Changes for September 8, 2010
- 2 new fields were added to the Initial Outcome and Discharge Outcomes file formats: Social and School. These fields will be optional until January 5, 2011. After that date, the question will be mandatory.
- Reference E was modified to reflect the changes in the 10/11 FL PBPS application.
- Reference F: Client Scan ID Algorithm has been removed.

Changes for August 11, 2009
- 2 new fields were added to the Level 1 and Level 2 Event file formats: SessionContent and Fidelity. These are mandatory fields.
- Reference E was modified to reflect changes due to the PPT (Program Planning Tool).

Changes for September 25, 2008
- The ICD9PRIM field name in position 153 in the Initial Outcome table has been changed to **SA_DISGNOSIS**. The default has changed from 999 to 799.9. This is a mandatory field.
- The ICD9SEC field name in position 159 in the Initial Outcome table has been changed to **MH_DISHNOSIS**. The default has changed from 999 to 799.9. This is an optional field.

Changes for September 11, 2007
- The following field has been added to the Initial Outcome table in position 184: **MHDiagnose**.
- You must leave the PRIMSERV field blank if you are Cost Center 16 or 17.

Changes for April 9, 2007
- New definitions, instructions, screen shots, tips, and notes were added to Reference E: Program Information (Manage Program)
   o Adding a Science Evidenced Based Program
   o Adding a Local Program
   o Group Registration – Level 1 Program
   o Group Registration – Level 2 Details

Changes for December 27, 2006
- A note was added to the Non-Specific Service Event and the Client Specific Service Event tables in the CSAPCODE field.

Changes for October 10, 2006
- The default for Position 112, Arrest, has changed from Null to 0 on the Initial Outcome table.

Changes for September 27, 2006
- The following field has been added to the Staff Service Hours table in position 75: ContractNo. This field is optional. However, those providers that are doing Level 1 Prevention services and have multiple contracts must populate this field to ensure their staff time is correct.

Changes for September 8, 2006
- The following field has been added to the Initial Outcome table in position 184: MHDiagnose.

Changes for August 29, 2006

- The default for Position 102, Discharge Reason (DREASON), has changed from 01 to 10 on the Discharge Outcome table. 01 is for Treatment. 10 is for Prevention/Intervention.

Changes for August 24, 2006

- Contractor NPI (ContNPI) and Service Provider NPI (ServNPI) fields have been added to the Non-Client Specific Service Event file.

FL PBPS DATA UPLOAD MANUAL

VERSION 2.6
SEPTEMBER 2010

TABLE OF CONTENTS

IMPORTANT INFORMATION

Every table layout has been altered in some way. The changes are highlighted in RED text. Please ensure that you make any necessary adjustments to your file structure.

INTRODUCTION

The Department of Children and Families desires to have all prevention data flow through the FL PBPS for tracking, reporting and evaluating purposes. FL PBPS has recently been recognized nationally by the Center for Substance Abuse Prevention (CSAP) as one of the leading data collection applications in the field of prevention.

FL PBPS Prevention Benefits

Using FL PBPS Prevention to collect prevention data has the following benefits:
1. Eliminates the confusion because treatment data is entered into FL PBPS (formally Unity One/PIDS) and Prevention data is entered into FL PBPS.
2. Meets Prevention Minimum Data Set standards established by CSAP
3. Collects all CSAP's requirements for block grant reporting
4. Will continue to expand to meet future additional standards and Prevention Performance Grant requirements as they are established by CSAP
5. Standardizes the use of surveys and pre and post test instruments
6. Convenience to providers, web-based system
    a. No VPN configuration, which is time and money consuming,
    b. No additional hardware or software to purchase
7. Risk free
    a. Meets contractual requirement
    b. Provides monthly reports
8. Tracks number of clients served and attendance (dosage) for Level 2 programs
9. Number of contracted hours
    a. Indirect services
    b. Direct services
10. No additional training cost/fee to providers
11. FL PBPS is a scientific based training tool that can be used to standardize and evaluate Prevention activities across the State.

Importing Data (FTP) Into FL PBPS

You may continue to collect data in your local systems and then import the data (FTP) into FL PBPS. FL PBPS will then be responsible to importing the data into the State's FL PBPS system. The following diagrams compare the relationship between importing data from your local system into FL PBPS and adding the data directly into the web-based FL PBPS system:

Adding Data Directly Into FL PBPS

PBPS

Data added directly to PBPS

Temporary Holding Tables
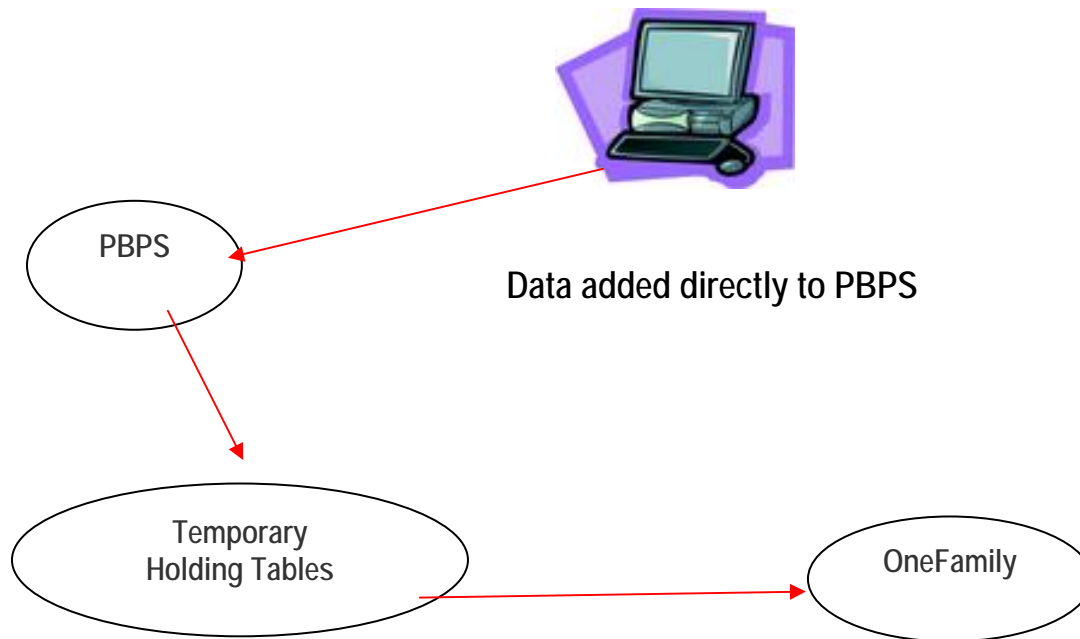
OneFamily

You are only responsible for adding data into FL PBPS. FL PBPS will validate the data and export to OneFamily automatically.

Six Data Tables
imported to PBPS

Demographic

Level 1 Services

Level 2 Services

Initial Outcome

Final Outcome

Staff Service

Error Files that will need resubmitted

Scrubber & Temporary Holding Tables

OneFamily

Non-Error Records Imported

Error Records Returned with OneFamily error codes.

FL PBPS
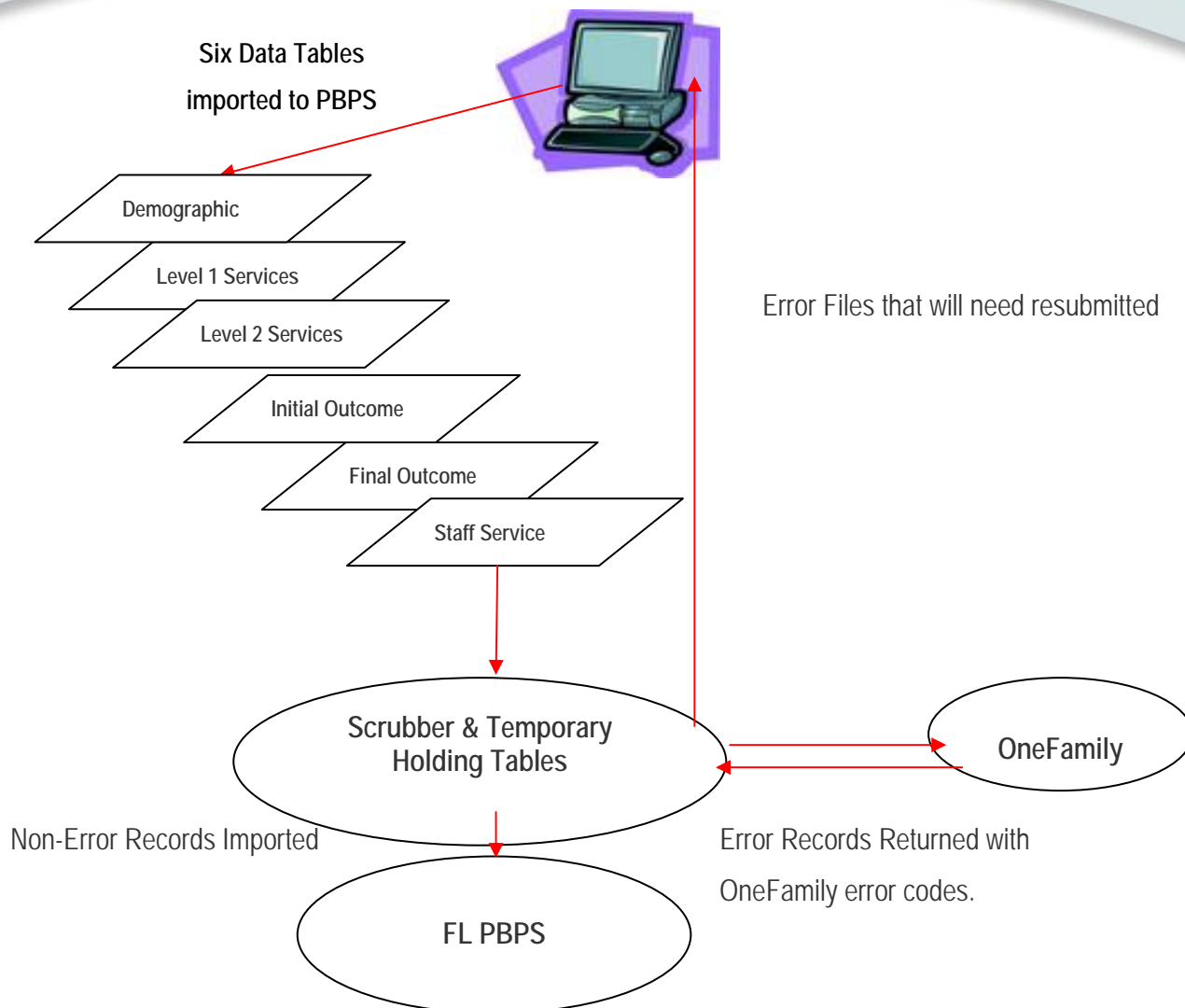
What is a Scrubber?

A scrubber is a tool used to validate the data prior to importing. The purpose of the scrubber is to prevent bad data from being imported into the system and give immediate feedback on the problem record or records. This way you will be able to correct the problem in a timely manner. The scrubber will not permit any data table file to be imported until all records pass the scrubber's validation. The scrubber used for FL PBPS importing will continue to grow in its intelligence and trap more errors prior to importing.

The remainder of this manual gives the schedule for importing and details each of the seven data table files.

SCHEDULE FOR IMPORTING

The following is the schedule used to import data to FL PBPS and FL PBPS extracting data into OneFamily. You will need to adhere to this schedule since many of the procedures will be triggered automatically by the computers internal clock and cannot be changed. **You must enter the demographic information for each client directly into the FL PBPS system.**

10th at 5PM EST to the 16th at 9AM EST of the Month	The FL PBPS temporary holding table is **closed** for data importing or downloading error files. Data is exported from FL PBPS to holding table then to OneFamily.
All other days of the month except the 10th to the 16th	The FL PBPS temporary holding table is open for import and you are to upload the Data Table Files. Remember the scrubber will not allow you to upload any data table files until all the records pass the validation so give yourself sufficient time to successfully upload your data table files. Your error files from the most recent submission to OneFamily are available to download. The error files detail the records that were submitted successfully but rejected by OneFamily for content reasons. These records need to be corrected and resubmitted to be successfully imported to OneFamily and FL PBPS.

If you are entering data directly into FL PBPS, you have until the 14th at 9AM EST to enter data to be submitted to OneFamily. Any data that is entered after the 14th will be submitted the following month.

IMPORTANT CROSS DATA TABLE FILE INFORMATION

The following outline important information contained in several of the data table files. Since it is important that these fields get imported correctly (key fields), they are emphasized in this section.

Unique Client Identifier: Pseudo Social Security Number Assignment

Social security number, SSN, is the key element for identifying each client. There will be cases when the SSN cannot be collected (client refuses, client is unable to communicate, etc.). In the event of this, a pseudo SSN should be assigned that makes the client unique within that provider, using the following criteria:

Position(s)	
1	First Initial
2	Middle Initial (use X if none or unknown)
3	Last Initial
4-5	01-12, depending on birth month
6-7	01-31, depending on birth day
8-9	00-99, depending on birth year

If the pseudo ID is already in use by another client, then the Data Entry Operator will alter the two digits of the birth day to a number greater than 31. In all other cases, the DOB in the Pseudo ID must match the DOB in the DOB field. Example: If the client name is John Doe born on January 5, 1968, then the Pseudo ID is as follows: J X D 0 1 0 5 6 8

Unique Provider Identifier

Each provider is identified by their unique 10-digit (including the dash) Federal Tax Identification Number (Example : 59-1234567). Valid Ids are recorded by the state during the agency registration process and recorded in a central database provider table. All accepted data warehouse activity reported by an agency is associated with thier ID as recorded in this central table. Report your agency's Name and Provider ID even if you are subcontractors from the Managing Entity. Data reported with a non-existent ID will not be accepted into the state data warehouse.

Unique Contract Number

Each contract is identified by ADMs unique 5-digit number (Example: AH123). If you are a subcontractor from the Managing Entity, please enter the contract number from the Managing Entity with ADM, **NOT** the subcontract number, which does not exist in ADMs contract database.

Contractor ID

Primary Provider (contracted with SAMH program office / DCF) Tax ID.
If your agency is contracted with ASO, or the Managing Entity, you need to put ASO / Managing Entity's Tax ID here (**NOT** your agency's ID).

Provider ID

Put your own Provider ID (provides the services to clients).
If you are the ASO / Managing Entity and do provide the services then put your Provider ID.

SUMMARY DATA TABLE FILE DESCRIPTION

DEMOGRAPHICS	The demographic table is used to describe a new client. This includes information such as age, gender, race, and ethnicity. A demographic record needs sent when a participant receives a Level 2 service and has not been registered previously.
NON-CLIENT SPECIFIC SERVICE EVENT (LEVEL 1)	A Level 1 Service is non-client specific and information related to this type of service is included. A Level 1 service may also need to be linked to a FL PBPS Program and cohort. Level 1 Service record needs sent for every day a service event was performed.
CLIENT SPECIFIC SERVICE EVENT (LEVEL 2)	A Level 2 Service is client specific and in addition to the information needed for a Level 1 Service, a Level 2 service also needs linked to a registered client (demographic) and FL PBPS Program and Cohort. Level 2 Service record needs sent for every day a service event was performed.
PREVENTION INITIAL OUTCOMES	Prevention Initial Outcomes is linked with Demographic information to begin a participant to a FL PBPS Program and Cohort. Every time a participant begins a new program, a Prevention Initial Outcome file needs sent.
PREVENTION DISCHARGE OUTCOMES	Prevention Discharge Outcomes is linked with Demographic information to end a participant to a FL PBPS Program and Cohort. Every time a participant completes or withdraws from a program, a Prevention Discharge Outcome file needs sent.
STAFF SERVICE HOURS	The Staff Service Hours links the staff service time (Direct and Indirect) to Level 1 and Level 2 activities. At least one Staff Service Hours record needs sent for every Level 1 and Level 2 Service record submitted.

DETAILED DATA TABLE FILE DESCRIPTION

Demographic

User View Name	Field Position	Type / Size	Edits and Validations for DEMO
CONTRACTORID	1	CHAR(10)	10-digit Federal Tax ID of the provider agency that has the state contract with SAMH program office of DCF. **(MANDATORY)** **If your agency is the subcontracted provider with the ASO/Managing Entity, please enter the ASO/Managing Entity's Provider ID, *NOT* your agency's Provider ID** Definition: The Provider Identification number is the 10-digit (including the dash) Federal Tax Identification Number (Example: 59-1234567). It should be identical to the number provided in the Agency Registration component, and to the first ten digits of the SISAR Provider ID, if the agency has one. When using the software provided by the ADM Central Offices, the Provider ID number will automatically appear on each data entry screen, if the Agency Registration component has been completed.
SSN	11	CHAR(9)	Client's Social Security Number (SSN) or pseudo-SSN. **(MANDATORY)** Definition: Enter the client's Social Security Number. If the client's Social Security Number is unavailable or the client refuses to give his/her number, then use a pseudo-Social Security Number. The construct for the pseudo-social security number is as follows: Digit 1 Client First initial Digit 2 Client middle initial (use X if none or unknown) Digit 3 Client Last initial Digit 4-5 Month of Birth (use leading zeros for days 1- 9) Digit 6-7 Date of Birth (use leading zeros for Months 1-9) Digit 8-9 Year of Birth (use leading zeros for where necessary) If the pseudo ID is already in use by another client, then the Data Entry Operator will alter the two digits of the Birth Day to a number greater than 31. In all other cases, the DOB in the Pseudo-ID must match the DOB in the DOB field. The client's Social Security Number is also required to retrieve and update/change an existing record. If a pseudo SSN is created, it must match the number that the provider agency reports to the ADM Central Office on client Demographics. As soon as the true SSN is acquired, the agency must correct the ADMDW record. CANNOT START WITH THREE ZEROS (000)/THREE NINE (999), OR THREE EIGHTS (888)
CLIENTID	20	CHAR(10)	A ten-character field the Provider uses to identify the client or local info. **(OPTIONAL)**
LAST	30	CHAR(35)	**Last Name of client. (MANDATORY)** **Definition: Enter the client's last name.** **Left justified up to 35 characters.**
FIRST	65	CHAR(35)	First Name of client. **(MANDATORY)** Definition: Enter the client's first name. Left justified up to 35 characters.
MIDDLE	100	CHAR(14)	Middle name Initial of client. **(MANDATORY)** Definition: Enter the client's middle name or initial. If the client does not have a middle, then use **NMN**

User View Name	Field Position	Type / Size	Edits and Validations for DEMO
			Left justified up to 14 characters.
SUFFIX	114	CHAR(10)	Suffix of client. **(OPTIONAL)** **Definition:** Enter the client's suffix (e.g. Jr, III).
DOB	124	DATE (8)	Date of client's birth in YYYYMMDD format. **(MANDATORY)** Definition: If the exact date of birth is not known, determine the person's age as closely as possible. Then enter the codes for January 1 of the year that would create the approximate age. **Example**: if the person's age is about 50, and it is 2002, enter 01/01/1952 in the ADM reporting software, and report this date to Tallahassee as 19520101. Valid values = valid date that is < or = System Date and > or = 1850.

GENDER	132	CHAR(1)	Code to identify the client's gender. **(MANDATORY)**
			    1 = Male
			    2 = Female

RACE	133	CHAR(1)	Code to identify client's race. **(MANDATORY)**
			    1 = White
			    2 = Black
			    3 = American Indian or Alaskan Native
			    7 = Asian
			    8 = Native Hawaiian or Other Pacific Islander
			    9 = Multi-Racial

ETHNIC	134	CHAR(1)	Code to identify the client's ethnicity. **(MANDATORY)**
			    1 = Puerto Rican
			    2 = Mexican
			    3 = Cuban
			    4 = Other Hispanic
			    5 = Haitian
			    6 = None of the above
			    7 = Mexican American
			    8 = Spanish/Latino

PROVINFO	135	CHAR(20)	Local information that can be used by Provider to identify or track client's other information for reporting purposes. **(OPTIONAL)** Definition: Local information used by Provider to identify or track the service event back to their system. For instance, the provider could code the Reporting Unit, Funding Source, Staff ID and Service Code from their system to this field. This would be an aid to troubleshooting crosswalk challenges.
PROVERID	155	CHAR(10)	**10-digit Federal Tax ID of provider agency serving consumer. (MANDATORY)** **If your agency is the subcontractor from the Managing Entity, put your Federal Tax ID here. If you are an ADM contracted provider put your Provider-ID here.** **Valid values = 10 characters for PROVID, including dash in third position, as reported in statewide provider directory.**
CONTNPI	165	CHAR(10)	**Enter the National Provider Identifier for the contractor.** **Valid values = 0000000000 through 9999999999 or Blank**
SERVNPI	175	CHAR(10)	**Enter the National Provider Identifier for the service provider.** **Valid values = 0000000000 through 9999999999 or Blank**
CONTRACTNO	185	CHAR(5)	**Enter the ADM contract number. (MANDATORY)** **Definition: Enter the contract number/ADM contract number, NOT the subcontract number if you are a subcontractor with the Managing Entity.**

User View Name	Field Position	Type / Size	Edits and Validations for EVNT
CONTRACTORID	1	CHAR(10)	10-digit Federal Tax ID of the provider agency that has the state contract with SAMH program office of DCF. **(MANDATORY)** **If your agency is the subcontracted provider with the ASO/Managing Entity, please enter the ASO/Managing Entity's Provider ID, *NOT* your agency's Provider ID** Refer to Demographic Table for definition.
SITEID	**11**	CHAR(2)	Site identification number of the location where the client was served or where the Provider personnel who provided the service are assigned. **(MANDATORY)** Definition: Enter the site ID indicating where the client is being placed. The Substance Abuse Data Office issues the site ID. To obtain new site ID, please contact Sherry Catledge at (850) 921-3059. It is important that the site ID reported is a valid site and has been submitted to the Central Office. The site ID is validated against the Provider Table in the data warehouse. If the site ID is not listed the record is rejected.
SERVCOUNT	13	CHAR(2)	County where client was serviced. For clients who are homeless, indicate the county in which the service was provided; _do not use code 88 = Homeless_. **(MANDATORY)** Definition: Enter the two-digit number that represents the county where the service was rendered. The codes conform to the alphabetical listing of the counties. 01 = Alachua 18 = Flagler 35 = Lake 52 = Pinellas 02 = Baker 19 = Franklin 36 = Lee 53 = Polk 03 = Bay 20 = Gadsden 37 = Leon 54 = Putnam 04 = Bradford 21 = Gilchrist 38 = Levy 55 = St. Johns 05 = Brevard 22 = Glades 39 = Liberty 56 = St. Lucie 06 = Broward 23 = Gulf 40 = Madison 57 = Santa Rosa 07 = Calhoun 24 = Hamilton 41 = Manatee 58 = Sarasota 08 = Charlotte 25 = Hardee 42 = Marion 59 = Seminole 09 = Citris 26 = Hendry 43 = Martin 60 = Sumter 10 = Clay 27 = Hernando 44 = Monroe 61 = Suwannee 11 = Collier 28 = Highlands 45 = Nassau 62 = Taylor 12 = Columbia 29 = Hillsborough 46 = Okaloosa 63 = Union 13 = Dade 30 = Holmes 47 = Okeechobee 64 = Volusia 14 = DeSoto 31 = Indian River 48 = Orange 65 = Wakulla 15 = Dixie 32 = Jackson 49 = Osceola 66 = Walton 16 = Duval 33 = Jefferson 50 = Palm Beach 67 = Washington 17 = Escambia 34 = Lafayette 51 = Pasco
AGEGROUP	15	CHAR(1)	Code indicating the age group of the group. **(MANDATORY)** Definition: Enter the appropriate age group of the majority of the group. 1 = Under 3 2 = 3-5 3 = 6-10 4 = 11-14

User View Name	Field Position	Type / Size	Edits and Validations for EVNT
			5 = 15-17 6 = 18-21 7 = 22+
FACILITYP	16	CHAR(1)	Enter the facility type of the client. **(MANDATORY)** 1 = Drop In 3 = Outreach 2 = Information & Referral 4 = Prevention
FUND	17	CHAR(1)	Code to identify the funding source for the current service that the client is receiving. **(OPTIONAL)** 1 = Medicaid 5 = Local Match only 2 = ADM 6 = Medicaid Carve-out 3 = TANF 7 = Other State fund (i.e., FS, DD, JJ, CBC) 4 = Private / Self Pay 8 = Other Federal Fund (i.e., Block Grant) A = PTS (effective 10/01/2005) B = Title 21 (effective 10/01/2005) Definition: Enter the code to identify the funding source for the current service that the client is receiving. Code 4 indicates the client was self pay or private insurance. Code 5 indicates Local Match only. Code 7 indicates other funding (i.e., Family Safety, CBC, JJ, DD, AS). Code 8 indicates Federal Funding (i.e., Block grant).
PROGTYPE	18	CHAR(1)	Code to identify service programs. **(MANDATORY)** 1 = Mental Health 2 = Substance Abuse
COSTCENT	19	CHAR(2)	See Reference A for appropriate Cost Center code. Code must be 16 only for prevention. **(MANDATORY)**
PROCODE	21	CHAR(5)	Procedure code assigned by HIPAA for service. **(MANDATORY)** Definition: *All Procedure Codes are currently Proposed Procedure Codes* Details of procedure code descriptions follow this table, as reference B.
SERVDATE	26	DATE(8) YYYYMMDD	Enter the date which the service was actually delivered in YYYYMMDD format. The Service Date has to be =< than system date. **(MANDATORY)** Definition: The date which the service was actually delivered. Must be less than or equal to the system date.
UNIT	34	NUMBER(4)	Enter the unit code according to the type of procedure up to 4 digits number. **(MANDATORY)** If I & R Services, enter the staff contracted hours into minutes.
PRIMSERV	38	CHAR(5)	(keep blank)
PARTICIP	43	CHAR(4)	Number of clients participating in services provided. **(MANDATORY)** Definition: For primary prevention, Outreach and Drop In/Self Help, enter the number of persons who participated in the service event. Zero (0) participant is allowed in this field.
STAFFID	47	CHAR(12)	Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff that completed the outcome form, followed by a dash and then the staff's Local ID (the Local ID is found on the Staff Registration page of the FL PBPS; the system will generate this for you or you can enter it manually yourself.) **(MANDATORY)** 01 Non-Degree Trained Technician. 02 AA Degree Trained Technician 03 BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 04 MA/MS – Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology,

User View Name	Field Position	Type / Size	Edits and Validations for EVNT
			nursing, rehabilitation, special education, health education or related human services field. 05 Licensed Practitioner of the Healing Arts – MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. 06 PhD/PsyD/EdD – Licensed psychologist 07 MD/DO – Board Certified
PROVINFO	59	CHAR(20)	Local information used by the Provider to identify or track client's other information for reporting purposes. **(OPTIONAL)** Definition: Local information used by the Provider to identify or track the service event back to their system. For instance, the provider could code the Reporting Unit, Funding Source, Staff ID, and Service Code from their system to this field. This would be an aid to troubleshooting crosswalk challenges.
CONTNUM	79	CHAR(5)	Enter the ADM contract number. **(MANDATORY)** Definition: Enter the contract number/ADM contract number, **NOT** the subcontract number if you are a subcontractor with the Managing Entity.
PROVIDERID	84	CHAR(10)	10-digit Federal Tax ID of subcontractor provider agency serving consumer. . **(MANDATORY)** If your agency is the subcontractor from the ASO/Managing Entity, put your Federal Tax ID here.
MODIFIER1	94	CHAR(2)	Enter the 1st modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters.
BLANK	96	1 SPACE	
MODIFIER2	97	CHAR(2)	Enter the 2nd modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters.
BLANK	99	1 SPACE	
MODIFIER3	100	CHAR(2)	Enter the 3rd modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters.
BLANK	102	1 SPACE	
MODIFIER4	103	CHAR(2)	Enter the 4th modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters.
CONTNPI	105	CHAR(10)	**Enter the National Provider Identifier for the contractor.** **Valid values = 0000000000 through 9999999999 or Blank**
SERVNPI	115	CHAR(10)	**Enter the National Provider Identifier for the service provider.** **Valid values = 0000000000 through 9999999999 or Blank**
CSAPCODE	125	CHAR(6)	CSAP Service Codes, reference C. **(MANDATORY)** **Note:** "If you are using a service code that is only 5 characters in length, please left justify your entry. Please do not use a 0 for the additional field character"
BEGINTIME	131	CHAR(4)	Time service began. This is for services measured in minutes. **(MANDATORY)** Enter the beginning time (Hours: Minutes) of the service event using the 24-hour clock. This affects how the hours are reported. For a service event that starts following noon, you will need to add '12' to the hour. For example: a service is provided at 2:45p.m. the proper recording of the time is 1445.
PROGRAMID	135	CHAR(12)	To locate the Program ID, it is available in a report on the FL PBPS in the Monitoring section of the Reports Module. If you need assistance entering a program, please see Reference E. **If this is a Prevention Service, this can be left blank.**
LOCATION	147	CHAR(12)	Site (service) Location of cohort group is a mandatory field. This location can be any description of where the service was held and **is a MANDATORY field**

User View Name	Field Position	Type / Size	Edits and Validations for EVNT
			when associated with a program. If single Prevention Service and not a program, this will not be a required field and can be left blank. This must be 12 characters or less.
STARTDATE	159	CHAR(8)	Cohort Start Date is the first date the above location met and is associated with a program. In this scenario this field is required. If single Prevention Service and not a program, then it is not required and will be left blank.
UNITTYPE	167	CHAR(1)	**0 = Administration 1 = Service** This field is used to describe the type of activity. If it is an activity related to a prevention service (i.e., CSAP Model Program, Local Innovative Program, or Single Prevention Service such as a Health Fair), enter 1. If the time is not related to a service (i.e., training, plan development, professional development, etc.), then enter 0.
SESSIONCONTENT	168	CHAR(1)	Pulls the available options from IndxSessionContent **(MANDATORY)** 1 = Baseline Testing 2 = Post Testing 3 = Follow-Up Testing 4 = Manualized Activity 5 = Booster Session 6 = Other 7 = Interim Testing
FIDELITY	169	CHAR(1)	If the SessionContent is Manualized Activity (a value of 4), you must specify a Fidelity Level. If SessionContent is any other value, Fidelity should be blank 1 = Complete Fidelity 2 = Very Good Fidelity 3 = Partial Fidelity 4 = Poor or No Fidelity

Tips

- A group called 'Planning Group' has been added to all programs to specify services that were for planning. If you select the group 'Planning Group', and have a Service Count of zero, then you will not be able to add 'Direct' staff time.

- If you have a Service Count of 1 or more, then you must enter 'Direct' staff time, you will not be able to just save 'Support' staff time.

Client Specific Service Event (Level 2)

User View Name	Field Position	Type / Size	Field Description Client-Specific Service Event Level 2
CONTRACTORID	1	CHAR(10)	10-digit Federal Tax ID of the provider agency that has the state contract with SAMH program office of DCF. **(MANDATORY)** **If your agency is the subcontracted provider with the ASO/Managing Entity, please enter the ASO/Managing Entity's Provider ID,** *NOT* **your agency's Provider ID** Valid Value = 10 characters, including dash in third position, which exists in State Provider Data Set with corresponding record in the demographic record. Else, reject. Refer to Demographic Table for definition.
SITEID	11	CHAR(2)	Site identification number of location where client was served or where Provider personnel who provided the service are assigned. **(MANDATORY)** Definition: Enter the site ID indicating where the client is being placed. The Substance Abuse Data Office issues the site ID. To obtain new site ID, please contact Sherry Catledge at (850) 921-3059. It is important that the site ID reported is a valid site and has been submitted to the Central Office. The site ID is validated against the Provider Table in the data warehouse. If the site ID is not listed the record is rejected.
SSN	13	CHAR(9)	Client's Social Security Number (SSN) or pseudo-SSN. **(MANDATORY)** CANNOT BE NULL OR LESS THAN 9 DIGITS. CANNOT START WITH THREE ZEROS (000)/THREE NINE (999), OR THREE EIGHTS (888) and must EXIST IN THE DEMOGRAPHIC RECORD.
CLIENTID	22	CHAR(10)	A ten-character field the Provider uses to identify the client or local info. **(OPTIONAL)** Definition: This agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system. Valid values up to 10 characters or blank.
PROVTYP	32	CHAR(2)	Enter the type of provider. HIPAA **(MANDATORY)** 01 = Counselors by subtype 02 = Marriage & Family Therapist 03 = Therapist 04 = Neuropsychologist 05 = Psychoanalyst by subtype 06 = Psychologist by subtype 07 = Nursing service related provider by type/subtype 08 = Physician assistant and advanced practice nursing providers by type/subtype 09 = Physician/Osteopath by subtype 10 = Psychosocial 11 = Rehabilitation 12 = Specialist 13 = School Psychologist 14 = Social Worker 15 = Sociologist 16 = Other

User View Name	Field Position	Type / Size	Field Description Client-Specific Service Event Level 2
SERVCOUNT	34	CHAR(2)	County where client was serviced. For clients who are homeless, indicate the county in which the service was provided; *do not use code 88 = Homeless*. **(MANDATORY)**
			Definition: Enter the two-digit number that represents the county where the service was rendered. The codes conform to the alphabetical listing of the counties.
			01 = Alachua 18 = Flagler 35 = Lake 52 = Pinellas 02 = Baker 19 = Franklin 36 = Lee 53 = Polk 03 = Bay 20 = Gadsden 37 = Leon 54 = Putnam 04 = Bradford 21 = Gilchrist 38 = Levy 55 = St. Johns 05 = Brevard 22 = Glades 39 = Liberty 56 = St. Lucie 06 = Broward 23 = Gulf 40 = Madison 57 = Santa Rosa 07 = Calhoun 24 = Hamilton 41 = Manatee 58 = Sarasota 08 = Charlotte 25 = Hardee 42 = Marion 59 = Seminole 09 = Citris 26 = Hendry 43 = Martin 60 = Sumter 10 = Clay 27 = Hernando 44 = Monroe 61 = Suwannee 11 = Collier 28 = Highlands 45 = Nassau 62 = Taylor 12 = Columbia 29 = Hillsborough 46 = Okaloosa 63 = Union 13 = Dade 30 = Holmes 47 = Okeechobee 64 = Volusia 14 = DeSoto 31 = Indian River 48 = Orange 65 = Wakulla 15 = Dixie 32 = Jackson 49 = Osceola 66 = Walton 16 = Duval 33 = Jefferson 50 = Palm Beach 67 = Washington 17 = Escambia 34 = Lafayette 51 = Pasco
COSTCENT	36	CHAR(2)	See Reference A for appropriate Cost Center code. **(MANDATORY)**
FUND1	38	CHAR(1)	Code to identify the majority (>51%) funding source for the current service that the client is receiving. **(OPTIONAL)**
			1 = Medicaid 5 = Local Match only 2 = ADM 6 = Medicaid Carve-out 3 = TANF 7 = Other State fund (i.e., FS, DD, JJ, CBC) 4 = Private / Self Pay 8 = Other Federal Fund (i.e., Block Grant) A = PTS (effective 10/01/2005) B = Title 21 (effective 10/01/2005)
			Definition: Enter the code to identify the funding source for the current service that the client is receiving. Code 4 indicates the client was self pay or private insurance. Code 5 indicates Local Match only. Code 7 indicates other funding (i.e., Family Safety, CBC, JJ, DD, AS). Code 8 indicates Federal Funding (i.e., Block grant).
PROGTYPE	39	CHAR(1)	Code to identify service programs. **(MANDATORY)**
			1 = Mental Health 2 = Substance Abuse
PROCODE	40	CHAR(5)	Procedure code assigned by HIPAA for service. **(MANDATORY)**
			Definition: Enter the code for the service provided by your agency. Reference B.
			H0024 Behavioral Health Prevention Information Dissemination Service H0025 Behavioral Health Prevention Education Service H0026 Alcohol and/or Drug Prevention Community-Base Process Service H0027 Alcohol and/or Drug Prevention Environment Service H0028 Alcohol and/or Drug Prevention Problem Identification and Referral H0029 Alcohol and/or Drug Prevention Alternatives Service
SERVDATE	45	DATE(8)	Enter the date which the service was actually delivered in YYYYMMDD format.

User View Name	Field Position	Type / Size	Field Description Client-Specific Service Event Level 2
			The Service Date has to be =< than system date and => than client's DOB. **(MANDATORY)**
			Definition: The date which the service was actually delivered. Must be less than or equal to the system date.
			All Service events will be accepted if the mandatory fields are completed. However, only service events provided within an episode of care will be credited to the provider. In such cases, an exception report will be generated to notify the service provider and allow them to make any necessary corrections.
			Date that is =< system date and => client's DOB.
UNIT	53	NUMBER(4)	Enter the unit code according to the type of procedure up to 4 digits number. **(MANDATORY)**
			Definition: Enter the unit code according to the type of procedure (i.e. dose, minutes or day).

SETTING	57	CHAR(2)	Enter the two-digit code that best represents the type of setting in which the service was rendered. **(MANDATORY)**
			01 = Assisted Living Facilities
			02 = Recipient's Home or Apartment
			03 = County Health Department
			04 = Court
			05 = Delinquency
			06 = Foster Home
			07 = DCF Office
			08 = Jail
			09 = Juvenile Detention Center
			10 = Nursing Home
			11 = Provider Premises – Other than BHOS
			12 = School
			13 = Shelter Facility
			14 = State Hospital
			15 = Other DCF-funded Provider
			16 = Other Setting
			17 = DJJ BHOS
			18 = Family Safety BHOS
			19 = Selected Prevention Services
			20 = Indicated Prevention Services
			21 = Addictions Receiving Facility
			    An ARF is a community-basis secure facility operated on a 24-hour a day basis that is designated by the department for persons found to be substance abuse impaired, as described in Section 397.675, F.S. The program may include detoxification, assessment, stabilization, and short-term treatment.
			22 = Interim Services
			    Are those minimal services provided to a person while the person is waiting for admission into a substance abuse treatment setting.
			23 = FYI Grant Services
			    Any indicated prevention program conducted under the Florida Youth initiative (FYI) Grant. These can be either school based or non-school based.
			24 = SA Pregnant Woman Programs
			    Programs for pregnant women, women with dependent children, or women attempting to regain custody of their children specifically

User View Name	Field Position	Type / Size	Field Description Client-Specific Service Event Level 2
			funded through Block Grant Funds for this purpose. 25 = Therapeutic Foster Home 26 = Specialized Therapeutic Foster Home Level 1 27 = Specialized Therapeutic Foster Home Level 2 28 = Residential Treatment Center 29 = Statewide Inpatient Psychiatric Program 30 = Therapeutic Group Care Definition: Service Setting is a two-digit code that best represents the type of setting in which the service was rendered. Any service that takes place on the agency's property should be coded Provider premises (code 11). Other Setting (code 16) should only be used when none of the other service settings adequately describes where the service occurred.
BEGINTIME	59	CHAR(4)	Time service began being provided to client. This is for services measured in minutes. **(MANDATORY)** Definition: The beginning time is only required for service events that are measured in minutes. Enter the beginning time (Hours: Minutes) of the service event using the 24-hour clock. This affects how the hours are reported. For a service event that starts following noon, you will need to add '12' to the hour. For example: a service is provided at 2:45 p.m. the proper recording of the time is 1445. If the procedure indicated is not measured in minutes then enter 0000.
HEALTHPLA	63	CHAR(5)	NULL
CLAIM ID	68	CHAR(5)	NULL
STDCHARGE	73	CHAR(3)	NULL
RECPAID	76	NUMBER(3)	NULL

PAMENT	79	CHAR(3)	Enter three (3) digits code to indicate the payment of **FUND1** for this service. **(OPTIONAL)**
			    001= FULL (100%)
			    002= PARTIAL (1% - 99%)

CONTNUM1	82	CHAR(5)	Enter the ADM contract number ONLY based on **FUND1. (MANDATORY)** Definition: Enter the contract number/ADM contract number. If you are a subcontractor from the Managing Entity/ASO, please use the Managing Entity contract number with ADM, **NOT** the subcontract number.

STAFFID	87	CHAR(12)	Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff that completed the outcome form, followed by a dash and then the staff's Local ID (the Local ID is found on the Staff Registration page of the FL PBPS; the system will generate this for you or you can enter it manually yourself.) **(MANDATORY)**
			    01 Non-Degree Trained Technician.
			    02 AA Degree Trained Technician
			    03 BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.
			    04 MA/MS – Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.
			    05 Licensed Practitioner of the Healing Arts – MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists.
			    06 PhD/PsyD/EdD – Licensed psychologist

User View Name	Field Position	Type / Size	Field Description Client-Specific Service Event Level 2
			07 MD/DO – Board Certified
MODIFIER1	99	CHAR(2)	Enter the 1st modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters
BLANK	101	1 SPACE	
MODIFIER2	102	CHAR(2)	Enter the 2nd modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters
BLANK	104	1 SPACE	
MODIFIER3	105	CHAR(2)	Enter the 3rd modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters
BLANK	107	1 SPACE	
MODIFIER4	108	CHAR(2)	Enter the 4th modifier; the modifier code is two digits. HIPPA **(OPTIONAL)** Left justified = up to 2 characters
BLANK	110	3 SPACES	
PROVINFO	113	CHAR(20)	Local information used by the Provider to identify or track client's other information for reporting purposes. **(OPTIONAL)** Definition: Local information used by the Provider to identify or track the service event back to their system. For instance, the Provider could code the Reporting Unit, Funding Sources, Staff ID, and Service Code from their system to this field. This would be an aid to troubleshooting crosswalk challenges.
FUND2	133	CHAR(1)	Code to identify the other (<50%) funding source for the current service that the client is receiving. **(OPTIONAL)** 1 = Medicaid 5 = Local Match only 2 = ADM 6 = Medicaid Carve-out 3 = TANF 7 = Other State fund (i.e., FS, DD, JJ, CBC) 4 = Private / Self Pay 8 = Other Federal Fund (i.e., Block Grant) A = PTS (effective 10/01/2005) B = Title 21 (effective 10/01/2005) Definition: Enter the code to identify the funding source for the current service that the client is receiving. Code 4 indicates the client was self pay or private insurance. Code 5 indicates Local Match only. Code 7 indicates other funding (i.e., Family Safety, CBC, JJ, DD, AS). Code 8 indicates Federal Funding (i.e., Block grant).
CONTNUM2	134	CHAR(5)	Enter the ADM contract number based on **FUND2. (OPTIONAL)** Definition: Enter the contract number/ADM contract number. If you are a subcontractor from the Managing Entity, please use the Managing Entity contract number with ADM, **NOT** the subcontract number.
PROVIDERID	139	CHAR(10)	10-digit Federal Tax ID of subcontractor provider agency serving consumer. **(MANDATORY)** If your agency is the subcontractor from the Managing Entity/ASO, put your Federal Tax ID here.
CSAPCODE	149	CHAR(6)	CSAP Service Codes, reference C. **(MANDATORY)** **Note:** "If you are using a service code that is only 5 characters in length, please left justify your entry. Please do not use a 0 for the additional field character"
PROGRAMID	155	CHAR(12)	To locate the Program ID, it is available in a report on the OneFamily Prevention system in the Monitoring section of the Reports Module. If you need assistance entering a program, please see Reference E.
LOCATION	167	CHAR(12)	Site (service) Location of cohort group is a mandatory field. This location can be any description of where the service was held and **is a MANDATORY field when associated with a program.** This must match with the group information that you entered into the FL PBPS.

User View Name	Field Position	Type / Size	Field Description Client-Specific Service Event Level 2
			This must be 12 characters or less.
STARTDATE	179	DATE(8)	Cohort Start Date is the first date the above location met and is associated with a program. In this scenario this field is **required**. This must match with the group information that you entered into the OneFamily Prevention system.

SESSIONCONTENT	187	CHAR(1)	Pulls the available options from IndxSessionContent **(MANDATORY)**
			     1 = Baseline Testing
			     2 = Post Testing
			     3 = Follow-Up Testing
			     4 = Manualized Activity
			     5 = Booster Session
			     6 = Other
			     7 = Interim Testing

FIDELITY	188	CHAR(1)	If the SessionContent is Manualized Activity (a value of 4), you must specify a Fidelity Level. If SessionContent is any other value, Fidelity should be blank
			     1 = Complete Fidelity
			     2 = Very Good Fidelity
			     3 = Partial Fidelity
			     4 = Poor or No Fidelity

Tips

- A group called 'Planning Group' has been added to all programs to specify services that were for planning. If you select the group 'Planning Group', and have a Service Count of zero or no Attendance selected, then you will not be able to add 'Direct' staff time.

- If you have a Service Count of 1 or more and or Attendance set to 'Yes', then you must enter 'Direct' staff time, you will not be able to just save 'Support' staff time.

Initial Outcome

User View Name	Field Position	Type / Size	Field Description Prevention Initial Outcome
CONTRACTORID	1	CHAR(10)	10-digit Federal Tax ID of the provider agency that has the state contract with SAMH program office of DCF. **(MANDATORY)** **If your agency is the subcontracted provider with the ASO/Managing Entity, please enter the ASO/Managing Entity's Provider ID,** *NOT* **your agency's Provider ID** Refer to Demographic Table for definition.
SITEID	11	CHAR(2)	Site identification number of location where client was evaluated or where Provider personnel who provided the service/evaluation are assigned. **(MANDATORY)** Definition: Enter the site ID indicating where the client is being placed. The Substance Abuse Data Office issues the site ID. To obtain new site ID, please contact Sherry Catledge at (850) 921-3059. It is important that the site ID reported is a valid site and has been submitted to the Central Office. The site ID is validated against the Provider Table in the data warehouse. If the site ID is not listed the record is rejected.
SSN	13	CHAR(9)	Client's Social Security Number (SSN) or pseudo-SSN. **(MANDATORY)**
CLIENTID	22	CHAR(10)	A ten-character field the Provider uses to identify the client or local info. **(OPTIONAL)** Definition: This agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system.
RESIDCOUN	32	CHAR(2)	Code identifying client's County of Residence. **For Homeless enter 88.** **(MANDATORY)** 01 = Alachua 18 = Flagler 35 = Lake 52 = Pinellas 02 = Baker 19 = Franklin 36 = Lee 53 = Polk 03 = Bay 20 = Gadsden 37 = Leon 54 = Putnam 04 = Bradford 21 = Gilchrist 38 = Levy 55 = St. Johns 05 = Brevard 22 = Glades 39 = Liberty 56 = St. Lucie 06 = Broward 23 = Gulf 40 = Madison 57 = Santa Rosa 07 = Calhoun 24 = Hamilton 41 = Manatee 58 = Sarasota 08 = Charlotte 25 = Hardee 42 = Marion 59 = Seminole 09 = Citris 26 = Hendry 43 = Martin 60 = Sumter 10 = Clay 27 = Hernando 44 = Monroe 61 = Suwannee 11 = Collier 28 = Highlands 45 = Nassau 62 = Taylor 12 = Columbia 29 = Hillsborough 46 = Okaloosa 63 = Union 13 = Dade 30 = Holmes 47 = Okeechobee 64 = Volusia 14 = DeSoto 31 = Indian River 48 = Orange 65 = Wakulla 15 = Dixie 32 = Jackson 49 = Osceola 66 = Walton 16 = Duval 33 = Jefferson 50 = Palm Beach 67 = Washington 17 = Escambia 34 = Lafayette 51 = Pasco 88 = Homeless 99 = Out of State
GRADE	34	CHAR(2)	Highest school grade completed at time of evaluation. **(MANDATORY)** 20 = No Schooling 21 = Nursery Schooling to 4th Grade 22 = 5th to 6th Grade

User View Name	Field Position	Type / Size	Field Description Prevention Initial Outcome
			23 = 7th to 8th Grade 24 = 9th Grade 25 = 10th Grade 26 = 11th Grade 27 = 12th Grade, No Diploma 28 = High School Graduate, Diploma/Degree 29 = 1 or more year College, No Degree 30 = Associate's Degree (AA, AS, etc.) 31 = Bachelor's Degree (BA, BS, AB, etc.) 32 = Master's Degree (MS, MA, MSW, etc.) 33 = Prof. Degree (MD, DDS, JD, etc.) 34 = Doc. Degree (PhD, EDD, etc.) 35 = Special School 36 = Vocational School Definition: Enter the highest school grade <u>completed</u> at the time of evaluation. The code can range from 20 for none to 36. Enter a GED or high school equivalency as 12 grade (code 27).

MARITAL	36	CHAR(1)	Enter Marital Status at time of evaluation. **(MANDATORY)**
			  1 = Single (never been married) 5 = Separated
			  2 = Married 6 = Unreported
			  3 = Widowed 7 = Registered Domestic Partner
			  4 = Divorced 8 = Legally Separated
			Default = 1

HLTHSTAT	37	CHAR(1)	Code to identify client's health status at time of evaluation. **(MANDATORY)**
			  1 = Agitated
			  2 = Comatose
			  3 = Disoriented
			  4 = Depressed
			  5 = Forgetful
			  6 = Lethargic
			  7 = Other Mental Condition
			
			  8 = Oriented
			
			Default = 8

PREGTRIM	38	CHAR(1)	Code to identify the client's trimester of pregnancy. **(MANDATORY)**
			  1 = (1st) 1-3 Months 3 = (3rd) 7-9 Months
			  2 = (2nd) 4-6 Months 4 = Not pregnant or male
			Default = 4

ADMITYPE	39	CHAR(1)	Code to identify client legal status.
			  1 = Voluntary Competent 3 = Involuntary Competent
			  2 = Voluntary Incompetent 4 = Involuntary Incompetent
			Default = 1

DRUGCRT	40	CHAR(1)	Code to identify if client is Drug Court ordered. **(MANDATORY)**
			  1 = Yes
			  0 = No
			Definition: Has the client been court ordered to seek Substance Abuse treatment?

CHILDWEL	41	CHAR(1)	Code to identify if client is involved in child welfare. **(MANDATORY)**
			  1 = Yes
			  0 = No

RESIDSTAT	42	CHAR(2)	Code to identify client's residence status at time of evaluation.
			  01 = Independent Living-alone
			  02 = Independent Living-with Relatives

User View Name	Field Position	Type / Size	Field Description Prevention Initial Outcome
			03 = Independent Living –with Non-Relatives 04 = Dependent Living-with Relatives 05 = Dependent Living-with Non-Relatives 06 = Assisted Living Facility (ALF) 07 = Foster Care/Home 08 = Group Home 09 = Homeless 10 = Hospital 11 = Nursing Home 12 = Supported Housing 13 = Correctional Facility 14 = DJJ Facility 99 = Not Available or Unknown **Default = 99**
DEPCRIMST	44	CHAR(2)	Default = 00
PROBPRIM	46	CHAR(2)	Default = 98
PROBSEC	48	CHAR(2)	Default NULL
PROBTER	50	CHAR(2)	Default NULL
ROUTPRIM	52	CHAR(1)	Default NULL
ROUTSEC	53	CHAR(1)	Default NULL
ROUTTER	54	CHAR(1)	Default NULL
FREQPRIM	55	CHAR(1)	Default NULL
FREQSEC	56	CHAR(1)	Default NULL
FREQTER	57	CHAR(1)	Default NULL
AGEPRIM	58	CHAR(2)	Default NULL
AGESEC	60	CHAR(2)	Default NULL
AGETER	62	CHAR(2)	Default NULL
STAFFID	64	CHAR(12)	Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff that completed the outcome form, followed by a dash and then the staff's Local ID (the Local ID is found on the Staff Registration page of the FL PBPS; the system will generate this for you or you can enter it manually yourself.) **(MANDATORY)** 01 Non-Degree Trained Technician. 02 AA Degree Trained Technician 03 BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 04 MA/MS – Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 05 Licensed Practitioner of the Healing Arts – MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. 06 PhD/PsyD/EdD – Licensed psychologist 07 MD/DO – Board Certified
PURPEVAL	76	CHAR(1)	Default 1 = Initial
EVALDATE	77	DATE(8)	Eight digit date in YYYYMMDD format indicating when the initial evaluation was completed. **(MANDATORY)** Cohort Starting Date.
CHILDPREV	85	CHAR(1)	Default 1 = Yes
DRUGHARM	86	CHAR(1)	Perceives drugs as harmful to health. **(MANDATORY FOR CHILDREN)**

User View Name	Field Position	Type / Size	Field Description Prevention Initial Outcome
			1 = Yes 0 = No 3 = Unknown Definition: Does the client perceive drugs as being harmful to their overall health? **The therapist should not answer these questions without the client being present.**
ALCOHARM	87	CHAR(1)	Perceives alcohol as harmful to health. **(MANDATORY FOR CHILDREN)** 1 = Yes 0 = No 3 = Unknown Definition: Does the client perceive alcohol as being harmful to their overall health? **The therapist should not answer these questions without the client being present.**
TOBAHARM	88	CHAR(1)	Perceives tobacco as harmful to health. **(MANDATORY FOR CHILDREN)** 1 = Yes 0 = No 3 = Unknown Definition: Does the client perceive tobacco as being harmful to their overall health? **The therapist should not answer these questions without the client being present.**
TOBACUSE	89	CHAR(1)	Tobacco usage. **(MANDATORY FOR CHILDREN)** 1 = Yes 0 = No 3 = Unknown Definition: Does the client use any kind of tobacco products? **The therapist should not answer these questions without the client being present.**
LEGGUARD	90	CHAR(1)	Default to 6 = Not applicable
EMPL	91	CHAR(2)	Default to 82 (student)
PINCOSRC	93	CHAR(1)	Default to 6 = None
INCOPERS	94	NUMBER(2)	Default to 00
FAMINC	96	NUMBER(2)	Default to 99
WAITDAYS	98	NUMBER(3)	Default to 000
POSTPART	101	CHAR(1)	Male client = 3 Female client = 0
DEPEND	102	NUMBER(1)	Default to 0
DEVELOP	103	CHAR(1)	Default to 0
PHYSICAL	104	CHAR(1)	Default to 0
AMBULAT	105	CHAR(1)	Default to 0
VISUAL	106	CHAR(1)	Default to 0
HEARING	107	CHAR(1)	Default to 0
ENGLISH	108	CHAR(1)	Default to 0
REFERRAL	109	CHAR(2)	Default to 99
CRIMJUST	111	CHAR (1)	Default to 0
ARREST	112	NUMBER(1)	Default to 0
IVHIST	113	CHAR(1)	Default to NULL
PRIORADM	114	NUMBER(1)	Default to NULL
PROVINFO	115	CHAR(20)	Local information that can be used by Provider to identify or track client's other information for reporting purposes. **(OPTIONAL)** Definition: Local information used by Provider to identify or track the service event back to their system. For instance, the provider could code the Reporting Unit, Funding Source, Staff ID and Service Code from their system

User View Name	Field Position	Type / Size	Field Description Prevention Initial Outcome
			to this field. This would be an aid to troubleshooting crosswalk challenges.
ZIP	135	NUMBER(5)	Enter client's home/residence US Postal Zip code.
TSTAT	140	CHAR(1)	Default to 3
FAMSIZE	141	NUMBER(1)	Default to 2
SAPROB	142	CHAR(1)	Default to 0
SUBCONT	143	CHAR(10)	Provider ID here.
SA_DISGNOSIS	153	CHAR(6)	**Default to 799.9 (MANDATORY)**
MH_DISGNOSIS	159	CHAR(6)	**Default to 799.9**
MARCHMAN	165	CHAR(1)	**Default to 4 = N/A**
COLLATERAL	166	CHAR(1)	**Default to 0 = NO (MANDATORY)**
OPIOIDREPLAC	167	CHAR(1)	**Default to 0 = NO (MANDATORY)**
VETSTATUS	168	CHAR(1)	**Default to 0 = NO (MANDATORY)**

CONTNUM1	169	CHAR(5)	If PURPEVAL = 1 or 2, then valid values is CONTNUM
			    Where CONTNUM1 is a valid contract found in FLAIR AND
			    CONTRACTORID = Tax ID in FLAIR AND
			    EVALDATE is between BEGINDATE and ENDDATE for the Contract in FLAIR
			Else, reject

CONTNUM2	174	CHAR(5)	If PURPEVAL = 1 or 2, then valid values is CONTNUM
			    Where CONTNUM2 is found in FLAIR AND
			    CONTRACTORID or PROVID = Tax ID in FLAIR AND
			    EVALDATE is between BEGINDATE and ENDDATE for the Contract in FLAIR
			Else, reject

CONTNUM3	179	CHAR(5)	If PURPEVAL = 1 or 2, then valid values is CONTNUM
			    Where CONTNUM3 is found in FLAIR AND
			    CONTRACTORID or PROVID = Tax ID in FLAIR AND
			    EVALDATE is between BEGINDATE and ENDDATE for the Contract in FLAIR
			Else, reject

MHDIAGNOSE	184	CHAR(1)	Default 0 = No 1 = Yes

SOCIAL	185	CHAR(2)	Valid values are '01' through '06'. Else reject.
			    01 = No attendance in the past month
			    02 = 1-3 times in past month
			    03 = 4-7 times in past month
			    04 = 8-15 times in past month
			    05 = 16-30 times in past month
			    06 = Some attendance in past month, but frequency unknown
			Note: This field will be optional until January 5, 2011. After that date, the question will be mandatory.

SCHOOL	187	CHAR(1)	Valid values are '0' through '4'. Else reject.
			    1 = Suspended
			    2 = Expelled
			    3 = Suspended and Expelled
			    4 = Not Applicable
			Note: This field will be optional until January 5, 2011. After that date, the question will be mandatory.

Discharge Outcome

User View Name	Field Position	Type / Size	Field Description Prevention Discharge Outcome
CONTRACTORID	1	CHAR(10)	10-digit Federal Tax ID of the provider agency that has the state contract with SAMH program office of DCF. **(MANDATORY)** **If your agency is the subcontracted provider with the ASO/Managing Entity, please enter the ASO/Managing Entity's Provider ID,** *NOT* **your agency's Provider ID** Refer to Demographic Table for definition.
SITEID	11	CHAR(2)	Site identification number of location where client was evaluated or where Provider personnel who provided the service/evaluation are assigned. **(MANDATORY)** Definition: Enter the site ID indicating where the client is being placed. The Substance Abuse Data Office issues the site ID. To obtain new site ID, please contact Sherry Catledge at (850) 921-3059. It is important that the site ID reported is a valid site and has been submitted to the Central Office. The site ID is validated against the Provider Table in the data warehouse. If the site ID is not listed the record is rejected.
SSN	13	CHAR(9)	Client's Social Security Number (SSN) or pseudo-SSN. **(MANDATORY)**
CLIENTID	22	CHAR(10)	A ten-character field the Provider uses to identify the client or local info. **(OPTIONAL)** Refer to Demographic Table for definition.
RESIDCOUN	32	CHAR(2)	Client's residence 01 = Alachua 18 = Flagler 35 = Lake 52 = Pinellas 02 = Baker 19 = Franklin 36 = Lee 53 = Polk 03 = Bay 20 = Gadsden 37 = Leon 54 = Putnam 04 = Bradford 21 = Gilchrist 38 = Levy 55 = St. Johns 05 = Brevard 22 = Glades 39 = Liberty 56 = St. Lucie 06 = Broward 23 = Gulf 40 = Madison 57 = Santa Rosa 07 = Calhoun 24 = Hamilton 41 = Manatee 58 = Sarasota 08 = Charlotte 25 = Hardee 42 = Marion 59 = Seminole 09 = Citris 26 = Hendry 43 = Martin 60 = Sumter 10 = Clay 27 = Hernando 44 = Monroe 61 = Suwannee 11 = Collier 28 = Highlands 45 = Nassau 62 = Taylor 12 = Columbia 29 = Hillsborough 46 = Okaloosa 63 = Union 13 = Dade 30 = Holmes 47 = Okeechobee 64 = Volusia 14 = DeSoto 31 = Indian River 48 = Orange 65 = Wakulla 15 = Dixie 32 = Jackson 49 = Osceola 66 = Walton 16 = Duval 33 = Jefferson 50 = Palm Beach 67 = Washington 17 = Escambia 34 = Lafayette 51 = Pasco 88 = Homeless 99 = Out of State
GRADE	34	CHAR(2)	Highest school grade completed at time of evaluation. **(MANDATORY)** 20 = No Schooling 21 = Nursery Schooling to 4th Grade 22 = 5th to 6th Grade 23 = 7th to 8th Grade 24 = 9th Grade

User View Name	Field Position	Type / Size	Field Description Prevention Discharge Outcome
			25 = 10th Grade 26 = 11th Grade 27 = 12th Grade, No Diploma 28 = High School Graduate, Diploma/Degree 29 = 1 or more year College, No Degree 30 = Associate's Degree (AA, AS, etc.) 31 = Bachelor's Degree (BA, BS, AB, etc.) 32 = Master's Degree (MS, MA, MSW, etc.) 33 = Prof. Degree (MD, DDS, JD, etc.) 34 = Doc. Degree (PhD, EDD, etc.) 35 = Special School 36 = Vocational School Definition: Enter the highest school grade <u>completed</u> at the time of evaluation. The code can range from 20 for none to 36. Enter a GED or high school equivalency as 12 grade (code 27).
MARITAL	36	CHAR(1)	Enter Marital Status at time of evaluation. (MANDATORY) 1 = Single (never been married) 5 = Separated 2 = Married 6 = Unreported 3 = Widowed 7 = Registered Domestic Partner 4 = Divorced 8 = Legally Separated Default = 1
HLTHSTAT	37	CHAR(1)	Code to identify client's health status at time of evaluation. (MANDATORY) 1 = Agitated 2 = Comatose 3 = Disoriented 4 = Depressed 5 = Forgetful 6 = Lethargic **7 = Other Mental Condition** **8 = Oriented** Default=8
PREGTRIM	38	CHAR(1)	Code to identify the client's trimester of pregnancy. (MANDATORY) 1 = (1st) 1-3 Months 3 = (3rd) 7-9 Months 2 = (2nd) 4-6 Months 4 = Not pregnant or male Default = 4
ADMITYPE	39	CHAR(1)	Code to identify client legal status. 1 = Voluntary Competent 3 = Involuntary Competent 2 = Voluntary Incompetent 4 = Involuntary Incompetent Default = 1
DRUGCRT	40	CHAR(1)	Code to identify if client is Drug Court ordered. (MANDATORY) 1 = Yes 0 = No Definition: Has the client been court ordered to seek Substance Abuse treatment?
CHILDWEL	41	CHAR(1)	Code to identify if client is involved in child welfare. (MANDATORY) 1 = Yes 0 = No
RESIDSTAT	42	CHAR(2)	Code to identify client's residence status at time of evaluation. 01 = Independent Living-alone 02 = Independent Living-with Relatives 03 = Independent Living –with Non-Relatives 04 = Dependent Living-with Relatives

User View Name	Field Position	Type / Size	Field Description Prevention Discharge Outcome
			05 = Dependent Living-with Non-Relatives 06 = Assisted Living Facility (ALF) 07 = Foster Care/Home 08 = Group Home 09 = Homeless 10 = Hospital 11 = Nursing Home 12 = Supported Housing 13 = Correctional Facility 14 = DJJ Facility 99 = Not Available or Unknown **Default = 99**
DEPCRIMST	44	CHAR(2)	Default = 00
PROBPRIM	46	CHAR(2)	Default = 98
PROBSEC	48	CHAR(2)	Default = NULL
PROBTER	50	CHAR(2)	Default = NULL
ROUTPRIM	52	CHAR(1)	Default = NULL
ROUTSEC	53	CHAR(1)	Default = NULL
ROUTTER	54	CHAR(1)	Default = NULL
FREQPRIM	55	CHAR(1)	Default = NULL
FREQSEC	56	CHAR(1)	Default = NULL
FREQTER	57	CHAR(1)	Default = NULL
AGEPRIM	58	CHAR(2)	Default = NULL
AGESEC	60	CHAR(2)	Default = NULL
AGETER	62	CHAR(2)	Default = NULL
STAFFID	64	CHAR(12)	Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff that completed the outcome form, followed by a dash and then the staff's Local ID (the Local ID is found on the Staff Registration page of the FL PBPS; the system will generate this for you or you can enter it manually yourself.) **(MANDATORY)** 01 Non-Degree Trained Technician. 02 AA Degree Trained Technician 03 BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 04 MA/MS – Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 05 Licensed Practitioner of the Healing Arts – MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. 06 PhD/PsyD/EdD – Licensed psychologist 07 MD/DO – Board Certified
PURPEVAL	76	CHAR(1)	Default to 3 = Discharge **When Administrative Discharge code 4 is used then the only mandatory files are CONTRACTORID, SSN, EVALDATE, STAFFID and PROVIDERID.**
DISCDATE	77	DATE(8)	Eight digit date in YYYYMMDD format indicating the date of discharge. **(MANDATORY)** Definition: **For prevention, the date of discharge is the date of the final program session or the date the client has withdrawn from this program.**

User View Name	Field Position	Type / Size	Field Description Prevention Discharge Outcome
CHILDPREV	85	CHAR(1)	Default to 1 = Yes

DRUGHARM	86	CHAR(1)	Perceives drugs as harmful to health. **(MANDATORY FOR CHILDREN)**
			    1 = Yes
			    0 = No
			    3 = Unknown
			
			Definition: Does the client perceive drugs as being harmful to their overall health? **The therapist should not answer these questions without the client being present.**

ALCOHARM	87	CHAR(1)	Perceives alcohol as harmful to health. **(MANDATORY FOR CHILDREN)**
			    1 = Yes
			    0 = No
			    3 = Unknown
			
			Definition: Does the client perceive alcohol as being harmful to their overall health? **The therapist should not answer these questions without the client being present.**

TOBAHARM	88	CHAR(1)	Perceives tobacco as harmful to health. **(MANDATORY FOR CHILDREN)**
			    1 = Yes
			    0 = No
			    3 = Unknown
			
			Definition: Does the client perceive tobacco as being harmful to their overall health? **The therapist should not answer these questions without the client being present.**

TOBACUSE	89	CHAR(1)	Tobacco usage. **(MANDATORY FOR CHILDREN)**
			    1 = Yes
			    0 = No
			    3 = Unknown
			
			Definition: Does the client use any kind of tobacco products? **The therapist should not answer these questions without the client being present.**

FUTUSE	90	CHAR(1)	Current status of the client's experimentation or intentions to use drugs or alcohol (if under 21). **(MANDATORY)**
			    1= No past experimentation or use and no future intent to use
			    2= No past experimentation or use but expresses future intent to use
			    3 = Past experimentation or use but no further intent to use
			    4 = Past experimentation or use and expresses future intent to use
			    5 = Currently experiments or uses substance (if yes, complete Substance Problem-Primary)
			
			Definition: **Indicate the current status of the client's experimentation or intentions to use drugs or alcohol (if under 21).**

FRIENDUSE	91	CHAR(1)	Perceives Drugs as harmful to health. **(MANDATORY FOR CHILDREN)**
			    1 = Yes
			    0 = No
			    3 = Unknown
			
			Definition: Do the friends of this client use any kind of tobacco products? **The therapist should not answer these questions without the client being present.**

INITEVADA	92	DATE(8)	Cohort Start Date. This date must be matched with the Prevention Initial outcome record for the same client at Level 2.
EMPL	100	CHAR(2)	Default = 82 (student)
DREASON	102	CHAR(2)	**Default = 10**
DOUTCOME	104	CHAR(1)	Default = 8

Services: (Service provided/referred) BG requirement (MANDATORY)

User View Name	Field Position	Type / Size	Field Description Prevention Discharge Outcome

The following 23 items indicate the services provided or referrals given during the episode of service. This is not intended to be all-inclusive listing of services. The items listed are federal or state reporting mandates and the Substance Abuse Program Office is required to report to the federal government the extent of the use of other services or referrals.

Indicate all that apply. The correct codes are:

| 1 = Agency provided | 2 = Referral made | 3 = Both provided & referred | 4 = Unknown | 5 = N/A |

User View Name	Field Position	Type / Size	Field Description
SRVCHILD	105	CHAR(1)	Default = 5
SRVCRIME	106	CHAR(1)	Default = 5
SRVEDUC	107	CHAR(1)	Default = 5
SRVFAMI	108	CHAR(1)	Default = 5
SRVHIVAI	109	CHAR(1)	Default = 5
SRVHIVED	110	CHAR(1)	Default = 5
SRVHIVEI	111	CHAR(1)	Default = 5
SRVHIVTE	112	CHAR(1)	Default = 5
SRVHOUSE	113	CHAR(1)	Default = 5
SRVIMMUN	114	CHAR(1)	Default = 5
SRVINTER	115	CHAR(1)	Default = 5
SRVMEDIC	116	CHAR(1)	Default = 5
SRVMENTA	117	CHAR(1)	Default = 5
SRVPEDIA	118	CHAR(1)	Default = 5
SRVPRENA	119	CHAR(1)	Default = 5
SRVPUBLI	120	CHAR(1)	Default = 5
SRVPUBRE	121	CHAR(1)	Default = 5
SRVTB	122	CHAR(1)	Default = 5
SRVTBTES	123	CHAR(1)	Default = 5
SRVTRANS	124	CHAR(1)	Default = 5
SRVTXPLA	125	CHAR(1)	Default = 5
SRVTRAIN	126	CHAR(1)	Default = 5
SRVVOCAT	127	CHAR(1)	Default = 5
SURVEY	128	CHAR(1)	Default = 0
SURVCONT	129	CHAR(1)	Default = NULL
CLIENTAD1	130	CHAR(55)	Default = NULL
CLIENTAD2	185	CHAR(55)	Default = NULL
CLIENTCTY	240	CHAR(30)	Default = NULL
CLIENTST	270	CHAR(2)	Default = NULL
CLIENTZIP	272	CHAR(5)	Default = NULL
CLIENTPH	277	CHAR(10)	Default = NULL
CONTFIRST	287	CHAR(35)	Default = NULL
CONTLAST	322	CHAR(35)	Default = NULL
CONTAD1	357	CHAR(55)	Default = NULL
CONTAD2	412	CHAR(55)	Default = NULL
CONTCITY	467	CHAR(30)	Default = NULL
CONTST	497	CHAR(2)	Default = NULL
CONTZIP	499	CHAR(5)	Default = NULL
CONTPH	504	CHAR(10)	Default = NULL
OTHERFRST	514	CHAR(35)	Default = NULL
OTHERLAST	549	CHAR(35)	Default = NULL
OTHERAD1	584	CHAR(55)	Default = NULL
OTHERAD2	639	CHAR(55)	Default = NULL
OTHERCTY	694	CHAR(30)	Default = NULL
OTHERST	724	CHAR(2)	Default = NULL

User View Name	Field Position	Type / Size	Field Description Prevention Discharge Outcome
OTHERZIP	726	CHAR(5)	Default = NULL
OTHERPH	731	CHAR(10)	Default = NULL
PROVINFO	741	CHAR(20)	Local information that can be used by Provider to identify or track client's other information for reporting purposes. (OPTIONAL) Definition: Local information used by Provider to identify or track the service event back to their system. For instance, the provider could code the Reporting Unit, Funding Source, Staff ID and Service Code from their system to this field. This would be an aid to troubleshooting crosswalk challenges.
DRUGFREE	761	CHAR(1)	Default = 4
PROVIDERID	762	CHAR(10)	Provider ID here.
ICD9PRIM	772	CHAR(6)	**Default = 999**
ICD9SEC	778	CHAR(6)	**Default = 999**
ARREST	784	NUMBER(1)	NULL **(OPTIONAL)**

CONTNUM1	785	CHAR(5)	If PURPEVAL = 1 or 2, then valid values is CONTNUM
			    Where CONTNUM1 is a valid contract found in FLAIR AND
			    CONTRACTORID = Tax ID in FLAIR AND
			    EVALDATE is between BEGINDATE and ENDDATE for the Contract in FLAIR
			Else, reject

CONTNUM2	790	CHAR(5)	If PURPEVAL = 1 or 2, then valid values is CONTNUM
			    Where CONTNUM2 is found in FLAIR AND
			    CONTRACTORID or PROVID = Tax ID in FLAIR AND
			    EVALDATE is between BEGINDATE and ENDDATE for the Contract in FLAIR
			Else, reject

CONTNUM3	795	CHAR(5)	If PURPEVAL = 1 or 2, then valid values is CONTNUM
			    Where CONTNUM3 is found in FLAIR AND
			    CONTRACTORID or PROVID = Tax ID in FLAIR AND
			    EVALDATE is between BEGINDATE and ENDDATE for the Contract in FLAIR
			Else, reject

SOCIAL	800	CHAR(2)	Valid values are '01' through '06'. Else reject.
			    01 = No attendance in the past month
			    02 = 1-3 times in past month
			    03 = 4-7 times in past month
			    04 = 8-15 times in past month
			    05 = 16-30 times in past month
			    06 = Some attendance in past month, but frequency unknown
			Note: This field will be optional until January 5, 2011. After that date, the question will be mandatory.

SCHOOL	802	CHAR(1)	Valid values are '0' through '4'. Else reject.
			    1 = Suspended
			    2 = Expelled
			    3 = Suspended and Expelled
			    4 = Not Applicable
			Note: This field will be optional until January 5, 2011. After that date, the question will be mandatory.

*Marchman field has been removed for Level 2

User View Name	Field Position	Type / Size	Field Description Agency Staff
SUBCONT	1	CHAR(10)	10-digit Federal Tax ID of subcontractor provider agency serving consumer. **(MANDATORY)** If your agency is the subcontractor from the Managing Entity/ASO, put your Federal Tax ID here. If you are ADM contracted provider put your Provider-ID here.
PROGRAMID	11	CHAR(12)	To locate the Program ID, it is available in a report on the FL PBPS in the Monitoring section of the Reports Module. If you need assistance entering a program, please see Reference E. **If this is a Prevention Service, this can be left blank.**
LOCATION	23	CHAR(12)	Site (service) Location of cohort group is a mandatory field. This location can be any description of where the service was held and **is a MANDATORY field when associated with a program**. If single Prevention Service and not a program, this will not be a required field and can be left blank. This must be 12 characters or less.
STARTDATE	35	DATE(8)	Cohort Start Date is the first date the above location met and is associated with a program. In this scenario this field is required. If single Prevention Service and not a program, then it is not required and will be left blank.
STAFFID	43	CHAR(12)	Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff that completed the outcome form, followed by a dash and then the staff's Local ID (the Local ID is found on the Staff Registration page of the FL PBPS; the system will generate this for you or you can enter it manually yourself.) **(MANDATORY)** 01 Non-Degree Trained Technician. 02 AA Degree Trained Technician 03 BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 04 MA/MS – Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 05 Licensed Practitioner of the Healing Arts – MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. 06 PhD/PsyD/EdD – Licensed psychologist 07 MD/DO – Board Certified
SSUPPORTTIME	55	NUM(4)	Enter staff support time in Minutes.
SSERVICETIME	59	NUM(4)	Enter staff direct service time in Minutes.
SERVICEDATE	63	DATE(8)	Enter the date of direct service.
BEGINTIME	71	CHAR(4)	Time service began being provided to client. This is for services measured in minutes. **(MANDATORY)** Definition: The beginning time is only required for service events that are measured in minutes. Enter the beginning time (Hours: Minutes) of the service event using the 24-hour clock. This affects how the hours are reported. For a service event that starts following noon, you will need to add '12' to the hour. For example: a service is provided at 2:45p.m. the proper recording of the time is 1445. If the procedure indicated is not measured in minutes then enter 0000.

CONTRACTNO	75	CHAR(5)	Enter the ADM contract number. (OPTIONAL)
			Definition: Enter the contract number/ADM contract number, not the subcontract number is you are a subcontractor with the managing entity.
			Note: If you are doing Level 1Prevention Services and have multiple contracts, you must populate the field to ensure your staff time is correct.

REFERENCE A: COST CENTER

*[16]*Prevention: Prevention services are those involving strategies that preclude, forestall, or impede the development of substance abuse and mental health problems and include increasing public awareness through information, education, and alternative – focused activities. This cost center is used only for contracting; do not report services under this cost center.

*[17]*Prevention / Intervention Day: This cost center includes school-based day services for children and adolescents for four or more consecutive hours per day. For children with mental health problems, these services include school-based mental health services for children who have been identified by the school as having, or are at risk of developing, mental health problems. Services are individualized and may be provided in a self-contained classroom, a regular classroom, or as a component of a full service school. For children and adolescents with substance abuse problems, it includes Alpha and Beta targeted prevention programs serving students in grades 4-6 and 6-8, respectively, who are identified as at risk for alcohol or other drug abuse. They consist of multiple, structured contacts overtime to specific individuals or groups identified as having behavioral, biological, or patterns of use. Services are provided through community provider agencies in partnership with county school boards. Counselors provide individual, group, and family counseling and school personnel implement an intensive education program. This cost center also includes children, adolescents, and adults who are at risk of substance abuse problems and receive targeted prevention services in non-school based programs or through the Florida Youth Initiative Program.

Although the contract manual does not specifically indicate adult substance abuse targeted prevention programs, these clients can be reported under this cost center.

REFERENCE B: PROCEDURE CODES

H0024: BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVICE
(One-way direct contact with service audiences to affect knowledge and attitude)
"Prevention Information Dissemination Service" means one-way direct or non-direct contact with service audiences, based on affecting knowledge and attitudes. The information dissemination strategy is a way to provide awareness and knowledge of the nature and extent of behavioral health, abuse and addiction and their effects on individuals, families and communities. An example includes, but is not limited to: clearinghouse/information resource center, health fairs, health promotions, original materials development (AV, printed, curricula, newsletter, PSA, resource directory), material dissemination (AV, printed, curricula, newsletter, PSA, resource directory), media campaigns distributed, speaking engagements, special events and telephone information lines.

H0025: BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE
"Prevention Education Service" means the delivery of services with target audiences, based on affecting and attitude and/or behavior. The education strategy involves two-way communication and is distinguished from awareness and information dissemination by the fact that interaction between education/facilitator and the participants is the basis of its activities. Activities under this education aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis and systematic judgment abilities. This includes, but is not limited to: children of substance abuser groups, classroom educational activities, education services for youth, parenting/family management services, peer leader/helper programs, and small group sessions.

H0026: ALCOHOL AND /OR OTHER DRUG PREVENTION COMMUNITY-BASE PROCESS SERVICE
"Alcohol and/or Drug Prevention Community-based Process Service" means the delivery of services to develop skills of impactors, who will, in turn, provide awareness, education and/or skills to target groups. The community based process strategy aims to enhance the ability of the community to provide more effective prevention services for alcohol, tobacco and other drug use and abuse. This includes, but is not limited to, accessing services and funding, assessing community needs, community and volunteer training service, and systematic planning services.

H0027: ALCOHOL AND /OR OTHER DRUG PREVENTION ENVIRONMENTAL SERVICE
"Alcohol and/or Drug Prevention Environmental Service" means the broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law. The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of alcohol, tobacco and other drugs in the general population. This includes, but is not limited to, such activities as: environmental consultation to communities, preventing underage sale of tobacco and tobacco products, preventing underage alcoholic beverage sales, establishing ATOD-free policies, changing environmental codes, ordinances, regulation and legislation, and public policy efforts.

H0028: ALCOHOL AND /OR OTHER DRUG PREVENTION PROBLEM IDENTIFICATION AND REFERRAL SERVICE
"Alcohol and/or Drug Prevention Problem Identification and Referral Service" means any activity designed as a prevention program to modify the behavior of an individual at risk of becoming a substance user or who is currently using substances. The problem identification and referral strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco and alcohol and those who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. This strategy does NOT include any activity designed to determine if a person is in need of treatment. Student assistance programs, employee assistance programs, prevention assessment and referral activities are examples of such activities.

H0029: ALCOHOL AND /OR OTHER DRUG PREVENTION ALTERNATIVES SERVICE
"Alcohol and/or Drug Prevention Alternatives Service" means that which strategy provides for the participation of service populations that excluded alcohol, tobacco and other drug use. This includes but is not limited to alcohol/tobacco/drug free social/recreational events, community drop in centers, community services and youth/adult leadership functions

REFERENCE C: CSAP SERVICE CODES

		Prevention Service Codes			
	Service Title	CSAP Code	Strategy	Preferred Entity	Description
☐	1. Alcohol, tobacco and other drug-free activities	STA01	Alternative Activities	Service Provider Coalition	Social and recreational activities for youth and adults that specifically exclude the use of alcohol, tobacco, and other drugs, e.g., Project Graduation, Prom Promise, events done as part of annual special campaigns Red Ribbon Campaign, Drunk and Drugged Driving Awareness Week, National Family Month, etc, and locally initiated events.
☐	2. Coalition Participation	STC04	Community Process	Service Provider	Service provider participation in coalition meetings and other events; non leadership participation
☐	3. Coalition Support: community awareness	STC05A	Community Process	Service Provider	Activities conducted by service provider staff in support of a coalition sponsored community awareness initiative, e.g., activities related to a media campaign, development of presentation material, etc.
☐	4. Coalition Support: Needs & Resource Assessment	STC02	Community Process	Service Provider	Activities conducted by service provider staff in support of a coalition needs assessment and resource assessment, e.g., data gathering, report writing, data analysis, etc.
☐	5. Coalition Support: environmental strategies	STV01A	Community Process	Service Provider	Activities conducted by provider staff in support of a coalition-driven environmental initiative, e.g., representing (not just attending) public policy making meetings, developing materials, making presentations on behalf of the coalition.
☐	6. Coalition Support: Strategic Planning	STC10	Community Process	Service Provider	Activities conducted by provider staff in support of community strategic planning for substance abuse prevention, e.g., participating in meetings, plan writing, etc.
☐	7. Community resource directory dissemination	STN15	Information Dissemination	Coalition Service Provider (in the absence of a coalition)	Activities related to the effective dissemination of a community directory.
☐	8. Community-wide Awareness	STN16	Information Dissemination	Coalition Service Provider (in the absence of a coalition)	Activities directed to the community at large or other large community subgroups and across multiple sectors – this activity is not classroom drug education – and is mostly the conveyance of information about the community drug problem, the community risk and protective factor profile, community norm information about priority prevalence or risk or protective factor issues, community resources, the coalition's strategic plan, and progress being made toward strategic goals.
☐	9. Consultation on organizational environmental strategies	STV01B	Environmental Strategies	Service Provider Coalition	Activities that provide guidance to a community group or coalition to maximize the development of and/or enforcement of healthy substance abuse norms and standards.
☐	10. Children of Substance Abusers (COSA) Groups	STE01	Education & Training	Service Provider	Substance abuse prevention educational services targeted to youth and adults who are children of substance abusers.

	Prevention Service Codes				
	Service Title	CSAP Code	Strategy	Preferred Entity	Description
☐	11. Drug Education - Schools	STE02	Education & Training	Service Provider	Substance abuse prevention education presentations to youth in school settings.
☐	12. Drug Education – Youth Groups	STE03S	Education & Training	Service Provider	Substance abuse prevention education presentations to groups of youth in non-school settings.
☐	13. Employee Assistance	STP01	Problem ID & Referral	Service Provider	Activities intended to provide information to individuals experiencing substance abuse-related problems that are interfering with work performance, e.g., workplace prevention education, risk reduction education, health education and promotion, supervisor training, screening and referral.
☐	14. Environmental Strategies related to underage alcohol sales prevention	STV03	Environmental Strategies	Coalition Service Provider (in the absence of a coalition)	Activities intended to prevent the sale of alcoholic beverages to minors, to track activities such as the placement of legally required signs in bars, restaurants, stores, or other establishments regarding the dangers of alcohol use, or efforts to educate retailers and law enforcement personnel about these issues, e.g., retail outlet server and management education, working with Division of Alcoholic Beverage and Tobacco field agents to monitor underage sales, etc.
☐	15. Environmental strategies related to illegal drug abuse prevention	STV01C	Environmental Strategies	Coalition Service Provider (in the absence of a coalition)	Activities intended to prevent the use and trafficking of illegal drugs, e.g., working with local law enforcement and neighborhoods to establish neighborhood watch programs, making drug trafficking an enforcement priority, establishing a drug court, etc.
☐	16. Environmental strategies related to prescription or OTC drug abuse prevention	STV01D	Environmental Strategies	Coalition Service Provider (in the absence of a coalition)	Activities intended to prevent illicit use of prescription and OTC drugs, e.g., physician education, pharmacist education, law enforcement education, support of laws and policies to assure adequate control over the distribution of these drugs, etc.
☐	17. Environmental strategies related to tobacco sales prevention	STV02	Environmental Strategies	Coalition Service Provider (in the absence of a coalition)	Activities intended to prevent the sale of tobacco products to minors, to track activities such as the placement of legally required signs in bars, restaurants, stores, or other establishments regarding the dangers of tobacco use, or efforts to educate retailers and law enforcement personnel about these issues, e.g., retail outlet cashier and management education, working with Division of Alcoholic Beverage and Tobacco field agents to monitor underage sales, etc.
☐	18. Health Promotion	STN03	Information Dissemination	Service Provider Coalition	These activities address the indirectly ATOD related risk and protective factors in a community, e.g., promoting good nutrition, healthy relationships, stress reduction, displays at community events, etc.
☐	19. Mentoring	STE06M	Education & Training	Service Provider	An older or more skilled person provides guidance to a younger or less skilled person for the purpose of reducing risk for substance abuse and strengthening protective factors.
☐	20. Newsletter development	STN07	Information Dissemination	Coalition Service Provider	Gathering information, formatting and producing an organizational newsletter.

	Prevention Service Codes				
	Service Title	CSAP Code	Strategy	Preferred Entity	Description
☐	21. Newsletter dissemination	STN13	Information Dissemination	Coalition Service Provider	Activities related to the distribution of an organizational newsletter.
☐	22. Parenting/Family Support	STE04S	Education & Training	Service Provider	Structured activities intended to assist parents and families in addressing family domain risk factors and protective factors, and learning about the effects of substance abuse on individuals and families.
☐	23. Peer leader activities	STE05S	Alternative Activities	Service Provider Coalition	Structured prevention activities that use people of a similar rank or standing (peers) to provide guidance, support, and other risk reduction activities.
☐	24. Peer leader training	STE05	Education & Training	Service Provider Coalition	Activities intended to prepare peer leaders to conduct peer leader activities, including training and supervised practice experiences.
☐	25. Prevention assessment & referral	STP06	Problem ID & Referral	Service Provider	Activities intended to provide a risk screening assessment and referral to prevention services or further social/treatment service assessment.
☐	26. Prevention media message development	STN08	Information Dissemination	Service Provider Coalition	Activities related to the development of a media message or campaign, the message is usually less than five minutes long, e.g., television and radio Public Service Announcements, no-cost newspaper ads, billboard ads, theater slide shows.
☐	27. Disseminating electronic media	STN14	Information Dissemination	Coalition Service Provider	Activities related to the appearance of the media messages in the community.
☐	28. Prevention Information Clearinghouse	STN01	Information Dissemination	Service Provider Coalition	Activities related to a central repository and dissemination point for current, factual, and culturally competent written and audiovisual information and materials regarding substance use and abuse.
☐	29. Prevention print material development	STN05	Information Dissemination	Service Provider Coalition	Activities related to the design and production of written materials to inform community members about the effects of substance abuse and local provider and/or coalition activities, e.g., brochures, flyers, fact sheets, posters, pamphlets, etc.
☐	30. Disseminating print material	STN11	Information Dissemination	Coalition Service Provider	Activities for the purpose of distributing printed substance abuse prevention materials.
☐	31. Prevention Technical Assistance	STC08	Education & Training	Service Provider Coalition	Activities intended to strengthen an organization's or individual preventions' capabilities and skills for providing high quality prevention services, including assistance on understanding prevention, program evaluation, program planning, data interpretation, etc.
☐	32. Prevention Training	STC06	Education & Training	Service Provider Coalition	Activities that present information or develop skills related to improving the readiness of the local community to support substance abuse prevention or to improve the quality of the local substance abuse prevention workforce.
☐	33. Prevention Policy Development	STV06	Environmental Strategies	Coalition (for community-wide & single-	Activities intended to change public and organizational policy about ATOD use/abuse, e.g., changing local and state environmental codes, ordinances, regulations and legislation

Prevention Service Codes

	Service Title	CSAP Code	Strategy	Preferred Entity	Description
				sector policies) Service Provider (for single sector policies, e.g., a school or school district)	and organizational policies and procedures. Examples of targets for public policy efforts: law enforcement priorities, access to alcohol or tobacco products by minors, zoning ordinances to reduce the number of retail alcohol distributors, drug-free school zones, workplace policy
☐	34. Recreation Support	STA07A	Alternative Activities	Service Provider	This allows provider staff to participate in the planning and conduct of recreational activities that are part of a local effort that has a stated goal to prevent alcohol and other drug use.
☐	35. Service Learning	STA06	Alternative Activities	Service Provider	These activities are a coordinated effort to link learning and community service, i.e., participants learn about the issues related to a community need and then apply that learning and their general intellectual and physical skills into planning and conducting a community service project.
☐	36. Speaking Engagements	STN17	Information Dissemination	Service Provider Coalition	☐ Community awareness on local risk and protective factors ☐ Community awareness on local prevention resources ☐ Community awareness on local prevention services gaps ☐ Community awareness on local prevention accomplishments ☐ Community awareness of local drug problems.
☐	37. Student Assistance	STP03	Problem ID & Referral	Service Provider	Activities conducted in cooperation with a school to assist students with personal problems that are detrimentally affecting school performance and making appropriate referrals.
☐	38. Support Group	STE06S	Education and Training	Service Provider	Open group activities, i.e., a participant may join or leave the group at any time, for participants who do not need substance abuse treatment and generally have not participated in substance abuse treatment (this is not a relapse prevention activity), that address issues that threaten a substance abuse-free lifestyle.
☐	39. Telephone information service	STN18	Problem ID & Referral	Service Provider	Activities for responding to telephone inquiries to identify an individual's substance abuse prevention issues that cannot be adequately addressed by the provider's prevention programs or services and to make appropriate referrals for other services.
☐	40. Training curriculum development	STN06	Education & Training	Service Provider	This activity is the development of training curriculum and materials on substance abuse prevention related topics. The training topics should be related to the prevention needs of the community.
☐	41. Tutoring	STA07B	Alternative Activities	Service Provider	This activity needs to be a part of a local effort that has a stated purpose or goal of reducing substance abuse. It includes the coordination of tutors, training of tutors, supervision of tutors, and direct tutoring.

	Prevention Service Codes				
	Service Title	CSAP Code	Strategy	Preferred Entity	Description
☐	42. Volunteer coordination	STC03	Community Process	Service Provider	This activity allows staff to coordinate, train, and supervise volunteers who are conducting substance abuse prevention activities.
☐	43. Youth Group Support	STA07C	Alternative Activities	Service Provider	This activity allows staff to assist local youth groups, e.g., faith-based groups, clubs, scouts, etc., in planning and conducting substance abuse prevention activities.
☐	44. Other prevention activities/ services: Prevention Counseling	STE06P	Problem ID & Referral	Service Provider	Activities conducted with individuals seeking guidance for remaining drug free for the purpose of determining the extent of the presenting problem, giving guidance, and, if necessary, making a referral to a prevention program or other appropriate service; usually no more than three sessions; this is not a service for a person who needs substance abuse treatment; this service is not drug treatment screening.

REFERENCE D: CSAP POPULATION CODES

CSAP Pop Codes	CSAP Population Description
SP01	Business and Industry
SP02	Civic Groups/Coalitions
SP03	College Students
SP04	(COSAs) Children of Substance Abusers
SP05	Delinquent/Violent Youth
SP06	Economically Disadvantaged Youths/Adults
SP07	Older Adults
SP08	Government/Elected Officials
SP09	Elementary School Students
SP10	General Population
SP11	Health Professionals
SP12	High School Students
SP13	Homeless/Runaway Youth
SP14	Middle/Jr. High School Students
SP15	Parents/Families
SP16	People Using Substances
SP17	People with Disabilities
SP18	People with Mental Health Problems
SP19	Physically/Emotionally Abused People
SP20	Pregnant Females/Women of Childbearing Age
SP21	Preschool Students
SP22	Prevention/Treatment Professionals
SP23	Religious Groups
SP24	School Dropouts
SP25	Teachers/Administrators/Counselors
SP26	Youth/Minors
SP27	Law Enforcement/Military
SP28	Gays/Lesbians
SP98	Other
SP99	Not Applicable

REFERENCE E: PROGRAM INFORMATION (MANAGE PROGRAM)

Adding Programs

All Programs are entered into FL PBPS through the PPT (Program Planning Tool). See the PPT User Manual on the Support Site (http://kitusers.kithost.net/support/fl) for instructions on entering your Programs. Once the PPT is approved, your Programs will be transferred to the current fiscal year's application to begin data entry. Your Programs will receive a new Program ID.

To obtain the Program IDs, follow the steps listed below.

1. Logon to the 10/11 fiscal year system using your **User ID**, **Password** and **Organization ID**.
2. Once you are logged in, click **Data Tools** from the main menu.
3. Click the **PPT** tab.
   *Note: The page is defaulted to have the PPT tab selected upon entering the page.
4. Click the Select (**Select**) button next to the *Programs Report* from the list of reports.
5. Select any filtering parameters that may be applicable.
6. Click the Show (**Show)** button to bring up a separate window with the report.
7. The generated report will display all Program names and Program ID numbers.
8. If your Program is not displayed in the generated report, your Program may not be registered in the system. Contact KIT Support for assistance.

Group Registration – Level 1 Program

Group Registration for Level 1 Program is the demographic data that is provided about the group receiving the program.

1. Click **Manage Program** from the main menu.
2. Click **Identify Groups** from the Manage Program Landing Page.
3. Click the [Create New Group] **(Create New Group)** button.

4. Select the program the group is associated with from the **Program Name*** dropdown list.
   a. The **Program Description*** will be filled in for you once the Program Name is selected.
5. Enter a name for the group in the **Site Name*** field.
   ***Note**: If you have more than one section starting on the same date, you may want to add a section number or another identifying characters.
6. Enter a brief description of the group in the **Group Description** field. This field is optional.

7. Enter the **Start Date*** for the group as mm/dd/yyyy. This should be the first day you met with the group.

    a. Once saved, the **Study Group** name will automatically be created combining the **Site Name** and **Start Date**.

8. Select the county the group resides in from the **County*** dropdown list.

9. Enter the 5-digit zip code from the **Zip Code*** field.

10. Enter an estimated date that pre-tests and post-tests will be given in the **Pre-Tests Estimated Date*** and **Post-Tests Estimated Date*** fields.

    a. You will need to return to this screen at a later time and enter the actual date the Pre and Post tests were given in the **Pre-test Actual Date** and **Post-test Actual Date** fields.
        *Note: Do not enter the **Post-test Actual Date** until all the post-tests are completed for the group. The Outcome Discharge file will be sent to FL PBPS when this date is entered.

    b. Enter the date the group was completed in the **Group Completed Date** field.
        *Note: Entering the **Group Completed Date** will set the group **Status** to _Inactive_. The status cannot be changed once the **Group Completed Date** has been entered.

11. The **Status*** is defaulted to _Active_.

    a. _Active_: a group that is in use.

    b. _Inactive_: a group that has been completed.

12. The **Demographic** information must then be filled in for the group. This is an estimation of the demographics of the group.

a. Enter the total **Number of Participants** for this group.

b. Enter the number of **Participants By Age** in the appropriate categories.

c. Enter the number of **Participants By Gender** in the appropriate categories.

d. Enter the number of **Participants By Race** in the appropriate categories.

e. Enter the number of **Participants By Ethnicity** in the appropriate categories.

13. Click the [Save] (**Save**) button.

    *Note: To exit this screen without saving any of the changes you have made, click **Cancel**.

Tips

- Determine a unique naming structure for the **Site Name*** prior to data entry to ensure consistency

- After 30 days – if the total participants are still set to 0 – then it will automatically take you to the page that needs demographics. It will then force you to enter your demographics.   If you have multiple groups that need demographics – then each time you login it will go to the next group.

- All subcategories (e.g., Participant by Race) MUST be equal to the total Number of Participants.

- Even though Level 1 Program Activities are non-client specific, anticipated changes in Federal reporting requirements make it necessary to *Estimate* demographic information about the group. It is important to recognize that DCF is asking for an estimate and not an actual count for Level 1 Activities.

Group Registration – Level 2

To use participants in Level - 2, the participants will need to be assigned to a group and this group will need to be assigned to a program. The following section will show you how to enter a group from the Program area. Even if you have not entered the participant's names into the application yet, you can still set up the group and go back in later and use the **Add, Edit or View Study Groups** button to add the participants into the group.

Once you have saved a program, and would like to assign participants to this program, you must assign a group to a program for the program to appear in the Level - 2 section.

Identify Groups

This module is used to create groups participants.

Home > Manage Program > Identify Groups

Create New Group

Site Name	Program Name	Program Level	Contract Number
Escambia Local High School	Protecting Youth	Level 1	TM710
Esc Local HS - 2	Project SUCCESS	Level 2	TM710
CC Escambia	Community Coalition		TM710

▼ Show SiteMap

1. Click **Manage Program** from the main menu.
2. Click **Identify Groups** from the Manage Program Landing Page.
3. Click the **Create New Group** (**Create New Group**) button.

Group Information

Program Name*	Select One
Program Description*	
Site Name*	(50 characters max)
Group Description	

4. Select the program the group is associated with from the **Program Name*** dropdown list.
   a. The **Program Description*** will be filled in for you once the Program Name is selected.

5. Enter a name for the group in the **Site Name*** field.
    *Note: If you have more than one section starting on the same date, you may want to add a section number or another identifying characters.

6. Enter a brief description of the group in the **Group Description** field. This field is optional.

Start Date*		(mm/dd/yyyy)
Study Group		
County *	Select One	
Zip Code*		

7. Enter the **Start Date*** for the group as mm/dd/yyyy. This should be the first day you met with the group.
    a. Once saved, the **Study Group** name will automatically be created combining the **Site Name** and **Start Date**. Study Group*   07-06AA Group

8. Select the county the group resides in from the **County*** dropdown list.

9. Enter the 5-digit zip code from the **Zip Code*** field.

Pre-Test Estimated Date*		(mm/dd/yyyy)
Post-Test Estimated Date*		(mm/dd/yyyy)
Pre-Test Actual Date		(mm/dd/yyyy)
Post-Test Actual Date		(mm/dd/yyyy)
Group Completed Date		(mm/dd/yyyy)
Status*	Active	

10. Enter an estimated date that pre-tests and post-tests will be given in the **Pre-Tests Estimated Date*** and **Post-Tests Estimated Date*** fields.
    a. You will need to return to this screen at a later time and enter the actual date the Pre and Post tests were given in the **Pre-test Actual Date** and **Post-test Actual Date** fields.
        *Note: Do not enter the **Post-test Actual Date** until all the post-tests are completed for the group. The Outcome Discharge file will be sent to FL PBPS when this date is entered.
    b. Enter the date the group was completed in the **Group Completed Date** field.
        *Note: Entering the **Group Completed Date** will set the group **Status** to *Inactive*. The status cannot be changed once the **Group Completed Date** has been entered.

11. The **Status*** is defaulted to *Active*.
    a. *Active*: a group that is in use.
    b. *Inactive*: a group that has been completed.

12. Using the checkboxes, select the participants to be part of the group.

*Note: If participants have not been registered yet, see *Identify Participants* from the FL PBPS User Manual.

14. Click the **Save** (**Save**) button.

*Note: To exit this screen without saving any of the changes you have made, click **Cancel**.

REFERENCE F: BLOCK GRANT FUNDING

SourceID	Grant Name
1	Block Grant – Adult
2	Block Grant – Child
3	PPG – Adult
4	PPG – Child