

## **Behavioral Health – Treatment Episode Data Set (BH-TEDS) Biopsychosocial Assessment Form**

**Definition of a Treatment Episode** – The treatment episode can be defined as the period of service between the first face-to-face billable, date of service and the last date of service for the prescribed treatment plan. The first event in this episode is an initiation of mental health assessment, authorization for on-going services or treatment or supports encounter. The last event in the treatment episode is the discharge. Genesee Health System only reports BH-TEDS records for consumers where we are the county of financial responsibility (COFR).

**Reporting of an Admission** – The admission record should be reported when an individual receives their first face-to-face billable service such as initiation of mental health assessment, authorizations for on-going services or treatment or supports encounter. A BH-TEDS admission record should also be submitted when a consumer is admitted to a State Psychiatric Hospital. It is ok to have two open concurrent BH-TEDS records when this scenario happens. There are 4 documents used for reporting an admission: biopsychosocial assessment, psychosocial assessment review, crisis screening and a stand-alone BH-TEDS form. This should also be done when submitting a new HSW enrollment packet (if the consumer does not already have a BH-TEDS admission record.)

**Reporting of a Discharge** – The discharge record should be reported when an individual completely terminates mental health services from the entire network (i.e. Consumer terminates services from GHS Med Clinic, GHS Case Management etc. Not when the consumer transitions from GHS Case Management to New Passages Case Management). If the consumer does not formally discharge (i.e. stops showing for services) a discharge record should be reported when no services have taken place for approximately 90 days. This is a guideline, use clinical judgement when making the final determination. The discharge record will be reported using the program discharge summary form or a stand-alone BH-TEDS form.

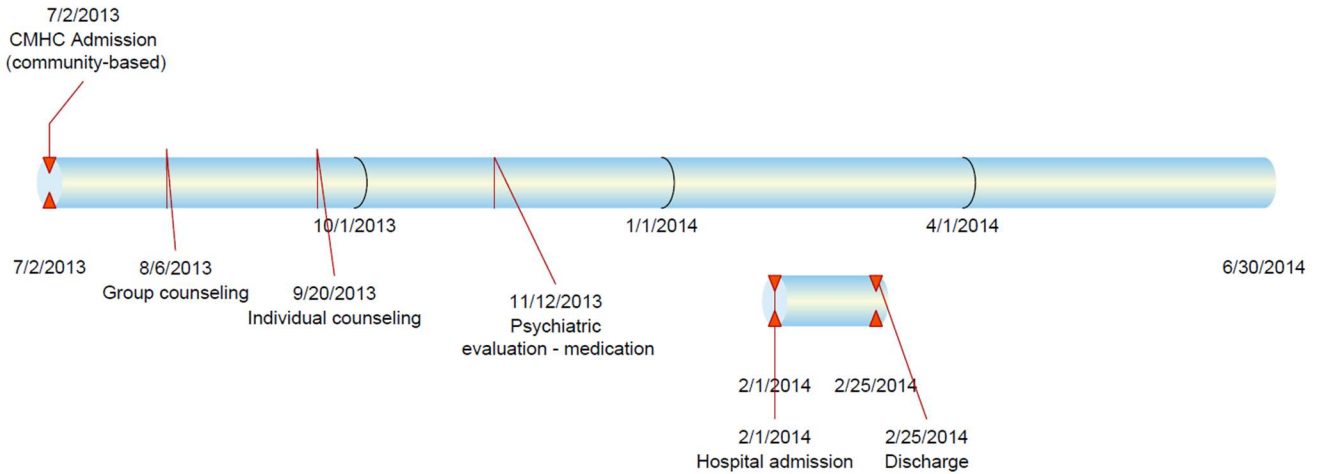
**Reporting of an Update** – The update record should be submitted at least annually for all consumers receiving mental health services or when a significant change happens with the consumer. The BH-TEDS record has been added to the biopsychosocial assessment and psychosocial assessment review forms to accommodate this requirement. There is also the stand-alone BH-TEDS form that can be used as well. An update should also be sent when submitting a new HSW enrollment packet and the consumer already has an open BH-TEDS admission record and the living arrangement in the original record is not reflective of the consumer's current situation.

You **cannot** generate a BH-TEDS admission and update record OR update and discharge record for the same date.

Any field or value highlighted in yellow is new to the document this fiscal year.

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The image below demonstrates how two BH-TEDS records can overlap. Note the Hospital Admission is a **State** Hospital admission, not a community inpatient hospital admission (i.e. Havenwyck, Caro Center etc.) BH-TEDS admission records **cannot** overlap with any other admission record unless one of them is a State Hospital admission.



# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**Admission Records:** - Requires the following fields listed below (In order as they appear on the Biopsychosocial Assessment Form.)

### Page 1: Consumer Information a. Demographics

General Admission Information	
Assessment Date <input type="text"/> <a href="#">Use Current Date</a>	Begin Time <input type="text"/> AM ▼

**Service Start Date** – This is the date when a decision is made whether or not an individual is deemed eligible for ongoing services. The decision occurs in conjunction with a face-to-face service such as an assessment, crisis service, or inpatient screening. This date can be the same as the service end date. This field is part of the unique key that identifies a record in the database.

**Service Start Time of Day** – The time of day the service started. This field is part of the unique key that identifies a record in the database.

Date Of Birth
<input type="text"/> 01/01/1979

**Date of Birth** – The individual's date of birth.

Gender
<input type="radio"/> Female <input checked="" type="radio"/> Male

**Gender Assigned at Birth** – Indicate the gender the individual was assigned at birth. If the individual is pregnant, the gender must indicate female.

Gender Identity
<input type="text"/> Identifies as Male ▼

**Gender Identity** – Answers the question, what is your gender identity.

**01 – Identifies as Male** – Individual assigned male at birth who identifies as a man.

**02 – Identifies as Female** – Individual assigned female at birth who identifies as a woman.

**03 – Female-to-Male** – Individual assigned female at birth who identifies as a man. Many transgender people will transition to align their gender expression with their gender identity; however, transition is not required to be transgender.

**04 – Male-to-Female** – Individual assigned male at birth who identifies as a woman. Many transgender people will transition to align their gender expression with their gender identity; however, transition is not required to be transgender.

**05 – Agender** – Someone who does not identify themselves as having a particular gender.

**06 – Androgynous** – An individual whose gender is simultaneously feminine and masculine, though not necessarily in equal amounts.

**07 – Bigender** – Someone who identifies as both man and woman.

**08 – Genderfluid** – Someone whose gender identity is not fixed but can move fluidly along the spectrum from masculinity to femininity. Their gender may fluctuate throughout the day, over weeks or months, or depending on their environment.

**09 – Gender Questioning/Questioning** – Someone who is in the process of deciding which gender identity suits them best. It may lead to a change in gender identity or a confirmation of the gender identity a person previously held.

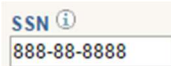
**10 – Non-binary/Genderqueer** – An umbrella term for individuals who do not subscribe to traditional genders. People who experience their gender identity as outside the man/woman

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

binary. May encompass demi-gender, grey gender, metagender, multi-gender, polygender, third gender, trigender.

**11 – Two Spirit** – A term created by First Nations/Native American/Indigenous peoples whose gender exists in ways that challenge colonial constructions of a gender binary. This term should not be appropriated to describe people who are not First Nations/Native American/Indigenous members.



**Social Security Number** – The individual's social security number. This field is part of the unique key that identifies a record in the database.

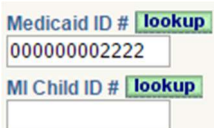
Valid values for this field:

**nnnnnnnnnn** – Individual's true social security number

**999999997** – Individual refused to provide his/her social security number

**999999998** – Individual reports not having a social security number

**Note:** Whatever you enter into this field on the BH-TEDS record will overwrite the SSN in the consumer chart. If the consumer has a valid SSN in the chart, please use it. You can retrieve the valid SSN from the Medicaid Lookup screen if the consumer has Medicaid. If the SSN is unknown, please only use 999999997 or 999999998. Do not enter an invalid SSN.



**Medicaid ID** – 10-digit beneficiary ID assigned by the Michigan Department of Health & Human Services. This can also be the Healthy Michigan Plan ID. Report this value regardless of current Medicaid eligibility.

**MIChild ID** – 10-character ID assigned by the Michigan Department of Health & Human Services for the individual enrolled in the MIChild program. Report this value regardless of current MIChild eligibility.

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## Biopsychosocial Assessment Form

County Of Residence

Genesee ▼

**County of Residence** – Indicates the county, state, or country in which the individual rests their head at night.

Valid values for this field:

Code	County	Code	County	Code	County	Code	County
00	Out of State (other than those listed in 85-89)	21	Delta	45	Leelanau	69	Otsego
		22	Dickinson	46	Lenawee	70	Ottawa
		23	Eaton	47	Livingston	71	Presque Isle
		24	Emmet	48	Luce	72	Roscommon
01	Alcona	25	Genesee	49	Mackinaw	73	Saginaw
02	Alger	26	Gladwin	50	Macomb	74	St. Clair
03	Allegan	27	Gogebic	51	Manistee	75	St. Joseph
04	Alpena	28	Grand Traverse	52	Marquette	76	Sanilac
05	Antrim	29	Gratiot	53	Mason	77	Schoolcraft
06	Arenac	30	Hillsdale	54	Mecosta	78	Shiawassee
07	Baraga	31	Houghton	55	Menominee	79	Tuscola
08	Barry	32	Huron	56	Midland	80	Van Buren
09	Bay	33	Ingham	57	Missaukee	87	Washtenaw
10	Benzie	34	Ionia	58	Monroe	82	Wayne (excluding the City of Detroit)
11	Berrien	35	Iosco	59	Montcalm		
12	Branch	36	Iron	60	Montmorency		
13	Calhoun	37	Isabella	61	Muskegon	83	Wexford
14	Cass	38	Jackson	62	Newaygo	84	Wayne – City of Detroit
15	Charlevoix	39	Kalamazoo	63	Oakland		
16	Cheboygan	40	Kalkaska	64	Oceana	85	Wisconsin
17	Chippewa	41	Kent	65	Ogemaw	86	Indiana
18	Clare	42	Keweenaw	66	Ontonagon	87	Ohio
19	Clinton	43	Lake	67	Osceola	88	Illinois
20	Crawford	44	Lapeer	68	Oscoda	89	Canada

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## Biopsychosocial Assessment Form

### Referral Source

\* Select Referral Source ▼

**Referral Source** – Describes the person or agency referring the individual to treatment.

Valid values for this field:

**01 – Individual<sup>1</sup>** – Client (self-referral), family member, friend, or any individual who would not be included in the categories listed below. Includes self-referral due to pending DWI/DUI.

**02 – Alcohol/Drug Abuse Care Provider** – Any program, clinic or other health care provider whose principal objective is treating individuals with SUD or any program whose activities are related to SUD prevention and/or education and/or treatment.

**03 – Other Health Care Provider<sup>1</sup>** – A physician, psychiatrist, nurse or other licensed health care professional; general hospital; psychiatric hospital; mental health program; or nursing home.

**04 – School (Educational)** – A school principal, counselor or teacher; a student assistance program (SAP); the school system; or education agency.

**05 – Employer/Employee Assistance Program (EAP)** – An employee's supervisor or an Employee Assistance Program (EAP).

**06 – Other Community Referral<sup>1</sup>** – Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon and Narcotics Anonymous (NA).

**Only use the fields below if the treatment has been court ordered. This does not include the police escorting the consumer to the hospital.**

### Adults

**01 – Criminal Justice: Federal/State Court (i.e. Circuit, District, Probate)** – Individual was referred by Circuit, District or Probate courts.

**02 – Criminal Justice: Other Court (i.e. Municipal)** – Individual was referred by any other court not included in 01 above. I.e. Municipal Court

**03 – Criminal Justice: Probation/Parole** – Individual was referred by his/her probation or parole officer.

**04 – Criminal Justice: Other Recognized Legal Entities (i.e. local law enforcement, corrections, youth services, review board/agency)** – Individual was referred by local law enforcement, corrections, youth services, review board/agency.

**05 – Criminal Justice: Diversionary Program** – Individual was remanded to treatment in lieu of jail/prison.

**06 – Criminal Justice: Prison** – Individual was directed to treatment by the prison as condition of release or part of furlough program.

**07 – Criminal Justice: DUI/DWI** – Individual was referred as part of disposition of DUI/DWI case.

**08 – Criminal Justice: Other** – Other criminal justice referral not included in responses 01-08.

### Children/Youth

**51 – Juvenile Court – General** – Child/youth referred to CMH by juvenile court staff as part of a juvenile delinquency court case-general service/access request. Child/youth currently placed in community-based setting (not a detention center, Child Caring Institution, etc.) Juvenile court staff includes county court staff such as probation officer, caseworker, hearing officer, judge, or referee, etc.

**52 – Juvenile Court – Re-entry** – Child/youth referred to CMH by juvenile court staff for the purposes of transition planning and community re-entry. Child/youth currently placed

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## Biopsychosocial Assessment Form

by the Court in an out of home placement setting (i.e., Child Caring Institution, Juvenile detention center, etc.) as part of a juvenile justice delinquency case. This option is intended to reflect referrals made for community re-entry planning and coordination specific to the juvenile justice delinquency case.

**53 – MDHHS JJ – General** – Child/youth referred to CMH by Juvenile Justice Worker employed by MDHHS, often referred to as a "Juvenile Justice Specialist", as part of a juvenile delinquency court case-general service/access request. Child/youth currently placed in community-based setting. Please note this option is specific to juvenile justice involvement that is supervised by the local MDHHS office not child welfare involved youth that are being supervised by MDHHS. The only exception to this would be a child/youth that is a dual ward that also has a juvenile delinquency case that is being supervised by an MDHHS worker as well.

**54 – MDHHS JJ – Re-Entry** – Child/youth referred to CMH by Juvenile Justice Worker employed by MDHHS for the purposes of transition planning and community re-entry. Child/youth currently placed in a Child Caring Institution as part of a juvenile justice delinquency case. (Not child welfare case/placement.)

**55 – Dept of Community Justice-Wayne County General** – Child/youth referred to CMH by the Wayne County Juvenile Justice System/Structure (a.k.a. the Department of Community Justice). Child/youth presently living in a community-based setting, NOT residing in a juvenile detention center, child caring institution, etc. This option only applies to children/youth referred to Wayne County's public mental health system for services.

**56 – Dept of Community Justice-Wayne County – Re-entry** – Child/youth referred to CMH by the Wayne County Juvenile Justice System/Structure (a.k.a. the Department of Community Justice) for the purposes of community re-entry planning and coordination. Child/youth living in an out of home setting such as a juvenile detention center, child caring institution, juvenile care center, etc. at the time of referral. This option only applies to children/youth referred to Wayne County's public mental health system for services.

**57 – Mental Health Block Grant** – Child/youth referred to CMH through mental health block grant funded specialty project (i.e., Mental Health Access/Juvenile Justice Diversion project, Promoting Access and Continuity of Care Project, etc.)

**58 – Other Community based prevention/diversion program** – Child/youth referred to CMH by a community-based prevention/diversion program, not court owned/operated. This may include those offered through local law enforcement programs, privately operated diversion programs, etc.

**59 – Juvenile found incompetent, unable to be restored due to SED** – Juvenile who was referred by Juvenile Court for mental health services, pursuant to statute, based upon a legal finding that the juvenile was "incompetent and unable to be restored due to Serious Emotional Disturbance" (Outcome 3 of the Michigan statute). This finding was made by the (Juvenile) Court after a qualified forensic evaluator (as defined by MCL 712A.1(o)) conducted a juvenile competency evaluation and this specific finding was made by the court. Juvenile referred for mental health services to treat the reported SED.

**Note: 1 Most commonly used Referral Sources are: Other Health Care Provider, Other Community Referral, Individual; as of 9/25/2017.**

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## Biopsychosocial Assessment Form

Race / Ethnic Origin 1

American Indian (non-Alaskan) ▼

**Race** – Identifies the individual's race.

Valid values for this field:

- 01 – Alaskan Native (Aleut, Eskimo)** – Individual having origins in any of the original peoples of Alaska. (Aleut)
- 02 – American Indian** – Non-Alaskan Native having origins in any of the original peoples of North, Central or South America who maintain tribal affiliation or community attachment.
- 04 – Black or African American** – Individual having origins in any of the black racial groups of Africa.
- 05 – White** – Individual having origins in any of the original peoples of Europe, the Middle East or North Africa.
- 13 – Asian** – Individual having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent (i.e. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam).
- 20 – Other Single Race** – Use this category for instances in which the individual does not identify with any of the categories listed or whose origins, because of area custom, is regarded as a racial class distinct from the above categories.
- 21 – Two or More Races** – Individual having origins in two or more of the races. This value is only available behind the user interface and only used when someone fills out both Race 1 and Race 2 fields with different values.
- 23 – Native Hawaiian or Other Pacific Islander** – Individual having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- 97 – Refused to Provide** – Individual refused to provide race s/he associates her/himself with, so the race is unknown.

Hispanic or Latino Ethnicity

Not of Hispanic or Latino origin ▼

**Hispanic or Latino Ethnicity** – Identifies the individual's specific Hispanic or Latino origin, if applicable.

Valid values for this field:

- 01 – Puerto Rican** – Of Puerto Rican origin regardless of race.
- 02 – Mexican** – Of Mexican origin regardless of race.
- 03 – Cuban** – Of Cuban origin regardless of race.
- 04 – Other Hispanic or Latino** – Of known Central or South American or Spanish culture (including Spain) other than Puerto Rican, Mexican or Cuban, regardless of race.
- 05 – Not of Hispanic or Latino Origin**
- 06 – Specific Origin not Specified** – Of Hispanic or Latino origin, but the origin is not known or specified.
- 97 – Unknown** – Individual refused to provide or it is unknown if s/he is of Hispanic or Latino origin.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

The screenshot shows a form titled "Entry to Treatment". It contains three fields: "Time to Treatment" with a text input and "Days" label, "Prior Treatment Episodes" with a dropdown menu showing "\* Select", and "Pregnant on Service Start Date" with a dropdown menu showing "N/A - male adult or prepubescent child".

**Time to Treatment** – Indicates the number of days between the first contact or request for service and the first face-to-face treatment service. The first date of contact can be found in the Access Screening from Region 10 for most adults. If first contact is face-to-face, Time to Treatment=0.

**Prior Treatment Episodes** – Attempts to answer the question: “How many times have you tried to address this problem at any treatment provider?”

Valid values for the field:

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

**Note:** Only include treatment admissions and not assessment only services. Prior admission records to GHS can be found on the admissions page. This should be self-reported by the consumer but if the record shows they have been admitted prior, then attempt to get the consumer to answer correctly.

**Pregnant on Service Start Date** – Indicates whether a female entering treatment was pregnant on the Service Start Date.

Valid values for the field:

- 1 – Yes** – Female individual was pregnant on the date service started.
- 2 – No** – Female individual was not pregnant on the date service started.
- 6 – N/A** – Male adult or prepubescent child
- 8 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose ‘Other’ as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note:** If it is subsequently determined that a female reported not being pregnant on the Service Start Date when in fact she was, a change record must be submitted to correct the misreport. Conversely, if it is subsequently determined that a female reported being pregnant on the Service Start Date when in fact she was not, a change record must be submitted to correct the misreport.

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## Biopsychosocial Assessment Form

### Page 9 Family/Social History

#### Marital Status

Separated ▼

**Marital Status** – Describes the individual's marital status utilizing categories compatible with categories utilized in the U.S. census.

Valid values for this field:

- 01 – Never Married** – Includes individuals who are single or whose only marriage was annulled.
- 02 – Married/cohabiting** – Includes married couples and those living together as married, living with partners or cohabiting.
- 03 – Separated** – Includes those legally separated or otherwise absent from spouse due to marital discord.
- 04 – Divorced**
- 05 – Widowed**
- 98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

#### Living Arrangements

\* Select Living Arrangements ▼

**Living Arrangement** – Identifies whether an individual is homeless or describes the individual's current residential situation or arrangement.

Valid values for this field:

- 01 – Homeless** – Individual having no fixed address. Includes homeless shelters and doubled up.
- 221 – Specialized residential Home including any adult foster care facility certified to provide a specialized program** per MDHHS administrative rules, 3/9/96, R 330.1801 (Include all specialized residential regardless of number of beds) or Licensed Children's Therapeutic Group Home (MH only).
- 222 – General Residential Home** – General Residential home including licensed foster care not certified to provide specialized program specified per the DMH Administrative Rules, regardless of number of beds.
- 23 – Living in a Private Residence not owned by the PIHP, CMHSP or Contracted Provider, alone or with spouse or non-relative** – Individual living in a private residence alone, with a spouse or non-relatives. The private residence is not owned by the PIHP, CMHSP or Contracted Provider.
- 32 – Foster Home/Foster Care** – Individual living in a Foster Family Home, regardless of number of beds. Also utilized for therapeutic foster care facilities, a service that provides treatment for children within private homes of trained families.
- 33 – Living in a Private Residence owned by the PIHP, CMHSP or Contracted Provider, alone or with spouse or non-relative** – Individual living in a private residence alone, with a spouse or non-relatives. The private residence is owned by the PIHP, CMHSP or Contracted Provider.
- 42 – Crisis Residential** – Individual living in a time-limited 24/hour residential stabilization program that delivers services for acute symptom reduction and restores individuals to a pre-crisis level of functioning.
- 52 – Institutional Setting** – Individual living in an institutional care facility providing care 24 hours/day, 7 days/week. Includes skilled nursing/intermediate care facilities, nursing homes,

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institutes of mental disease (IMD), CCI, inpatient psychiatric hospitals, psychiatric health facilities, veterans affairs hospitals, Intermediate Care Facilities/MR or state hospitals.

**62 – Jail/Correctional/Other Criminal Justice Institutions** – Individuals living in jail, correctional facility, detention center, prison or other institution under the justice system with care provided on a 24 hours/day, 7 days/week basis.

**72 – Living in a private residence with natural or adoptive family member(s)** – Individuals living in a private residence with natural/adoptive family members. “Family member” means parent, stepparent, sibling, child or grandparent of the primary person served or an individual upon whom the primary person served is dependent for at least 50% of his/her financial support.

**Note: Please make sure the living arrangement reflects the consumer’s current correctional status. I.e. If the Correctional Status is ‘In Jail’ the Living Arrangement must be ‘Jail/Correctional/Other Criminal Justice Institutions’.**

<b>Legal Related Status</b> Not under jurisdiction of corrections or law enforcement program; No juvenile justice involvement ▼	<b>Arrests in Past 30 Days</b> <input type="text"/> <input type="radio"/> Not collected (crisis only, unknown, other exception, etc.)
<b>Juvenile Justice Involvement at Update or Discharge</b> * Select Juvenile Justice Involvement at Update or Discharge ▼	
<b>Youth Prior Law Enforcement History</b> * Select Youth Prior Law Enforcement History ▼	<b>Youth Prior Juvenile Justice History</b> * Select Youth Prior Juvenile Justice History ▼

**Legal Related Status** – Specifies the individual’s highest priority corrections related status. If two values listed below apply to the individual, please specify the highest priority value.

Valid values for this field:

### Adults

- 01 – In Prison
- 02 – In Jail
- 03 – Paroled from a state or federal correctional facility
- 04 – Probation
- 05 – Tether
- 06 – Juvenile Detention center
- 07 – Pre-trial
- 08 – Pre-sentencing
- 09 – Post booking-diversion includes Mental Health Court individuals, Adult or juvenile.
- 10 – Booking diversion



### Children/Youth

**52 – Pending Case** – Juvenile Justice delinquency case currently pending RESOLUTION IN Juvenile Court at this time.

**53 – Informal Court Supervision** – Juvenile Justice delinquency case currently open-informal supervision by Juvenile Court. This may include diversion programs or consent calendar agreements. Juvenile court supervision refers to a county/court worker, someone employed by the court, such as a probation officer caseworker, etc.

**54 – Informal MDHHS Supervision** – Juvenile Justice delinquency case currently open-informal supervision by MDHHS. This may include diversion programs or consent calendar agreements. Supervision by MDHHS refers to child/youth delinquency whose delinquency case is supervised by a local juvenile justice worker that is employed through MDHHS (often referred to as a 'Juvenile Justice Specialist') rather than a court employee.

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**55 – Formal Court Supervision** – Juvenile Justice delinquency case currently open-formal supervision by Juvenile Court. This would include a child/youth that has been Adjudicated and had a Disposition order entered. Juvenile Court supervision refers to a county/court worker, someone employed by the court, such as a probation officer, caseworker, etc.

**56 – Formal MDHHS Supervision** – Juvenile Justice delinquency case currently open-formal supervision by MDHHS. This would include a child/youth that has been Adjudicated and had a Disposition order entered. Supervision by MDHHS refers to child/youth delinquency whose delinquency case is supervised by a local juvenile justice worker that is employed through MDHHS (often referred to as a 'Juvenile Justice Specialist') rather than a court employee. A child/youth supervised in this way may be called a "PA150" or "Public Act 150" ward that commits them to MDHHS for care, supervision, and planning. NOTE: This option is specific to JUVENILE DELINQUENCY cases and should not include separate neglect/abuse (child welfare) proceedings that may involve youth.

**57 – Dept. Com. Justice-Wayne County** – Juvenile Justice delinquency case currently open and supervised by Department of Community Justice-Wayne County. NOTE: This option only applies to a child/youth involved in the Wayne County juvenile justice system structure.

### Adults and Children/Youth

**11** – Not under the jurisdiction of corrections or law enforcement program

**98** – Not collected-BH-TEDS full record exception

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note: Please make sure the correctional status reflects the consumer's current living arrangement. I.e. If the Correctional Status is 'In Jail', the Living Arrangement must be 'Jail/Correctional/Other Criminal Justice Institutions'.**

**Arrests in Past 30 Days** – Specifies the number of separate arrests in the past 30 days, or since service start or most recent update, whichever is sooner.

Valid values for this field:

**nn** – Number of separate arrests in the past 30 days.

**98** – Not collected-BH-TEDS full record exception

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Juvenile Justice Involvement at Update or Discharge** – Specifies if the child/youth's juvenile justice status at update or discharge.

**51 – None** – Child/Youth has no current juvenile justice system involvement. Reminder that child welfare system involvement does not apply to this section, and cases that involve the child/youth as the reported victim do not apply to this option.

**52 – Successful diversion/prevention** – Child/Youth successfully completed their informal supervision program (i.e., prevention program, diversion, consent calendar, etc.)

**53 – Unsuccessful diversion/prevention** – Child/Youth failed to complete the terms and conditions of their diversion/prevention program (i.e., failed to follow terms and conditions, received new charges, etc.) resulting in unsuccessful termination of the diversion/prevention program.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**54 – Successful formal JJ court supervision** – Child/Youth has successfully completed the terms and conditions of their formal juvenile court delinquency case, with their juvenile delinquency case now being closed.

**55 – Unsuccessful formal JJ discharge** – Child/youth failed to complete the terms and conditions of their formal juvenile court delinquency case with their juvenile delinquency case now being closed.

**56 – New delinquency charges pending** – The Child/Youth currently has new delinquency charges pending in juvenile court. NOTE: This reflects only NEW charges that are pending, not anything that was already reflected in earlier BHTEDS reporting.

**57 – Waived to adult system** – The Child/Youth has juvenile delinquency charges that have been waived to the adult criminal justice system for processing (i.e., based upon severity of the alleged crime, prosecutory waiver, etc.)

**58 – Open/unchanged** – The juvenile justice delinquency case that was previously reported for this child/youth remains open/unchanged at this time. The child/youth continue to be supervised in the manner previously reported at the most recent update/admission.

**96 – N/A** – Individual is outside the age-range allowed by Michigan statute for JUVENILE justice involvement. This option will largely apply to the adult population but also may include children that are too young for juvenile justice involvement based upon current laws and statutes. May also include 19-year-olds whose juvenile justice case closed since the last admission/update.

**Youth Prior Law Enforcement History** – Specifies if the child/youth have a history of law enforcement where the child/youth is the alleged perpetrator, not victim or witness, and whether a juvenile court delinquency was filed as a result.

**51 – None** – There has been no involvement with law enforcement involving the child/youth as the alleged perpetrator reported to date. Situations in which the child/youth was at a location in which law enforcement responded for reasons where the child/youth was not the alleged perpetrator (i.e., parental/family dispute not involving the child, allegation in which the child/youth was the reported victim of a crime, school incident not directly involving the child/youth) does not apply.

**52 – Law Enforcement, no delinquency petition filed** – Law enforcement has previously been involved with the child/youth as the alleged perpetrator of a crime, but official charges were never sought through the juvenile justice system (i.e., due the child's age, law enforcement discretion, prosecutor discretion etc.)

**53 – Law Enforcement, delinquency petition was filed** – Law enforcement has been involved with the child/youth as the alleged perpetrator of a crime resulting in a formal delinquency petition being filed in the local juvenile court/juvenile justice system.

**96 – N/A** – Individual is over the age for juvenile justice system involvement-more applicable to the adult criminal justice system instead.

**Youth Prior Juvenile Justice History** – Specifies if the child/youth have a history of formal or informal juvenile justice system or if their juvenile case was waived to the adult system.

**51 – None** – There has been no juvenile justice involvement for the child/youth to date.

**52 – Informal Jurisdiction** – The child/youth has had prior juvenile justice involvement reflecting INFORMAL court jurisdiction (i.e., prevention program, diversion agreement/program, consent calendar). Please note that this involvement is specific to juvenile delinquency cases and should not reflect other court case types such as child welfare involvement.

**53 – Formal Jurisdiction** – The child/youth has had prior juvenile justice involvement-with that involvement reflecting FORMAL court involvement/jurisdiction (i.e., Adjudication, Disposition entered). Children/Youth that have entered a formal plea, including those that may have taken a

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Plea under advisement/held in abeyance will fall in this category. Please note that this involvement is specific to juvenile delinquency cases and should not reflect other court case types such as child welfare involvement.

**54 – Waived to Adult System** – Child/youth previously charged in juvenile court and waived to the adult criminal system.

**96 – N/A** – Individual is over the age for juvenile justice system involvement-more applicable to the adult criminal justice system instead.

### Page 11 Employment

Employment / Financial
Employment Status
Not in competitive, integrated labor force ▼
Detailed 'Not in Competitive, Integrated Labor Force'
Discouraged worker ▼

**Employment Status** – Describes the individual's current employment status.

Valid values for this field:

**01 – Full-time Competitive, Integrated Employment** – Individual working 35 hours or more per week, with or without supports, in a typical workplace setting, where the majority of persons employed are not persons with disabilities, earning wages consistent with those paid workers without disabilities in the community performing the same or similar work. The individual earns at least minimum wage. May include self-employment and active-duty members of the uniformed services.

**02 – Part-time Competitive, Integrated Employment** – Individual working less than 35 hours per week, with or without supports, in a typical workplace setting, where the majority of persons employed are not persons with disabilities, earning wages consistent with those paid workers without disabilities in the community performing the same or similar work. The individual earns at least minimum wage. May include self-employment.

**03 – Unemployed** – Individual who has looked for work during the past 30 days or is on a layoff from a job.

**04 – Not in Competitive, Integrated Labor Force** – An individual: a) who has not looked for work in the past 30 days; b) whose current disability symptoms prevent him/her from competitively or non-competitively working; c) who is primarily a student, homemaker, retiree, inmate of an institution; or d) who works in a non-competitive or non-integrated environment. Individuals in this category are further described in **Detailed Not in Labor Force** field.

**This category includes:** Homemaker, Student, Retired, Individual's current disability symptoms prevents him/her from competitively or non-competitively working or seeking work, Receiving services from institutional facility such as hospital, jail, prison, long-term residential care, Participates in sheltered workshop, Discouraged worker, Unpaid volunteering, community service, etc., Micro-Enterprise, Participates in enclave, mobile crew, or agency funded transitional employment, Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving her/his non-work related goals.

**98 – Not Applicable** – Individual is under 16 years of age.

**Note:** When an individual is engaged in two or more activities (has overlapping status) at the time of data collection, the Department of Labor prioritization system dictates which to choose. Basically, the Department of Labor prioritizes labor force activities over non-labor-force activities, and working over looking for work. Examples:

- A homemaker who works part-time in the competitive, integrated labor force is coded 02.
- A full-time waiter looking for a new job as a receptionist is coded 01.

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- A student actively searching for work (includes sending out resumes, interviewing, etc.) is coded 03 – unemployed.

Reporting of an individual in an internship program:

- If the internship is a school requirement, whether paid or not, the individual is considered a “student” and coded as 04 – Not in Competitive, integrated labor force.
- If the internship is not a school requirement, is an unpaid position, does not displace regular employees or does not entitle the individual to a job at the end of the internship, the individual is coded as 04 – not in competitive, integrated labor force.
- If the internship is not a school requirement, pays at least minimum wage and the employer benefits from the intern’s engagement in actual operations and performing productive work, then 01 – Full time...labor force or 02 – Part-time...labor force is coded, based upon the number of hours the intern typically works each week.
- **Individuals under the age of 16 are always reported as 98 – Not applicable**
- Seasonal workers are coded based on the employment status at the time of data collection.

Detailed 'Not in Competitive, Integrated Labor Force'

\* Select Detailed 'Not in Competitive, Integrated Labor Force'

**Detailed 'Not in Competitive, Integrated Labor Force'** – Provides greater detail about individuals who are coded 04-Not in Integrated, Competitive Labor Force in **Employment Status**. This field will be displayed only when 04-Not in Integrated, Competitive Labor Force is selected.

Valid values for the field:

**01 – Homemaker**

**02 – Student**

**03 – Retired**

**04 – Individual chooses not to work or participate in any of the above-listed activities due to their current disability symptoms.**

**05 – Receiving services from institutional facility such as hospital, jail, prison, long-term residential care, etc.**

**07 – Participates in sheltered workshop**

**60 – Discouraged worker** – Individual wants to work but has not actively looked in the past month.

**61 – Unpaid volunteering and community service**

**62 – Micro-Enterprise/Self-employment netting < minimum wage** – and/or occurs primarily in a non-integrated setting.

**63 – Participates in enclave, mobile crew, or agency funded transitional employment**

**64 – Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving her/his non-work related goals.**

**65 – Participates in a community-based activity program that takes place in an integrated setting and includes engagement with members of the general community.**

**67 – Individual chooses not to work or participate in any of these listed activities for fear of losing their entitlement benefits.**

**69 – Individual chooses not to work or participate in any of the above-listed activities for reasons other than their current disability symptoms or fear of entitlements loss.**

**96 – Not applicable as Employment Status is coded 01-03**

**98 – Not applicable as the individual is under 16 years of age**

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Other activity for those working part-time

\* Select Other activity for those working part-time

**Other activity for those working part-time** – Provides greater detail about individuals who are coded 02-Working Part-Time in the Competitive, Integrated Labor Force in **Employment Status**.

**01 – Homemaker**

**02 – Student**

**07 – Sheltered W/S** – Participates in sheltered workshop.

**61 – Unpaid Service** – Unpaid volunteering, community service, etc.

**62 – Self-employed, not competitive and/or not integrated** – Micro-Enterprise/Self-employment netting less than minimum wage and/or occurs primarily in a non-integrated setting.

**63 – Group Employment** – Participates in enclaves, mobile crews, or agency-funded transitional employment.

**64 – Facility-based activity for non-work-related goals** – Participates in facility-based activity program where an array of specialty supports, and services are provided to assist an individual in achieving her/his non-work-related goals.

**65 – Community-based activity** – Participates in a community-based activity program that takes place in an integrated setting and includes engagement with members of the general community.

**66 – Looking for F/T Work** – Individual is working P/T while actively seeking F/T employment.

**67 – Chooses not to work/participate-fear of entitlement loss** – Individual chooses not to work or participate in any of these listed activities for fear of losing their entitlement benefits.

**69 – Chooses not to work/participate-other** – Individual chooses not to work or participate in any of these listed activities for reasons other than their current disability symptoms or fear of entitlements loss.

**98 – Not collected** – Not collected due to MH BH-TEDS full record exception.

Minimum Wage

Individual is currently earning minimum wage or more ▼

**Minimum Wage** – Specifies whether an individual is earning minimum wage. This field will default to 03-Individual is Not Working if you select 04-Not in Integrated, Competitive labor force for Employment Status and disappear from the screen. This field will only display on the screen when the following values are selected in the Employment Status field: Full-time competitive, integrated employment, Part-time competitive, integrated employment.

Valid values for this field:

**01** – Individual is currently earning minimum wage or more.

**02** – Individual is currently earning less than minimum wage.

**03** – Individual is not working.

**98** – Not collected-BH-TEDS full record exception

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note:** Minimum wage in the State of Michigan is defined by Public Act 138 of 2014, the Workforce Opportunity Wage Act. Currently, it is:

\$10.10 = Minimum hourly wage

\$3.84 = tipped employee hourly wage rate

\$4.25 = training wage for first 90 days of employment of individuals 16-19 years of age

\$8.59= Minors' (16-17 years old) minimum hourly wage

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<b>Total Annual Income</b> ⓘ \$ <input type="text" value="0"/> <input type="radio"/> Not collected - full record exception (MH Only)	<b>Number Of Dependents</b> ⓘ <input type="text" value="1"/> <input type="radio"/> Not collected - full record exception (MH Only)	<b>Enrolled in SDA, SSI or SSDI</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not collected - full record exception (MH Only)
<b>Work/Task Hours (total in the past 2 weeks)</b> ⓘ Enter Number of Hours: <input type="text" value="80"/>	<b>Earnings per Hour (in the past 2 weeks)</b> ⓘ Enter Earnings per Hour: <input type="text" value="8.35"/>	

**Total Annual Income** – Specifies the individual’s current Annualized Income utilized in calculating his/her Ability to Pay (ATP).

Valid values for this field:

**nnnnn** – 6-digit annualized income utilized in calculating ATP. If the employment status of the individual is full or part time, this value must be greater than 0.

**99998** – Not collected-BH-TEDS full record exception

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose ‘Other’ as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note:** Children are typically reported on parent(s)’ tax return, so the total annual income of the parent(s) would be reported; however, in cases where the child’s income is used in determining ATP (i.e. Children’s Waiver Program, SED Waiver Programs) the total annual income would reflect the child’s income only.

**Number of Dependents** – Specifies the number of dependents utilized in calculating Ability to Pay (ATP).

Valid values for this field:

**nn** – Number of dependents utilized in calculating ATP. This value should never be 0.

**98** – Not collected-BH-TEDS full record exception

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose ‘Other’ as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note:** Children are typically reported on parent(s)’ tax return, so the number of dependents claimed on parent(s)’ return would be reported; however, in cases where the child’s income is used in determining ATP (i.e. Children’s Waiver Program and the SED Waiver Programs) the number of dependents would be 1.

**SDA, SSI, SSDI Enrolled** – Identifies whether the individual is enrolled in SDA, SSI, and/or SSDI or if an individual who otherwise qualifies for SDA is having his/her room & board at a substance use facility being paid by SDA funds.

Valid values for this field:

**1 – Yes** – Indicates the individual is, or at least reported that s/he is, enrolled in at least one of the programs (SDA, SSI or SSDI) OR if one of these programs is paying for any of the individual’s treatment or room & board services.

**2 – No** – Indicates the individual is not enrolled OR it is not known if the individual is enrolled in at least one of the programs (SDA, SSI or SSDI) AND none of these programs are paying for any of the individual’s treatment or room & board services.

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose ‘Other’ as the reason, you will be asked to justify your reason as it has to be reported to the state.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**Note:** Please make sure the consumer has an insurance policy under insurances if this question is set to Yes.

**Work/Task Hours** – Identifies the number of hours in the past two (2) weeks that the individual performed work/tasks specific to: Full-time competitive, integrated employment; Part-time competitive, integrated employment; Unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; Microenterprise; enclave/transitional employment; sheltered non-competitive employment. This field will not display when N/A – individual is under 16 years of age is selected under Employment Status.

Valid values for this field:

**nnn** – Number of hours in the past 2 weeks that the individual performed work/tasks.

**996** – Not applicable, used for all other Employment status/Detailed not in competitive labor force combinations.

**998 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Earnings per Hour** – Identifies how much the individual earned per hour during the past two (2) weeks for the number of hours the individual performed work/tasks specific to: Full-time competitive, integrated employment; Part-time competitive, integrated employment; Unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; Microenterprise; enclave/transitional employment; sheltered non-competitive employment. This field will not display when N/A – individual is under 16 years of age is selected under Employment Status.

Valid values for this field:

**00.00** – Amount earned per hour in the past 2 weeks that the individual performed work/tasks. This amount cannot be higher than 96.96.

**96.96** – Not applicable, used for all other Employment status/Detailed not in competitive labor force combinations.

**98.98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

### Page 12 Education

Education History	
Education Level	
Grade 7	
Currently in Mainstream Special Education	School Attendance Status
No	Not applicable

**Education** – Specifies either: a) the highest school grade completed for those no longer attending school; b) current school for individuals aged 3-17 not protected by State of Michigan Special Education Law; c) current school grade or special education classroom status for individuals aged 00-26 who are protected by State of Michigan Special Education Law.

Valid values for this field:

**00** – No Schooling or Less than One School Grade

**72** – Nursery school, Pre-school, or Head Start

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

- 73 – Kindergarten
- 74 – Self-contained Special Education Class – No Grade Level Equivalent
- 01 – Grade 1
- 02 – Grade 2
- 03 – Grade 3
- 04 – Grade 4
- 05 – Grade 5
- 06 – Grade 6
- 07 – Grade 7
- 08 – Grade 8
- 09 – Grade 9
- 10 – Grade 10
- 11 – Grade 11
- 12 – Grade 12 or GED
- 13 – 1 Year of College/University
- 14 – 2 Years of College/University or Associate Degree
- 15 – 3 Years of College/University
- 16 – 4 Years of College/University or Bachelor's Degree
- 70 – Graduate or professional school
- 71 – Vocational School
- 98 – Not Collected-BH-TEDS full record exception

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

### Note:

- For children less than 3 years old who are not covered by Michigan Special Education Law, use code 00-No Schooling or Less Than One School Grade.
- If school has recently ended for the year, enter the recent school level completed, not the grade to which the child is advancing in the next school year.
- For children home-schooled or in special education, but have been mainstreamed in regular school grades, report the equivalent grade level.
- For individuals protected by State of Michigan Special Education Law (age 00-26), in a specialized education setting that has an equivalent school grade level, report the school grade level.
- For individuals protected by State of Michigan Special Education Law (age 00-26), in a special education class that does not have an equivalent school grade level, report 74 – Self-contained Special Education Class – No Grade Level Equivalent.
- For children who spend part of their day in a self-contained special education class with no grade level equivalent and part of their day in a mainstream setting, report the code that reflects where they spend the preponderance of the day.
- School includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school or regular school (public, private, charter, traditional, military, magnet, parochial, etc.) at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-12, including GED), vocational school, community college, college, university, graduate or professional school.
- Nursery school is defined as a group or class organized to provide educational experiences for children during the year(s) preceding kindergarten. It includes instruction as an important and integral phase of its program of child care. It can be full or half-day.
- Private homes in which primarily custodial care is provided are not considered nursery schools.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**Currently in Mainstream Special Education Status** – Identifies whether or not the individual is currently in mainstream education with Special Education Status (i.e. through use of an Individualized Education Plan (IEP)).

Valid values for this field:

**1 – Yes** – Individual is receiving special education services within a mainstream classroom.

**2 – No** – Individual is not receiving special education services within a mainstream classroom.

**6 – Not applicable**

**8 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note:** If the individual is receiving special education services within a mainstream classroom, whether part of or all of the day, choose Yes.

If it is not known that the individual is receiving special education services within a mainstream classroom and it is not a co-located or crisis-only service, choose No.

**If the consumer is aged less than 3 or greater than or equal to 27 then select Not Applicable.**

**School Attendance Status** – Specifies the school attendance status of school-age children and adolescents (3-17 years old) or individuals protected by Michigan Special Education Law (00-26 years old) who are receiving education and/or mental health services.

Valid values for this field:

**1 – Yes** – Individual has attended school at any time in the last 3 months **and is 26 or younger**.

**2 – No** – Individual has not attended school at any time in the last 3 months **and is 26 or younger**.

**6 – Not applicable** – Individual is not aged 3-17 or aged 18-26 and protected by IDEA.

**8 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note:**

- It is not the intent of this element to identify children who are in Special Education. The intent is to ensure reporting of persons who are 18-21 years old who meet the Individuals with Disabilities Education Act (IDEA) eligibility criteria. Since Michigan provides for special education services from age 00-26 (beyond IDEA requirements), Michigan's intent is to ensure reporting of all eligible individuals.
- **If the individual is not 3-17 years old or 18-26 and protected by Michigan Special Education law, this field is not-applicable. So, if the individual is clearly over the ages listed (i.e. in his 30s or older), select 06 – Not applicable even if it is a co-located or crisis-only service.**
- School includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school or regular school (public, private, charter, traditional, military, magnet, parochial, etc.) at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-12, including GED), vocational school, community college, college, university, graduate or professional school.

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## Biopsychosocial Assessment Form

### Page 13 Military

Veteran Status

Not a veteran ▼

**Veteran Status** – Indicates whether the individual has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard or Public Health Service Commissioned Corps).

Valid values for this field:

**1 – Veteran** – an individual 16 years or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Air Force, Marine Corps, Coast Guard or Commissioned Corps of the U.S. Public Health Service or the National Oceanic and Atmospheric Administration or who served as a Merchant Marine seaman during World War II. Persons who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly two week trainings).

**2 – Not a Veteran**

**8 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Most recent military service era** – Select the best answer for the most recent military service

Valid values for this field:

**01 – WWII**

**02 – Korea**

**03 – Vietnam**

**04 – Desert Storm**

**05 – Post 9/11 (OIF/OEF/OND)**

**06 – Peace Time Era**

**95 – Not applicable for FY17 records submitted in FY18 format.**

**96 – Not applicable – No military service**

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Branch served in** – Select the best answer for the most recent military service

Valid values for this field:

**01 – Army**

**02 – Army National Guard**

**03 – Navy**

**04 – Air Force**

**05 – Air National Guard**

**06 – Marines**

**07 – Coast Guard**

**95 – Not applicable for FY17 record submitted in FY18 format.**

**96 – Not applicable – No military service**

**98 – Not collected-BH-TEDS full record exception**

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## Biopsychosocial Assessment Form

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Family Military Service** – Answers the question, 'Do you have any family members in the military?'

Valid values for this field:

**01 – Yes**

**02 – No**

**95 – Not applicable for FY17 record submitted in FY18 format.**

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Client/family enrolled in/connected to VA/veteran resources/other support & service organizations –**

Valid values for this field:

**01 – Yes**

**02 – No**

**95 – Not applicable for FY17 record submitted in FY18 format.**

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

### Page 15 Drug/Alcohol Assessment

The substance use problem and related questions are required fields. If no drugs of choice exist, please select (None).

SUD Substances (SA or MH/Integrated Tx episodes)				
Substance Rank	Substance	Route of Administration	Frequency of Use	Age at First Use <sup>i</sup>
Primary	(None)	N/A	N/A	96
Secondary	(None)	N/A	N/A	96
Tertiary	(None)	N/A	N/A	96

**Medication-Assisted Opioid Therapy**  
☐ Yes ☐ No ☒ Not Applicable

**Attendance at Substance Use Self-Help Groups in past 30 Days**  
 Not collected (for MH records only)

**Substance Use Problem (Primary, Secondary and Tertiary)** – Identifies the individual's substance use problem (up to 3 substances).

Valid values for the field:

**01 – (None)** – If no drugs of choice are entered, this value must be select.

**02 – Alcohol**

**03 – Cocaine/Crack**

**04 – Marijuana/Hashish** – Includes THC and any other cannabis sativa preparations

**05 – Heroin**

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**06 – Non-prescription Methadone** – Illicit use of prescription methadone

**07 – Other Opiates & Other Opiates** – Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol and other narcotic analgesics, opiates or synthetics

**08 – PCP** – Phencyclidine

**09 – Hallucinogens** – Includes LSD, DMT, mescaline, peyote, psilocybin, STP and other hallucinogens

**10 – Methamphetamine/Speed**

**11 – Other Amphetamines** – Includes amphetamines, MDMA, ‘bath salts’, phenmetrazine and other amines and related drugs.

**12 – Other Stimulants** – Includes methylphenidate and any other stimulants

**13 – Benzodiazepines** – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam and other benzodiazepines

**14 – Other Tranquilizers** – Includes meprobamate and other non-benzodiazepine tranquilizers

**15 – Barbiturates** – Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.

**16 – Other Sedatives or Hypnotics** – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics.

**17 – Inhalants** – Includes aerosols; chloroform, ether, nitrous oxide and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products

**18 – Over-the-Counter Medications** – Includes aspirin, dextromethorphan and other cough syrups, diphenhydramine and other anti-histamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication.

**20 – Other drugs** – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, “spice”, carisoprodol, and other drugs

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose ‘Other’ as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Note:** Primary, secondary, tertiary substances should reflect the order in which the substances are creating the most difficulty in the individual’s life not the one that is used most often.

**Route of Administration (Primary, Secondary and Tertiary)** – Identifies the usual route of the drug identified in Substance Use Problem.

Valid values for the field:

**01 – Oral**

**02 – Smoking**

**03 – Inhalation**

**04 – Injection** – Includes intravenous, intramuscular, intradermal or subcutaneous

**20 – Other**

**96 – Not Applicable** – When related Substance Use Problem is 01-None

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose ‘Other’ as the reason, you will be asked to justify your reason as it has to be reported to the state.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**Note:** Enter the value that corresponds to the most frequent route of administering the substance identified as a substance use problem.

**Frequency of Use (Primary, Secondary and Tertiary)** – Identifies the frequency which the substance identified in the substance use problem was used. For service start records utilize the 30-day window when the individual last had the opportunity to use. For service update/end records utilize the past 30 days or since service start/most recent update.

Valid values for the field:

**01 – No Use in the Past Month**

**02 – Used on 1-3 days in the Past Month**

**03 – Used on 1-2 days in the Past Week**

**04 – Used on 3-6 days in the Past Week**

**05 – Daily**

**96 – Not Applicable** – when related substance use problem is 01-None

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Age at First Use (Primary, Secondary and Tertiary)** – Identifies newborn dependency or age of first use for substance(s) identified as primary, secondary and tertiary.

Valid values for the field:

**00 – Newborn** – Identifies a newborn with a substance dependency problem (i.e. FASD or NAS)

**01-95 – Age of first use** – Identifies, in years, the age the individual first used the substance. The state has clarified that the consumer's age for alcohol should be age at first use, not age of first intoxication.

**96 – Not Applicable**

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**Medication-Assisted Opioid Therapy** – Identifies whether the use of opioid medications such as methadone, buprenorphine, vivotrol, suboxone or naltrexone will be part of the individual's treatment plan. This field should be 6 if the individual does not have an integrated treatment plan.

Valid values for the field:

**1 – Yes** – Opioid medications such as methadone, buprenorphine, vivotrol, suboxone or naltrexone will be part of the individual's treatment plan.

**2 – No** – Opioid medications such as methadone, buprenorphine, vivotrol, suboxone or naltrexone will **NOT** be part of the individual's treatment plan.

**6 – Not Applicable** – Used if the individual is **NOT** in treatment for an opioid problem.

**Note:** 1-Yes or 2-No should be selected if the individual's Primary, Secondary or Tertiary is 05-Heroin, 06-Non-prescription Methadone or 07-Other Opiates and Synthetics.

**Attendance at Substance Use Self-help groups in Past 30 days** – Indicates the frequency of attendance at a self-help group in the last 30 days or since service start/most recent update, whichever is sooner. This value should be set to N/A for those individuals without an integrated treatment plan.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

Valid values for the field:

**01 – No Attendance**

**02 – Less than once a week** – 1-3 times in the past 30 days

**03 – About once a week** – 4-7 times in the past 30 days

**04 – 2 to 3 times per week** – 8-15 times in the past 30 days

**05 – At least 4 times per week** – 16-30 or more times in the past 30 days

**98 – Not collected** – For MH records without integrated treatment only

### Page 19 Diagnosis

	ICD-10	Description	Status Date	Status		
AXIS I	Pri	F20.0	Schizophrenia,paranoid type	01/28/2015	Active	+
	Substance Abuse Diagnoses					
	Pri	F11.90	Opioid abuse	10/23/2014	Active	+
		Specifier / Status Detail: N/A				
	Sec	F12.90	Cannabis abuse	10/23/2014	Active	+
		Specifier / Status Detail: N/A				

**Mental Health Diagnostic Code (One, Two, Three)** – Specifies the individual’s diagnosis used to identify the mental health problem that provides the reason for an encounter or treatment.

**Substance Use Diagnosis** – Specifies the individual’s diagnosis used to identify the substance use problem that provides the reason for an encounter or treatment. When selecting integrated treatment, you must supply a SUD diagnosis along with at least one drug of choice.

Designations	
<b>I/DD Designation</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Evaluated	<b>MI or SED Designation</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Evaluated
<b>Detailed SMI or SED Status</b> <input checked="" type="radio"/> SMI <input type="radio"/> SED <input type="radio"/> Neither SMI nor SED <input type="radio"/> Not Evaluated	
<b>Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment</b> ⓘ <input type="radio"/> Yes, client with co-occurring SU and MH problems is being treated with an integrated Tx plan by an integrated team <input checked="" type="radio"/> No, client does NOT have a co-occurring SU and MH problem <input type="radio"/> Client with co-occurring SU and MH problems is NOT currently receiving integrated treatment <input type="radio"/> Not collected (crisis only, unknown, other exception, etc.)	

**I/DD (Intellectual/Developmental Disability) Designation<sup>1</sup>** – Identifies whether the individual has been evaluated and meets Michigan’s Mental Health Code definition of Developmental Disability, regardless of whether or not s/he receives services from the I/DD or MI service arrays. The diagnosis must be provided by a licensed clinician, who may or may not be directly employed by the PIHP or provider, operating within his/her scope of practice (i.e. Psychiatrist, family physician, Neurologist, etc.) and a copy of the diagnosis is available in the individual’s chart. This field does not apply to physical disabilities.

Valid values for the field:

**1 – Yes**

**2 – No**

**3 – Not evaluated**

**Note:** This value should align with the UM disability designation in the header of the consumer chart in the upper right hand corner.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

LOC: MI3

UM: MI

**MI or SED (Mental Illness or Serious Emotional Disturbance) Designation** - Identifies whether the individual has been evaluated and/or the individual has a DSM MI diagnosis, exclusive of mental retardation, developmental disability or substance abuse disorder OR if the individual has a serious emotional disturbance. This designation does NOT have to be made as a result of the PIHP's or provider's evaluation; however, the diagnosis must be provided by a licensed clinician, who may or may not be directly employed by the PIHP or provider, operating within his/her scope of practice (i.e. psychiatrist, LMSW, Physician Assistant, Primary Care Physician, etc.)

Valid Values for the fields:

**1 – Yes**

**2 – No**

**3 – Not evaluated**

**Note: This value should align with the UM disability designation in the header of the consumer chart in the upper right hand corner.**

LOC: MI3

UM: MI

**Detailed SMI or SED Status** – Indicates if a Mental Health individual or a SUD individual receiving integrated treatment has serious mental illness (SMI) or serious emotional disturbance (SED).

Valid values for this field:

**1 – SMI** – Individual meets the Michigan Mental Health Code Definition P.A. 500 of Serious Mental Illness regardless of whether they receive services from the I/DD or the MI service arrays.

**2 – SED** – Individual, under age 18, has a Serious Emotional Disturbance as defined in the current Michigan Mental Health Code.

**4 – Neither SMI nor SED** – Individual does not meet the current Mental Health Code Definition P.A. 500 of Serious Mental Illness or have a SED DSM diagnosis.

**7 – Not Evaluated or N/A** – Individual was not evaluated for SMI or SED and does not have an otherwise documented diagnosis of either OR SUD record without integrated treatment.

**Note: This value should line up with the UM disability designation in the header of the consumer chart in the upper right hand corner.**

LOC: MI3

UM: MI

**Integrated Substance Use and Mental Health Treatment** – Identifies whether the individual is receiving Mental Health or Substance Use treatment managed by a single entity from an integrated team under an integrated treatment plan. For the dual-diagnosis individual receiving integrated treatment, the services appear seamless with a consistent approach. When this field is set to yes, all fields of the BH-TEDS record (not just mental health related) are required.

Valid values for this field:

**1 – Yes – DO NOT USE THIS VALUE. IF THE CONSUMER IS RECEIVING SERVICES FOR SUD THEN USE VALUE 3.** For this value to be selected:

- the treatment plan must be integrated, including both mental health and substance use disorder goals,
- the clinical encounters occur at a single facility
- **and the provider must have an integrated treatment endorsement on its outpatient license.**

**2 – No**

# Behavioral Health – Treatment Episode Data Set (BH-TEDS) Biopsychosocial Assessment Form

3 – Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment.

## Page 20 LOCUS & Eligibility

LOCUS	
LOCUS Assessment Score and Date are auto-filled from the most recently completed LOCUS assessment.	
<b>LOCUS Composite Score</b> Score from last assessment: <span style="border: 1px solid black; padding: 2px;">24</span>	<b>Assessment Date</b> 01/04/2017

**LOCUS Composite Score** – This field is mandatory for all MI consumers, 18 years of age or older. This field will populate the value from the most recent assessment as long as it was input into CHIP prior to the creation of the Biopsychosocial Assessment document.

Valid values for the field:

**nn – 2-digit composite score**

**96 – Not applicable (Adult who will NOT be receiving MI services or Child with SED)**

**98 – Not collected-BH-TEDS full record exception**

This value should only be used in these cases: Crisis Only, Co-located (we do not have any co-located services), School Prevention, Family Subsidy, Early-on, and Assessment-Only Services. You will have to fill out another field describing which of the above reasons this value applies to. If you choose 'Other' as the reason, you will be asked to justify your reason as it has to be reported to the state.

**LOCUS Assessment Date** – Date the LOCUS was completed.

## Page 24 Signatures

Type / Status	Event	
<b>MH Admission / Service Start</b> Pending Signature	<div> <div> <div>Service Start Date</div> <div>09/22/2015</div> </div> <div> <div>Service Start Time</div> <div> <div></div> AM               <div>Use Current Time</div> </div> </div> </div> <div> <div>Type Of Treatment Service Setting</div> <div>* Select</div> </div> <div> <div>Responsible CMHSP</div> <div>GCC</div> </div> <div> <input type="checkbox"/> Is it a 'COFR' Admission? ⓘ         </div>	<div>✖ Delete</div>

**Type of Treatment Service Setting** – Describes type of treatment service or setting in which the client is in at the time of service start, update and service end.

Valid values for the field:

**72 – State Psychiatric Hospital** – MH services in state-operated, at least partially SAMHSA-funded hospitals (Caro, Center for Forensic Psychiatry, Hawthorn, Kalamazoo, or Walter Reuther) that provide inpatient care to individuals with mental illnesses. The BH-TEDS admission/discharge records for these individuals will be entered by staff in utilization management (UM). When an individual is admitted to a state psychiatric hospital, primary clinicians need not send a BH-TEDS discharge record if the consumer is going to return to services. **Not guilty by reason of Insanity (NGRI)** individuals will not have a BH-TEDS State Psychiatric Hospital discharge record entered until they are released by the hospital or the courts. This discharge record will also be entered by UM.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**73 – State Mental Health Agency funded/operated community based program** – MH services in mental health centers, specialized residential, SIPs, outpatient clinics, partial hospitalization programs, consumer-run programs and all community support programs funded and/or operated by MDHHS. This will be the value used for the majority of BH-TEDS records.

**74 – Residential Treatment Center** – A non-hospital facility or distinct part of a non-hospital facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.

**75 – Other Psychiatric Inpatient** – MH inpatient services in private or medical settings licensed and/or contracted through MDHHS (other than the 5 state hospitals).

**76 – Institutions Under the Justice System** – Mental health services provided in jails, prisons, juvenile detention centers, etc. This would include services provided at the Genesee Valley Regional Center (GVRC).

**96 – MH individual receiving assessment or evaluation only** – MH individuals receiving assessment or evaluation services only. This value will typically be used by programs where the consumer is directly referred to the provider, i.e. children programs, Crisis Stabilization. (CFS, Easter Seals, New Passages – Corunna Rd., CSI)

### Legal Status At State Admission

\* Select Legal Status At State Admission ▼

**Legal Status at Admission to State Hospital** – Identifies the individual's legal status at the time of admission to a state psychiatric hospital. This field is only required and visible when the Type of Treatment setting is set to **State Psychiatric Hospital**.

Valid values for the field:

- 01 – Voluntary – Self**
- 02 – Voluntary – Others**
- 03 – Involuntary – Civil**
- 04 – Involuntary – Criminal**
- 05 – Involuntary – Juvenile Justice**
- 06 – Involuntary – Civil – Sexual**
- 96 – Not applicable**

**Note:** This information is used to report the State Hospital 30-day and 180-day Readmission Rates National Outcome Measure by individual's legal status.

- Michigan State Psychiatric Hospitals are: Caro Center, Center for Forensic Psychiatry, Hawthorn Center, Kalamazoo Psychiatric Hospital and Walter P Reuther Psychiatric Hospital.

☐ Is it a 'COFR' Admission? ⓘ

**Is it a 'COFR' Admission** – This checkbox marks the record as a COFR (County of financial responsibility) consumer. You will be required to select the COFR County when this box is checked. Checking this box marks the BH-TEDS record as not reportable.

COFR / Responsible CMHSP [lookup](#) [clear](#)

**COFR / Responsible CMHSP** – Identifies the responsible CMHSP. This is the county of financial responsibility.

### BH-TEDS Full Record Exception

No ▼

**MH BH-TEDS full record exception** –

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

Valid values for this field:

**02 – No**

**04 – Yes, Co-located Service Only (DO NOT USE)**

**05 – Yes, School Prevention Services Only** – Use this code for I/DD consumers still in school and younger than or equal to 26 years of age.

**06 – Yes, Family subsidy Services Only** – Use this code for children, aged 18 and younger receiving the family support subsidy. (Monthly subsidy for children with an education eligibility status of Cognitive Impairment (CI), Severe Multiple Impairment (SXI) or Autism Spectrum Disorder (ASD)).

**07 – Yes, Early-on Services Only** – Use this code for children, aged birth to three years old, receiving Early-on services from their local Intermediate School District (ISD).

**08 – Yes, Assessment Only** – Use this code for consumers determined ineligible for services or when consumer drops out of services before first service appointment.

**09 – Yes, Other\*** - When this code is used, the Reason field will be required.

**10 – Yes, Inpatient Secondary Payer** – Yes, Inpatient Hospital Services where MDHHS managed funds are the secondary payer for services. (For example, Medicare co-pays.)

**95 – Not applicable for FY17 record submitted in FY18 format.**

\*Note: When the value, 09 – Yes, Other, is selected, you will be required to submit the reason as to why the BH-TEDS record was not collected. The state is requiring this information from GHS.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**Update Records – Requires the following fields listed below:**

[Service Start Date](#)

[Service Start Time](#)

[Social Security Number](#)

[I/DD \(Intellectual Development Disability\) Designation](#)

[MI or SED \(Mental Illness or Serious Emotional Disturbance\) Designation](#)

[Detailed SMI or SED Status](#)

[Living Arrangement](#)

[Corrections Related Status](#)

[Juvenile Justice Involvement at Update or Discharge](#)

[Youth Prior Law Enforcement History](#)

[Youth Prior Juvenile Justice History](#)

[Number of Arrests in Past 30 Days](#)

[Employment Status](#)

[Detailed 'Not in Competitive, Integrated Labor Force'](#)

[Other Activity For Those Working Part-time in the Competitive Integrated Labor Force](#)

[Minimum Wage](#)

[Total Annual Income](#)

[Number of Dependents](#)

[SDA, SSI, SSDI Enrolled](#)

[Education](#)

[Currently in Mainstream Special Education Status](#)

[School Attendance Status](#)

[Substance Use Problem \(Primary, Secondary and Tertiary\)](#)

[Frequency of Use \(Primary, Secondary and Tertiary\)](#)

[Attendance at Self-help Groups in Past 30 days \(only for Integrated Treatment individuals\)](#)

[Mental Health Diagnostic Code \(Primary, Secondary, Tertiary\)](#)

[LOCUS Assessment Date](#)

[LOCUS Composite Score](#)

[Work/Task Hours](#)

[Earnings Per Hour](#)

[Type of Treatment Service Setting](#)

[BH-TEDS Full Record Exception](#)

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**Discharge Records – Requires the following fields listed below:**

[Service Start Date](#)

[Service Start Time](#)

[Social Security Number](#)

[I/DD \(Intellectual Development Disability\) Designation](#)

[MI or SED \(Mental Illness or Serious Emotional Disturbance\) Designation](#)

[Detailed SMI or SED Status](#)

[Gender Identity](#)

[Living Arrangement](#)

[Corrections Related Status](#)

[Juvenile Justice Involvement at Update or Discharge](#)

[Youth Prior Law Enforcement History](#)

[Youth Prior Juvenile Justice History](#)

[Number of Arrests in Past 30 Days](#)

[Employment Status](#)

[Other Activity For Those Working Part-time in the Competitive Integrated Labor Force](#)

[Detailed 'Not in Competitive, Integrated Labor Force'](#)

[Minimum Wage](#)

[Total Annual Income](#)

[Number of Dependents](#)

[SDA, SSI, SSDI Enrolled](#)

[Education](#)

[Currently in Mainstream Special Education Status](#)

[School Attendance Status](#)

[Substance Use Problem \(Primary, Secondary and Tertiary\)](#)

[Frequency of Use \(Primary, Secondary and Tertiary\)](#)

[Attendance at Self-help Groups in Past 30 days \(only for Integrated Treatment individuals\)](#)

[Mental Health Diagnostic Code \(Primary, Secondary, Tertiary\)](#)

[LOCUS Assessment Date](#)

[LOCUS Composite Score](#)

[Work/Task Hours](#)

[Earnings Per Hour](#)

[Type of Treatment Service Setting](#)

[BH-TEDS Full Record Exception](#)

**Reason for Service Update/End** – Identifies the record as an update or indicates the outcome of a treatment episode or reason for transfer/discontinuance.

Valid value for the field:

**01 – Treatment Completed** – Substantially all parts of the treatment plan or program were completed.

**02 – Dropped Out of Treatment** – Individual chose not to complete treatment program. Includes individuals who drop out of treatment for unknown reasons, individuals with whom contact has been lost, individuals who fail to return from leave (i.e. AWOL), and individuals who have not attended for some time as identified by state guidelines.

**03 – Terminated by Facility** – Treatment terminated by action of the treatment facility, generally because of non-compliance with treatment or violation of rules, laws, policies or procedures.

**04 – Transferring to Another Program or Facility/completed level of Care** – Individual will transfer to another level of care, program, provider or facility.

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

**34 – Discharge from State Hospital to Acute Medical Facility for Medical Services** – Individual with an open State Psychiatric Hospital Admission is discharged from the state hospital and transferred to an acute medical facility for medical services.

**05 – Incarcerated or Released by Courts** – Individual's treatment is terminated because s/he has been subject to jail, prison or house confinement or s/he has been released by or to the courts.

**06 – Death** – The death of the individual receiving behavioral health services.

**07 – Other** – Individual transferred or discontinued treatment because of change in life circumstances like aging out of the Children's MH System, extended illness, hospitalization or placement or change of residence out of the PIHP region.

**96 – N/A – Update Record** – utilized for Update records only

# Behavioral Health – Treatment Episode Data Set (BH-TEDS)

## Biopsychosocial Assessment Form

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[BH-TEDS Full Record Exception](#)

[Branch Served In](#)

[Client/Family Enrolled in/connected to VA/veteran resources/other support & service organizations](#)

[Corrections Related Status](#)

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Last Updated 09/29/2023