

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Behavioral Health Treatment Episode Data Set (BHTEDS)

File Specifications for PIHP Regional Entities

FY 2025

BHTEDS START File Format (A, M, Q)

NOTE: Any errors on the HDDR or TRLR record will cause the entire file to reject and be returned to the appropriate submitter via the Data Exchange Gateway (DEG) via the 5873 file.

BHTEDS Service Start Header Format

Field Name	Type	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"HDDR"	
EDI APP	Text	2	5	6		
EDI USER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Bureau ID/DEG Mailbox	
EDI USER - suffix	Text	1	14	14	Blank	
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDD	
EDI TRANSFER TIME	Text	4	23	26	HHMM	
EDI FILE NAME	Text	4	27	30	5873	
EDI RUN TYPE	Text	1	31	31	Code	Value Label
					P	Production
					T	Test
EDI BATCH IDENTIFIER	Text	3	32	34	Unique batch identifier assigned by PIHP	
FILLER	Text	277	35	311		

BHTED Episode is required for every individual funded in whole or part with MDHHS administered dollars with the following exceptions: non-health-home (S0280), brief screening (H0002), OBRA-Assessment (99304-99310), transportation (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427 S0209, S0215, T2001-T2005) services.

NOTE: A Service Start Record is stored using the following key values: Client Transaction Type, Payer ID, State Provider Identifier, Unique PIHP Person Identifier, and Service Start Date.

BHTEDS Service Start Input File Format

Field ID	Field Name	Type	Size	Begin	End	Comments		
A001	Client Record Type	Text	1	1	1	Code	Value Label	Description
						A	SU Start	Initial Service Start Record (SU) - Submit once individual is formally accepted into SU treatment funded with SU dollars at SU provider.
						M	MH Start	Initial Service Start Record (MH) - Submit at first non-brief screening billable service.
						Q	Crisis Event Record	Crisis Event Record required for crisis services (<i>H2011, S9484, T1023, 90839, 90840</i>) when there's no open BHTEDS Episode nor Q record submitted in the past 90 days.
A002	System Transaction Type	Text	1	2	2	Code	Value Label	Description
						A	Add	Add a new record to the database.
						C	Change	Replace non-key values in a record already in the database.
						D	Delete	Delete an existing record from the database.
						E	Error Erase	Erase an error from the Error Master without attempting to add/correct the database.
A003	Payer ID	Text	7	3	9	Code	Value Label	Description
						1182841	SAHL	Salvation Army-Harbor Light
						2813621	Northcare	NorthCare Network
						2813628	NMRE	Northern MI Regional Entity
						2813626	LRE	Lakeshore Regional Entity
						2813623	SWMBH	Southwest Michigan Behavioral Health
						2813625	MSHN	Mid-State Health Network
						2813627	CMHP SEM	CMH Partnership of SE MI
						2813629	DWIHN	Detroit Wayne Integrated Health Network
						1183015	Oakland	Oakland Community Health Network
						1183006	Macomb	Macomb County CMH Services
2813624	Region 10	Region 10						
A004	State Provider Identifier	Text	7	10	16	CMHSP ID for MH records; 6 digit LARA ID preceded by a zero for SA records		
A005	Unique PIHP Person Identifier	Text	11	17	27	Unique 11-character alphanumeric code assigned at the PIHP level by which all BHTEDS records and encounters for the individual will be linked.		

Field ID	Field Name	Type	Size	Begin	End	Comments		
A006	Social Security Number	Text	9	28	36	Code	Value Label	Description
						nnnnnnnnn	SSN	Individual's actual social security number
						999999997	Refused	Refused to provide
						999999998	N/A	Not applicable - Individual does not have a social security number
A007	Medicaid ID	Text	10	37	46	Medicaid/Beneficiary ID regardless of current eligibility ; otherwise, blank		
A008	MICild ID	Text	10	47	56	If no ID, leave blank		
A009	Medicare ID	Text	11	57	67	If no ID, leave blank		
A010	SDA, SSI, SSDI Enrolled	Text	1	68	68	Code	Value Label	Description
						1	Yes	Yes, enrolled in one or more of these programs and/or SDA is paying for Room & Board of SUD stay.
						2	No	No, not enrolled in any of these programs and SDA not paying for R&B of SUD stay.
						7	Refused	Refused or unable to provide for this crisis event (Q only)
						8	Not Collected	MH BHTEDS full record exception (M only)
A011	Service Start Date	Text	8	69	76	MMDDYYYY	First billable non-screening service date	
A012	Service Start Date Time of Day	Text	4	77	80	HHMM - military time		
A013	Time to Treatment	Text	3	81	83	nnn	Number of days between first contact requesting service and the first billable, non-brief-screening treatment with no adjustments for reschedules, no-shows, etc.	
A014	Referral Source	Text	2	84	85	Code	Value Label	Description
						01	Individual	Self-referral, parent/care giver, family member, friend, or any individual not included in categories 02-07. Includes self-referral due to pending DWI//DUI
						02	SU Provider	Program/clinic/other health care provider whose principal objective is treating individuals with SUD; SU prevention and/or education related program
						03	Health Care Provider	Physician, psychiatrist, nurse, or other licensed health care professional; general hospital; psychiatric hospital; mental health program; nursing home
						04	School	School principal, counselor or teacher; student assistance program; the school system; educational agency
						05	Employer/EAP	Employee's supervisor, employee counselor or employee assistance program

Field ID	Field Name	Type	Size	Begin	End	Comments		
A014 (continued)	Referral Source (continued)					06	Other community referral	Community or religious organization; any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare; defense attorneys; AA, NA, Etc.
						07	Court/CJ/JJ/ DUI/DWI	Any police official, judge, prosecutor, probation officer, or other person affiliated with the federal, state, or local judicial system. Includes individuals referred by the juvenile justice system, by a court for DUI/DWI; in lieu of or deferred prosecution; individuals referred during pretrial release; before or after official adjudication; individuals on pre-parole, prerelease, work/home furlough or TASC; or individuals referred through civil commitment.
A015	Detailed Criminal Justice Referral	Text	2	86	87	Code	Value Label	Description
						Adults		
						01	Federal/State court	Circuit, District, or Probate Court Referral
						02	Other court	Any court not included in 01 above (i.e. municipal court)
						03	Probation/parole	Probation or parole officer referral
						04	Other recognized legal entities	local law enforcement, corrections, review board/agency
						05	Diversionsary program	Individual referred to treatment in lieu of jail/prison
						06	Prison	Individual directed to treatment by the prison as condition of release or part of furlough program
						07	DUI/DWI	Referred as part of disposition of DUI/DWI case
						08	Other	
						10	MDOC SUD Treatment	MDOC SUD Treatment Referral
						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.						

Field ID	Field Name	Type	Size	Begin	End	Comments	
A015 (continued)	Detailed Criminal Justice Referral (Continued)					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 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 supervised by the local MDHHS office <u>not</u> 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.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A015 (continued)	Detailed Criminal Justice Referral (Continued)					57	Mental Health Block Grant Project	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 programs offered through local law enforcement programs, privately operated diversion programs, etc.
						59	Juvenile found incompetent, unable to be restored due to SED w/post 09/30/23 Service Start Date	Juvenile w/post 09/30/2023 service start date 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.
						Adults and Children/Youth		
						96	N/A	Not Applicable. This is not a CJ referral.
A016	Type of Treatment Service Setting	Text	2	88	89	Code	Value Label	Description
						02	Residential Detox	Detoxification, 24 hour service, free-standing residential
						04	S/T Residential	Rehabilitation/residential - short term (30 days or fewer)
						05	L/T Residential	Rehabilitation/residential - long term (more than 30 days)
						06	IOP	Ambulatory - intensive outpatient
						07	O/P	Ambulatory - non-intensive outpatient
						08	Ambulatory Detox	Ambulatory - detoxification
						72	State psychiatric hospital	State psychiatric hospital (Caro, Hawthorn, Kalamazoo, or Walter P Reuther hospitals); requires separate BHTEDS Episode
						73	Community based State MH funded/operated	MDHHS funded or operated community-based program
						74	Residential treatment ctr	Residential treatment center not licensed as a psychiatric hospital

Field ID	Field Name	Type	Size	Begin	End	Comments		
A016 (continued)	Type of Treatment Service Setting (continued)					75	Other psychiatric inpatient	Psychiatric hospital other than State hospitals
						76	Justice System Institution	Institutions under the justice system (i.e. jail, prison, juvenile detention center)
						96	MH Assessment Only	MH individual receiving assessment or evaluation only.
A017	Codependent/Collateral/ Non-using Person Served	Text	1	90	90	Code	Value Label	Description
						1	Codep/Collat/Non-Using	Codependent/collateral/Non-using SUD funded individual
						2	Client	Client
A018	I/DD Designation	Text	1	91	91	Code	Value Label	Description
						1	Yes	Individual meets Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether or not they receive services from the I/DD or MI service arrays.
						2	No	Individual does NOT meet Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether or not they receive services from the I/DD or MI service arrays.
						3	Not evaluated	Unknown if there is documentation that the individual has a severe chronic condition meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability
A019	MI/SED Designation	Text	1	92	92	Code	Value Label	Description
						1	Yes	Individual has as DSM MI diagnosis exclusive of I/DD, SED, or SUD or has an SED.
						2	No	Individual does NOT have a DSM MI diagnosis exclusive of I/DD, SED, or SUD or has an SED.
						3	Not evaluated	Individual has not been evaluated to determine if they have an MI DSM diagnosis or Serious Emotional Disturbance
A020	Detailed SMI/SED Status	Text	1	93	93	Code	Value Label	Description
						1	SMI	Individual meets the current MI 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 21, has a Serious Emotional Disturbance as defined in the current MI Mental Health Code.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A020 (continued)	Detailed SMI/SED Status (continued)					4	Neither	Individual does NOT meet the current MI Mental Health Code Definition P.A. 500 of Serious Mental Illness nor has an SED DSM diagnosis.
						7	Not evaluated	Individual was not evaluated for SMI or SED AND does not have an otherwise documented SMI or SED diagnosis.
A021	Prior Treatment Episodes	Text	1	94	94	Code	Value Label	Comments
						0	0 prior episodes	Do NOT count Assessment-only services in the count.
						1	1 prior episode	
						2	2 prior episodes	
						3	3 prior episodes	Do NOT count Assessment-only services in the count.
						4	4 prior episodes	
						5	5/+ prior episodes	
7	Unknown							
A022	Date of Birth	Text	8	95	102	MMDDYYYY		
A023	Sex Assigned at Birth	Text	1	103	103	Code	Value Label	Comments
						1	Male	Pregnant individuals must be identified as Female assigned at birth.
2	Female							
A024	Pregnant on Service Start Date	Text	1	104	104	Code	Value Label	Description
						1	Yes	Yes, female individual was pregnant on the date service started.
						2	No	No, female individual was not pregnant on the date service started.
						6	N/A	N/A - male adult or prepubescent child
						7	Unknown	Unknown for this crisis event (Q only)
8	Not collected	MH BHTEDS full record exception (M only)						
A025	County of Residence	Text	2	105	106	2 character code from BHTEDS File Specs Appendix A-County Codes corresponding to individual's place of residence		
A026	Race	Text	2	107	108	Code	Value Label	Description
						01	Alaskan native	Alaskan native
						02	American Indian	American Indian (non-Alaskan native)
						04	Black	Black or African American
						05	White	
13	Asian							

Field ID	Field Name	Type	Size	Begin	End	Comments		
A026 (continued)	Race (continued)					20	Other	Other single race
						21	2/more races	Two or more races
						23	Pacific Islander	Native Hawaiian or other Pacific Islander
						97	Refused	Refused to provide
A027	Hispanic or Latino Ethnicity	Text	2	109	110	Code	Value Label	Description
						01	Puerto Rican	
						02	Mexican	
						03	Cuban	
						04	Other	Other specific Hispanic or Latino
						05	N/A	Not of Hispanic or Latino origin
						06	Unspecified	Of Hispanic or Latino origin, but the specific origin not known or specified
97	Unknown	Unknown for this crisis event (Q only)						
A028	Currently in Mainstream Special Education Status	Text	1	111	111	Code	Value Label	Description
						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	N/A	Individual is not school age.
						7	Unknown	Unknown for this crisis event (Q only)
						8	Not collected	MH BHTEDS full record exception (M only)
A029	Education	Text	2	112	113	Code	Value Label	Description
						00	None	No schooling or less than one school grade
						72	Pre-K	Nursery school, pre-school, or head start
						73	Kindergarten	Is in or most recently completed Kindergarten
						74	Special Ed Classroom	Self-contained Special Education Class
						01	Grade 1	Is in or most recently completed 1st grade.
						02	Grade 2	Is in or most recently completed 2nd grade.
						03	Grade 3	Is in or most recently completed 3rd grade.
						04	Grade 4	Is in or most recently completed 4th grade.
						05	Grade 5	Is in or most recently completed 5th grade.
						06	Grade 6	Is in or most recently completed 6th grade.
07	Grade 7	Is in or most recently completed 7th grade.						

Field ID	Field Name	Type	Size	Begin	End	Comments		
A029 (continued)	Education (continued)					08	Grade 8	Is in or most recently completed 8th grade.
						09	Grade 9	Is in or most recently completed 9th grade.
						10	Grade 10	Is in or most recently completed 10th grade.
						11	Grade 11	Is in or most recently completed 11th grade.
						12	Grade 12/GED	Is in or most recently completed 12th grade OR earned GED
						13	College Year 1	In 1st year of college or most recently completed 1 year of college/university.
						14	College Year 2	Has Associates Degree, in 2nd year of college, or most recently completed 2nd year of college/university.
						15	College Year 3	Is in 3rd year of college or most recently completed 3rd year of college/university.
						16	College Year 4	Has Bachelors Degree, in 4th year of college, or most recently completed 4th year of college/university.
						70	Post-Bachelor	In or most recently completed Graduate or other post-Bachelors level Professional school
						71	Vocation	In/completed Vocational school
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A030	School Attendance Status	Text	1	114	114	Code	Value Label	Description
						1	Yes	Yes, client has attended school sometime in the past 3 months
						2	No	No, client has not attended school at any time in the past 3 months
						6	N/A	Individual is not school age.
						7	Unknown	Unknown for this crisis event (Q only)
						8	Not collected	MH BHTEDS full record exception (M only)
A031	Marital Status	Text	2	115	116	Code	Value Label	Description
						01	Never married	
						02	Married/Cohab.	Now married/cohabiting
						03	Separated	
						04	Divorced	
						05	Widowed	
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)

Field ID	Field Name	Type	Size	Begin	End	Comments		
A032	Veteran Status	Text	1	117	117	Code	Value Label	Description
						1	Yes	Yes, individual is a Veteran
						2	No	No, individual is not t a veteran
						7	Unknown	Unknown for this crisis event (Q only)
						8	Not collected	MH BHTEDS full record exception (M only)
A033	Employment Status	Text	2	118	119	Code	Value Label	Description
						01	F/T	Full-time (>= 35 hrs. per week) competitive, integrated employment
						02	P/T	Part-time (< 35 hrs. per week) competitive, integrated employment
						03	Unemployed	Unemployed but actively looking for work.
						04	Not in competitive, integrated labor force	Not in competitive, integrated labor force
						97	Unknown	Unknown for this crisis event (Q only)
						98	N/A	N/A - individual is under 16 years of age
A034	Detailed 'Not in Competitive, Integrated Labor Force'	Text	2	120	121	Code	Value Label	Description
						01	Homemaker	
						02	Student	
						03	Retired	Individual is fully retired.
						05	Institutional Services	Receiving services from institutional facility (i.e. hospital, jail, prison, etc.)
						07	Sheltered W/S	Participates in sheltered workshop
						61	Unpaid Service	Unpaid volunteering and community service
						62	Self-employed, but not competitive and/or not integrated	Micro-enterprise/Self-employment netting < minimum wage and/or occurs primarily in a non-integrated setting.
						63	Group Employment	In enclaves/mobile crews/agency-owned transitional employment
						64	Facility-based activity for non-work-related goals	Participates in facility-based activity program w/array of specialty supports & services are provided to assist 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.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A034 (continued)	Detailed 'Not in Competitive, Integrated Labor Force' (continued)					60	Discouraged Worker	Individual wants to work but has not actively looked in the past month.
						04	Chooses not to work/participate due to disability	Individual chooses not to work or participate in any of the above-listed activities due to their current disability symptoms.
						67	Chooses not to work/participate - Fear of Losing Entitlements	Individual chooses not to work or participate in any of the above-listed activities for fear of losing entitlement benefits.
						69	Chooses not to work/participate - other	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 losing entitlements.
						96	N/A	Employment Status is coded 01, 02, or 03.
						97	Unknown	Unknown for this crisis event (Q only)
						98	N/A-Underage	N/A - individual is under 16 years of age
A035	Minimum Wage	Text	2	122	123	Code	Value Label	Description
						01	Yes	Working individual is currently earning minimum wage or more.
						02	No	Working individual is currently earning less than minimum wage.
						03	Not working	Individual is not working.
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A036	Total Annual Income	Text	6	124	129	xxxxxx	6 characters, rounded to the nearest whole dollar. Annualized current income utilized in calculating ATP. If ATP not required, enter client report or best estimate.	
						999997	Unknown	Unknown for this crisis event (Q only)
						999998	Not collected	MH BHTEDS full record exception (M only)
A037	Number of Dependents	Numeric	2	130	131	nn	Number of dependents claimed in determining ATP or supported by reported/estimated Total Annual Income.	
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)

Field ID	Field Name	Type	Size	Begin	End	Comments		
						Code	Value Label	Description
A038	Primary Substance Use Problem	Text	2	132	133	01	None	
						02	Alcohol	
						03	Cocaine/crack	
						04	Marijuana/Hash	Includes THC and any other cannabis sativa preparations
						05	Heroin	
						06	Non-rx methadone	Illicit use of non-prescription methadone
						07	Other opiates/synthetics	Other opiates & synthetics including buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, etc.
						08	PCP	Phencyclidine
						09	Hallucinogens	LSD, DMT, mescaline, peyote, STP, etc.
						10	Meth/speed	Methamphetamine/speed
						11	Other amphetamines	MMDA, 'bath salts', phenmetrazine, etc.
						12	Other stimulants	Methylphenidate, etc.
						13	Benzodiazepines	Alprazolam, clonazepam, lorazepam, etc.
						14	Other tranquilizers	Meprobamate & other non-benzo tranquilizers
						15	Barbiturates	Amobarbital, phenobarbital, etc.
						16	Other sedative/hypnotics	Chloral hydrate, ethchlorvynol, glutethimide, methaqualone, etc.
						17	Inhalants	Aerosols, chloroform, ether, glue, etc.
						18	OTC Medications	Over-the-counter medications
						20	Other drugs	GHB, ketamine, 'spice', etc.
97	Unknown	Unknown for this crisis event (Q only)						
A039	Primary Route of Administration	Text	2	134	135	Code	Value Label	Description
						01	Oral	
						02	Smoking	
						03	Inhalation	
						04	Injection	Includes intravenous, intramuscular, intradermal, or subcutaneous.
						20	Other	
						96	Not applicable	No primary Substance Use
						97	Unknown	Unknown for this crisis event (Q only)

Field ID	Field Name	Type	Size	Begin	End	Comments		
A040	Primary Frequency of Use	Text	2	136	137	Code	Value Label	Description
						01	None	No use in the past month
						02	1-3 days/month	1-3 days in the past month
						03	1-2 days/week	1-2 days in the past week
						04	3-6 days/week	3-6 days in the past week
						05	Daily	
						96	N/A	Not applicable - No Primary Substance Use
A041	Primary Age at First Use	Text	2	138	139	Code	Value Label	Description
						00	Newborn	Was born with substance dependency problem (i.e. FAS)
						01-95	Age at first use	Age at first use, in years
						96	N/A	Not applicable - No Primary Substance used
A042	Secondary Substance Use Problem	Text	2	140	141	Code	Value Label	Description
						01	None	
						02	Alcohol	
						03	Cocaine/crack	
						04	Marijuana/Hash	Includes THC and any other cannabis sativa preparations
						05	Heroin	
						06	Non-rx methadone	Illicit use of non-prescription methadone
						07	Other opiates/synthetics	Other opiates & synthetics including buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, etc.
						08	PCP	Phencyclidine
						09	Hallucinogens	LSD, DMT, mescaline, peyote, STP, etc.
						10	Meth/speed	Methamphetamine/speed
						11	Other amphetamines	MMDA, 'bath salts, phenmetrazine, etc.
						12	Other stimulants	Methylphenidate, etc.
						13	Benzodiazepines	Alprazolam, clonazepam, lorazepam, etc.
						14	Other tranquilizers	Meprobamate & other non-benzo tranquilizers
						15	Barbiturates	Amobarbital, phenobarbital, etc.
16	Other sedative/hypnotics	Chloral hydrate, ethchlorvynol, glutethimide, methaqualone, etc.						

Field ID	Field Name	Type	Size	Begin	End	Comments		
A042 (continued)	Secondary Substance Use Problem (continued)					17	Inhalants	Aerosols, chloroform, ether, glue, etc.
						18	OTC Medications	Over-the-counter medications
						20	Other drugs	GHB, ketamine, 'spice', etc.
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A043	Secondary Route of Administration	Text	2	142	143	Code	Value Label	Description
						01	Oral	
						02	Smoking	
						03	Inhalation	
						04	Injection	Includes intravenous, intramuscular, intradermal, or subcutaneous.
						20	Other	
						96	Not applicable	Not applicable-No Secondary Substance Use
						97	Unknown	Unknown for this crisis event (Q only)
98	Not collected	MH BHTEDS full record exception (M only)						
A044	Secondary Frequency of Use	Text	2	144	145	Code	Value Label	Description
						01	None	No use in the past month
						02	1-3 days/month	1-3 days in the past month
						03	1-2 days/week	1-2 days in the past week
						04	3-6 days/week	3-6 days in the past week
						05	Daily	
						96	N/A	Not applicable-No Secondary Substance Use
						97	Unknown	Unknown for this crisis event (Q only)
98	Not collected	MH BHTEDS full record exception (M only)						
A045	Secondary Age at First Use	Text	2	146	147	Code	Value Label	Description
						00	Newborn	Was born with substance dependency problem (i.e. FAS)
						01-95	Age at first use	Age at first use, in years
						96	N/A	Not applicable-No Secondary Substance Use
						97	Unknown	Unknown for this crisis event (Q only)
98	Not collected	MH BHTEDS full record exception (M only)						

Field ID	Field Name	Type	Size	Begin	End	Comments		
A046	Tertiary Substance Use Problem	Text	2	148	149	Code	Value Label	Description
						01	None	
						02	Alcohol	
						03	Cocaine/crack	
						04	Marijuana/Hash	Includes THC and any other cannabis sativa preparations
						05	Heroin	
						06	Non-rx methadone	Illicit use of non-prescription methadone
						07	Other opiates/synthetics	Other opiates & synthetics including buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, etc.
						08	PCP	Phencyclidine
						09	Hallucinogens	LSD, DMT, mescaline, peyote, STP, etc.
						10	Meth/speed	Methamphetamine/speed
						11	Other amphetamines	MMDA, 'bath salts, phenmetrazine, etc.
						12	Other stimulants	Methylphenidate, etc.
						13	Benzodiazepines	Alprazolam, clonazepam, lorazepam, etc.
						14	Other tranquilizers	Meprobamate & other non-benzo tranquilizers
						15	Barbiturates	Amobarbital, phenobarbital, etc.
						16	Other sedative/hypnotics	Chloral hydrate, ethchlorvynol, glutethimide, methaqualone, etc.
						17	Inhalants	Aerosols, chloroform, ether, glue, etc.
						18	OTC Medications	Over-the-counter medications
20	Other drugs	GHB, ketamine, 'spice', etc.						
97	Unknown	Unknown for this crisis event (Q only)						
98	Not collected	MH BHTEDS full record exception (M only)						
A047	Tertiary Route of Administration	Text	2	150	151	Code	Value Label	Description
						01	Oral	
						02	Smoking	
						03	Inhalation	
						04	Injection	Includes intravenous, intramuscular, intradermal, or subcutaneous.
						20	Other	
						96	Not applicable	Not applicable-No Tertiary Substance Use
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)

Field ID	Field Name	Type	Size	Begin	End	Comments		
A048	Tertiary Frequency of Use	Text	2	152	153	Code	Value Label	Description
						01	None	No use in the past month
						02	1-3 days/month	1-3 days in the past month
						03	1-2 days/week	1-2 days in the past week
						04	3-6 days/week	3-6 days in the past week
						05	Daily	
						96	N/A	Not applicable-No Tertiary Substance Use
						97	Unknown	Unknown for this crisis event (Q only)
98	Not collected	MH BHTEDS full record exception (M only)						
A049	Tertiary Age at First Use	Text	2	154	155	Code	Value Label	Description
						00	Newborn	Was born with substance dependency problem (i.e. FAS)
						01-95	Age at first use	Age at first use, in years
						96	N/A	Not applicable-No Tertiary Substance Use
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A050	Medication-assisted Opioid Therapy	Text	1	156	156	Code	Value Label	Description
						1	Yes	
						2	No	
						6	Not applicable	Individual does not use opioids
						7	Unknown	Unknown for this crisis event (Q only)
A051	Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment	Text	1	157	157	Code	Value Label	Description
						1	Integrated Treatment	Individual with co-occurring SU and MH problems is being treated with an integrated treatment plan by an integrated team.
						2	No	No, Individual does NOT have a co-occurring SU and MH problems.
						3	Co-occurring, Not Integrated	Individual with co-occurring SU and MH problems is NOT currently receiving integrated treatment.
						7	Unknown	Unknown for this crisis event (Q only)
A052	Living Arrangement	Text	2	158	159	Code	Value Label	Description
						01	Homeless	No fixed address, including homeless shelters
						02	Dependent	SU-Lives in supervised setting; MH-Minor children living with parents

Field ID	Field Name	Type	Size	Begin	End	Comments		
A052 (Continued)	Living Arrangement (Continued)					03	SU-Independent	SU Only-Lives independently at a fixed address in a private residence.
						22	MH-Residential	MH Only-Lives in a residential care facility (includes children's therapeutic group homes)
						23	MH-Privately owned residence	MH Only-Lives alone, with spouse, or non-relative(s) in a private residence NOT owned or controlled by the PIHP, CMHSP or the contracted provider,
						32	MH-Foster Home	MH Only-Lives in a foster home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. (Includes group homes).
						33	MH-Controlled private residence	MH Only-Lives alone, with spouse, or non-relative(s) in a private residence that is owned and/or controlled by the PIHP, CMHSP or the contracted provider.
						42	MH-Crisis Res.	MH Only-Adult lives in a time-limited 24/hour residential stabilization program that delivers service to restore individual to pre-crisis level of functioning.
						52	MH-Institutional	MH Only-Lives in institutional care facility providing 24/7 care. Includes skilled nursing facility, nursing homes, VA hospital, inpatient psychiatric hospital, state hospital, Intermediate Care Facility/IMR, etc.
						62	MH-Jail/corrections	MH Only-Lives in jail, correctional facility, detention center, child caring institution, prison or other Institution under the justice system
						72	MH-Dependent private residence	MH Only - Individual heavily dependent on others for daily living assistance, living in a home, apartment or other similar dwelling with natural or adoptive family member (parent, stepparent, sibling, child, or grandparent). Adoptive homes offer permanent residence for a child through the adoption process. Individuals over 18 years old living in a private residence who rely on another person for at least 50% of his/her financial support. This encompasses individuals over 18 years old who are still under court jurisdiction, including those with developmental or cognitive differences who are unable to live independently.
97	Unknown	Unknown for this crisis event (Q only)						

Field ID	Field Name	Type	Size	Begin	End	Comments		
						Code	Value Label	Description
A053	Detailed Foster Home Living Arrangement	Text	3	160	162	221	Specialized Residential	Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (regardless of number of beds) or Licensed Children's Therapeutic Group Home. Used for admission records with Service Start Date < 10/01/2024 ONLY.
						222	General Residential	Includes Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds. Used for admission records with Service Start Date < 10/01/2024 ONLY.
						321	Specialized Residential Licensed Foster Care	Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801. Used for admission records with Service Start Date > 09/30/2024 ONLY.
						322	General Residential Licensed Foster Care	Includes Licensed adult foster care facilities not certified to provide a specialized program (per the DMH Administrative rules). Used for admission records with Service Start Date > 09/30/2024 ONLY.
						323	Youth Foster Home	Homes licensed to provide 24-hour care for minor children who are placed away from their parent, legal guardian, or legal custodian in foster care. The licensed individual providing care is require to comply with the reasonable prudent parenting standard as defined in section 1 of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A. A <u>Foster Family Home</u> is licensed care for 1 but not more than 4 children. <u>Foster Family Group Home</u> is licensed to provide care for at least 4 but fewer than 7 minor children. Used for admission records with a Service Start Date > 09/30/2024 ONLY.
						996	N/A	Individual admitted prior to 10/01/2024 does not live in specialized residential services (22). Individual admitted after 09/30/2024 does not live in a Foster Home (32).
						997	Unknown	Unknown for this crisis event (Q only)
						998	Unknown	Unknown for this crisis event (Q only)
A054	Number of Arrests in Past 30 Days	Numeric	2	153	164	nn	Number of separate arrests in the past 30 days.	
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)

Field ID	Field Name	Type	Size	Begin	End	Comments		
						Code	Value Label	Description
A055	Legal Related Status	Text	2	165	166	Adults		
						01	In prison	
						02	In jail	
						03	Parole	Paroled from a state or federal correctional facility
						04	Probation	
						05	Tether	
						06	Pre-FY24 Juvenile detention	Juvenile detention center - Valid for service Start Dates prior to 10/01/2023
						07	Pre-trial	
						08	Pre-sentencing	
						09	Post-booking diversion	
						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.
						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.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A055 (continued)	Legal Related Status (continued)					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 of Community 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	None	Not under jurisdiction of corrections or law enforcement program; No juvenile justice involvement.
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A056	Attendance at Substance Use or Co-dependent Self-help Groups in Past 30 Days	Text	2	167	168	Code	Value Label	Description
						01	None	No attendance
						02	< once a week	Less than once a week - 1 to 3 times in past 30 days
						03	Once a week	About once a week - 4 to 7 times in past 30 days
						04	2-3 times per week	2 to 3 times per week - 8 to 15 times in past 30 days
						05	4/+ times per week	At least 4 times per week - 16 to 30 or more times in past 30 days
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A057	Diagnostic Code Set Identifier	Nu- meric	1	169	169	Code	Value Label	
						3	ICD-10	

Field ID	Field Name	Type	Size	Begin	End	Comments
A058	Substance Use Diagnosis	Text	8	170	177	Valid Entries
						xxx.xxxx
						xxx_ _ _ _ _ where " _ " represents a blank
						xxx. _ _ _ _ _ where " _ " represents a blank
						xxx.x _ _ _ _ where " _ " represents a blank
						xxx.xx _ _ _ _ where " _ " represents a blank
						xxx.xxx _ _ _ _ where " _ " represents a blank
						999.9997 if no SU diagnosis exists OR has SU diagnosis has not been determined based on the assessment performed. Not allowed if PSA is other than None and Integrated SU MH Tx is Integrated or Co-occurring.
A059	MH Diagnostic Code One	Text	8	178	185	Valid Entries
						xxx.xxxx
						xxx_ _ _ _ _ where " _ " represents a blank
						xxx. _ _ _ _ _ where " _ " represents a blank
						xxx.x _ _ _ _ where " _ " represents a blank
						xxx.xx _ _ _ _ where " _ " represents a blank
						xxx.xxx _ _ _ _ where " _ " represents a blank
						999.9997 if no primary MH diagnosis exists OR MH diagnosis has not been determined based upon assessment performed. Not allowed if Integrated SU MH Tx is Integrated or Co-occurring.
A060	MH Diagnostic Code Two	Text	8	186	193	Valid Entries
						xxx.xxxx
						xxx_ _ _ _ _ where " _ " represents a blank
						xxx. _ _ _ _ _ where " _ " represents a blank
						xxx.x _ _ _ _ where " _ " represents a blank
						xxx.xx _ _ _ _ where " _ " represents a blank
						xxx.xxx _ _ _ _ where " _ " represents a blank
						999.9997 if no secondary MH diagnosis exists OR MH diagnosis has not been determined based upon assessment performed.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A061	MH Diagnostic Code Three	Text	8	194	201	Valid Entries		
						xxx.xxxx		
						xxx_ _ _ _ _ where " _ " represents a blank		
						xxx. _ _ _ _ where " _ " represents a blank		
						xxx.x _ _ _ where " _ " represents a blank		
						xxx.xx _ _ where " _ " represents a blank		
						xxx.xxx _ where " _ " represents a blank		
						999.9997 if no tertiary MH diagnosis exists OR MH diagnosis has not been determined based upon assessment performed.		
A062	Legal Status at Admission to State Hospital	Text	2	202	203	Code	Value Label	Description
						01	Vol-self	Voluntary - self
						02	Vol-others	Voluntary - others
						03	Invol-civil	Involuntary - civil
						04	Invol-criminal	Involuntary - criminal
						05	Invol-JJ	Involuntary - juvenile justice
						06	Invol-civil sexual	Involuntary -civil - sexual
						96	N/A	Not applicable-Not a state hospital admission
A063	LOCUS Composite Score	Numeric	2	204	205	Code	Value Label	Description
						nn	2-digit composite score	
						96	N/A	No LOCUS in the past 3 years & individual is adult not receiving MI Services; LOC determined by SIS, ASAM, or MCG; Individual is under 21 years old.
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not Collected	No updated OR previously reported LOCUS dated within the last 3 years; or, individual is receiving only OBRA Assessment, Crisis, Brief Screening or Transportation Only services; or, full BHTEDS-record exception (M only).
A064	LOCUS Screening Date	Numeric	8	206	213	Valid Entries		Description
						MMDDYYYY		Date of screening
						09302099		Used when A063 is 96, 97, or 98

Field ID	Field Name	Type	Size	Begin	End	Comments		
						Code	Value Label	Description
A065	Work/Task Hours	Numeric	3	214	216	nnn	nnn	Number of hours in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
						996	N/A	Not applicable - Employment status=04 and /Detailed not in competitive labor force = 01, 03, 04, 05, OR 60
						997	Unknown	Unknown for this crisis event (Q only)
						998	Not collected	MH BHTEDS full record exception (M only)
A066	Earnings per hour	Text	5	217	221	dd.cc	dd.cc	Amount earned per hour in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
						96.96	N/A	Not applicable - Employment status=04 and /Detailed not in competitive labor force = 01, 03, 04, 05, OR 60
						97.97	Unknown	Unknown for this crisis event (Q only)
						98.98	Not collected	MH BHTEDS full record exception (M only)
A067	Most recent military service era	Text	2	222	223	Code	Value Label	Description
						01	WWII	
						02	Korea	
						03	Vietnam	
						04	Desert Storm	
						05	Post 9/11	Post 9/11 (OIF/OEF/OND)
						06	Peace	Peace time era
						95	N/A FY17	Not applicable for FY17 record submitted in later file format
						96	N/A	Not applicable - No military service
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A068	Branch served in	Text	2	224	225	Code	Value Label	Description
						01	Army	
						02	Army National Guard	
						03	Navy	

Field ID	Field Name	Type	Size	Begin	End	Comments		
A068 (continued)	Branch served in (continued)					04	Air Force	
						05	Air National Guard	
						06	Marines	
						07	Coast Guard	
						08	Space Force	
						95	N/A FY17	Not applicable for FY17 record submitted in later file format
						96	N/A	Not applicable - No military service
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A069	Client or Family military service	Text	2	226	227	Code	Value Label	Description
						01	Yes	Client or family member served in military
						02	No	NEITHER client NOR family member served in military
						95	N/A FY17	Not applicable for FY17 record submitted in later file format
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A070	Client/family enrolled in/connected to VA/veteran resources/other support & service organizations	Text	2	228	229	Code	Value Label	Description
						01	Yes	Client or family member connected to VA-related services/support
						02	No	NEITHER client NOR family member connected to VA-related services/support
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A071	MH BHTEDS full record exception	Text	2	230	231	Code	Value Label	Description
						02	None	"Not collected" was NOT reported in any field in this record.
						04	Co-located	Yes, Co-located Service Only
						05	School Prevention	Yes, School Prevention Services Only
						06	Family Subsidy	Yes, Family subsidy Services Only
						07	Early-on	Yes, Early-on Services Only
						08	Early-ended Assessment	Yes, Assessment Only where assessment ended before all BHTEDS fields were collected.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A071 (continued)	MH BHTEDS full record exception (continued)					09	Other*	Yes, Other for non-listed reason which must be tracked by the PIHP.
						10	Inpatient Secondary Payer	Yes, Inpatient Hospital Services where MDHHS managed funds are the secondary payer for services.
						95	N/A FY17	Not applicable for FY17 record submitted in later file format
A072	Gender Identity	Text	2	232	233	Code	Value Label	Description
						01	Man/Cisgender Man	Individual assigned male at birth who identifies as a man.
						02	Woman/Cisgender Woman	Individual assigned female at birth who identifies as a woman.
						03	Transgender Man	Individual assigned female at birth who identifies as a man.
						04	Transgender Woman	Individual assigned male at birth who identifies as a woman.
						05	Agender	Someone who does not identify as having a particular gender.
						06	Androgynous	Individual whose gender is simultaneously feminine and masculine, though not necessarily in equal amounts.
						07	Bigender	One who identifies as both a man and woman.
						08	Genderfluid	Someone whose gender identity is not fixed, but can move fluidly along the spectrum from masculine to feminine.
						09	Gender Questioning	Someone in the process of deciding which gender identity suits them best.
						10	Non-binary/ Genderqueer	Individuals who do not subscribe to traditional man/woman genders.
						11	Two Spirit	First Nation/Native American/Indigenous individual whose gender exists in ways that challenge colonial constructions of gender binary.
						90	Other	Individual identifies as a gender other than those listed here.
						95	Chose not to disclose	
97	Unknown	Unknown for this crisis event (Q only)						
98	Not collected	MH BHTEDS full record exception (M only)						
A097	Error ID	Nu- mer- ic	8	234	241			
A098	PIHP Record ID	Text	10	242	251			

Field ID	Field Name	Type	Size	Begin	End	Comments		
						Code	Value Label	Description
A073	Youth Prior Law Enforcement History	Text	2	252	253	51	None	No prior 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) would not apply in this section.
						52	Law Enforcement, No delinquency petition filed	Law enforcement has previously been involved with the child/youth for situations that alleged that the child/youth is the 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 previously been involved with the child/youth for situations that alleged that the child/youth is the 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.
A074	Youth Prior Juvenile Justice History	Text	2	254	255	Code	Value Label	Description
						51	None	No prior juvenile justice system 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.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A074 (continued)	Youth Prior Juvenile Justice History (continued)					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 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.
A075	Other activity for those working part-time in the competitive, integrated labor force	Text	2	256	257	Code	Value Label	Description
						01	Homemaker	
						02	Student	
						07	Sheltered W/S	Participates in sheltered workshop
						61	Unpaid Service	Unpaid volunteering and community service
						62	Self-employed, but not competitive and/or integrated	Micro-enterprise/Self-employment netting < minimum wage and/or occurs primarily in a non-integrated setting.
						63	Group Employment	In enclaves/mobile crews/agency-owned 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 looking for F/T employment.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A075 (continued)	Other activity for those working part-time in the competitive, integrated labor force (continued)					67	Chooses not to work F/T /participate - Fear of Losing Entitlements	Individual chooses not to work F/T or participate in any of the above listed activities for fear of losing entitlement benefits.
						69	Chooses not to work F/T /participate - Other	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 losing entitlements.
						96	N/A	Employment Status is coded 01, 03, 04, or 98.
						97	Unknown	Unknown for this crisis event (Q only)
						98	Not collected	MH BHTEDS full record exception (M only)
A076	Legal Guardianship	Numeric	1	258	258	Code	Value Label	Description
						1	Yes	Individual has a legal guardian
						2	No	Individual does not have a legal guardian
						3	Unable to Determine	Unable to determine if the individual has a legal guardian
A077	Type of Guardianship	Text	2	259	260	Code	Value Label	Description
						01	Plenary	Full guardianship in which the court gives the power to exercise all legal rights & duties on behalf of a ward.
						02	Partial	Type of guardianship where the guardian has only those powers set forth in the order of appointment and letter(s) of guardianship.
						03	Unable to Determine	Unable to distinguish what type, if any, guardian the individual has.
						96	N/A	Not applicable - The Individual does not have a legal guardian.
A078	Guardian's Relationship to Individual Being Served	Text	2	261	262	Code	Value Label	Description
						01	Parent	Individual's parent is the legal guardian.
						02	Child	Individual's child is the legal guardian
						03	Spouse	Individual's spouse is the legal guardian
						04	Sibling	Individual's brother or sister is the legal guardian.
						06	Foster	Individual's foster parent is the legal guardian
						07	Public	The guardian is an officer of the court who may provide services under contract with the office of public guardianship & conservatorship.
						08	Other	The legal guardian is none of the types listed above.

Field ID	Field Name	Type	Size	Begin	End	Comments		
A078 (continued)	Guardian's Relationship to Individual Being Served (continued)					93	Unable to Determine	Unable to determine the relationship of the guardian to the individual being served.
						96	N/A	Not applicable - The Individual does not have a legal guardian.
A079	Foster Care Status	Text	2	263	264	Code	Value Label	Description
						01	Yes	Yes, youth is in foster care
						02	No	No, youth not in foster care
						03	Unable to Determine	Unable to determine if the individual is in Foster Care.
						96	N/A	Foster care not applicable, individual's age >= 21.
A080	Foster Care Placement	Text	3	265	267	Code	Value Label	Description
						820	Child Caring Institutions	Licensed facility that provides treatment, maintenance, and supervision for youth, on a 24-hour year-round basis
						821	EPIC Guardianship Home	Under the Estates and Protected Individuals Code Act 386 of 1998 - Full or limited guardianship where statutory grounds and best interest factors are used to determine appropriateness of the placement without requiring Child Welfare involvement.
						822	Juvenile Guardianship Home	Federally recognized permanent placement plan where parents' rights remain intact, but wardship would be automatically be reinstated if for some reason guardianship is terminated.
						823	Independent Living	Youth ages 16 and up preparing for transition to independence.
						824	Licensed Unrelated Foster Home	Licensed facility where the Foster Parent is not related to the child being placed.
						825	Licensed/Unlicensed Relative Home	Home that may/may not be licensed, where the provider's relationship to the child by blood/kinship has been established.
						826	Parental Home	In-home foster care placement under court supervision.
						827	Pre-Adoptive Home	Placement in which the family is approved to adopt the child or youth.
						828	Parental Home-Rights Remain Terminated	Rights terminated and youth placement in-home is approved by MCI Superintendent or the court. This is a placement only and does not restore parental rights.
						829	Unrelated Caregiver	Fictive Kin
						830	Unable to Determine	Unable to determine the type of Foster Care Placement
						896	N/A	Individual is NOT placed in Foster Care

Field ID	Field Name	Type	Size	Begin	End	Comments
A099	Filler	Text	44	268	311	

BHTEDS Service Start Trailer Format

Field Name	Type	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"TRLR"	
EDI APP	Text	2	5	6	"MA"	
EDI USER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Bureau ID	
EDI USER - suffix	Text	1	14	14	Blank	
EDI CREATION DATE	Text	8	15	22	YYYYMMDD	
EDI TRANSFER DATE	Text	8	23	30	YYYYMMDD	
EDI TRANSFER TIME	Text	4	31	34	HHMM	
EDI FILE NAME	Text	4	35	38	5873	
EDI RUN TYPE	Text	1	39	39	Code	Description
					P	Production
					T	Test
EDI BATCH IDENTIFIER	Text	3	40	42	<u>Unique</u> batch identifier assigned by PIHP	
EDI RECORD COUNT	Number	6	43	48	Number of records in a file including the header and trailer	
FILLER	Text	263	49	311		

BHTEDS UPDATE/END File Format (S, U, D, E)

NOTE: Any errors on the HDDR or TRLR record will cause the entire file to reject and be returned to the appropriate submitter via the Data Exchange Gateway (DEG) via the 5875 file.

BHTEDS Service Update/End Header Format

Field Name	Type	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"HDDR"	
EDI APP	Text	2	5	6	"MA"	
EDI USER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Bureau ID/DEG Mailbox	
EDI USER - suffix	Text	1	14	14	Blank	
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDD	
EDI TRANSFER TIME	Text	4	23	26	HHMM	
EDI FILE NAME	Text	4	27	30	5875	
EDI RUN TYPE	Text	1	31	31	Code	Description
					P	Production
					T	Test
EDI BATCH IDENTIFIER	Text	3	32	34	<u>Unique</u> batch identifier assigned by PIHP	
FILLER	Text	240	35	274		

NOTE: A Service Update/End Record is stored using the following key values: Client Transaction Type, Payer ID, State Provider Identifier, Unique PIHP Person Identifier, Service Start Date, and Service Update/End Date.

BHTEDS Service Update/End Input File Format

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU001	Client Record Type	Text	1	1	1	Code	Value Label	Description
						D	SU End	SU Service End Record submitted when individual formally or informally terminates SU treatment or changes to a new LARA ID SU provider.
						S	SU Update	SU Service Update Record submitted at least annually to provide a data point (Time 2) of the individual's status; used for outcome evaluation but does NOT close the episode.
						U	MH Update	MH Service Update Record submitted at least annually to provide a data point (Time 2) of the individual's status; used for outcome evaluation but does NOT close the episode.
						E	MH End	MH Service End Record submitted when individual formally or informally terminates MH treatment.
DU002	System Transaction Type	Text	1	2	2	Code	Value Label	Description
						A	Add	Add a new record to the database.
						C	Change	Change non-key values in a record already in the database by replacement.
						D	Delete	Delete an existing record from the database.
						E	Error Erase	Erase an error from the Error Master without attempting to add/correct the database.
DU003	Payer ID	Text	7	3	9	Code	Value Label	Description
						1182841	SAHL	Salvation Army-Harbor Light
						2813621	Northcare	NorthCare Network
						2813628	NMRE	Northern MI Regional Entity
						2813626	LRE	Lakeshore Regional Entity
						2813623	SWMBH	Southwest Michigan Behavioral Health
						2813625	MidState	Mid-State Health Network
						2813627	CMHP SEM	CMH Partnership of SE MI
						2813629	DWIHN	Detroit Wayne Integrated Health Network
						1183015	Oakland	Oakland Community Health Network
						1183006	Macomb	Macomb County CMH Services
2813624	Region 10	Region 10						

Field ID	Field Name	Type	Size	Begin	End	Comments																											
DU004	State Provider Identifier	Text	7	10	16	CMHSP ID for MH records; 6 digit LARA ID preceded by a zero for SA records																											
DU005	Unique PIHP Person Identifier	Text	11	17	27	Unique 11-character alphanumeric code assigned at the PIHP level by which all BHTEDS records and encounters for the individual will be linked.																											
DU006	Social Security Number	Text	9	28	36	<table border="1"> <thead> <tr> <th>Code</th> <th>Value Label</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>nnnnnnnnn</td> <td>SSN</td> <td>Individual's actual social security number</td> </tr> <tr> <td>999999997</td> <td>Refused</td> <td>Refused to provide</td> </tr> <tr> <td>999999998</td> <td>N/A</td> <td>Not applicable - Individual does not have a social security number</td> </tr> </tbody> </table>	Code	Value Label	Description	nnnnnnnnn	SSN	Individual's actual social security number	999999997	Refused	Refused to provide	999999998	N/A	Not applicable - Individual does not have a social security number															
						Code	Value Label	Description																									
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999999997	Refused	Refused to provide																															
999999998	N/A	Not applicable - Individual does not have a social security number																															
DU007	Medicaid ID	Text	10	37	46	Medicaid/Beneficiary ID regardless of current eligibility ; otherwise, blank																											
DU008	MiChild ID	Text	10	47	56	If no ID, leave blank																											
DU009	Medicare ID	Text	11	57	67	If no ID, leave blank																											
DU010	SDA, SSI, SSDI Enrolled	Text	1	68	68	<table border="1"> <thead> <tr> <th>Code</th> <th>Value Label</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> <td>Yes, enrolled in one or more of these programs and/or SDA is paying for Room & Board of SUD stay.</td> </tr> <tr> <td>2</td> <td>No</td> <td>No, not enrolled in any of these programs and SDA not paying for R&B of SUD stay.</td> </tr> <tr> <td>8</td> <td>Not Collected</td> <td>MH BHTEDS full record exception (U or E only)</td> </tr> </tbody> </table>	Code	Value Label	Description	1	Yes	Yes, enrolled in one or more of these programs and/or SDA is paying for Room & Board of SUD stay.	2	No	No, not enrolled in any of these programs and SDA not paying for R&B of SUD stay.	8	Not Collected	MH BHTEDS full record exception (U or E only)															
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DU011	Service Start Date	Text	8	69	76	MMDDYYYY																											
DU012	Service Start Date Time of Day	Text	4	77	80	HHMM - military time																											
DU013	Type of Update/Ending Treatment Service/Setting	Text	2	81	82	<table border="1"> <thead> <tr> <th>Code</th> <th>Value Label</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>02</td> <td>Residential Detox</td> <td>Detoxification, 24 hour service, free-standing residential</td> </tr> <tr> <td>04</td> <td>S/T Residential</td> <td>Rehabilitation/residential - short term (30 days or fewer)</td> </tr> <tr> <td>05</td> <td>L/T Residential</td> <td>Rehabilitation/residential - long term (more than 30 days)</td> </tr> <tr> <td>06</td> <td>IOP</td> <td>Ambulatory - intensive outpatient</td> </tr> <tr> <td>07</td> <td>O/P</td> <td>Ambulatory - non-intensive outpatient</td> </tr> <tr> <td>08</td> <td>Ambulatory Detox</td> <td>Ambulatory - detoxification</td> </tr> <tr> <td>72</td> <td>State psychiatric hospital</td> <td>State psychiatric hospital (Caro, Hawthorn, Kalamazoo, or Walter P Reuther hospitals); requires separate BHTEDS Episode</td> </tr> <tr> <td>73</td> <td>Community based State MH funded/operated</td> <td>MDHHS funded or operated community-based program</td> </tr> </tbody> </table>	Code	Value Label	Description	02	Residential Detox	Detoxification, 24 hour service, free-standing residential	04	S/T Residential	Rehabilitation/residential - short term (30 days or fewer)	05	L/T Residential	Rehabilitation/residential - long term (more than 30 days)	06	IOP	Ambulatory - intensive outpatient	07	O/P	Ambulatory - non-intensive outpatient	08	Ambulatory Detox	Ambulatory - detoxification	72	State psychiatric hospital	State psychiatric hospital (Caro, Hawthorn, Kalamazoo, or Walter P Reuther hospitals); requires separate BHTEDS Episode	73	Community based State MH funded/operated	MDHHS funded or operated community-based program
						Code	Value Label	Description																									
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Field ID	Field Name	Type	Size	Begin	End	Comments		
DU013 (continued)	Type of Update/Ending Treatment Service/Setting (continued)					74	Residential treatment ctr	Residential treatment center not licensed as a psychiatric hospital
						75	Other psychiatric inpatient	Psychiatric hospital other than State hospitals
						76	Justice System Institution	Institutions under the justice system (i.e. jail, prison, juvenile detention center)
						96	MH Assessment Only	MH individual receiving assessment or evaluation only.
DU014	Codependent/Collateral/ Non-using Person Served	Text	1	90	90	Code	Value Label	Description
						1	Codep/Collat/Non-Using	Codependent/collateral/Non-using SUD funded individual
						2	Client	Client
DU015	Service Update/End Date	Text	8	84	91	MMDDYYYY		
DU016	Service Update/End Time of Day	Text	4	92	95	HHMM - military time		
DU017	Reason for Service Update/End	Text	2	96	97	Code	Value Label	Description
						01	Completed	Substantially all parts of the treatment plan or program were completed, and the individual is not transferring on to another LOC or treatment provider.
						02	Dropped out	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	Term 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	Individual will transfer to another level of care, program, provider, or facility.
						34	Discharged from state hosp to acute med facility (MH only)	Individual with an open State Psychiatric Hospital Admission is discharged from the state hospital and transferred to an acute medical facility for medical services. (MH only)

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU017 (continued)	Reason for Service Update/End (continued)					05	Incarcerated or released by/to courts	Individual's treatment is terminated because they have been subject to jail, prison, or house confinement or they have 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	Used for Update records only
DU018	I/DD Designation	Text	1	98	98	Code	Value Label	Description
						1	Yes	Individual meets Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether or not they receive services from the I/DD or MI service arrays.
						2	No	Individual does NOT meet Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether or not they receive services from the I/DD or MI service arrays.
DU019	MI/SED Designation	Text	1	99	99	Code	Value Label	Description
						1	Yes	Individual has as DSM MI diagnosis exclusive of I/DD, SED, or SUD or has an SED.
						2	No	Individual does NOT have a DSM MI diagnosis exclusive of I/DD, SED, or SUD or has an SED.
DU020	Detailed SMI/SED Status	Text	1	100	100	Code	Value Label	Description
						1	SMI	Individual meets the current MI 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 21, has a Serious Emotional Disturbance as defined in the current MI Mental Health Code.
						4	Neither	Individual does NOT meet the current MI Mental Health Code Definition P.A. 500 of Serious Mental Illness nor has an SED DSM diagnosis.

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU021	Currently in Mainstream Special Education Status	Text	1	101	101	Code	Value Label	Description
						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	N/A	Individual is not school age.
						8	Not collected	MH BHTEDS full record exception (U or E only)
DU022	Education	Text	2	102	103	Code	Value Label	Description
						00	None	No schooling or less than one school grade
						72	Pre-K	Nursery school, pre-school, or head start
						73	Kindergarten	Is in or most recently completed Kindergarten
						74	Special Ed Classroom	Self-contained Special Education Class
						01	Grade 1	Is in or most recently completed 1st grade.
						02	Grade 2	Is in or most recently completed 2nd grade.
						03	Grade 3	Is in or most recently completed 3rd grade.
						04	Grade 4	Is in or most recently completed 4th grade.
						05	Grade 5	Is in or most recently completed 5th grade.
						06	Grade 6	Is in or most recently completed 6th grade.
						07	Grade 7	Is in or most recently completed 7th grade.
						08	Grade 8	Is in or most recently completed 8th grade.
						09	Grade 9	Is in or most recently completed 9th grade.
						10	Grade 10	Is in or most recently completed 10th grade.
						11	Grade 11	Is in or most recently completed 11th grade.
						12	Grade 12/GED	Is in or most recently completed 12th grade OR earned GED
13	College Year 1	In 1st year of college or most recently completed 1 year of college/university.						
14	College Year 2	Has Associates Degree, in 2nd year of college, or most recently completed 2nd year of college/university.						
15	College Year 3	Is in 3rd year of college or most recently completed 3rd year of college/university.						
16	College Year 4	Has Bachelors Degree, in 4th year of college, or most recently completed 4th year of college/university.						

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU022 (continued)	Education (continued)					70	Post-Bachelor	In or most recently completed Graduate or other post-Bachelors level Professional school
						71	Vocation	Vocational school
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU023	School Attendance Status	Text	1	104	104	Code	Value Label	Description
						1	Yes	Yes, client has attended school at any time in the past 3 months
						2	No	No, client has not attended school at any time in the past 3 months
						6	N/A	Individual is not school age.
						8	Not collected	MH BHTEDS full record exception (U or E only)
DU024	Employment Status	Text	2	105	106	Code	Value Label	Description
						01	F/T	Full-time competitive, integrated employment
						02	P/T	Part-time competitive, integrated employment
						03	Unemployed	Unemployed but actively looking for work.
						04	Not in competitive, integrated labor force	Not in competitive, integrated labor force
						98	N/A	N/A - individual is under 16 years of age
DU025	Detailed 'Not in Competitive, Integrated Labor Force'	Text	2	107	108	Code	Value Label	Description
						01	Homemaker	
						02	Student	
						03	Retired	Individual is fully retired.
						05	Institutional Services	Receiving services from institutional facility (i.e. hospital, jail, prison, etc.)
						07	Sheltered W/S	Participates in sheltered workshop
						61	Unpaid Service	Unpaid volunteering and community service
						62	Self-employed, but not competitive and/or integrated	Micro-enterprise/Self-employment netting < minimum wage and/or occurs primarily in a non-integrated setting.
						63	Group Employment	In enclaves/mobile crews/agency-owned 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.

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU025 (continued)	Detailed 'Not in Competitive, Integrated Labor Force' (continued)					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
						60	Discouraged Worker	Individual wants to work but has not actively looked in the past month.
						04	Chooses not to work due to disability	Individual chooses not to work or participate in any of the above listed activities due to their current disability symptoms.
						67	Chooses not to work/participate - Fear of Losing Entitlements	Individual chooses not to work or participate in any of the above listed activities for fear of losing entitlement benefits.
						69	Chooses not to work - other	Individual chooses not to work or participate in any of the above listed activities for reasons other than their current disability symptoms.
						96	N/A	Employment Status is coded 01, 02, or 03.
						98	N/A-Underage	N/A - individual is under 16 years of age
DU026	Minimum Wage	Text	2	109	110	Code	Value Label	Description
						01	Yes	Working individual is currently earning minimum wage or more.
						02	No	Working individual is currently earning less than minimum wage.
						03	Not working	Individual is not working.
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU027	Total Annual Income	Text	6	111	116	xxxxxx	6 characters, rounded to the nearest whole dollar. Annualized current income utilized in calculating ATP. If ATP not required, enter client report or best estimate.	
						999998	Not collected	MH BHTEDS full record exception (U or E only)
DU028	Number of Dependents	Numeric	2	117	118	nn	Number of dependents claimed in determining ATP. Enter 98 for Not collected - MH BHTEDS full record exception.	
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU029	Primary Substance Use Problem	Text	2	119	120	Code	Value Label	Description
						01	None	
						02	Alcohol	
						03	Cocaine/crack	
						04	Marijuana/Hash	

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU029 (continued)	Primary Substance Use Problem (continued)					05	Heroin	
						06	Non-rx methadone	Non-prescription methadone
						07	Other opiates/synthetics	Other opiates & synthetics including buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, etc.
						08	PCP	Phencyclidine
						09	Hallucinogens	LSD, DMT, mescaline, peyote, STP, etc.
						10	Meth/speed	Methamphetamine/speed
						11	Other amphetamines	MMDA, 'bath salts, phenmetrazine, etc.
						12	Other stimulants	Methylphenidate, etc.
						13	Benzodiazepines	Alprazolam, clonazepam, lorazepam, etc.
						14	Other tranquilizers	Meprobamate & other non-benzo tranquilizers
						15	Barbiturates	Amobarbital, phenobarbital, etc.
						16	Other sedative/hypnotics	Chloral hydrate, ethchlorvynol, glutethimide, methaqualone, etc.
						17	Inhalants	Aerosols, chloroform, ether, glue, etc.
						18	OTC Medications	Over-the-counter medications
					20	Other drugs	GHB, ketamine, 'spice', etc.	
DU030	Primary Frequency of Use	Text	2	121	122	Code	Value Label	Description
						01	None	No use in the past month
						02	1-3 days/month	1-3 days in the past month
						03	1-2 days/week	1-2 days in the past week
						04	3-6 days/week	3-6 days in the past week
						05	Daily	
						96	N/A	Not applicable - No Primary Substance Use
DU031	Secondary Substance Use Problem	Text	2	123	124	Code	Value Label	Description
						01	None	
						02	Alcohol	
						03	Cocaine/crack	
						04	Marijuana/Hash	
						05	Heroin	
						06	Non-rx methadone	Non-prescription methadone
07	Other opiates/synthetics	Other opiates & synthetics including buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, etc.						

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU031 (continued)	Secondary Substance Use Problem (continued)					08	PCP	Phencyclidine
						09	Hallucinogens	LSD, DMT, mescaline, peyote, STP, etc.
						10	Meth/speed	Methamphetamine/speed
						11	Other amphetamines	MMDA, 'bath salts, phenmetrazine, etc.
						12	Other stimulants	Methylphenidate, etc.
						13	Benzodiazepines	Alprazolam, clonazepam, lorazepam, etc.
						14	Other tranquilizers	Meprobamate & other non-benzo tranquilizers
						15	Barbiturates	Amobarbital, phenobarbital, etc.
						16	Other sedative/hypnotics	Chloral hydrate, ethchlorvynol, glutethimide, methaqualone, etc.
						17	Inhalants	Aerosols, chloroform, ether, glue, etc.
						18	OTC Medications	Over-the-counter medications
						20	Other drugs	GHB, ketamine, 'spice', etc.
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU032	Secondary Frequency of Use	Text	2	125	126	Code	Value Label	Description
						01	None	No use in the past month
						02	1-3 days/month	1-3 days in the past month
						03	1-2 days/week	1-2 days in the past week
						04	3-6 days/week	3-6 days in the past week
						05	Daily	
						96	N/A	Not applicable - No Secondary Substance Use
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU033	Tertiary Substance Use Problem	Text	2	127	128	Code	Value Label	Description
						01	None	
						02	Alcohol	
						03	Cocaine/crack	
						04	Marijuana/Hash	
						05	Heroin	
						06	Non-rx methadone	Non-prescription methadone
						07	Other opiates/synthetics	Other opiates & synthetics including buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, etc.
						08	PCP	Phencyclidine

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU033 (continued)	Tertiary Substance Use Problem (continued)					09	Hallucinogens	LSD, DMT, mescaline, peyote, STP, etc.
						10	Meth/speed	Methamphetamine/speed
						11	Other amphetamines	MMDA, 'bath salts, phenmetrazine, etc.
						12	Other stimulants	Methylphenidate, etc.
						13	Benzodiazepines	Alprazolam, clonazepam, lorazepam, etc.
						14	Other tranquilizers	Meprobamate & other non-benzo tranquilizers
						15	Barbiturates	Amobarbital, phenobarbital, etc.
						16	Other sedative/hypnotics	Chloral hydrate, ethchlorvynol, glutethimide, methaqualone, etc.
						17	Inhalants	Aerosols, chloroform, ether, glue, etc.
						18	OTC Medications	Over-the-counter medications
						20	Other drugs	GHB, ketamine, 'spice', etc.
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU034	Tertiary Frequency of Use	Text	2	129	130	Code	Value Label	Description
						01	None	No use in the past month
						02	1-3 days/month	1-3 days in the past month
						03	1-2 days/week	1-2 days in the past week
						04	3-6 days/week	3-6 days in the past week
						05	Daily	
						96	N/A	Not applicable-No Tertiary Substance Use
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU035	Living Arrangement	Text	2	131	132	Code	Value Label	Description
						01	Homeless	No fixed address, including homeless shelters
						02	Dependent	SU-Lives in supervised setting; MH-Minor children living with parents
						03	SU-Independent	SU Only-Lives independently at a fixed address in a private residence.
						22	MH-Residential	MH Only-Lives in a residential care facility (includes children's therapeutic group homes)
						23	MH-Privately owned residence	MH Only-Lives alone, with spouse, or non-relative(s) in a private residence NOT owned or controlled by the PIHP, CMHSP or the contracted provider,
						32	MH-Foster Home	MH Only-Lives in a foster home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. (Includes group homes).

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU035 (continued)	Living Arrangement (continued)					33	MH-Controlled private residence	MH Only-Lives alone, with spouse, or non-relative(s) in a private residence that is owned and/or controlled by the PIHP, CMHSP or the contracted provider.
						42	MH-Crisis Res.	MH Only-Adult lives in a time-limited 24/hour residential stabilization program that delivers service to restore individual to pre-crisis level of functioning.
						52	MH-Institutional	MH Only-Lives in institutional care facility providing 24/7 care. Includes skilled nursing facility, nursing homes, VA hospital, inpatient psychiatric hospital, state hospital, Intermediate Care Facility/IMR, etc.
						62	MH-Jail/corrections	MH Only-Lives in jail, correctional facility, detention center, child caring institution, prison or other Institution under the justice system
						72	MH-Dependent private residence	MH Only - Individual heavily dependent on others for daily living assistance, living in a home, apartment or other similar dwelling with natural or adoptive family member (parent, stepparent, sibling, child, or grandparent). Adoptive homes offer permanent residence for a child through the adoption process. Individuals over 18 years old living in a private residence who rely on another person for at least 50% of his/her financial support. This encompasses individuals over 18 years old who are still under court jurisdiction, including those with developmental or cognitive differences who are unable to live independently.
DU036	Detailed Foster Home Living Arrangement	Text	3	133	135	Code	Value Label	Description
						221	Specialized Residential	Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 or Licensed Children's Therapeutic Group Home. Used for update/discharge records with Service Update/end date < 10/01/2024 ONLY.
						222	General Residential	Includes Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds. Used for update/discharge records with Service Update/end date < 10/01/2024 ONLY.

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU036 (continued)	Detailed Foster Home Living Arrangement (continued)					321	Specialized Residential Licensed Foster Care	Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801. Used for update/discharge records with Service Update/End Date > 09/30/2024 ONLY.
						322	General Residential Licensed Foster Care	Includes Licensed foster care facilities not certified to provide a specialized program (per the DMH Administrative rules). Used for update/discharge records with Service Update/End Date > 09/30/2024 ONLY.
						323	Youth Foster Home	Homes licensed to provide 24-hour care for minor children who are placed away from their parent, legal guardian, or legal custodian in foster care. The licensed individual providing care is required to comply with the reasonable prudent parenting standard as defined in section 1 of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A. A <u>Foster Family Home</u> is licensed care for 1 but not more than 4 children. <u>Foster Family Group Home</u> is licensed to provide care for at least 4 but fewer than 7 minor children. Used for update/end records with an Update/End Date > 09/30/2024 ONLY.
						996	N/A	Individual admitted prior to 10/01/2024 does not live in specialized residential services (22). Individual admitted after 09/30/2024 does not live in a Foster Home (32).
DU037	Number of Arrests in Past 30 Days	Numeric	2	136	137	nn	Number of separate arrests in the past 30 days or since admission, which ever is most recent.	
DU038	Legal Related Status	Text	2	138	139	Code	Value Label	Description
						Adults		
						01	In prison	
						02	In jail	
						03	Parole	Paroled from a state or federal correctional facility
						04	Probation	
						05	Tether	
						06	Pre-FY24 Juvenile detention	Juvenile detention center - Valid for service Update/End Dates prior to 10/01/2023
07	Pre-trial							

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU038 (continued)	Legal Related Status (continued)					08	Pre-sentencing	
						09	Post-booking diversion	
						10	Booking diversion	
						Children/Youth		
						52	Pending Case	Juvenile Justice delinquency case currently pending RESOLUTION IN Juvenile Court at this time.
						53	Informal JC 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.
						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.						

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU038 (continued)	Legal Related Status (continued)					57	Dept of Community 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	None	Not under jurisdiction of corrections or law enforcement program; No juvenile justice involvement.
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU039	Attendance at Substance Use or Co-dependent Self-help Groups in Past 30 Days	Text	2	140	141	Code	Value Label	Description
						01	None	No attendance
						02	< once a week	Less than once a week - 1 to 3 times in past 30 days
						03	Once a week	About once a week - 4 to 7 times in past 30 days
						04	2-3 times per week	2 to 3 times per week - 8 to 15 times in past 30 days
						05	4/+ times per week	At least 4 times per week - 16 to 30 or more times in past 30 days
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU040	Diagnostic Code Set Identifier	Numeric	1	142	142	Code	Value Label	
						3	ICD-10	
DU041	MH Diagnostic Code One	Text	8	143	150	Valid Entries		
						xxx.xxxx		
						xxx_ _ _ _ _ where " _ " represents a blank		
						xxx. _ _ _ _ where " _ " represents a blank		
						xxx.x _ _ _ where " _ " represents a blank		
						xxx.xx _ _ where " _ " represents a blank		
						xxx.xxx _ where " _ " represents a blank		
						999.9997 if no Primary MH diagnosis has been determined.		
DU042	MH Diagnostic Code Two	Text	8	151	158	Valid Entries		
						xxx.xxxx		
						xxx_ _ _ _ _ where " _ " represents a blank		
						xxx. _ _ _ _ where " _ " represents a blank		
xxx.x _ _ _ where " _ " represents a blank								

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU042 (continued)	MH Diagnostic Code Two (continued)					xxx.xx __ where " _ " represents a blank		
						xxx.xxx _ where " _ " represents a blank		
						999.9997 if no Secondary MH diagnosis has been determined.		
DU043	MH Diagnostic Code Three	Text	8	159	166	Valid Entries		
						xxx.xxxx		
						xxx_____ where " _ " represents a blank		
						xxx. _____ where " _ " represents a blank		
						xxx.x ___ where " _ " represents a blank		
						xxx.xx __ where " _ " represents a blank		
						xxx.xxx _ where " _ " represents a blank		
						999.9997 if no Tertiary MH diagnosis has been determined.		
DU044	LOCUS Composite Score	Num- eric	2	167	168	Code	Value Label	Description
						nn	2-digit composite score	
						96	N/A	No LOCUS in the past 3 years & individual is adult not receiving MI Services; LOC determined by SIS, ASAM, or MCG; Individual is under 21 years old.
						98	Not Collected	No updated OR previously reported LOCUS dated within the last 3 years; or, individual is receiving only OBRA Assessment, Crisis, Brief Screening or Transportation Only services; or, full BHTEDS-record exception (U or E only).
DU045	LOCUS Screening Date	Num- eric	8	169	176	Valid Entries		Description
						MMDDYYYY		Date of screening
						09302099		Used when A063 is 96, or 98
DU046	Work/Task Hours	Num- eric	3	177	179	Code	Value Label	Description
						nnn	nnn	Number of hours in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
						996	N/A	Not applicable - Employment status=04 and /Detailed not in competitive labor force = 01, 03, 04, 05, OR 60
						998	Not collected	MH BHTEDS full record exception (U or E only)

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU047	Earnings per hour	Text	5	180	184	Code	Value Label	Description
						dd.cc	dd.cc	Amount earned per hour in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
						96.96	N/A	Not applicable - Employment status=04 and /Detailed not in competitive labor force = 01, 03, 04, 05, OR 60
						98.98	Not collected	MH BHTEDS full record exception (U or E only)
DU048	Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment	Text	1	185	185	Code	Value Label	Description
						1	Integrated Treatment	Individual with co-occurring SU and MH problems is being treated with an integrated treatment plan by an integrated team.
						2	No	No, Individual does NOT have a co-occurring SU and MH problems.
						3	Co-occurring, Not Integrated	Individual with co-occurring SU and MH problems is NOT currently receiving integrated treatment.
DU049	MH BHTEDS Full Record Exception	Text	2	186	187	Code	Value Label	Description
						02	None	"Not collected" was NOT reported in any field in this record.
						04	Co-located	Yes, Co-located Service Only
						05	School Prevention	Yes, School Prevention Services Only
						06	Family Subsidy	Yes, Family subsidy Services Only
						07	Early-on	Yes, Early-on Services Only
						08	Early-ended Assessment	Yes, Assessment Only where assessment ended before all BHTEDS fields were collected.
						09	Other*	Yes, Other for non-listed reason which must be tracked by the PIHP.
						10	Inpatient Secondary Payer	Yes, Inpatient Hospital Services where MDHHS managed funds are the secondary payer for services.
						95	N/A FY17	Not applicable for FY17 record submitted in later file format

Field ID	Field Name	Type	Size	Begin	End	Comments		
						Code	Value Label	Description
DU050	Gender Identity	Text	2	188	189	01	Man/Cisgender Man	Individual assigned male at birth who identifies as a man
						02	Woman/Cisgender Woman	Individual assigned female at birth who identifies as a woman
						03	Transgender Man	Individual assigned female at birth who identifies as a man
						04	Transgender Woman	Individual assigned male at birth who identifies as a woman.
						05	Agender	Someone who does not identify as having a particular gender
						06	Androgynous	Individual whose gender is simultaneously feminine and masculine, though not necessarily in equal amounts
						07	Bigender	One who identifies as both a man and woman
						08	Genderfluid	Someone whose gender identity is not fixed, but can move fluidly along the spectrum from masculine to feminine
						09	Gender Questioning	Someone in the process of deciding which gender identity suits them best
						10	Non-binary/ Genderqueer	Individuals who do not subscribe to traditional man/woman genders
						11	Two Spirit	First Nation/Native American/Indigenous individual whose gender exists in ways that challenge colonial constructions of gender binary
						90	Other	Individual identifies as a gender other than those listed here
						95	Chose not to disclose	
						98	Not collected	MH BHTEDS full record exception (U or E only)
DU051	Medication Assisted Opioid Therapy	Numeric	1	190	190	Code	Value Label	Description
						1	Yes	
						2	No	
						6	Not applicable	Individual does not use opioids
DU097	Error ID	Numeric	8	191	198			
DU098	PIHP Record ID	Text	10	199	208			

Field ID	Field Name	Type	Size	Begin	End	Comments		
						Code	Value Label	Description
DU052	Youth Law Enforcement History	Text	2	209	210	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) would <u>not</u> apply in this section.
						52	Law Enforcement, No delinquency petition filed	Law enforcement has been involved with the child/youth for situations that alleged that the child/youth is the 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 for situations that alleged that the child/youth is the 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.
DU053	Youth Juvenile Justice History	Text	2	211	212	Code	Value Label	Description
						51	None	No juvenile justice system involvement for the child/youth since admission or last update, whichever is most recent.
						52	Informal Jurisdiction	The child/youth has had juvenile justice involvement with that 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.

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU053 (continued)	Youth Juvenile Justice History (continued)					53	Formal Jurisdiction	The child/youth has had 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 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	The child/youth was 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.
DU054	Juvenile Justice Involvement at Update or Discharge	Text	2	213	214	Code	Description	
						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 completion	Child/Youth successfully completed their informal supervision program (i.e. prevention program, diversion, consent calendar, etc.)
						53	Unsuccessful diversion/prevention discharge	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.
						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 has new delinquency charges pending in juvenile court at this time. Please note that this would reflect only NEW charges that were pending, not anything that was already reflected in earlier BH Teds 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.)

Field ID	Field Name	Type	Size	Begin	End	Comments		
054 (continued)	Juvenile Justice Involvement at Update or Discharge (Continued)					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 continues 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.
DU055	Other activity for those working part-time in the competitive, integrated labor force	Text	2	215	216	Code	Value Label	Description
						01	Homemaker	
						02	Student	
						07	Sheltered W/S	Participates in sheltered workshop
						61	Unpaid Service	Unpaid volunteering and community service
						62	Self-employed, but not competitive and/or not integrated	Micro-enterprise/Self-employment netting < minimum wage and/or occurs primarily in a non-integrated setting.
						63	Group Employment	In enclaves/mobile crews/agency-owned 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 looking for F/T employment.
						67	Chooses not to work F/T /participate - Fear of Losing Entitlements	Individual chooses not to work F/T or participate in any of the above listed activities for fear of losing entitlement benefits.
						69	Chooses not to work F/T /participate - Other	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 losing entitlements.
96	N/A	Employment Status is coded 01, 03, 04, or 98.						
98	Not collected	MH BHTEDS full record exception (M U and E only)						

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU056	Legal Guardianship	Num- eric	1	217	217	Code	Value Label	Description
						1	Yes	Individual has a legal guardian
						2	No	Individual does not have a legal guardian
DU057	Type of Guardianship	Text	2	218	219	Code	Value Label	Description
						01	Plenary	Full guardianship in which the court gives the power to exercise all legal rights & duties on behalf of a ward.
						02	Partial	Type of guardianship where the guardian has only those powers set forth in the order of appointment and letter(s) of guardianship.
DU058	Guardian's Relationship to Individual Being Served	Text	2	220	221	Code	Value Label	Description
						01	Parent	Individual's parent is the legal guardian.
						02	Child	Individual's child is the legal guardian
						03	Spouse	Individual's spouse is the legal guardian
						04	Sibling	Individual's brother or sister is the legal guardian.
						06	Foster	Individual's foster parent is the legal guardian
						07	Public	The guardian is an officer of the court who may provide services under contract with the office of public guardianship & conservatorship.
						08	Other	The legal guardian is none of the types listed above.
96	N/A	Not applicable - The Individual does not have a legal guardian.						
DU059	Foster Care Status	Text	2	222	223	Code	Value Label	Description
						01	Yes	Yes, youth is in foster care
						02	No	No, youth not in foster care
						96	N/A	Foster care not applicable, individual's age >= 21.
DU060	Foster Care Placement	Text	3	224	226	Code	Value Label	Description
						820	Child Caring Institutions	Licensed facility that provides treatment, maintenance, and supervision for youth, on a 24-hour year-round basis
						821	EPIC Guardianship Home	Under the Estates and Protected Individuals Code Act 386 of 1998 - Full or limited guardianship where statutory grounds and best interest factors are used to determine appropriateness of the placement without requiring Child Welfare involvement.

Field ID	Field Name	Type	Size	Begin	End	Comments		
DU060 (continued)	Foster Care Placement (continued)					822	Juvenile Guardianship Home	Federally recognized permanent placement plan where parents' rights remain intact, but wardship would be automatically be reinstated if for some reason guardianship is terminated.
						823	Independent Living	Youth ages 16 and up preparing for transition to independence.
						824	Licensed Unrelated Foster Home	Licensed facility where the Foster Parent is not related to the child being placed.
						825	Licensed/Unlicensed Relative Home	Home that may/may not be licensed, where the provider's relationship to the child by blood/kinship has been established.
						826	Parental Home	In-home foster care placement under court supervision.
						827	Pre-Adoptive Home	Placement in which the family is approved to adopt the child or youth.
						828	Parental Home-Rights Remain Terminated	Rights terminated and youth placement in-home is approved by MCI Superintendent or the court. This is a placement only and does not restore parental rights.
						829	Unrelated Caregiver	Fictive Kin
						896	N/A	Individual is NOT placed in Foster Care
DU099	Filler	Text	48	227	274			

BHTEDS Service Update/End Trailer Format

Field Name	Type	Size	Begin	End	Comments
EDI TYPE	Text	4	1	4	"TRLR"
EDI APP	Text	2	5	6	"MA"
					"DCH"
					Service Bureau ID/DEG Mailbox
					Blank
					YYYYMMDD
					YYYYMMDD
					HHMM
					5875

Field ID	Field Name	Type	Size	Begin	End	Comments
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BHTEDS Service Update/End Trailer Format (continued)

					Code	Description
					P	Production
					T	Test
EDI BATCH IDENTIFIER	Text	3	40	42	Unique batch identifier assigned by PIHP	
EDI RECORD COUNT	Numbe	6	43	48	Number of records in a file including the header and trailer	
FILLER	Text	226	49	274		

BHTEDS File Specs Appendix A-County Codes

Code	County
00	Out of State (other than those listed in codes 85-89)
01	Alcona
02	Alger
03	Allegan
04	Alpena
05	Antrim
06	Arenac
07	Baraga
08	Barry
09	Bay
10	Benzie
11	Berrien
12	Branch
13	Calhoun
14	Cass
15	Charlevoix
16	Cheboygan
17	Chippewa
18	Clare
19	Clinton
20	Crawford
21	Delta
22	Dickinson
23	Eaton
24	Emmet
25	Genesee
26	Gladwin
27	Gogebic
28	Grand Traverse
29	Gratiot

Code	County
30	Hillsdale
31	Houghton
32	Huron
33	Ingham
34	Ionia
35	Iosco
36	Iron
37	Isabella
38	Jackson
39	Kalamazoo
40	Kalkaska
41	Kent
42	Keweenaw
43	Lake
44	Lapeer
45	Leelanau
46	Lenawee
47	Livingston
48	Luce
49	Mackinaw
50	Macomb
51	Manistee
52	Marquette
53	Mason
54	Mecosta
55	Menominee
56	Midland
57	Missaukee
58	Monroe
59	Montcalm
60	Montmorency

Code	County
61	Muskegon
62	Newaygo
63	Oakland
64	Oceana
65	Ogemaw
66	Ontonagon
67	Osceola
68	Oscoda
69	Ostego
70	Ottawa
71	Presque Isle
72	Roscommon
73	Saginaw
74	St. Clair
75	St. Joseph
76	Sanilac
77	Schoolcraft
78	Shiawassee
79	Tuscola
80	Van Buren
81	Washtenaw
82	Wayne (excluding City of Detroit)
83	Wexford
84	City of Detroit
85	Wisconsin
86	Indiana
87	Ohio
88	Illinois
89	Canada

