Early Intervention File Format & Definitions

Utah Department of Health and Human Services
Office of Substance Use and Mental Health

Official Document for FY2026 Data Submissions Effective 7/1/2025

Updated: 6/10/2025

Change Log

DATE	AUTHOR	VERSION	NOTES
1/12/2024	Justin Hyatt	3.3	Added "Required" column
5/17/2023	Tom J. Maggio	3.2	Updated Column Specs
4/14/2023	Tom J. Maggio	3.1	Updated punctuation and spelling.
3/22/2023	Tom J. Maggio	3.0	Updated for Early Intervention
6/24/2022	Tom J. Maggio	2.2	Updated Formatting for 2023, Added link to Indicated Prevention Service Codes
3/3/2020	Justin Hyatt	2.1	Changed "Client ID" Field Name (Field 3) into "Provider Client ID."
4/3/2019	Kimberlie Raymond	2.0	Added a Nonbinary option to gender to identify client's gender.
5/11/2017	Ryan Carrier	1.0	Created initial draft

Introduction:

The purpose of this file is to allow providers to submit Early Intervention data to the Office of Substance Use and Mental Health.

Client Name Validation Rules:

The file has fields for the following parts of a name:

- Last name
- First name
- Middle name

Naming Rules:

Names can be entered in upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example: Mc Donald should be entered as

McDonald

De La Cruz should be entered as DeLaCruz Example: Le Ann Mary Ann McCartney

Can be entered as:

First: Le Ann Middle: Mary Ann Last: McCartney

Hyphens: Allowed in first, middle and last names. It is the only punctuation character allowed.

Examples:

(last name) Smith-Jones should be entered as Smith-

lones

(first name) Jo-Ann should be entered as Jo-Ann.

(last name) O'Rilley should be entered as Rilley.

(last name) St. James should be entered

StJames.

(first name) D'Ann should be entered as DAnn or D Ann.

Numeric characters: Not allowed in any name.

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave it blank. Supply the full legal MiddleName where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field.

Example: J. Edgar Hoover

First name: J (no period) Middle name: Edgar Last Name: Hoover

Enter legal names rather than nicknames.

Example: "Bill" should be entered as William

"Bob" should be entered as Robert

"C.J." should be entered as Carlos as a first name and James as the middle name.

Naming rules synopsis:

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

Submitting for Multiple Providers

Recovery support files can contain data for more than one provider per file. SAMHIS backend processing engines associate data in the file to the provider ID specified on every row in the file.

Processing Sort Rules

Sorting as follows with subsequent sort rules applying within the 'parent' sort rule.

- System Trans Type (Delete, Add, and then Change)
- Provider ID (alphanumeric ascending)
- client ID (provider's) (alphanumeric ascending)

CSV File Generation Guidelines

- 1. All files should be submitted without a header row.
- 2. It is recommended that fields **NOT** contain extra spaces for padding. For example, if a field allows 11 digits but the code values only use 3 digits then 3 digits is an acceptable width for the field. Adding the spaces only increases the size of the file and slows down uploading and processing of files.
- 3. Non-required fields must either be blank or contain a valid value.
- 4. Commas are not allowed within the data in any field. (Commas are column delimiters.)
- 5. Do not use quotes in any fields.
- 6. Do not insert blank lines between rows.

Column Specs

The following table lists the fields and all rules associated with those fields. *NOTE: No blanks fields are allowed in the file except where specified in the note field.*

Field #	Field name	Codes/Allowed Values	Format	Required	Notes
1		Alphanumeric values.	string (50)	Yes	Key field - Must uniquely identify the service for the provider across all clients at the provider. Only
	Intervention	Must uniquely identity the			underscores are allowed and no "special characters."
	Event ID	service for the client and			
		provider			
2	System	A-Add	string (1)	Yes	Add is for adding new rows. Delete is for removing rows from SAMHIS. Submit a delete row in conjunction with an Add row to fix a
	Transaction	D-Delete			key field that has changed.
	Type Code	C-Change			Change is for updating an existing row with new updated information for an existing event. Change cannot be used to fix a key field.
					For Add and Change system transaction type codes all fields must be supplied with valid data in each
					For Add and Change system transaction type codes all fields must be supplied with valid data in each field. The only difference will be that a change record will error out if an existing event record is not
					already found. Change records should be sent anytime one of the data elements in the spec is modified or when
					needing to change a baseline (T1 or T2).
					For Delete records all the key fields must be supplied. The rest of the fields can be filled-in or left blank. Remember that every row must have the correct number of commas regardless of the fields provided.
3	Provider	Alphanumeric values	string (15)	Yes	Key Field - An identifier that is from 1 to 15
	Client ID	Unique client ID for the			alphanumeric characters and at a minimum is
		provider			unique within the provider. The identifier:
					1. Must NOT be reassigned to another client,
					2. Can be meaningless, and
					3. Must ensure confidentiality of client records.
					4. Only underscores are allowed and no "special characters."
					5. An individual cannot have more than one ID at a given provider
4	Provider ID	Unique value for provider	string (40)	Yes	Key Field - If you are unsure of what value to provide here, contact a SAMHIS administrator.
5	SAMHIS	ID provided by the Division.	number (10)	No	May be left blank.
	Client Id				Should not have leading zeros.
6	First Name	Client full legal first name	string (25)	Yes	The first name of the client. Please limit the first name to 25 letters. Any
7	Last Name	Client full legal last name	string (20)	Yes	names exceeding 25 letters will be truncated to fit in the field. The last name of the client. Please limit the last name to 30 letters. Any
'	Last Name	Chefit full legal last flame	string (30)	res	names exceeding 30 letters will be truncated to fit.
8	Middle Name	Client full legal middle name.	string (25)	No	Middle name of the client. If there is no middle name or it is not available, leave it blank.
		_			Supply the full legal middle name where possible and the middle initial if that is all that
					is available. Periods are not allowed. May be left blank.
9	Date of Birth	Date no time value allowed,	string (10)	Yes	
		mm/dd/yyyy			
10	Gender	1=Male	number (1)	Yes	Identifies client's gender
		2=Female			
11	Veteran	3=Nonbinary Y = Yes	string (2)	Yes	This required variable is to be updated at the 6-month case review.
''	Status	N = No	3ti iiig (2)	103	(Have you ever or are you currently serving in the military?)
		97 = Unknown			(Have you ever of are you currently serving in the mintary:)
12	Social	000-00-0000 = Unknown	string (11) nnn-nn-	Yes	The client's social security number.
	Security	999-99-9999 = None	nnnn		SSA modified the SSN assignment rules June 25, 2011, and SSNs are
	Number				assigned randomly using all available numbers except those
					starting 000, 666, 900-999. We will also do not allow 123-45-6789 or
					099-99-9999. Valid SSNs cannot be utilized by
					more than 1 client.
13	Race	1 = Alaskan Native	number (2)	No	Indicates the client's race. If you don't distinguish between American Indian and Alaska Native, code both
		2 = American Indian			as American Indian. Clients of Hispanic ethnicities are typically coded as "White" in the racial category.
		3 = Asian			Alaska Native: (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska.

		4 = Native Hawaiian or Other Pacific Islander 5 = Black/African American 6 = White 7 = Unknown 8 = Two or more races 0 = Another single race			American Indian: (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment. Asian: Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, Vietnam. Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Black or African American: Origins in any of the black racial groups of Africa. White: Origins in any of the original people of Europe, North Africa, or the Middle East. Two or more races: Use this code when your system collects multiple races and does not have a way to designate a primary race. Other single race: Use this category for instance in which the client is not classified in any other category or whose origin group, because of area custom is regarded as a racial class distinct from the above categories.
					(DO NOT use this category for clients indicating multiple races.)
14	Ethnicity	1=Puerto Rican 2=Mexican 3=Cuban 4=Other 5=Not of Hispanic Origin 7=Unknown	number (1)	No	Identifies the specific Hispanic Origin. Puerto Rican: Of Puerto Rican origin regardless of race. Mexican: Of Mexican origin regardless of race. Cuban: Of Cuban origin regardless of race. Other Specific Hispanic: Of known or unknown Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.
15	Pre-test Score	0-100 = Score	number (3)	No	Not Required
16	Post-test Score	0-100 = Score	number (3)	No	Not Required
17	Service Code	See Early Intervention codes on website	string (10)	Yes	Select the Support Button, and Select the Indicated Prevention Codes
18	Service Date	Date no time mm/dd/yyyy	string (10)	Yes	Date service was provided
19	Service Unit	Hours	string (7) NNN.NN	Yes	Hours may be expressed in decimals (e.g., one-hour forty-five minutes = 1.75).