All fields should be reported unless specified as optional.

TEDS Data		
TEDS #	**Code**	**Categories**
System Data Set		
SDS 1	**System Transaction Type**	
	A	Add
	C	Change
	D	Delete
SDS 2	**State Code (key field)**	
		2 Character state abbreviation
SDS 3	**Reporting Date** (MMYYYY)	
Minimum Data Set (Admission Record)		
MDS 1	**State Provider Identifier (key field)**	
		1-15 Alphanumeric characters
MDS 2	**Client Identifier (key field)**	
		1-15 Alphanumeric characters
MDS 3	**Codependent/Collateral (key field)**	
	1	Codependent/Collateral (SU only)
	2	Client
MDS 4	**Client Transaction Type (key field)**	
	A	Initial admission (SU)
	T	Transfer (SU)
	M	Initial admission (MH)
	X	Transfer (MH)
MDS 5	**Date of Admission (key field)**	
		MMDDYYYY
MDS 6	**Previous SU Treatment Episodes (optional for MH)**	
	0-4	Number of previous episodes
	5	5 or more Previous episodes
	6	Not applicable (MH only)
	7	Unknown
	8	Not collected
MDS 7	**Referral Source (optional for MH)**	
	01	Individual
	02	Alcohol/Drug use care provider

	03	Other health care provider
	04	School (Educational)
	05	Employer/Employee Assistance Program (EAP)
	06	Other community referral
	07	Court/Criminal justice referral
	97	Unknown
	98	Not collected
MDS 8	**Date of Birth**	
		MMDDYYYY
	01010007	Unknown
	01010008	Not collected
MDS 9	**Sex**	
	1	Male
	2	Female
	7	Unknown
	8	Not collected
MDS 10	**Race (Hispanic collected as race should be coded 97 in Race and 06 in Ethnicity)**	
	01	Alaska native (Aleut, Eskimo)
	02	American indian or Alaska native
	03	Asian or pacific islander
	13	Asian
	23	Native hawaiian or other pacific islander
	04	Black or african american
	05	White
	20	Other single race
	21	Two or more races
	97	Unknown
	98	Not collected
MDS 11	**Hispanic or Latino Origin (Ethnicity)**	
	01	Puerto Rican
	02	Mexican
	03	Cuban
	04	Other specific hispanic or latino
	05	Not of hispanic or latino origin
	06	Hispanic or latino - specific origin not specified
	97	Unknown
	98	Not collected
MDS 12	**Education**	
	00	Less than one school grade or no schooling
	01	Grade 1
	02	Grade 2
	03	Grade 3
	04	Grade 4
	05	Grade 5
	06	Grade 6
	07	Grade 7

	08	Grade 8
	09	Grade 9
	10	Grade 10
	11	Grade 11
	12	Grade 12 or GED
	13	1st Year of College/University (Freshman)
	14	2nd Year of College/University (Sophomore) or Associate Degree
	15	3rd Year of College/University (Junior)
	16	4th Year of College (Senior) or Bachelor's Degree
	17	Some Post-Graduate Study - Degree not completed
	18	Master's Degree completed
	19-25	Post- Graduate study
	70	Graduate or professional school
	71	Vocational school
	72	Nursery school or pre-school (MH only)
	73	Kindergarten (MH only)
	74	Self-contained special education class (MH only)
	97	Unknown
	98	Not collected
MDS 13	**Employment Status (SU & MH NOM)**	
	01	Full time
	02	Part time
	03	Unemployed
	04	Not in labor force-
	05	Employed, Full/Part time not specified (MH only)
	96	Not applicable (MH only)
	97	Unknown
	98	Not collected
MDS 14 (A, B, C)	**Substance Use (Primary, Secondary, Tertiary) (SU NOM, optional for MH)**	
	01	None
	02	Alcohol
	03	Cocaine
	04	Marijuana/Hashish
	05	Heroin
	06	Non-prescription methadone
	07	Other opiates and synthetics
	08	PCP-phencyclidine
	09	Hallucinogens
	10	Methamphetamine/Speed
	11	Other amphetamines
	12	Other stimulants
	13	Benzodiazepine
	14	Other tranquilizers
	15	Barbiturates
	16	Other sedatives or hypnotics
	17	Inhalants
	18	Over-the-counter medications
	20	Other drugs

	96	Not applicable (MH only)
	97	Unknown
	98	Not collected
MDS 15 (A, B, C)	**Route of Administration (Primary, Secondary, Tertiary substances) (optional for MH)**	
	01	Oral
	02	Smoking
	03	Inhalation
	04	Injection (intravenous, intramuscular, intradermal, or subcutaneous)
	20	Other
	96	Not applicable
	97	Unknown
	98	Not collected
MDS 16 (A, B, C)	**Frequency of Use (Primary, Secondary, Tertiary substances) (SU NOM, optional for MH)**	
	01	No use In the past month
	02	1-3 days in the past month
	03	1-2 days in the past week
	04	3-6 days in the past week
	05	Daily
	96	Not applicable
	97	Unknown
	98	Not collected
MDS 17 (A, B, C)	**Age at First Use (primary, secondary, tertiary substances) (optional for MH)**	
	00	Newborn
	01-95	Age at first use
	96	Not applicable
	97	Unknown
	98	Not collected
MDS 18	**Type of Treatment/Service Setting (key field)**	
	01	Withdrawal management, 24-hour service, hospital inpatient
	02	Withdrawal management, 24 hour service, free-standing residential
	03	Rehabilitation/residential - hospital (other than withdrawal management)
	04	Rehabilitation/residential - short term (30 days or fewer)
	05	Rehabilitation/residential - long term (more than 30 days)
	06	Ambulatory - intensive outpatient
	07	Ambulatory - non-intensive outpatient
	08	Ambulatory - Withdrawal management
	72	State psychiatric hospital
	73	SMHA funded/operated community-based program
	74	Residential treatment center
	75	Other psychiatric inpatient
	76	Institutions under the justice system
	96	Not applicable (use only for codependents or collateral clients) (SU only)
MDS 19	**Medications for Opioid Use Disorder (optional for MH)**	
	1	Yes

	2	No
	6	Not applicable
	7	Unknown
	8	Not collected
Supplemental Data Set		
SuDS (1, 2, 3)	**Detailed Drug Code (Primary, Secondary, Tertiary) (optional for both SU and MH)**	
	0201	Alcohol
	0301	Crack
	0302	Other Cocaine
	0401	Marijuana/Hashish, THC, and any other cannabis sativa preparations
	0501	Heroin
	0601	Non-Prescription Methadone
	0701	Codeine
	0702	Propoxyphene (Darvon)
	0703	Oxycodone (Oxycontin)
	0704	Meperidine (Demerol)
	0705	Hydromorphone (Dilaudid)
	0706	Butorphanol (Stadol), morphine (MS contin), opium, and other narcotic analgesics, opiates or synthetics
	0707	Pentazocine (Talwin)
	0708	Hydrocodone (Vicodin)
	0709	Tramadol (Ultram)
	0710	Buprenorphine (Subutex, Suboxone)
	0711	Fentanyl
	0801	PCP
	0901	LSD
	0902	DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens
	1001	Methamphetamine/Speed
	1101	Amphetamine
	1103	Methylenedioxymethamphetamine (MDMA, Ecstasy)
	1109	"Bath Salts", phenmetrazine, and other amines and related drugs
	1201	Other Stimulants
	1202	Methylphenidate (Ritalin)
	1301	Alprazolam (Xanax)
	1302	Chlordiazepoxide (Librium)
	1303	Clorazepate (Tranzene)
	1304	Diazepam (Valium)
	1305	Flurazepam (Dalmane)
	1306	Lorazepam (Ativan)
	1307	Triazolam (Halcion)
	1308	Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other Benzodiazepines
	1309	Flunitrazepam (Rohypnol)
	1310	Clonazepam (Klonopin, Rivotril)
	1401	Meprobamate (Miltown)
	1403	Other non-benzodiazepine tranquilizers
	1501	Phenobarbital
	1502	Secobarbital/Amobarbital (Tuinal)
	1503	Secobarbital (Seconal)
	1509	Amobarbital, pentobarbital (Nembutal) and other barbiturate sedatives

	1601	Ethchlorvynol (Placidyl)
	1602	Glutethimide (Doriden)
	1603	Methaqualone (Quaalude)
	1604	Chloral hydrate and other Non-Barbiturate Sedatives/hypnotics
	1605	Xylazine
	1701	Aerosols
	1702	Nitrites
	1703	Gasoline, glue, and other inappropriately inhaled products
	1704	Solvents (paint thinner and other solvents)
	1705	Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
	1801	Diphenhydramine
	1809	Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, Ephedrine, sleep aids, and any other legally obtained, non-prescription medication
	2001	Diphenylhydantoin/Phenytoin (Dilantin)
	2002	Synthetic Cannabinoid "Spice", Carisoprodol (Soma) and other drugs
	2003	GHB/GBL (gamma-hydroxybutyrate, gamma- butyrolactone)
	2004	Ketamine (Special K)
	9996	Not applicable – Use when the value in "Substance Use" is *01 None*
	9997	Unknown
	9998	Not collected
SuDS 4	**Diagnostic Code (DSM or ICD) (optional for both SU and MH)**	
	xxx.xx	
	999.96	No SU Diagnosis (MH only)
	999.97	Unknown
	999.98	Not collected
SuDS 5	**Co-occurring Mental and Substance Use Disorders (optional for both SU and MH)**	
	1	Yes, client has co-occuring mental and substance use disorders
	2	No, client does not have co-occuring mental and substance use disorders
	7	Unknown
	8	Not collected
SuDS 6	**Pregnant at Admission (optional for both SU and MH)**	
	1	Yes, client was pregnant at admission
	2	No, client was not pregnant at admission
	6	Not applicable - use this code for male clients or pre-pubescent females
	7	Unknown
	8	Not collected
SuDS 7	**Veteran Status (optional for both SU and MH)**	
	1	Veteran
	2	Not a veteran
	7	Unknown
	8	Not collected
SuDS 8	**Living Arrangements (SU & MH NOM)**	
	01	Homeless
	02	Dependent Living
	22	Dependent living: residential care (MH only)

	32	Dependent living: foster home/foster care (MH only)
	42	Dependent living: crisis residence (MH only)
	52	Dependent living: institutional setting (MH only)
	62	Dependent living: jail and other institutions under the justice system (MH only)
	72	Dependent living: adults in private residence who need assistance in daily living (MH only)
	03	Independent Living-
	04	Private residence, living arrangement not specified, adults (temporary code MH only)
	97	Unknown
	98	Not collected
SuDS 9	**Source of Income/Support (optional for both SU and MH)**	
	01	Wages/salary
	02	Public assistance
	03	Retirement/pension
	04	Disability
	20	Other
	21	None
	97	Unknown
	98	Not collected
SuDS 10	**Health Insurance (optional for both US and MH)**	
	01	Private insurance (other than BCBS or HMO)
	02	Blue Cross/Blue Shield (BCBS)
	03	Medicare
	04	Medicaid
	06	Health maintenance organization (HMO)
	20	Other (e.g., TRICARE)
	21	None
	97	Unknown
	98	Not collected
SuDS 11	**Payment Source, Primary (optional for both SU and MH)**	
	01	Self-pay
	02	Blue Cross/Blue Shield
	03	Medicare
	04	Medicaid
	05	Other government payments
	06	Worker's compensation
	07	Other health insurance companies
	08	No charge (free, charity, special research or teaching)
	09	Other
	97	Unknown
	98	Not collected
SuDS 12	**Detailed Not in Labor Force (SU & MH NOM)**	
	01	Homemaker
	02	Student
	03	Retired
	04	Disabled
	05	Resident of institution

	06	Other
	07	Sheltered/Non-competitive employment (MH only)
	96	Not applicable
	97	Unknown
	98	Not collected
SuDS 13	**Detailed Criminal Justice Referral (optional for both SU and MH)**	
	01	State/Federal court
	02	Other court
	03	Probation/parole
	04	Other recognized legal entity
	05	Diversionary program
	06	Prison
	07	DUI/DWI program
	08	Other
	96	Not applicable
	97	Unknown
	98	Not collected
SuDS 14	**Marital Status (optional for both SU and MH)**	
	01	Never married
	02	Now married
	03	Separated
	04	Divorced
	05	Widowed
	97	Unknown
	98	Not collected
SuDS 15	**Days Waiting to Enter Substance Use Treatment (optional for both SU and MH)**	
	000-995	Number of days waiting
	996	Not applicable (MH only)
	997	Unknown
	998	Not collected
SuDS 16	**Arrests in Past 30 Days (SU & MH NOM)**	
	00-96	Number of arrests
	97	unknown
	98	not collected
SuDS 17	**Attendance at Substance Use Self-Help Groups in Past 30 Days (SU NOM, optional for MH)**	
	01	No attendance
	02	Less than once a week
	03	About once a week
	04	2 to 3 times per week
	05	At least 4 times a week
	06	Some attendance - number of times and frequency is unknown
	96	Not applicable (MH only)
	97	Unknown
	98	Not Collected

SuDS 18	**Diagnostic Code Set Identifier**	
	1	DSM-IV
	2	ICD-9
	3	ICD-10
	4	DSM-V
	5	DSM-III-R
	7	Unknown
	8	Not collected
SuDS 19	**Substance Use Diagnosis (optional for both SU and MH)**	
	xxx.xxxx	
	999.9996	No Substance Use Diagnosis (MH only)
	999.9997	Unknown
	999.9998	Not collected
SuDS 20	**Gender (optional for both SU and MH)**	
	01	Male
	02	Female
	03	Transgender (Male to Female)
	13	Transgender (Female to Male)
	23	Transgender [Temporary code]
	04	Two-Spirit [American Indian or Alaska Native Only]
	06	Other
	16	I don't know
	26	Prefer not to answer
	97	Unknown
	98	Not collected
SuDS 21	**Sexual Orientation (optional for both SU and MH)**	
	01	Straight or Heterosexual
	02	Lesbian or Gay
	03	Bisexual
	04	Two-Spirit [American Indian or Alaska Native only]
	06	Other
	16	I don't know
	26	Prefer not to answer
	97	Unknown
	98	Not collected

MH Specific Admission Data Set		
MHA 1a	**MH Diagnostic Code - one (optional for SU)**	
	xxx.xxxx	
	999.9996	No MH Diagnosis-One (SU only)
	999.9997	Unknown
	999.9998	Not collected
MHA 1b	**MH Diagnostic Code - two (optional for SU)**	
	xxx.xxxx	
	999.9996	No MH Diagnosis -Two

	999.9997	Unknown
	999.9998	Not collected
MHA 1c	**MH Diagnostic Code - three (optional for SU)**	
	xxx.xxxx	
	999.9996	No MH Diagnosis -Three
	999.9997	Unknown
	999.9998	Not collected
MHA 2	**SMI/SED Status (optional for SU)**	
	1	SMI
	2	SED
	3	At risk for SED (optional)
	4	Not SMI/SED
	6	Not applicable (SU only)
	7	Unknown
	8	Not collected
MHA 3	**School Attendance Status (optional for SU)**	
	1	Yes, client has attended school at any time in the past 3 months
	2	No, client has not attended school at any time in the past 3 months
	6	Not applicable
	7	Unknown
	8	Not collected
MHA 4	**Legal Status at Admission to State Hospital (Not applicable for SU)**	
	01	Voluntary-self
	02	Voluntary-others (parents, guardians, etc)
	03	Involuntary-civil
	04	Involuntary-criminal
	05	Involuntary-juvenile justice
	06	Involuntary-civil, sexual
	96	Not applicable
	97	Unknown
	98	Not collected
MHA 5	**CGAS/GAF Score (optional for both MH and SU)**	
	0-100	GAF/CGAS Score
	996	Not applicable (SU only)
	997	Unknown
	998	Not collected
Discharge Data Set		
DIS 1	**System Transaction Type**	
	A	Add
	C	Change
	D	Delete
DIS 2	**State Code (key field)**	
		2 character state abbreviation

DIS 3	**Reporting Date** (MMYYYY)	
DIS 4	**State Provider Identifier (key field)**	
		1-15 Alphanumeric
DIS 5	**Client Identifier (key field)**	
		1-15 Alphanumeric
DIS 6	**Codependent/Collateral (key field)**	
	1	Codependent/Collateral
	2	Client
DIS 7	**Type of Treatment /Service Setting (key field)**	
	01	Withdrawal management, 24-hour service, hospital inpatient (SU only)
	02	Withdrawal management, 24 hour service, free-standing residential (SU only)
	03	Rehabilitation/residential - hospital (other than withdrawal management) (SU only)
	04	Rehabilitation/residential - short term (30 days or fewer) (SU only)
	05	Rehabilitation/residential - long term (more than 30 days) (SU only)
	06	Ambulatory - intensive outpatient (SU only)
	07	Ambulatory - non-intensive outpatient (SU only)
	08	Ambulatory - Withdrawal management (SU only)
	72	State psychiatric hospital
	73	SMHA funded/operated community-based program
	74	Residential treatment center
	75	Other psychiatric inpatient
	76	Institutions under the justice system
	96	Not applicable (use only for codependents or collateral clients (SU only)
DIS 8	**Date of Last Contact or Data Update (key field for MH)**	
		MMDDYYYY
	01010007	Unknown
	01010008	Not Collected
DIS 9	**Date of Discharge (key field)**	
		MMDDYYYY
	01010006	Not Applicable (use for MH update record only)
DIS 10	**Reason for Discharge, Transfer, or Discontinuance of Treatment**	
	01	Treatment completed
	02	Dropped out of treatment
	03	Terminated by facility
	04	Transferred to another treatment program or facility
	14	Transferred to another treatment program but client is no show
	24	Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system
	34	Discharged from the state hospital to an acute medical facility for medical services (MH only)
	05	Incarcerated or released by or to courts
	06	Death
	07	Other

	96	Not applicable (use for MH update record only)
	97	Unknown
	98	Not collected
DIS 11 through DIS 20 - the values come from the Admission file		
DIS 11	**Provider Identifier (from admission record MDS 1)**	
DIS 12	**Client Identifier (from admission record MDS 2)**	
DIS 13	**Co-dependent/Collateral (from admission record MDS 3)**	
DIS 14	**Client Transaction Type (from admission record MDS 4)**	
DIS 15	**Date of Admission (from admission record MDS 5)**	
DIS 16	**Type of Service (from admission record MDS 18)**	
DIS 17	**Date of Birth (from admission record MDS 8)**	
DIS 18	**Sex (from admission record MDS 9)**	
DIS 19	**Race (from admission record MDS 10)**	
DIS 20	**Ethnicity (from admission record MDS 11)**	
DIS 21 (A, B, C)	**Substance Use (primary, secondary, tertiary) (SU NOM, optional for MH)**	
	01	None
	02	Alcohol
	03	Cocaine
	04	Marijuana/Hashish
	05	Heroin
	06	Non-prescription methadone
	07	Other opiates and synthetics
	08	PCP-phencyclidine
	09	Hallucinogens
	10	Methamphetamine/Speed
	11	Other amphetamines
	12	Other stimulants
	13	Benzodiazepine
	14	Other tranquilizers
	15	Barbiturates
	16	Other Sedatives or hypnotics
	17	Inhalants
	18	Over-the-counter medications
	20	Other drugs
	96	Not applicable (MH only)
	97	Unknown
	98	Not collected
DIS 22 (A, B, C)	**Frequency of Use at Discharge (Primary, secondary and tertiary) (SU NOM, optional for MH)**	

	01	No Use In The Past Month
	02	1-3 Days In The Past Month
	03	1-2 Days In The Past Week
	04	3-6 Days In The Past Week
	05	Daily
	96	Not applicable
	97	Unknown
	98	Not collected
DIS 23	**Living Arrangement (SU & MH NOM)**	
	01	Homeless - clients with no fixed address; includes homeless shelters
	02	Dependent living
	03	Independent living
	04	Private residence, living arrangement not specified, adults [temporary code] (MH only]
	22	Dependent living: residential care (MH only)
	32	Dependent living: foster home/foster care (MH only)
	42	Dependent living: crisis residence (MH only)
	52	Dependent living: institutional setting (MH only)
	62	Dependent living: jail/correctional facility and other institutions under the justice system (MH only)
	72	Dependent living: private residence(MH only)
	97	Unknown
	98	Not collected
DIS 24	**Employment Status (SU & MH NOM)**	
	01	Full-time
	02	Part-time
	03	Unemployed
	04	Not in labor force
	05	Employed, full/part-time not specified [temporary code])MH only)
	96	Not applicable (MH only)
	97	Unknown
	98	Not collected
DIS 25	**Detailed Not In Labor Force (SU & MH NOM)**	
	01	Homemaker
	02	Student
	03	Retired
	04	Disabled
	05	Resident of institution
	06	Other
	07	Sheltered/non-competitive employment (MH only)
	96	Not applicable
	97	Unknown
	98	Not collected
DIS 26	**Arrests in Past 30 Days (SU & MH NOM)**	
	00-96	Number of arrests
	97	unknown
	98	Not collected

DIS 27	**Attendance at SU Self-Help Groups in Past 30 Days (SU NOM, optional for MH)**	
	01	No attendance
	02	Less than once a week
	03	About once a week
	04	2 to 3 times per week
	05	At least 4 times a week
	06	Some attendance - number of times and frequency is unknown
	96	Not applicable (MH only)
	97	Unknown
	98	Not Collected
DIS 28	**Client Transaction Type (key field)**	
	D	Discharge (SU client)
	E	Discharge (MH client)
	U	Update (MH client)

MH Discharge/Update Data Set		
MHD 1	**Diagnostic Code Set Identifier (optional for SU)**	
	1	DSM-IV
	2	ICD-9
	3	ICD-10
	4	DSM-V
	5	DSM-III-R
	7	Unknown
	8	Not collected
MHD 2a	**MH Diagnostic Code - one (optional for SU)**	
	xxx.xxxx	
	999.9996	No MH Diagnosis - One (SU only)
	999.9997	Unknown
	999.9998	Not collected
MHD 2b	**MH Diagnostic Code - two (optional for SU)**	
	xxx.xxxx	
	999.9996	No MH Diagnosis - Two
	999.9997	Unknown
	999.9998	Not collected
MHD 2c	**MH Diagnostic Code - three (optional for SU)**	
	xxx.xxxx	
	999.9996	No MH Diagnosis - Three
	999.9997	Unknown
	999.9998	Not collected
MHD 3	**SMI/SED Status (optional for SU)**	
	1	SMI
	2	SED
	3	At risk for SED (optional)
	4	Not SMI/SED

	6	Not applicable (SU only)
	7	Unknown
	8	Not collected
MHD 4	**School Attendance Status (MH NOM, optional for SU)**	
	1	Yes, client has attended school at any time in the past 3 months
	2	No, client has not attended school at any time in the past 3 months
	6	Not applicable
	7	Unknown
	8	Not collected
MHD 5	**Education (MH NOM, optional for SU)**	
	00	Less than one school grade or no schooling
	01	Grade 1
	02	Grade 2
	03	Grade 3
	04	Grade 4
	05	Grade 5
	06	Grade 6
	07	Grade 7
	08	Grade 8
	09	Grade 9
	10	Grade 10
	11	Grade 11
	12	12th grade or GED
	13	1st Year of college/university (Freshman)
	14	2nd Year of college/university (Sophomore) or Associate Degree
	15	3rd Year of college/university (Junior)
	16	4th Year of college/university (Senior) or Bachelor's Degree
	17	Some post-graduate study - degree not completed
	18	Master's Degree completed
	19-25	Post graduate study
	70	Graduate or professional school
	71	Vocational school
	72	Nursery school or pre-school
	73	Kindergarten
	74	Self-contained special education class
	97	Unknown
	98	Not collected
MHD 6	**CGAS/GAF Score (Optional for both SU and MH)**	
	0-100	GAF/CGAS Score
	996	Not applicable (SU only)
	997	Unknown
	998	Not collected

Part 1. Data Field Crosswalk Worksheet

State Data		
State Item #	Code	Data Item Description

Comments Please use this column space to provide explanations, definitions, limitations, or other contextual information pertinent to data collection, reporting, and mapping. In particular, if the state is not collecting any given data fields or categories, please provide explanations. If the State is not collecting or reporting data for a subset of the population, also provide explanations. If the State has concrete plans to collect or report them in the future, indicate an approximate date that the State plans to begin submission of the data fields/categories for all or the subset of the population. If the State is collecting optional data fields but opted not to report, cite reasons.

Reporting Item/ Data Element	Requested Information
Client Duplication	Please specify areas and magnitude of possible client duplication. If none, please insert 'NA'
Admission	Describe the State definition or concept of "admission".
Discharge	Describe the State definition of "discharge"
Administrative Discharges	Describe the State policy. If none, please describe the operational definition used in this reporting.
Access to State Hospital Data	Describe how the State access state hospital data (e.g., cite if the State has direct access to the state hospital data base, the State has to request data, the State receives periodic snapshot of state hospital data base, etc.)
Reporting of children's data	Describe how children's data are integrated in this reporting (e.g., cite if the State has integrated database for adults and children; children system IT actively participates in all CMHS/CSAT trainings for this reporting; etc.)
Data collection or update policy /practice/ schedule	Specify the policy, frequency. and types of data regularly collected/updated by the State
Reporting exclusion	Describe reporting exclusions or underreporting of clients, facilities, providers, and/or service types/settings. (e.g. Clients under managed care although under the auspices of the State are not included in this reporting). If none, please insert 'NA'
Other general comments not covered elsewhere	
The data elements specified below require the State to provide expla	
Client ID	Cite if non-PHI ID was created for TEDS/MH-TEDS use only, or if State is using the existing non-PHI State ID
	Describe the method used in creating the non-PHI ID, if non-PHI ID was created for TEDS/MH-TEDS use only
	Other State footnotes
Race	If the 1997 OMB guideline has not been adopted or fully implemented, describe the State data collection protocol for collecting race. Highlight deviation from OMB Guidelines (e.g. i.e., state is using different race categories, is not using a self-identification method, or allows a client to select more than one race category). If the State has adopted OMB guidelines, please insert 'NA'

Race	Describe the State Plan towards building capacity to adopt OMB Guidelines
	Other State footnotes
Ethnicity	If the 1997 OMB guideline has not been adopted or fully implemented, describe the State data collection protocol for collecting ethnicity. Highlight deviation from OMB Guidelines. If the State has adopted OMB guidelines, please insert 'NA'
	Describe the State Plan towards building capacity to adopt OMB Guidelines
	Other State footnotes
SMI/SED Status (optional for SU-TEDS)	Cite State definition for SMI.
	Cite State definition for SED.
	If Code 3 (At Risk for SED) is used, cite the State definition of At Risk for SED
	Describe al populations served by the state, e.g. SPMI only, SMI and SPMI only, all persons with mental illness, etc.
	Other State footnotes
Employment	Cite State's operational definition for employment, unemployment, and Not in the Labor Force
	Specify if the State collects employment status for 16 and 17 year old clients
	Other State footnotes
Co-Occurring Mental and Substance Use Disorders	Is the method of determining whether a client has co-occurring mental and SU disorders the same across the state or varies by individual providers? If the method is statewide, describe the method (e.g., diagnosis and screening questionnaire conducted to all clients at time of admission)
	Other State footnotes:
Number of Arrests in Prior 30 Days	Describe the source of data or how the data are collected (e.g., criminal justice agencies, semi-annual assessment of clients by the provider/at the facility, clients are asked "have you been arrested in the past 30 days?" etc.)
	Other State footnotes:
School Attendance/ Education	Describe the source of data or how the data are collected (e.g., based on semi-annual assessment of clients, clients are asked "has your child been attending school in the past 3 months?" etc.)
	Other State footnotes:
Mental Health Diagnosis (optional for SU)	If not completely explained in Part 1, describe how the State collects diagnosis (Do you limit the number of diagnoses? To how many? Do you have it as administrative data? How often is it updated? Do you use the claims data for diagnosis?)
	Explain specifying the code, code description, and the corresponding disease standard classification if codes that do not map to the selected disease standard classification.
	Other State footnotes

Substance Use Diagnosis (optional for MH)	If not completely explained in Part 1, describe how the State collects diagnosis (Do you limit the number of diagnoses? To how many? Do you have it as administrative data? How often is it updated? Do you use the claims data for diagnosis?)
	Other State footnotes
GAF/CGAS Score (optional for both SU and MH)	Cite if State is using alternate tool for functioning and specify the instrument used.
	Other State footnotes
Other Data Element:	Specify:

Part 2. Contextual Information

	State Comments
General Reporting	

Data Footnotes
nations. Other footnotes on these data elements may be added. States may add other data elements where specific State data footnotes are needed.

State or territory	Facilities reporting TEDS data to the state SSA in SAMHSA re	
	Facilities required to report to the state SSA	Facilities reporting voluntarily to the state SSA

State or territory	Facilities reporting MH-TEDS data to the state SMHA in SAMHSA	
	Facilities required to report to the state SMHA	Facilities reporting voluntarily to the state SMHA

Part 3. Reporting Characteristics

TEDS State Reporting Characteristics	
eporting	*Eligible clients*
Type of treatment	

MH-TED State Reporting Characteristics	
A reporting	*Eligible clients*
Service setting	

Other (Specify)	Client transaction type (Initi
	Change of service within episode

Other (Specify)	Client transaction type (Initi
	Change of service within episode

al transmission vs transfer)
Change of provider within episode

al transmission vs transfer)
Change of provider within episode