable. If the State collects only a subset of the categories, clients not fitting the collected subset must be coded as *Not collected*.

PREGNANT AT TIME OF ADMISSION

Specifies whether the client was pregnant at the time of admission.

- **Yes**
- **No**
- **Not applicable.** Use this code for male clients only.

VETERAN STATUS

Identifies whether the client has served in the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).

- **Yes**
- **No**

PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL OR DRUG PROBLEM

Identifies whether the client has a psychiatric problem in addition to his or her alcohol or drug use problem.

- **Yes**
- **No**

DSM CRITERIA DIAGNOSIS

The diagnosis of the substance abuse problem from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders DSM-IV* is preferred, but use of the Third Edition or ICD codes is permissible.

MARITAL STATUS

Describes the client's marital status. The following categories are compatible with the U.S. Census.

- **Never married.** Includes clients whose only marriage was annulled
- **Now married.** Includes those living together as married
- **Separated.** Includes those separated legally or otherwise absent from spouse because of marital discord
- **Divorced**
- **Widowed**

LIVING ARRANGEMENT

Specifies whether the client is homeless, living with parents, in a supervised setting, or living on his or her own.

- **Homeless.** Clients with no fixed address; includes shelters
- **Dependent living.** Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians, or in foster care
- **Independent living.** Clients living alone or with others without supervision

SOURCE OF INCOME/SUPPORT

Identifies the client's principal source of financial support. For children under 18, this field indicates the parents' primary source of income/support.

- **Wages/salary**
- **Public assistance**
- **Retirement/pension**
- **Disability**
- **Other**
- **None**

HEALTH INSURANCE

Specifies the client's health insurance (if any). The insurance may or may not cover alcohol or drug treatment.

- **Private insurance.** Other than Blue Cross/Blue Shield or an HMO
- **Blue Cross/Blue Shield**
- **Medicare**
- **Medicaid**
- **Health maintenance organization.** HMO
- **Other.** e.g., TRICARE, CHAMPUS
- **None**

DETAILED "NOT IN LABOR FORCE"

This item gives more detailed information about those clients who are coded as *Not in labor force* in the TEDS Minimum Data Set item *Employment Status*.

- **Homemaker**
- **Student**
- **Retired**
- **Disabled**
- **Inmate of institution.** Prison or institution that keeps a person, otherwise able, from entering the labor force
- **Other**
- **Not applicable.** Use this code for clients whose *Employment Status* is employed full-time or part-time, or who are unemployed.

EXPECTED/ACTUAL SOURCE OF PAYMENT

Identifies the primary source of payment for this treatment episode.

- **Self-pay**
- **Blue Cross/Blue Shield**
- **Medicare**
- **Medicaid**
- **Other government payments**
- **Worker's Compensation**
- **Other health insurance companies**
- **No charge.** Free, charity, special research, or teaching
- **Other**

GUIDELINES: States operating under a split payment fee arrangement between multiple payment sources are to default to the payment source with the largest percentage. When the payment percentages are equal, the State can select either source.

DETAILED CRIMINAL JUSTICE REFERRAL

This item gives more detailed information about those clients who are coded as *Court/criminal justice referral/DUI/DWI* in the TEDS Minimum Data Set item *Principal Source of Referral*.

- **State/Federal court**
- **Other court.** Not State or Federal.
- **Probation/parole**
- **Other recognized legal entity.** e.g., local law enforcement agency, corrections agency, youth services, review board/agency
- **Diversionary program** e.g., TASC
- **Prison**
- **DUI/DWI**
- **Other**
- **Not applicable.** Use this code if client's *Principal Source of Referral* is other than *Court/Criminal justice referral/DUI/DWI*

DAYS WAITING TO ENTER TREATMENT

Indicates the number of days from the first contact or request for service until the client was admitted and the first clinical service was provided.

- **0-996.** Number of days waiting

GUIDELINES: This item is intended to capture the number of days the client must wait to begin treatment because of program capacity, treatment availability, admissions requirements, or other program requirements. It should not include time delays caused by client unavailability or client failure to meet any requirement or obligation.

DETAILED DRUG CODE (PRIMARY, SECONDARY, OR TERTIARY)

These fields identify, in greater detail, the drug problems recorded in the TEDS Minimum Data Set item *Substance problem*.

- **Alcohol**
- **Crack**
- **Other cocaine**
- **Marijuana/hashish**
- **Heroin**
- **Non-prescription methadone**
- **Codeine**
- **Hydrocodone** (Vicodin)
- **Hydromorphone** (Dilaudid)
- **Meperidine** (Demerol)
- **Oxycodone** (Oxycontin)
- **Pentazocine** (Talwin)
- **Propoxyphene** (Darvon)
- **Tramadol** (Ultram)
- **Other opiates or synthetics**
- **PCP or PCP combination**
- **LSD**
- **Other hallucinogens**
- **Methamphetamine/speed**
- **Amphetamine**
- **Methylenedioxymethamphetamine** (MDMA, Ecstasy)
- **Other amphetamines**
- **Methylphenidate** (Ritalin)
- **Other stimulants**
- **Alprazolam** (Xanax)
- **Chlordiazepoxide** (Librium)
- **Clonazepam** (Klonopin, Rivotril)
- **Clorazepate** (Tranxene)
- **Diazepam** (Valium)
- **Flunitrazepam** (Rohypnol)
- **Flurazepam** (Dalmane)
- **Lorazepam** (Ativan)
- **Triazolam** (Halcion)
- **Other benzodiazepines**
- **Meproamate** (Miltown)
- **Other tranquilizers**
- **Phenobarbital**
- **Secobarbital/amobarbital** (Tuinal)
- **Secobarbital** (Seconal)
- **Other barbiturate sedatives**
- **Ethchlorvynol** (Placidyl)
- **Glutethimide** (Doriden)
- **Methaqualone**
- **Other non-barbiturate sedatives**
- **Other sedatives**
- **Aerosols**
- **Anesthetics**
- **Nitrites**
- **Solvents**
- **Other inhalants**
- **Diphenhydramine**
- **Other over-the-counter**
- **Diphenylhydantoin/phenytoin** (Dilantin)
- **GHB/GBL** (gamma-hydroxybutyrate, gamma-butyrolactone)
- **Ketamine** (Special K)
- **Other drugs**

GUIDELINES: SAMHSA has established the detailed drug codes (primary, secondary, and tertiary) as a means for States to report more detailed information than is possible in the Substance problem code fields. Detailed drug codes also enable distinction between substances in instances where a client uses two (or more) drugs that are assigned the same substance problem code.

TEDS DISCHARGE DATA SET

TYPE OF SERVICE AT DISCHARGE

See TEDS Minimum Data Set item *Type of service at admission* for definitions.

DATE OF LAST CONTACT

Specifies the month, day, and year when the client was last seen for a treatment. The date may be the same as the date of discharge. In the event of a change of service or provider within an episode of treatment, it is the date the client transferred to another service or provider.

DATE OF DISCHARGE

Specifies the month, day, and year when the client was formally discharged from the treatment facility or service. The date may be the same as the date of last contact. In the event of a change of service or provider within a treatment episode, it is the date the service terminated or the date the treatment ended at a particular provider.

REASON FOR DISCHARGE, TRANSFER, OR DISCONTINUANCE OF TREATMENT

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

- **Treatment completed.** All parts of the treatment plan or program were completed.
- **Left against professional advice (dropped out).** Client chose not to complete treatment program, with or without specific advice to continue treatment. Includes clients who drop out for unknown reason.
- **Terminated by facility.** Treatment terminated by action of facility (not because client dropped out of treatment, or client incarcerated or other client reason).
- **Transferred to another substance abuse program or facility.** Client was transferred to another program, provider or facility, and reported or it is not known whether client reported. This code is to be used for all clients who have a change of service or provider within an episode of treatment, except when it is known that the client did not report to the next program.
- **Transferred to another substance abuse treatment program or facility but did not report.** Client was transferred to another program, provider, or facility, and it is known that client did not report. This code is to be used for all clients who have a change of service or provider within an episode of treatment, but are known not to have reported to the next program.
- **Incarcerated.** Jail, prison, house confinement. This code is to be used for all clients whose course of treatment is terminated because the client has been incarcerated
- **Death**
- **Other.** e.g., moved, illness, hospitalization, or other reason somewhat out of client's control.
- **Unknown.** Client status at discharge not known, e.g., record incomplete or lost.

ADDITIONAL DATA ITEMS ON DISCHARGE RECORD

- PROVIDER IDENTIFIER
- CLIENT IDENTIFIER
- CODEPENDENT/COLLATERAL

DATA ITEMS FROM ADMISSION RECORD ON DISCHARGE RECORD

- PROVIDER IDENTIFIER
- CLIENT IDENTIFIER
- CODEPENDENT/COLLATERAL
- CLIENT TRANSACTION TYPE
- DATE OF ADMISSION
- TYPE OF SERVICE
- DATE OF BIRTH
- ETHNICITY
- RACE
- SEX