

Data Dictionary.Tables 2021 October DD Last Edit: 2023-04-07

North Sound Behavioral Health Administrative Services Organization 2021 E College Way, Ste 101, Mount Vernon, WA 98273

| Action Code | Description |
|-------------|--|
| A | Add a record |
| C | Change a record |
| D | Delete a record |
| ID | ASAM Level |
| 0 | Place holder for people who are truly not at any r |
| 0.5 | Kindergarten, Less than one school grade |
| 1 | Outpatient Services |
| 1-WM | Ambulatory WM without Extended On-Site Monitoring |
| 2-WM | Ambulatory WM with Extended On-Site Monitoring |
| 2.1 | Intensive Outpatient Services |
| 2.5 | Partial Hospitalization Services |
| 3.1 | Clinically Managed Low-Intensity Residential Servi |
| 3.2-WM | Clinically Managed Residential WM |
| 3.3 | Clinically Managed Population Specific High Intens |
| 3.5 | Clinically Managed High-Intensity Residential Serv |
| 3.7 | Medically Monitored High-Intensity Inpatient Servi |
| 3.7-WM | Medically Monitored Inpatient WM |
| 4 | Medically Managed Intensive Inpatient Services |
| 4-WM | Medically Managed Intensive WM |
| ОТР | Opioid Treatment Program |
| ID | Auth Change Reason |
| 1 | Change in Funding |
| 2 | Lost to Contact |
| 3 | Death |
| 4 | Early Termination of Episode |
| 5 | Late Admission |
| 6 | Duplicate |
| 7 | Client Info Update Needed |
| 8 | Continuing Stay |
| 99 | Other |
| ID | Auth Change Type |
| 1 | Amendment - chg admit/exit date |
| 2 | Retraction - void the auth |
| 3 | Continuing Stay |
| ID | Auth Eligibility Criteria |
| 40 | PPW |
| 41 | WSH Discharge |
| 42 | Drug Court |
| 43 | Using IV Drugs |
| 44 | Pending Charges |
| 46 | Current OTP Services |
| 47 | Assessment Only |

| 48 | ASO SABG |
|----|-------------------------------------|
| 49 | SUD Diagnosis |
| 60 | МН ОР |
| | |
| ID | Auth Eligibility Type |
| 10 | Medicaid |
| 20 | SABG |
| 22 | LR |
| 23 | STR |
| 24 | PACT |
| 25 | PPW |
| 26 | IUID |
| 27 | OTP |
| 28 | GFS |
| 29 | LR FFS |
| 30 | LR Case Rate |
| 31 | AOT FFS |
| 32 | AOT Case Rate |
| 99 | No Verified Funding |
| 55 | No vernieu runung |
| ID | Auth Poverty Level |
| 30 | Less Than 221% |
| 31 | 221% To 400% |
| ID | Auth Request Type |
| 10 | Initial |
| 11 | Renewal |
| 11 | Kenewai |
| ID | Auth Review Reason |
| 1 | Medical Necessity |
| 2 | Lapse in Participation |
| 3 | Prest Review |
| 4 | Clt does not Live in NS RSA |
| 5 | Clt does not meet Elig Requirements |
| 6 | Clt does not meet Priority Pop Crit |
| 7 | Additional Information Required |
| 8 | Funding not available |
| 9 | SpendDown at time of Request |
| | |
| ID | Auth Status |
| 1 | Approve |
| 2 | Reject |
| 3 | Pending |
| 4 | ChangeApprove |
| 5 | ChangeRejected |
| ID | Auth Service Type |
| | |

| 10 | OP MH |
|----|--------------------------------|
| 11 | OP SUD |
| 12 | RES SUD |
| 13 | OTP |
| 14 | IOP MH |
| 15 | RES MH |
| 16 | RES OUD |
| 17 | RES CORP |
| 18 | DETOX |
| ID | Auth Verify Income Source |
| 10 | Tax Return |
| 11 | Pay Stub |
| 12 | Unemployment |
| 13 | Bank Statement |
| 14 | Social Security |
| 15 | Retirement |
| 99 | No Income |
| ID | COD Assmt |
| 1 | Less severe MH/Less severe SUD |
| 2 | More severe MH/Less severe SUD |
| 3 | Less severe MH/More severe SUD |
| 4 | More severe MH/More severe SUD |
| 9 | No Co-occurring treatment need |
| ID | COD EDS |
| 0 | EDS Score of 0 |
| 1 | EDS Score of 1 |
| 2 | EDS Score of 2 |
| 3 | EDS Score of 3 |
| 4 | EDS Score of 4 |
| 5 | EDS Score of 5 |
| 8 | Refused |
| 9 | Unable to Complete |
| ID | COD IDS |
| 0 | IDS Score of 0 |
| 1 | IDS Score of 1 |
| 2 | IDS Score of 2 |
| 3 | IDS Score of 3 |
| 4 | IDS Score of 4 |
| 5 | IDS Score of 5 |
| 8 | Refused |
| 9 | Unable to Complete |
| ID | COD SDS |

| 0 | SDS Score of 0 |
|-------|-------------------------|
| 1 | SDS Score of 1 |
| 2 | SDS Score of 2 |
| 3 | SDS Score of 3 |
| 4 | SDS Score of 4 |
| 5 | SDS Score of 5 |
| 8 | Refused |
| 9 | Unable to Complete |
| | · |
| ID | County Code |
| 53001 | Adams |
| 53003 | Asotin |
| 53005 | Benton |
| 53007 | Chelan |
| 53009 | Clallam |
| 53011 | Clark |
| 53013 | Columbia |
| 53015 | Cowlitz |
| 53017 | Douglas |
| 53019 | Ferry |
| 53021 | Franklin |
| 53023 | Garfield |
| 53025 | Grant |
| 53027 | Grays Harbor |
| 53029 | Island |
| 53031 | Jefferson |
| 53033 | King |
| 53035 | Kitsap |
| 53037 | Kittitas |
| 53039 | Klickitat |
| 53041 | Lewis |
| 53043 | Lincoln |
| 53045 | Mason |
| 53047 | Okanogan |
| 53049 | Pacific |
| 53051 | Pend Oreille |
| 53053 | Pierce |
| 53055 | San Juan |
| 53057 | Skagit |
| 53059 | Skamania |
| 53061 | Snohomish |
| 53063 | Spokane |
| 53065 | Stevens |
| 53067 | Thurston |
| 40050 | Unknown or out of state |
| 53069 | Wahkiakum |
| 53071 | Walla Walla |
| | |

| 53073 | Whatcom |
|-------|--|
| 53075 | Whitman |
| 53077 | Yakima |
| | |
| ID | DCR Outcome |
| 2 | Referred to voluntary outpatient mental health ser |
| 3 | Referred to voluntary inpatient mental health serv |
| 4 | Returned to inpatient facility/filed revocation pe |
| 5 | Filed petition - recommending LRA extension. |
| 6 | Referred to non-mental health community resources. |
| 9 | Other |
| 10 | Referred to acute detox |
| 11 | Referred to sub-acute detox |
| 12 | Referred to sobering unit |
| 13 | Referred to crisis triage |
| 14 | Referred to SUD intensive OP program |
| 15 | Referred to SUD Inpatient Program |
| 16 | Referred to SUD residential program |
| 17 | No detention - E&T provisional acceptance did not |
| 18 | No detention - Unresolved medical issues |
| 22 | Petition filed for outpatient evaluation |
| 23 | Filed petition recommending AOT extension |
| 24 | No detention – Secure Detox provisional acceptance |
| 25 | Detention (120 hours) |
| 25 | Detention to Secure Detox facility (120 hours) |
| 90 | Refer to Crisis Stabilization - Whatcom |
| 91 | Refer to Crisis Stabilization - Skagit |
| 92 | Refer to Crisis Triage - Snohomish |
| | |
| ID | Delay Reason |
| 1 | Staffing |
| 2 | Complex |
| | |
| ID | Education |
| 1 | No formal schooling |
| 2 | Nursery school, pre-school, head start |
| 3 | Kindergarten, Less than one school grade |
| 4 | Grade 1 |
| 5 | Grade 2 |
| 6 | Grade 3 |
| 7 | Grade 4 |
| 8 | Grade 5 |
| 9 | Grade 6 |
| 10 | Grade 7 |
| 11 | Grade 8 |
| 12 | Grade 9 |
| 13 | Grade 10 |

| 14 | Grade 11 |
|---|--|
| 15 | Grade 12 |
| 16 | High School Diploma or GED |
| 17 | 1st Year of College |
| 18 | 2nd Year of College |
| 19 | 3rd Year of College |
| 20 | 4th Year of College |
| 21 | Bachelors Degree |
| 22 | Graduate or professional school |
| 23 | Vocational School |
| 97 | Unknown |
| ID | Eligibility Criteria |
| 40 | PPW |
| 41 | WSH Discharge |
| 42 | Drug Court |
| 43 | Using IV Drugs |
| 44 | Pending Charges |
| 46 | Current OTP Services |
| 47 | Assessment Only |
| 48 | ASO SABG |
| 49 | SUD Diagnosis |
| 60 | МН ОР |
| | |
| ID | Eligibility Type |
| ID 10 | Eligibility Type Medicaid |
| | |
| 10 | Medicaid |
| 10 20 | Medicaid SABG |
| 10 20 22 23 24 | Medicaid SABG LR STR PACT |
| 10 20 22 23 | Medicaid SABG LR STR PACT PPW |
| 10 20 22 23 24 25 26 | Medicaid SABG LR STR PACT PPW IUID |
| 10 20 22 23 24 25 26 27 | Medicaid SABG LR STR PACT PPW IUID OTP |
| 10 20 22 23 24 25 26 27 28 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S |
| 10 20 22 23 24 25 26 27 | Medicaid SABG LR STR PACT PPW IUID OTP |
| 10 20 22 23 24 25 26 27 28 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S |
| 10 20 22 23 24 25 26 27 28 99 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME |
| 10 20 22 23 24 25 26 27 28 99 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME |
| 10 20 22 23 24 25 26 27 28 99 VID 01 01 02 03 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME PART TIME Unemployed |
| 10 20 22 23 24 25 26 27 28 99 VID 01 01 02 03 05 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME Unemployed Employed |
| 10 20 22 23 24 25 26 27 28 99 VD 01 01 01 02 03 05 14 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME Unemployed Employed Homemaker |
| 10 20 22 23 24 25 26 27 28 99 V D 01 01 02 03 05 14 24 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME Unemployed Employed Homemaker Student |
| 10 20 22 23 24 25 26 27 28 99 90 ID 01 02 03 05 14 24 34 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME Unemployed Employed Homemaker Student Retired |
| 10 20 22 23 24 25 26 27 28 99 ID 01 02 03 05 14 24 24 34 44 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME Unemployed Employed Homemaker Student Retired Disabled |
| 10 20 22 23 24 25 26 27 28 99 90 ID 01 02 03 05 14 24 34 | Medicaid SABG LR STR PACT PPW IUID OTP GF-S No Verified Funding Employment FULL TIME PART TIME Unemployed Employed Homemaker Student Retired |

| 84 | Not In The Labor Force |
|-----|--|
| 96 | Not Applicable |
| 97 | Unknown |
| 98 | Not Collected |
| ID | Ethnicity |
| 999 | NA |
| 010 | White/Caucasian |
| 031 | Asian Indian |
| 032 | Hawaiian |
| 033 | Other Pacific Islander |
| 034 | Other Asian |
| 040 | Black/African American |
| 050 | Some Other Race |
| 021 | American Indian |
| 604 | Cambodian |
| 605 | Chinese |
| 608 | Filipino |
| 611 | Japanese |
| 612 | Korean |
| 613 | Laotian |
| 660 | Guamanian or Chamorro |
| 999 | Not Reported/Unknown |
| ID | Frequency Use |
| 1 | No Use In The Past Month |
| 2 | 1-3 Times In Past Month |
| 3 | 4-12 Times In Past Month |
| 4 | 13 or More Times In Past Month |
| 5 | Daily |
| 6 | Not Applicable |
| 7 | Not Available |
| ID | Block Grant Funded |
| 1 | Yes MHBG used to pay for services and supports |
| 3 | Yes SABG used to pay for services and supports |
| 5 | None Block Grant funding does not apply |
| 6 | SABG Covid Enhancement |
| 7 | SABG ARPA (American Rescue Plan Act of 2021) |
| 8 | MHBG Covid Enhancement |
| 9 | MHBG ARPA (American Rescue Plan Act of 2021) |
| 97 | Unknown |
| 98 | Not collected |
| ID | Funding Type |
| 01 | Medicaid only |
| 02 | Medicaid and non-Medicaid sources |
| | |

| 03 | Non-Medicaid only |
|----|--|
| 97 | Unknown |
| 98 | Not collected |
| | |
| ID | Gender |
| 1 | Female |
| 2 | Male |
| 4 | Transgender |
| 5 | Intersex |
| 7 | Transgender female |
| 8 | Transgender male |
| 97 | Unknown |
| 98 | Refused |
| | |
| ID | Hearing Outcome |
| 0 | Dismissed |
| 1 | 14 Day MH Commitment |
| 2 | 90 Day MH Commitment or extension |
| 3 | 180 Day MH Commitment or extension |
| 4 | 90 Day MH LRA or LRA extension |
| 5 | 180 Day MH LRA or LRA extension |
| 6 | Agreed to Voluntary Treatment |
| 7 | Revoke LRA |
| 8 | Reinstate LRA |
| 9 | 120 Hour Commitment under Joel Law |
| 10 | Dismissal of petition filed under Joel Law |
| 12 | Court order 90 days AOT |
| 14 | 14 Day SUD Tx |
| 15 | 90 Day SUD Committment |
| 16 | 180 Day SUD Committment |
| 17 | 90 Day SUD Revoke |
| 18 | 180 Day SUD Revoke |
| 19 | 90 Day SUD LRA or LRA extension |
| 20 | 180 Day SUD LRA |
| 21 | 90 Day MH Subsq Committ |
| 22 | 180 Day MH Subseq Committ |
| 23 | 90 Day MH LRA Extension |
| 24 | 180 Day MH LRA Extension |
| 25 | 90 Day SUD Subseq Committ |
| 26 | 180 Day SUD Subseq Committ |
| 27 | 90 Day SUD LRA Extension |
| 28 | 180 Day SUD LRA Extension |
| 30 | 14 Day MH LRA |
| 31 | 365 Day MH LRA |
| 32 | 18 Month MH AOT Order |
| 33 | Revoke MH AOT |
| 34 | Reinstate MH AOT |

| 35 | Revoke SUD LRA |
|-----|--|
| 36 | Reinstate SUD LRA |
| 37 | 14 Day SUD LRA |
| 38 | 18 Month SUD AOT Order |
| 39 | Revoke SUD AOT |
| 40 | Reinstate SUD AOT |
| | |
| ID | Hispanic Origin |
| 709 | Cuban |
| 000 | Specific Origin Unknown |
| 722 | Mexican |
| 998 | Not of Hispanic Origin |
| 799 | Other Specific Hispanic |
| 727 | Puerto Rican |
| 999 | Unknown |
| | |
| ID | Income Source |
| 1 | Wages/Salary |
| 2 | Public Assistance |
| 3 | Retirement/Pension |
| 4 | Disability |
| 20 | Other |
| 21 | None |
| 97 | Unknown |
| 98 | Not collected |
| | |
| ID | Investigation Outcome |
| 1 | Detention to MH facility (72 hours) |
| 2 | Referred to voluntary Outpatient MH Svc |
| 3 | Referred to voluntary Inpatient MH Svc |
| 4 | Returned to Inpatient facility/filed revocation pe |
| 5 | Filed petition-recommending LRA extension |
| 6 | Referred to non-MH community resources |
| 7 | Detention to Secure Detox facility (72 hours) |
| 9 | Other |
| 10 | Referred to acute detox |
| 11 | Referred to sub-acute detox |
| 12 | Referred to sobering unit |
| 13 | Referred to crisis triage |
| 14 | Referred to SUD intensive outpatient program |
| 15 | Referred to SUD inpatient program |
| 16 | Referred to SUD residential program |
| 17 | No detention-ET provisional accept did not occur w |
| 18 | No detention – Unresolved medical issues |
| 19 | Non-emergent detention petition filed |
| 20 | Did not require MH or CD services |
| 22 | Petition filed for outpatient evaluation |

| 23 | Filed petition recommending AOT extension |
|----|--|
| 24 | No detention-Secure Detox provisional accept did n |
| | |
| ID | Investigation Reason |
| 1 | Investigation was mainly related to mental disorde |
| 2 | Investigation was mainly related to a chemical dep |
| 3 | Investigation was related in some degree to both a |
| ID | Investigation Referral Source |
| 1 | Family |
| 2 | Hospital |
| 3 | Professional |
| 4 | Care Facility |
| 5 | Legal Representative |
| 6 | School |
| 7 | Social Service Provider |
| 8 | Law Enforcement |
| 9 | Community |
| 10 | Other |
| 11 | Referral from MCR to DCR |
| 70 | Impact Team Law Enforcement Referral |
| 70 | impact ream Law Emotement Referral |
| ID | Legal Reason |
| A | Dangerous to Self |
| В | Dangerous to Others |
| C | Gravely Disabled |
| D | Dangerous to property |
| Х | Revoked for reasons other than above |
| Z | NA- person was not involuntarily detained under IT |
| ID | Marital Status |
| 1 | Single or Never married |
| 2 | Now married or Committed Relationship |
| 3 | Separated |
| 4 | Divorced |
| 5 | Widowed |
| 97 | Unknown |
| 57 | UNKIOWI |
| ID | Method |
| 1 | Inhalation |
| 2 | Injection |
| 3 | Oral |
| 4 | Other |
| 5 | Smoking |
| | |
| ID | Military Service |
| 1 | Yes |

| 2 | No |
|----|--|
| 3 | Refuse |
| 4 | Unknown |
| | |
| ID | Mobile Resp Referral Given |
| 01 | Referred to Substance Use Disorder and Mental Heal |
| 02 | Non-Behavioral Health Community Services |
| 03 | Forensic Projects for Assistance in Transition fro |
| 04 | Forensic Housing and Recovery through Peer Service |
| 05 | Traditional HARPS |
| 06 | Traditional PATH |
| 07 | Other housing resources |
| 08 | Adult Protective Services |
| 09 | EBT/ABD (Food/Cash Benefits) |
| 10 | Educational Assistance |
| 11 | Employment Assistance |
| 12 | Home and Community Services |
| 13 | Job Training |
| 14 | Medical Insurance Services |
| 15 | Dental Care |
| 16 | SSI/SSDI |
| 17 | Veteran's Administration (VA) Benefits |
| 18 | Voluntary Inpatient Behavioral Health Services |
| 19 | Alternative Housing Supports |
| 20 | Food Bank |
| 21 | No referrals given |
| ID | Mobile Resp Outcome |
| 1 | Routine Follow-up completed |
| 2 | Stabilized no additional services needed |
| 3 | Stabilized with follow up recommended |
| 4 | Transport to crisis triage/stabilization |
| 5 | Transport to community hospital (includes ER) |
| 6 | Police/911 |
| 7 | DCR for ITA evaluation/investigation Authorization |
| 8 | Unable to locate caller |
| 97 | Other |
| ID | Mobile Resp Referral Source |
| 1 | Family or Friend |
| 2 | Hospital |
| 3 | Professional |
| 4 | Care Facility |
| 5 | Legal Representative |
| 6 | School: post-secondary school |
| 7 | Social Service Provider |
| 8 | Law Enforcement |
| | |

| 9 | Community: landlord, business, neighbors |
|---|--|
| 10 | Self-Referral |
| 11 | Crisis Call Center Referral |
| 12 | Designated Crisis Responder to MCR |
| 70 | Impact Team |
| 97 | Other |
| ID | Mobile Resp Time |
| 1 | Urgent |
| 2 | Emergent |
| 3 | Routine/Follow-up |
| ID | Mobile Resp Type |
| 01 | Mobile Crisis Response |
| 02 | Mobile Crisis provided via Telehealth |
| ID | Needle Use Ever |
| 1 | Continuously |
| 2 | Intermittently |
| 3 | Rarely |
| 4 | Never |
| 97 | Unknown |
| 98 | Refused to answer |
| | |
| ID | Needle Use Recent |
| ID N | Needle Use Recent No |
| | |
| Ν | No |
| N R | No Refused to Answer |
| N R U | No Refused to Answer Unknown |
| N R U Y | No Refused to Answer Unknown Yes |
| N R U Y | No Refused to Answer Unknown Yes Opioid Therapy |
| N R U Y ID 1 | No Refused to Answer Unknown Yes Opioid Therapy Yes |
| N R U Y ID 1 2 | No Refused to Answer Unknown Yes Opioid Therapy Yes No |
| N R U Y ID 1 2 3 | No Refused to Answer Unknown Yes Opioid Therapy Yes No Not applicable |
| N R U Y ID 1 2 3 7 | No Refused to Answer Unknown Yes Opioid Therapy Yes No Not applicable Unknown |
| N R U Y I D 1 2 3 7 8 | No Refused to Answer Unknown Yes No Not applicable Unknown Not collected |
| N R U Y ID 1 2 3 7 8 | No Refused to Answer Unknown Yes Opioid Therapy Yes No Not applicable Unknown Not collected Parenting |
| N R U Y ID 1 2 3 7 8 ID N | No Refused to Answer Unknown Yes No Not applicable Unknown Not collected Parenting No |
| N R U Y ID 1 2 3 7 8 V R | No Refused to Answer Unknown Yes Opioid Therapy Yes No Not applicable Unknown Not collected Parenting No Refused to Answer |
| N R U Y ID 1 2 3 7 8 V N R U | No Refused to Answer Unknown Yes Opioid Therapy Yes No Not applicable Unknown Not collected Parenting No Refused to Answer Unknown |
| N R U Y ID 1 2 3 7 8 ID N R U V Y | No Refused to Answer Unknown Yes Opioid Therapy Yes No Not applicable Unknown Not collected Parenting No Refused to Answer Unknown Yes |
| N R U Y ID 1 2 3 7 8 ID N R U Y | No Refused to Answer Unknown Yes Opioid Therapy Yes No Not applicable Unknown Not collected Parenting No Refused to Answer Unknown Yes |

| 4 | 13 or More Times In A Month |
|---|-----------------------------|
| 5 | Daily |
| 6 | Not Applicable |

| Placement Unit | PlacementUnitCode |
|---------------------------------------|-------------------|
| ABHS Chehalis | 1598123226 |
| ABHS Secure Detox | 1609365238 |
| ABHS Spokane | 1215286851 |
| Affiliated Health Skagit | 1568548121 |
| BHC Fairfax Monroe | 1053327890 |
| Bridges E&T Yakima | 1083035547 |
| Carondolet Psych | 1053775841 |
| Cascade Behavioral Hospital LLC | 1124456967 |
| Cascade Behavioral Hospital Tukwila | 1124456967 |
| Cascade E&T Center | 1760979298 |
| Cascade Valley Arlington | 1073566246 |
| Central WA Hospital | 1306883228 |
| Childrens - Seattle | 1467536276 |
| Compass - Mukilteo E&T | 1942324710 |
| Eastern State Hospital | 1467440602 |
| Evergreen Hospital Med Ctr - Kirkland | WA 1548463474 |
| EvergreenHealth Monroe Valley Gener | al 1962513572 |
| Greater Lakes Recovery Center E&T | 1306234273 |
| Harborview - Seattle | 1922102342 |
| Harrison Memorial | 1518912609 |
| Kitsap E & T | 1033268008 |
| Lake Chelan | 1578568853 |
| Lourdes Counseling Center | 1548342181 |
| Madigan Army Medical Center | 1649624453 |
| Metro Dev Council | 1205234424 |
| Mukilteo | 1942324710 |
| MultiCare Health System | 1770579534 |
| Navos H beds | 1184764227 |
| Northwest Seattle | 1700861580 |
| Our Lady Of Lourdes | 1548342181 |
| Overlake | 1811904063 |
| Pierce E&T Telecare | 1780913657 |
| Pioneer Center North | 1194069427 |
| Providence - Everett | 1700037801 |
| Providence Sacred Heart Childrens Hsp | otl 1144471715 |
| Puget Sound | 1497757207 |
| Recovery Innovations Pierce | 1871726570 |
| Sacred Heart - Spokane | 1891947263 |
| Sacred Heart - Univ District | 1346237971 |
| Sacred Heart Medical Center | 1528163763 |
| Saint Johns Hospital | 1720056187 |
| Skagit Regional Psychiatry | 1053357244 |

| Skagit Valley Hospital | 1053357244 |
|--|---|
| Smokey Point Behavioral Hospital | 1679020150 |
| South Sound Vest Thurston | 1336605849 |
| Southwest Medical Center | 1134178999 |
| St. Francis | 1093713091 |
| St. Joseph Hospital Bellingham | 1689677320 |
| St. Joseph Tacoma | 1952309098 |
| St. Peters Olympia | 1346250594 |
| Swedish - Mill Creek | 1114356904 |
| Swedish Edmonds | 1033107214 |
| Swedish Edmonds | 1033107214 |
| Swedish Edmonds | 1033107214 |
| Swedish Med Ballard Psych | 1902355654 |
| Swedish Seattle | 1154476208 |
| Tacoma General | 1366556227 |
| Telecare E&T of Pierce County | 1659758639 |
| Telecare NS E&T | 1659758639 |
| Telecare Thurston Mason | 1730532136 |
| Thurston/Mason E&T Facility | 1093895203 |
| Two Rivers Landing | 1689812968 |
| UW Medical Center | 1326002049 |
| VA Puget Sound | 1972825008 |
| VALLEY CITIES COUNSELING AND CONSULTAT | 1538604426 |
| Valley General Hospital | 1013074061 |
| Valley Hospital | 1538345251 |
| Valley Medical Renton | 1649209230 |
| Virginia Mason | 1801851258 |
| West Seattle Psychiatric Hospital | 1124034699 |
| Western State | 1144295080 |
| Whidbey General Hospital | 1043497001 |
| Yakima Valley Memorial Hospital | 1356781884 |
| | |
| ID | Place Of Service |
| 01 | Pharmacy |
| 02 | Telehealth |
| 03 | School |
| 04 | Homeless Shelter |
| 05 | Indian Health Service Free-standing Facility |
| 06 | Indian Health Service Provider-based Facility |
| 07 | Tribal 638 Free-standing Facility |
| 08 | Tribal 638 Provider-based Facility |
| 09 | Prison - Correctional Facility |
| 10 | Telehealth Home |
| 11 | Office |
| 12 | Home |
| 13 | Assisted Living Facility |
| 14 | Group Home |
| | |

| 15 | Mobile Unit |
|----|--|
| 16 | Temporary Lodging |
| 17 | Walk-in Retail Health clinic |
| 19 | Off Campus - Outpatient Hospital |
| 20 | Urgent Care Facility |
| 21 | Inpatient Hospital |
| 22 | On Campus - Outpatient Hospital |
| 23 | Emergency Room Hospital |
| 24 | Ambulatory Surgical Center |
| 25 | Birthing Center |
| 26 | Military Treatment Facility |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| 41 | Ambulance ?Land |
| 42 | Ambulance ? Air or Water |
| 49 | Independent Clinic |
| 50 | Federally Qualified Health Center |
| 51 | Inpatient Psychiatric Facility |
| 52 | Psychiatric Facility-Partial Hospitalization |
| 53 | Community Mental Health Center |
| 54 | Intermediate Care Facility/Mentally Retarded |
| 55 | Residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment Center |
| 57 | Non-residential Substance Abuse Treatment Facility |
| 60 | Mass Immunization Center |
| 61 | Comprehensive Inpatient Rehabilitation Facility |
| 62 | Comprehensive Outpatient Rehabilitation Facility |
| 65 | End-Stage Renal Disease Treatment Facility |
| 71 | Public Health Clinic |
| 72 | Rural Health Clinic |
| 81 | Independent Laboratory |
| 99 | Other Place of Service |
| ID | Poverty Level |
| 0 | Unknown |
| 31 | 221% То 400% |
| 30 | Less Than 221% |
| ID | Preferrered Language |
| 15 | American Sign Language |
| 23 | Amharic |
| 33 | Arabic |
| 6 | Cambodian |
| 16 | Cantonese |
| 26 | Czech |
| | |

| 35 | Dutch |
|--------|---|
| 13 | English |
| 25 | Farsi |
| 24 | Finnish |
| 12 | French |
| 14 | German |
| 21 | Greek |
| 36 | Gujarti |
| 32 | Hindi |
| 8 | Hmong |
| 17 | Hungarian |
| 10 | Ilocano |
| 37 | Indian |
| 38 | Italian |
| 1 | Japanese |
| 2 | Korean |
| 39 | Lakota Sioux |
| 0 | Language Unknown |
| 5 | Laotian |
| 40 | Malay |
| 7 | Mandarin |
| 41 | Marathi |
| 27 | Mien |
| 42 | Norwegian |
| 34 | Other Chinese - Not Cantonese or Mandarin |
| 99 | Other Language |
| 44 | Panjabi |
| 20 | Polish |
| 30 | Puyallup |
| 19 | Romanian |
| 18 | Russian |
| 29 | Salish |
| 9 | Samoan |
| 3 | Spanish |
| 11 | Tagalog |
| 31 | Thai |
| 22 | Tigrigna |
| 43 | Ukrainian |
| 4 | Vietnamese |
| 28 | Yakama |
| ID | Pregnant |
| Ν | No |
| R | Refused to Answer |
| | |
| U Y | Unknown Yes |

| ID | Presenting Problem |
|----------|--|
| 1 | Mental Health |
| 2 | Substance Use Disorder |
| 3 | Co-Occurring |
| 97 | Other |
| ID | Program ID |
| 1 | PACT Program for Assertive Community Treatment |
| 2 | Chemical Dependency Disposition Alternative commit |
| 3 | Chemical Dependency Disposition Alternative local |
| 11 | Jail Services |
| 19 | Functional Family Therapy |
| 20 | Illness Self-Management/Illness Management and Rec |
| 21 | Integrated Dual Disorders Treatment |
| 23 | Multi-systemic Therapy |
| 25 26 | Supported Housing |
| 28 | Therapeutic Foster Care |
| 29 | Wraparound with Intensive Services ,(WISe) Housing and Recovery through Peer Services ,(HARPS |
| 30 | Supported Employment Program |
| 34 | CJTA ,(DC) |
| 35 | CJTA ,(NDC) |
| 36 | Diversion Program |
| 38 | New Journeys |
| 39 | BEST |
| 42 | Peer Bridger Program – Hospital and Community |
| 43 | Peer Respite |
| 44 | Intensive Residential Teams |
| 45 | Intensive Behavioral Health Facilities |
| 51 | Substance Use Disorder – Outpatient |
| 52 | Substance Use Disorder – Intensive Outpatient |
| 54 | Substance Use Disorder – Intensive Inpatient |
| 55 | Substance Use Disorder – Long Term Residential |
| 56 | Substance Use Disorder – Recovery House |
| 57 | Substance Use Disorder – Withdrawal Management |
| 58 | Substance Use Disorder – Opiate Substitution |
| 59 | Substance Use Disorder – Housing Support Services |
| ID | Program End Reason |
| 1 | Treatment completed |
| 2 | Left against advice, including dropout |
| 3 | Terminated by facility |
| 4 | Transferred to another SA treatment or MH program |
| 5 | Incarcerated |
| 6 | Death by Suicide |
| 7 | Death Not by Suicide |
| 8 | Other |

| 9 | Lost to Contact |
|--|--|
| 10 | Administrative Closure |
| ID | Program Referal Source |
| 1 | Individual/self-referral |
| 2 | Alcohol/Drug Abuse Provider |
| 4 | Other Health Care Provider |
| 6 | School (Educational) |
| 7 | Employer/EAP |
| 8 | Court/CriminalJustice/DUI/DWI |
| 9 | Other Community Referral |
| 9 | Unknown |
| ID | Primary Intervention Reason |
| 01 | Mental Health |
| 02 | Substance Use Disorder |
| 03 | Co-Occurring |
| 04 | Other |
| ID sgn amh ara chi cze dut eng per fin fre deu gre guj hin hun ilo hin kor | Primary LanguageAmerican Sign LanguageAmharicArabicCantoneseCzechDutchEnglishFarsiFinnishFrenchGermanGreekGujartiHindiHmongHungarianIlocanoIndianItalianJapaneseKorean |
| tet | Lakota Sioux |
| lao | Laotian |
| msa | Malay |
| chi | Mandarin |
| mar | Marathi |
| chi | Mien |

| 201 | Nerwogien |
|-----|---|
| nor | Norwegian |
| chi | Other Chinese - Not Cantonese or Mandarin |
| pol | Polish |
| sal | Puyallup |
| ron | Romanian |
| rus | Russian |
| sal | Salish |
| | |
| smo | Samoan |
| spa | Spanish |
| tgl | Tagalog |
| tha | Thai |
| tir | Tigrigna |
| ukr | Ukrainian |
| mis | Uncoded Languages |
| und | Undetermined |
| | |
| vie | Vietnamese |
| chi | Yakama |
| ID | Race |
| 021 | American Indian/Alaskan Native |
| 031 | Asian Indian |
| 040 | Black or African American |
| 604 | Cambodian |
| | |
| 605 | Chinese |
| 608 | Filipino |
| 660 | Guamanian or Chamorro |
| 081 | Iraqi or Iranian |
| 611 | Japanese |
| 612 | Korean |
| 613 | Laotian |
| 801 | Middle Eastern |
| 032 | Native Hawaiian |
| | Other Asian |
| 034 | |
| 033 | Other Pacific Islander |
| 050 | Other Race |
| 655 | Samoan |
| 999 | Unknown |
| 619 | Vietnamese |
| 010 | White |
| ID | Referral Source |
| 1 | Community CD Provider |
| | - |
| 2 | Community MH Agency |
| 3 | Crisis Triage |
| 4 | Individual Professional Staff |
| 5 | Self |
| 6 | Employer or Co-worker |

| 7 | Family or Friend |
|--|---|
| 8 | Hospital ER |
| 9 | Hospital Medical Unit |
| 10 | Hospital Psychiatric Unit |
| 11 | Law Enforcement Agency |
| 12 | MH Evaluation & Treatment Facility |
| 13 | Residential Facility |
| 14 | Sobering Center or Detox |
| 15 | Secure Detox Facility |
| 16 | Other |
| 21 | Social Service Agency |
| 22 | Probation |
| 23 | Corrections |
| 24 | Court |
| 25 | School |
| 26 | Tribe |
| 27 | State Hospital (WSH, ESH, or CSTC) |
| ID | Informed Consent |
| 1 | Informed consent to release |
| Υ | Yes |
| ID | Residence |
| 1 | Homeless without housing |
| — | |
| 2 | Foster Home/ Foster Care |
| | Foster Home/ Foster Care Residential Care |
| 2 | - |
| 2 3 | Residential Care |
| 2 3 4 | Residential Care Crisis Residence |
| 2 3 4 5 | Residential Care Crisis Residence Institutional Setting |
| 2 3 4 5 6 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility |
| 2 3 4 5 6 7 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence |
| 2 3 4 5 6 7 8 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living |
| 2 3 4 5 6 7 8 9 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living |
| 2 3 4 5 6 7 8 9 10 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence |
| 2 3 4 5 6 7 8 9 10 11 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status |
| 2 3 4 5 6 7 8 9 10 11 12 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status Homeless with housing |
| 2 3 4 5 6 7 8 9 10 11 12 97 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status Homeless with housing Unknown |
| 2 3 4 5 6 7 8 9 10 11 12 97 ID | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status Homeless with housing Unknown |
| 2 3 4 5 6 7 8 9 10 11 12 97 ID 1 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residence Other Residential Status Homeless with housing Unknown Return to InPt DCR determined detention during course of investig |
| 2 3 4 5 6 7 8 9 10 11 12 97 ID 1 2 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status Homeless with housing Unknown Return to InPt DCR determined detention during course of investig Outpatient provider requested revocation N/A School Attendance |
| 2 3 4 5 6 7 8 9 10 11 12 97 ID 1 2 9 ID N | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status Homeless with housing Unknown Return to InPt DCR determined detention during course of investig Outpatient provider requested revocation N/A School Attendance No |
| 2 3 4 5 6 7 8 9 10 11 12 97 ID 1 2 9 | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status Homeless with housing Unknown Return to InPt DCR determined detention during course of investig Outpatient provider requested revocation N/A School Attendance No Refused to Answer |
| 2 3 4 5 6 7 8 9 10 11 12 97 ID 1 2 9 ID N | Residential Care Crisis Residence Institutional Setting Jail/ Correctional Facility Private Residence Independent Living Dependent Living Private Residence Other Residential Status Homeless with housing Unknown Return to InPt DCR determined detention during course of investig Outpatient provider requested revocation N/A School Attendance No |

| ID | ASAM Screen or Assmt |
|----|------------------------------|
| A | COD Quadrant Asmnt |
| S | GAIN-SS Screening |
| В | Both |
| ID | Self Help Attendance |
| 1 | No attendance |
| 2 | Less than once a week |
| 3 | About once a week |
| 4 | 2 to 3 times per week |
| 5 | At least 4 times a week |
| 6 | Not Collected |
| 97 | Unknown |
| ID | Sexual Orientation |
| 1 | Heterosexual |
| 3 | Gay/Lesbian/Queer/Homosexual |
| 4 | Bisexual |
| 5 | Questioning |
| 9 | Choosing not to disclose |
| ID | SMI SED Status |
| 1 | SMI |
| 2 | SED |
| 3 | At risk for SED |
| 4 | Not SMI or SED |
| 97 | Unknown |
| 98 | Not collected |
| ID | Smoking Status |
| 1 | Current smoker |
| 2 | Former smoker |
| 3 | Never smoked |
| 97 | Unknown |
| 98 | Refused to answer |
| ID | State |
| AL | Alabama |
| АК | Alaska |
| AZ | Arizona |
| AR | Arkansas |
| CA | California |
| СО | Colorado |
| СТ | Connecticut |
| DE | Delaware |
| DC | District of Columbia |

| FL | Florida |
|----|----------------|
| GA | Georgia |
| HI | Hawaii |
| ID | Idaho |
| IL | Illinois |
| IN | Indiana |
| IA | lowa |
| KS | Kansas |
| КҮ | Kentucky |
| LA | Louisiana |
| ME | Maine |
| MD | Maryland |
| MA | Massachusetts |
| MI | Michigan |
| MN | Minnesota |
| MS | Mississippi |
| МО | Missouri |
| MT | Montana |
| NE | Nebraska |
| NV | Nevada |
| NH | New Hampshire |
| NJ | New Jersey |
| NM | New Mexico |
| NY | New York |
| NC | North Carolina |
| ND | North Dakota |
| ОН | Ohio |
| ОК | Oklahoma |
| OR | Oregon |
| ОТ | Other |
| PA | Pennsylvania |
| RI | Rhode Island |
| SC | South Carolina |
| SD | South Dakota |
| TN | Tennessee |
| ТХ | Texas |
| XX | Unknown |
| UT | Utah |
| VT | Vermont |
| VA | Virginia |
| WA | Washington |
| WV | West Virginia |
| WI | Wisconsin |
| WY | Wyoming |
| ID | Substance |
| 1 | None |

| 2 | Alcohol |
|---|---|
| 3 | Cocaine/Crack |
| 4 | Marijuana/Hashish |
| 5 | Heroin |
| 6 | Other Opiates And Synthetics |
| 7 | PCP-phencyclidine |
| 8 | Other Hallucinogens |
| 9 | Methamphetamine |
| 10 | Other Amphetamines |
| 11 | Other Stimulants |
| 12 | Benzodiazepine |
| 13 | Other non-Benzodiazepine Tranquilizers |
| 14 | Barbiturates |
| 15 | Other Non-Barbiturate Sedatives or Hypnotics |
| 16 | Inhalants |
| 17 | Over-The-Counter |
| 18 | Oxycodone |
| 19 | Hydromorphone |
| 20 | MDMA (ecstasy, Molly, etc.) |
| 21 | Other |
| 22 | Fentanyl |
| ID | Service End Reason |
| 01 | Treatment completed |
| | |
| 02 | Dropout |
| | Dropout Terminated by facility |
| 02 | Dropout |
| 02 03 | Dropout Terminated by facility |
| 02 03 04 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide |
| 02 03 04 05 06 07 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide |
| 02 03 04 05 06 07 08 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other |
| 02 03 04 05 06 07 08 14 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show |
| 02 03 04 05 06 07 08 14 24 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility |
| 02 03 04 05 06 07 08 14 24 34 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH |
| 02 03 04 05 06 07 08 14 24 34 96 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable |
| 02 03 04 05 06 07 08 14 24 34 96 97 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown |
| 02 03 04 05 06 07 08 14 24 34 96 97 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected |
| 02 03 04 05 06 07 08 14 24 34 96 97 98 09 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected Lost to Contact |
| 02 03 04 05 06 07 08 14 24 34 96 97 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected |
| 02 03 04 05 06 07 08 14 24 34 96 97 98 09 10 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected Lost to Contact Admin Close |
| 02 03 04 05 06 07 08 14 24 34 96 97 98 09 10 ID 1 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected Lost to Contact Admin Close Service Referral Source Individual/self-referral |
| 02 03 04 05 06 07 08 14 24 34 96 97 98 09 10 ID 1 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected Lost to Contact Admin Close Service Referral Source Individual/self-referral Alcohol/Drug Abuse Provider |
| 02 03 04 05 06 07 08 14 24 34 96 97 98 09 10 ID 1 2 4 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected Lost to Contact Admin Close Service Referral Source Individual/self-referral Alcohol/Drug Abuse Provider Other Health Care Provider |
| 02 03 04 05 06 07 08 14 24 34 96 97 98 09 10 ID 1 2 4 6 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected Lost to Contact Admin Close Service Referral Source Individual/self-referral Alcohol/Drug Abuse Provider Other Health Care Provider School (Educational) |
| 02 03 04 05 06 07 08 14 24 34 96 97 98 09 10 ID 1 2 4 | Dropout Terminated by facility Transferred client showed Incarcerated Death by Suicide Death Not by Suicide Other Transferred Client no show Transferred to non SSA or SMH facility Discharge from SH Not Applicable Unknown Not Collected Lost to Contact Admin Close Service Referral Source Individual/self-referral Alcohol/Drug Abuse Provider Other Health Care Provider |

| 9 | Other Community Referral |
|----|--|
| 97 | Unknown |
| | |
| ID | Voluntary Outcome |
| 0 | NA |
| 1 | Referred to voluntary outpatient mental health ser |
| 2 | Referred to voluntary inpatient mental health serv |
| 3 | Referred to non-mental health community resources. |
| 4 | Refer to Criminal Justice System |
| 5 | Refer to ER/Emergency Medical Services |
| 6 | Referred to chemical dependency intensive outpatie |
| 7 | Referred to chemical dependency inpatient program |
| 8 | Referred to chemical dependency residential progra |
| 9 | No Outcome - No Action Taken |
| 10 | Crisis Resolved - No Referral |
| 11 | Refer to Crisis Stabilization - Whatcom |
| 12 | Refer to Crisis Stabilization - Skagit |
| 13 | Refer to Crisis Triage - Snohomish |
| 14 | Refer to Another Agency for ITA |
| 99 | Other Voluntary Outcome NEC |
| | |

Completion time: 2023-04-07T08:08:28.5512082-07:00

| PlacementUnitCode | Description |
|-------------------|--|
| 1598123226 | ABHS Chehalis |
| 1609365238 | ABHS Secure Detox |
| 1215286851 | ABHS Spokane |
| 1568548121 | Affiliated Health Skagit |
| 1053327890 | BHC Fairfax Monroe |
| 1083035547 | Bridges E&T Yakima |
| 1053775841 | Carondolet Psych |
| 1124456967 | Cascade Behavioral Hospital LLC |
| 1124456967 | Cascade Behavioral Hospital Tukwila |
| 1760979298 | Cascade E&T Center |
| 1073566246 | Cascade Valley Arlington |
| 1306883228 | Central WA Hospital |
| 1467536276 | Childrens - Seattle |
| 1942324710 | Compass - Mukilteo E&T |
| 1467440602 | Eastern State Hospital |
| 1548463474 | Evergreen Hospital Med Ctr - Kirkland WA |
| 1962513572 | EvergreenHealth Monroe Valley General |
| 1306234273 | Greater Lakes Recovery Center E&T |
| 1922102342 | Harborview - Seattle |
| 1518912609 | Harrison Memorial |
| 1033268008 | Kitsap E & T |
| 1578568853 | Lake Chelan |
| 1548342181 | Lourdes Counseling Center |
| 1649624453 | Madigan Army Medical Center |
| 1205234424 | Metro Dev Council |
| 1942324710 | Mukilteo |
| 1770579534 | MultiCare Health System |
| 1184764227 | Navos H beds |
| 1700861580 | Northwest Seattle |
| 1548342181 | Our Lady Of Lourdes |
| 1811904063 | Overlake |
| 1780913657 | Pierce E&T Telecare |
| 1194069427 | Pioneer Center North |
| 1700037801 | Providence - Everett |
| 1144471715 | Providence Sacred Heart Childrens Hsptl |
| 1497757207 | Puget Sound |
| 1871726570 | Recovery Innovations Pierce |
| 1891947263 | Sacred Heart - Spokane |
| 1346237971 | Sacred Heart - Univ District |
| 1528163763 | Sacred Heart Medical Center |
| 1720056187 | Saint Johns Hospital |
| 1053357244 | Skagit Regional Psychiatry |
| 1679020150 | Smokey Point Behavioral Hospital |
| 1336605849 | South Sound Vest Thurston |
| 1134178999 | Southwest Medical Center |
| 1093713091 | St. Francis |
| | |

| 1689677320 | St. Joseph Hospital Bellingham |
|------------|---|
| 1952309098 | St. Joseph Tacoma |
| 1346250594 | St. Peters Olympia |
| 1114356904 | Swedish - Mill Creek |
| 1033107214 | Swedish Edmonds |
| 1033107214 | Swedish Edmonds |
| 1902355654 | Swedish Med Ballard Psych |
| 1154476208 | Swedish Seattle |
| 1366556227 | Tacoma General |
| 1659758639 | Telecare E&T of Pierce County |
| 1659758639 | Telecare NS E&T |
| 1730532136 | Telecare Thurston Mason |
| 1093895203 | Thurston/Mason E&T Facility |
| 1689812968 | Two Rivers Landing |
| 1326002049 | UW Medical Center |
| 1972825008 | VA Puget Sound |
| 1538604426 | VALLEY CITIES COUNSELING AND CONSULTATION |
| 1013074061 | Valley General Hospital |
| 1538345251 | Valley Hospital |
| 1649209230 | Valley Medical Renton |
| 1801851258 | Virginia Mason |
| 1124034699 | West Seattle Psychiatric Hospital |
| 1144295080 | Western State |
| 1043497001 | Whidbey General Hospital |
| 1356781884 | Yakima Valley Memorial Hospital |
| | |

| ID | Primary Language |
|------------|---|
| sgn | American Sign Language |
| amh | Amharic |
| ara | Arrabic |
| chi | Cantonese |
| cze | Czech |
| dut | Dutch |
| | English |
| eng | Farsi |
| per fin | Finnish |
| fre | French |
| deu | German |
| gre | Greek |
| guj | Gujarti |
| hin | Hindi |
| hmn | Hmong |
| hun | Hungarian |
| ilo | llocano |
| hin | Indian |
| ita | Italian |
| jpn | Japanese |
| kor | Korean |
| tet | Lakota Sioux |
| lao | Laotian |
| msa | Malay |
| chi | Mandarin |
| mar | Marathi |
| chi | Mien |
| nor | Norwegian |
| chi | Other Chinese - Not Cantonese or Mandarin |
| pol | Polish |
| sal | Puyallup |
| ron | Romanian |
| rus | Russian |
| sal | Salish |
| smo | Samoan |
| spa | Spanish |
| tgl | Tagalog |
| tha | Thai |
| tir | Tigrigna |
| ukr | Ukrainian |
| mis | Uncoded Languages |
| und | Undetermined |
| vie | Vietnamese |
| chi | Yakama |

| ID | State |
|----------|----------------------------|
| AL | Alabama |
| AK | Alaska |
| AZ | Arizona |
| AR | Arkansas |
| CA | California |
| CO | Colorado |
| СТ | Connecticut |
| DE | Delaware |
| DC | District of Columbia |
| FL | Florida |
| GA | Georgia |
| HI | Hawaii |
| ID | Idaho |
| IL | Illinois |
| IN | Indiana |
| IA | Iowa |
| KS | Kansas |
| KY | Kentucky |
| LA | Louisiana |
| ME | Maine |
| MD | Maryland |
| MA | Massachusetts |
| MI | Michigan |
| MN | Minnesota |
| MS | Mississippi |
| MO | Missouri |
| MT | Montana |
| NE | Nebraska |
| NV | Nevada |
| NH | New Hampshire |
| NJ | New Jersey |
| NM | New Mexico |
| NY | New York North Carolina |
| NC | North Dakota |
| | Ohio |
| OH OK | Oklahoma |
| OR | |
| OT | Oregon Other |
| PA | Pennsylvania |
| RI | Rhode Island |
| SC | South Carolina |
| SD | South Dakota |
| TN | Tennessee |
| ТХ | Texas |
| XX | Unknown |
| | |

| UT | Utah | |
|----|---------------|--|
| VT | Vermont | |
| VA | Virginia | |
| WA | Washington | |
| WV | West Virginia | |
| WI | Wisconsin | |
| WY | Wyoming | |
| | | |