Washington State Department of Social & Health Services
Transforming lives

BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION (BHSIA)

BHSIA Target Data Elements Assessment / Admission Setup

STAFF IDENTIFICATION
AGENCY NUMBER

Section I: Client Identification

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. OTHER LAST NAME

5. GENDER	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER *	8. WASHINGTON DRIVER'S LICENSE OR ID NO.
☐ Male ☐ Female			

9. WHICH RACE / ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)

- ☐ Asian Indian
- ☐ Black / African American
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian
- ☐ Hawaiian (Native)
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Middle Eastern
- ☐ Native American
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Other Race
- ☐ Refused to Answer
- ☐ Samoan
- ☐ Thai
- ☐ Vietnamese
- ☐ White / European American
- ☐ Non-federal tribe

Tribal Code (No. 1) _____

Tribal Code (No. 2) _____

10. SPANISH/HISPANIC/LATINO (CHECK ONE)

- ☐ Cuban
- ☐ Mexican, Mexican American, Chicano
- ☐ Not Spanish/Hispanic/Latino
- ☐ Other Spanish/Hispanic/Latino
- ☐ Puerto Rican
- ☐ Refused to Answer

NOTES

* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section II: Assessment Setup

1. ASSESSMENT DATE

2. ASSESSMENT TIME
: ☐ A.M. ☐ P.M.

3. DATE OF FIRST CONTACT

4. ASSESSMENT TYPE (CHECK ONE)
- ☐ CD and Gambling
- ☐ Gambling
- ☐ Deferred Prosecution
- ☐ Involuntary Commitment
- ☐ DUI/Dept. of Licensing
- ☐ Other than the Above (CD)
- ☐ Expanded Assessment

5. ENTRY REFERRAL (CHECK ALL THAT APPLY)
- ☐ At Risk Youth (ARY / CHINS)
- ☐ Attorney
- ☐ BECCA Involved
- ☐ Court / Probation
- ☐ DCFS / CPS
- ☐ Department of Corrections (DOC)
- ☐ Department of Licensing (DOL)
- ☐ Detoxification Facility
- ☐ Diversion
- ☐ DSHS Community Services Office
- ☐ Employer / EAP
- ☐ First Steps or PPP Case
- ☐ Gambling Facility
- ☐ Group Care
- ☐ 24 Hour Help line
- ☐ Involuntary Commitment
- ☐ JRA
- ☐ Mass media
- ☐ MD / Primary Care Provider
- ☐ Mental Health Provider
- ☐ Other Alcohol / Drug Facility
- ☐ Other Health Care Provider
- ☐ Pharmacist
- ☐ Phone book
- ☐ Police
- ☐ School/Education
- ☐ Self Help
- ☐ Self / Family
- ☐ Social Security Administration
- ☐ Website
- ☐ Other:

6. CLIENT REGISTRY PARTICIPATION	7. REGISTRY STATUS DATE	8. REFERRING CSO/HCS	9. CSO REFERRAL DATE
☐ Permitted ☐ Refused ☐ Revoked			

Section III: Admission Setup

1. ADMISSION DATE

2. ADMISSION TIME
: ☐ A.M. ☐ P.M.

3. DATE OF FIRST CONTACT

4. BECCA admission? ☐ Yes ☐ No

5. Is this an ADATSA admission? ☐ Yes ☒ No

6. Admission type: ☐ CD ☐ Gambling ☐ Both

7. ENTRY REFERRAL (CHECK ALL THAT APPLY)
- ☐ At Risk Youth (ARY / CHINS)
- ☐ Attorney
- ☐ BECCA Involved
- ☐ Court / Probation
- ☐ DCFS / CPS
- ☐ Department of Corrections (DOC)
- ☐ Department of Licensing (DOL)
- ☐ Detoxification Facility
- ☐ Diversion
- ☐ DSHS Community Services Office
- ☐ Employer / EAP
- ☐ First Steps or PPP Case
- ☐ Gambling Facility
- ☐ Group Care
- ☐ 24 Hour Help line
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- ☐ JRA
- ☐ Mass media
- ☐ MD / Primary Care Provider
- ☐ Mental Health Provider
- ☐ Other Alcohol / Drug Facility
- ☐ Other Health Care Provider
- ☐ Pharmacist
- ☐ Phone book
- ☐ Police
- ☐ School/Education
- ☐ Self Help
- ☐ Self / Family
- ☐ Social Security Administration
- ☐ Website
- ☐ Other:

8. REFERRING AGENCY	9.REFERRING ASSESSMENT DATE

10. REFERRING CSO	11. CLIENT REGISTRY PARTICIPATION	12.REGISTRY DATE
	☐ Permitted ☐ Refused ☐ Revoked	

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment/Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section IV: Client Milestones

A. LANGUAGE SKILLS

1. PRIMARY LANGUAGE USED IN YOUR HOME IF OTHER THAN ENGLISH (CHECK ONE BOX ONLY)

☐ American Sign Language	☐ Farsi	☐ Ilocano	☐ Marathi	☐ Samoan
☐ Amharic	☐ Finnish	☐ Indian (General)	☐ Mien	☐ Spanish
☐ Arabic	☐ French	☐ Italian	☐ Norwegian	☐ Tagalog
☐ Cambodian	☐ German	☐ Japanese	☐ Other Language	☐ Thai
☐ Cantonese	☐ Greek	☐ Korean	☐ Polish	☐ Tigrigna
☐ Chinese	☐ Gujarati	☐ Lakota Sioux	☐ Puyallup	☐ Ukrainian
☐ Czech	☐ Hindi	☐ Laotian	☐ Romanian	☐ Unknown Language
☐ Dutch	☐ Hmong	☐ Malay	☐ Russian	☐ Vietnamese
	☐ Hungarian	☐ Mandarin	☐ Salish	☐ Yakama

B. FAMILY AND SOCIAL ARRANGEMENTS

1. In the last 30 days: How many times have you attended a self-help session related to recovery from substance abuse or dependence? (199 means not collected)

2. RESIDENCY (CHECK ONE BOX ONLY)

☐ Controlled Environment	☐ Jail/Prison	☐ Student Residence
☐ Drug-Free Shared/Transitional Housing	☐ No Stable Arrangement	☐ Transient Quarters
☐ Foster/Group Home	☐ On the Street	☐ Work/Training Release Center
☐ Homeless Shelter/Mission	☐ Personal Residence	
☐ Hospital/Other Institution	☐ Single Room Occupancy	

3. STREET ADDRESS	4. CITY	5. STATE	6. ZIP CODE

7. COUNTY	8. TELEPHONE NUMBER

9. Do you have a valid driver's license (ASI)? ☐ Yes ☐ No

10. Do you have an automobile available (ASI) ☐ Yes ☐ No

11. MARITAL STATUS (CHECK ONE BOX ONLY)

☐ Divorced ☐ Married or Committed Relationship ☐ Never Married ☐ Separated ☐ Widowed

12. Are you satisfied with your current marriage or relationship status (ASI)? ☐ Yes ☐ No ☐ Indifferent

13. WHO ARE YOU LIVING WITH (CHECK ONE BOX)

☐ Alone	☐ Other Family Members with or without Child(ren)	☐ Spouse/Partner Alone
☐ Child(ren) Alone		☐ Spouse/Partner and Child(ren)
☐ Foster parents/Group Home	☐ Parent(s)/Parent(s) with Child(ren)	
☐ Friends	☐ Roommates	

14. HOW DO YOU IDENTIFY YOUR SEXUAL ORIENTATION?

☐ Bisexual ☐ Choosing Not to Disclose ☐ Gay/Lesbian ☐ Heterosexual ☐ Questioning ☐ Transgender

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section IV: Client Milestones (Continued)

B. FAMILY AND SOCIAL ARRANGEMENTS (CONTINUED)

15. Persons in household (including you): _____
16. Number of your children or siblings under 18 years living with you: _____
17. Number of your children or siblings under 18 years not living with you: _____
18. Number of other children under 18 years living with you: _____

19. In the last thirty days, have you had significant periods in which you have experienced serious problems getting along with (ASI):

☐ Children ☐ Father ☐ Other Significant Family Member
☐ Close Friends ☐ Mother ☐ Sister/Brother
☐ Co-workers ☐ Neighbors ☐ Spouse/Sexual Partner

20. In the last 30 days (ASI):
How many times have you had serious conflicts with your family members: _____
How troubled or bothered have you been by family problems (ASI Scale Number): _____

21. How important to you now is treatment or counseling for these family problems (ASI Scale Number): _____

22. Is your current living environment conducive to recovery? ☐ Yes ☐ No

23. IF UNDER 18 YEARS, HOW MANY TIMES HAVE YOU RUN AWAY IN THE PAST YEAR?

☐ 0 times ☐ 2 times ☐ 4 times ☐ 6 to 10 times ☐ More than 20 times
☐ 1 time ☐ 3 times ☐ 5 times ☐ 11 to 20 times

C. EDUCATION

1. ACADEMIC/TRAINING ACHIEVEMENT (CHECK ONE BOX ONLY)

☐ AA Degree (Academic) ☐ No Degree ☐ Vocational Training (Certificate)
☐ AA Degree (Vocational) ☐ Post-Graduate Degree ☐ Vocational Training (No Certificate)
☐ GED ☐ Undergraduate Degree
☐ High School Diploma ☐ Unknown

2. YEARS OF EDUCATION: _____

3. In the last twelve months:
How many times have you been suspended from school: _____
How many schools have you been expelled from: _____

4. CURRENT SCHOOL STATUS (CHECK ONE)

☐ Dropped Out ☐ Not Enrolled
☐ Expelled ☐ Part Time
☐ Full Time ☐ Suspended

D. EMPLOYMENT AND INCOME

1. EMPLOYMENT ACTIVITY (CHECK ONE BOX ONLY)

☐ Employed Full-Time ☐ Institutionalized ☐ Retired
☐ Employed Part-Time (less than 30 hours) ☐ Military ☐ Under Age Not in Workforce
☐ Employed Temporary/On Call/Intermittent ☐ Not in Work Force ☐ Unemployed Not Seeking Work
☐ Homemaker ☐ Not Working Due to Disability ☐ Unemployed Seeking Work

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section IV: Client Milestones (Continued)

D. EMPLOYMENT AND INCOME (CONTINUED)

2. PRIMARY SOURCE OF INCOME OR SUPPORT (CHECK ONE BOX ONLY)

☐ Disability ☐ Other ☐ Social Security (SSA/SSDI)
☐ Family/Friend (most Youth fall here) ☐ Public Assistance ☐ Unemployment Compensation
☐ None ☐ Retirement Pension ☐ Wages/Salary

3. MONTHLY HOUSEHOLD GROSS INCOME (Immediate family ONLY)

4. MONTHLY PERSONAL INCOME (GROSS)

5. In the last 30 days (ASI):
How many days were you paid for working: _____
How much money did you receive from employment: _____
How much money did you receive from illegal activities: _____

E. MILITARY VETERAN

1. Have you ever served on active duty in the U.S. Military?
☐ Yes ☐ No ☐ Refused
Start month/year: _____ End month/year: _____

2. What branch of service?
☐ Air Force ☐ Marine Corps
☐ Army ☐ Navy
☐ Coast Guard

3. Have you ever been a member of the National Guard or Reserves?
☐ National Guard ☐ No ☐ Refused ☐ Reserves
Start month/year: _____ End month/year: _____

4. Are you the spouse, partner or dependent minor of someone who has served or is serving in the U.S. Military, National Guard, or Reserves?
☐ Child ☐ Spouse/Domestic Partner
☐ No ☐ Widow
☐ Other ☐ Refused
Start month/year: _____ End month/year: _____

F. PHYSICAL HEALTH

1. PREVIOUS MEDICAL TREATMENT – NOT PREVENTATIVE

In the last 30 days (ASI):
How many days have you experienced medical problems: _____
How troubled or bothered have you been by these medical problems (ASI Scale Number): _____
How important to you now is treatment for these medical problems (ASI Scale Number): _____

(FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR, FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION)

2. Number of previous emergency room visits: _____
3. Number of previous outpatient/clinic visits: _____
4. Number of previous hospital inpatient admissions: _____
5. Number of previous hospital inpatient days: _____
6. How many times have you been tested for STD in the last year? _____

	YES	NO	IN NEED
7. Currently under care for infectious disease?	☐	☐	☐
8. Have you ever had a traumatic head injury that resulted in loss of consciousness?	☐	☐	
9. Currently under care for traumatic injury?	☐	☐	☐
10. Currently under care for continuing illness?	☐	☐	☐
11. Currently under care for dental?	☐	☐	☐

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section IV: Client Milestones (Continued)

H. PHYSICAL HEALTH (CONTINUED)

12. DISABILITY – MAJOR LIMITATIONS (CHECK ALL THAT APPLY)

☐ ADHD/ADD ☐ Hearing ☐ Mobility ☐ Speech-Impaired
☐ Cognitive Impairment ☐ Learning ☐ None ☐ Vision
☐ Developmental ☐ Mental/Psychological ☐ Parkinson's ☐ Other:

13. HAVE YOU EVER BEEN A VICTIM OF DOMESTIC VIOLENCE? ☐ Yes ☐ No ☐ Uncertain

14. ARE YOU CURRENTLY A VICTIM OF DOMESTIC VIOLENCE? ☐ Yes ☐ No ☐ Uncertain

G. PREGNANCY STATUS

1. ESTIMATED DUE DATE (MM/DD/YYYY)	2. HAS PRENATAL PROVIDER? ☐ Yes ☐ No	3. PREGNANCY END DATE (MM/DD/YYYY)

H. MENTAL/PSYCHOLOGICAL CONDITIONS

1. PREVIOUS MENTAL TREATMENT (FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.) (CHECK ONE BOX ONLY)
☐ No/NA ☐ Unknown ☐ With Hospitalization ☐ With Outpatient Treatment

2. DAYS HOSPITALIZED FOR MENTAL TREATMENT

3. **CURRENT PSYCHOLOGICAL EVALUATION** (CHECK ONE BOX ONLY)
☐ No Evaluation Made
☐ Problem Indicated, Referral Made
☐ Psychological Evaluation Made, No Problem Found
☐ Psychological Evaluation Made, Problem Diagnosed
☐ Re-evaluation Needed

4. Does anyone in your immediate family or current living situation have a diagnosed mental illness? ☐ Yes ☐ No

5. In the last 30 days (ASI):
   How many days have you experienced psychological or emotional problems: _____
   How troubled or bothered have you been by psychological or emotional problems (ASI Scale Number): _____

6. How important to you now is treatment for these psychological problems (ASI Scale Number): _____

7. In the past 30 days have you had a significant period of time (that was not a direct result of A/D use) in which you have (ASI):

	Yes	No
a. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functions?	☐	☐
b. Experienced serious anxiety/tension - uptight, unreasonably worried, inability to feel relaxed?	☐	☐
c. Experienced hallucinations - saw things or heard voices that were not there?	☐	☐
d. Experienced trouble understanding, concentrating, or remembering?	☐	☐
For the next three items below, patient can have been under the influence of alcohol / drugs.		
e. Experienced trouble controlling violent behavior including episodes of rage or violence?	☐	☐
f. Experienced serious thoughts of suicide (patient seriously considered a plan for taking his/her life)?	☐	☐
g. Attempt suicide (include actual suicide gestures or attempts)?	☐	☐

8. CURRENTLY RECEIVING MENTAL HEALTH SERVICES? ☐ Yes ☐ No ☐ In Need	9. CURRENTLY ON PRESCRIBED PSYCHIATRIC MEDICATIONS? ☐ Yes ☐ No ☐ Unknown	10. QUADRANT PLACEMENT

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section IV: Client Milestones (Continued)

I. ARRESTS AND LEGAL ISSUES

1. PREVIOUS ARREST(S) (FOR ASSESSMENTS AND ADMISSIONS, PREVIOUS MEANS THE LAST YEAR. FOR DISCHARGE, PREVIOUS MEANS SINCE ADMISSION.) (CHECK ALL THAT APPLY)

☐ Crime(s) Unknown
☐ Criminal Trespass
☐ Domestic Violence
☐ Driving Under the Influence
☐ Drug Possession
☐ Drug Trafficking or Manufacturing
☐ Embezzlement
☐ Forgery
☐ Fraud (includes bad checks)
☐ ID Theft
☐ Malicious Mischief or Disorderly Conduct
☐ None
☐ Other Public-Order Offenses
☐ Property Crimes
☐ Theft
☐ Violent Crimes

2. How many times in the last 30 days have you been arrested? _____

3. How many times have you ever been charged with (NOTE: Adult offense only) (ASI):

Arson _____
Assault _____
Burglary _____
Contempt of Court _____
Drug Related Violations _____
Forgery _____
Homicide _____
Other Criminal Offense _____
Probation Violation _____
Prostitution _____
Rape _____
Robbery _____
Shoplifting _____
Weapons Offense _____

4. CURRENT LEGAL INVOLVEMENT (CHECK ALL THAT APPLY)

☐ Awaiting Charges
☐ Awaiting Trial
☐ Child Custody Issue
☐ Convicted, Awaiting Sentence
☐ CPS Court Involved
☐ Diversion
☐ Drug Court - Adult
☐ Drug Court - Juvenile
☐ In DUI Deferred Prosecution Status
☐ In Other Supervised Program
☐ Incarcerated, Post-Conviction
☐ Incarcerated, Pre-Trial
☐ None
☐ On Probation or Parole
☐ On Trial
☐ Petitioning for DUI Deferred Prosecution

5. How many days in the past 30 days have you engaged in illegal activities for profit: _____ (ASI)

6. How serious do you feel your present legal problems are (ASI Scale Number): _____

7. How important to you now is counseling or referral for these legal problems (ASI Scale Number): _____

J. GAMBLING ISSUE

1. **In the last twelve months:**	Yes	No
a. Have there been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?	☐	☐
b. Have you continued to gamble in spite of adverse consequences that have affected your finances, family relationships, work, or other parts of your life?	☐	☐
c. Have you lied to family members, friends, or others about how much you gamble?	☐	☐
d. Have there been periods lasting two weeks or longer when you spent a lot of time thinking about you gambling experiences or planning out future gambling ventures or bets?	☐	☐
e. Have you tried but not succeeded in stopping cutting, down, or controlling your gambling behavior?	☐	☐

2. **In the last twelve months:**

a. Have you contemplated or attempted suicide? ☐ Yes ☐ No
b. Have you contemplated or attempted to do physical harm to another person? ☐ Yes ☐ No

3. Score on South Oaks Gambling Screen (SOGS): _____

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section IV: Client Milestones (Continued)

J. GAMBLING ISSUE (CONTINUED)

4. In the past 30 days, how many days have you played (enter quantity):

Bingo _____	Gambling and substance use in the same day _____
Bowl, pool, golf or other games of skill _____	Internet gambling _____
Card Games (non Casino) _____	Lottery, numbers, instant tickets(scratch-offs) _____
Casino table games _____	Other forms of gambling _____
Dice games, dominoes _____	Play slots, poker machines, video lottery terminals _____
Horses, dogs _____	Sports _____
Gambling more than you can afford _____	Stock options, commodities _____

5. **In the past 30 days:**
   a. How much money would you say you spent per week on gambling? $_____
   b. Number of gambling episodes per week _____

K. SUBSTANCE ABUSE

1. If administered a breath test, what were the results: _____
2. In the past 30 days (ASI):
   How much money would you say you spent on alcohol: $_____
   How much money would you say you spent on drugs: $_____
   How many days have you experienced alcohol problems: _____
   How troubled or bothered have you been by these alcohol problems (ASI Scale Number): _____
   How important to you now is treatment for these alcohol problems (ASI Scale Number):_____
   How many days have you experienced drug problems: _____
   How troubled or bothered have you been by these drug problems (ASI Scale Number):_____
   How important to you now is treatment for these drug problems (ASI Scale Number): _____
3. Does anyone in your immediate family or current living situation have an alcohol problem? ☐ Yes ☐ No
4. Does anyone in your immediate family or current living situation have a problem with drugs other than alcohol or tobacco? ☐ Yes ☐ No
5 Does anyone in your immediate family or current living situation have a gambling problem? ☐ Yes ☐ No
6. How many times in the last 30 days have you used alcohol to intoxication: _____ (ASI)

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section IV: Client Milestones (Continued)

L. SUBSTANCE USE HISTORY

KEY CODES

PST CODES	ADMINISTRATION CODES		FREQUENCY OF USE/PEAK USE PER MONTH	
Primary (1)	Inhalation (I)	Oral (O)	1 - No use	4 - 13 or more times
Secondary (2)	Injection (J)	Other (X)	2 - 1 to 3 times	5 - Daily
Tertiary (3)	Intra nasal (N)	Smoking (S)	3 - 4 to 12 times	6 - Unknown

SUBSTANCES

SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE) 1 2 3	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE) 1 2 3
1. Alcohol	☐ ☐ ☐	12. No substance abuse	☐ ☐ ☐
2. Amphetamines	☐ ☐ ☐	13. Other:	☐ ☐ ☐
3. Barbiturates	☐ ☐ ☐	14. Other Sedatives or Hypnotics	☐ ☐ ☐
4. Benzodiazepines	☐ ☐ ☐	15. Other Opiates and Synthetics	☐ ☐ ☐
5. Cocaine	☐ ☐ ☐	16. Over the Counter	☐ ☐ ☐
6. Hallucinogens	☐ ☐ ☐	17. Oxy/Hydro Codone	☐ ☐ ☐
7. Heroin	☐ ☐ ☐	18. PCP	☐ ☐ ☐
8. Inhalants	☐ ☐ ☐	19. Prescribed Opiate Substitute	☐ ☐ ☐
9. Major tranquilizers	☐ ☐ ☐	20. Substance Unknown	☐ ☐ ☐
10. Marijuana – Cannabis	☐ ☐ ☐	21. Tobacco products (cannot be primary)	☐ ☐ ☐
11 Methamphetamine	☐ ☐ ☐		

1. IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH THE ABOVE KEY CODES.

PST	SUBSTANCE (CODE)	ADMIN (CODE)	AGE OF FIRST USE	FREQUENCY OF USE IN LAST 30 DAYS (CODE)	PEAK USE PER MONTH IN LAST YEAR (CODE)	DATE LAST USED MM/DD/YYYY	AMOUNT TAKEN/COMMENTS
1							
2							
3							

2. CURRENT STAGE OF USE

☐ Chemically Dependent (Addicted) ☐ Experimental Use ☐ In Recovery
☐ Abuse ☐ No Significant Problem

3. Have you ever used needles to illicitly inject drugs? ☐ Continuously ☐ Intermittently ☐ Rarely ☐ Never

4. Inject drugs in the last 30 days? ☐ Yes ☐ No **This option for abort discharge ONLY:** ☐ **Unknown**

5. Currently use tobacco products: ☐ Smoke ☐ Chew ☐ Both ☐ None
   Ever tried to quit using tobacco products? ☐ Yes ☐ No
   Want to quit using tobacco products now? ☐ Yes ☐ No

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section V: Client Referrals, Modality, and Funding

Complete the section that corresponds to the client's assessment or admission.

☐ **A. ASSESSMENT COMPLETION (NON-ADATSA)**

REFERRALS

1. FORWARD REFERRAL (CHECK ALL THAT APPLY)

☐ Alcohol/Drug Information School ☐ CSO ☐ Mental Health Services
☐ Alcohol/Drug Treatment ☐ Detoxification ☐ No Referral
☐ ATR Services ☐ Gambling Treatment ☐ Other (specify):
☐ CD Involuntary Commitment ☐ Medical/Dental Services ☐ Self-Help Group

2. Did you suggest client apply for DSHS Public Assistance?
☐ Yes ☐ No

3. RECOMMENDED ASAM PLACEMENT LEVEL

FUNDING SOURCE

1. SPECIAL PROJECT STATE	2. SPECIAL PROJECT COUNTY	3. SPECIAL PROJECT AGENCY

4. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)

☐ Applicant ☐ None
☐ Aged, Blind or Disabled (ABD) ☐ Refugee Assistance
☐ Medicaid Alternative Benefit Plan (ABP) ☐ Supplemental Security Income (SSI; S01)
☐ Medical Assistance Only ☐ Temporary Assistance for Needy Families (TANF)

5. CONTRACT (CHECK ONE BOX ONLY)

☐ Adult Outpatient ☐ Criminal Justice – Innovation ☐ Other/None
☐ Adult Residential ☐ Crim Just Ino Hardship Insured ☐ Pregnant/Parenting
☐ ATR – Access to Recovery ☐ DOC - COM ☐ TANF (ESA)
☐ BRIDGES ☐ DOC - Jail ☐ Tribe MOA (Title XIX)
☐ CDDA (COMM) ☐ Gov2Gov (Non XIX) ☐ WA-CARES
☐ CDDA (LS) ☐ Indian Health Services (IHS) ☐ WASBIRT
☐ Criminal Justice (CJ) ☐ Local Sales Tax ☐ Youth Treatment
☐ Crim Just Hardship Insured ☐ Molina – Managed Care

6. FUND SOURCE CD (CHECK ONE BOX ONLY)

☐ Agency Funded ☐ Federal Direct ☐ State Direct
☐ County Community Services ☐ Other ☐ State DSHS (Non DASA)
☐ DOC ☐ Private Pay ☐ Tribal Community Services

7. FUND SOURCE GAMBLING (Check One Box Only)	8. TITLE XIX FUNDED	9. GOVERNING COUNTY (If Not County Of Facility)
☐ State Direct ☐ Private Pay ☐ Other	☐ Yes ☐ No	

10. ASSESSMENT STAFF ID	11. CASE MONITOR (IF DIFFERENT)	12. ASSESSMENT DURATION HOURS MINUTES

13. INTERVIEWER'S SIGNATURE	14. DATE

NOTES

BHSIA TARGET DATA ELEMENTS

Assessment / Admission and Discharge

☐ Assess ☐ Admit

AGENCY NUMBER	STAFF IDENTIFICATION
CLIENT NAME	

Section V: Client Referrals, Modality, and Funding (Continued)

☐ **B. ADMISSION COMPLETION**

1. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)

☐ Applicant ☐ None
☐ Aged, Blind or Disabled (ABD) ☐ Refugee Assistance
☐ Medicaid Alternative Benefit Plan (ABP) ☐ Supplemental Security Income (SSI)
☐ Medical Assistance Only ☐ Temporary Assistance for Needy Families (TANF)

2. MODALITY (CHECK ONE BOX ONLY)

☐ Detoxification ☐ Intensive Inpatient ☐ Recovery House
☐ Group Care Enhancement ☐ Intensive Outpatient ☐ Methadone/Opiate Substitution Treatment
☐ Housing Support Services ☐ Long-Term Residential ☐ Outpatient

3. CONTRACT (CHECK ONE BOX ONLY)

☐ Adult Outpatient ☐ Criminal Justice – Innovation ☐ Other/None
☐ Adult Residential ☐ Crim Just Ino Hardship Insured ☐ Pregnant/Parenting
☐ ATR – Access to Recovery ☐ DOC - COM ☐ TANF (ESA)
☐ BRIDGES ☐ DOC - Jail ☐ Tribe MOA (Title XIX)
☐ CDDA (COMM) ☐ Gov2Gov (Non XIX) ☐ WA-CARES
☐ CDDA (LS) ☐ Indian Health Services (IHS) ☐ WASBIRT
☐ Criminal Justice (CJ) ☐ Local Sales Tax ☐ Youth Treatment
☐ Crim Just Hardship Insured ☐ Molina – Managed Care

4. FUND SOURCE (CHECK ONE BOX ONLY)

☐ Agency Funded ☐ Federal Direct ☐ State Direct
☐ County Community Services ☐ Other ☐ State DSHS (Non DASA)
☐ DOC ☐ Private Pay ☐ Tribal Community Services

5. FUND SOURCE GAMBLING (CHECK ONE BOX ONLY)	6. TITLE XIX FUNDED	8. RECOMMENDED ASAM PLACEMENT LEVEL
☐ State Direct ☐ Private Pay ☐ Other	☐ Yes ☐ No	

9. SPECIAL PROJECT STATE	10. SPECIAL PROJECT COUNTY	11. SPECIAL PROJECT AGENCY

12. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)	13. INSURANCE PAYMENT (PRIVATE) (CHECK ONE BOX ONLY)
	☐ No Insurance Payment ☐ 50% or greater ☐ Less than 50%

14. ADMISSION STAFF ID	15. COUNSELOR STAFF ID	16. ADMISSION DURATION
		Hours: Minutes:

17. COURT ORDERED	18. DOC SUPERVISION	19. CONSENT STATUS
☐ CD ☐ MH ☐ Both ☐ None	☐ Yes ☐ No	☐ Permitted ☐ Refused ☐ Revoked

20. CONSENT DATE	21. INTERVIEWER'S SIGNATURE	22. DATE

NOTES