Alameda County Behavioral Health Care
Alcohol & Drug Division

CLIENT EPISODE TRANSFER

Confidential Patient Information
See Welfare & Institution Code 5328

(Print Legibly)

Data Entry Initials ☐

1 Client Number: ☐☐☐☐☐☐☐☐☐

2 Reporting Unit #: ☐☐☐☐☐☐

Client Name: Last _____ First _____ MI: _____

Screen 1

3 **Discharge**/Admit **Date:** ☐☐ ☐☐ ☐☐☐☐
      Month   Day   Year

Discharge Status: ☐

4 Staff #: ☐☐☐☐☐ Staff Name: _____

5 Axis I: ☐☐☐ ☐☐   II: ☐☐☐ ☐☐

6 **Referred To**/From: ☐☐☐☐☐

7 Admission Status: ☐

8 Initial Admission (Y/N): **N**

9 Admission Legal Status: ☐☐

10 **Employment Status:** ☐

11 **Client Adherence to Treatment Plan (Y/N):** ☐

12 Client Pregnant at Admission (Y/N/Z1): ☐

13 Client Pregnant During Treatment (Y/N/Z1): ☐

14 **Follow-up on Referral Prior to Discharge (Y/N):** **Y**

15 Current Living Situation (Homeless at Adminssion): ☐

16 Arrests in Last 24 Months (0-99): ☐

Special Contract County /Number: **Z 2** **Z 2**

17

CDC # (#/Z0/Z1/Z2/Z4)	Veteran (Y/N/Z0/Z4)	Medi-Cal Eligible (Y/N/Z4)	CalWORKs Recipient (Y/N/Z1)	CalWORKs Plan includes AOD Treatment (Y/N/Z1)
☐☐☐☐☐☐	☐☐	☐☐	☐☐	☐☐
1 2 3 4 5 6	10	17	22	23

Refer to #14 on the reverse side and the CalOMS Data Collection Guide for further information

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Screen 2

Primary   Secondary

18 No. of Prior Admits (0-99/Z0/Z1/Z4): ☐☐

19 Medication Prescribed: ☐

20 Needles Used Past Yr. (Y/N/Z4): ☐☐

21 **Problem** (IN THE LAST 30 DAYS): ☐☐ ☐☐

22 **Usual Route of Administration:** ☐☐ ☐☐

23 **Frequency of Use:** ☐☐ ☐☐

24 Age of First Use (Yrs/Z4): ☐☐ ☐☐

Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)

Primary Drug Name _____   Secondary Drug Name _____

Screen 3

In last 30 days, # of:

25 **Alcohol Frequency (#/Z2):** ☐☐

26 **IV User (#/Z0/Z4):** ☐☐

27 **Paid Days Worked (#/Z0/Z4):** ☐☐

28 **Number of Arrests (#/Z4):** ☐☐

29 **Days in Jail: (#/Z4):** ☐☐

30 **Days in Prison (#/Z4)** ☐☐

31 **Days of 12 Step/Other (#):** ☐☐

32 **Days Living with Substance User (#/Z0/Z4):** ☐☐

33 **Conflict Days with Family (#/Z0/Z4):** ☐☐

34 **Physical Health Problem:**

Emergency Room Visits (#/Z4): ☐☐

Hospital Overnights (#/Z4): ☐☐

Physical Problem (#/Z4): ☐☐

35 **Mental Health Problem:**

Outpatient Emergency Services (#/Z4): ☐☐

Hospital/Psychiatric Facility Visits (#/Z4) ☐☐

Prescribed Medication Taken (Y/N/Z4): ☐☐

Z0 = Client Declines to State   **Z1 = Not Sure/Don't Know**   **Z2 = Not Applicable**   **Z3 = Other**   **Z4 = Client Unable to Answer**

Screen 4

36	Consent for Future Contact (Y/N):	☐		
37	Treatment Waiting Days (#/Z1/Z4):	☐	41 Prior Mental Health Diagnosis (Y/N/Z1):	☐☐
38	Enrolled in Job Training (Y/N/Z0/Z4):	☐		
39	Enrolled in School (Y/N/Z0/Z4):	☐	42 Number of Children Aged 17 or Less (#/Z4):	☐☐
40	Diagnosed With:		43 Number of Children Aged 5 or Less (#/Z4):	☐☐
	Tuberculosis (Y/N/Z0/Z4):	☐☐	44 Number of Children in CPS Placement (#/Z4):	☐☐
	Hepatitis C (Y/N/Z0/Z4):	☐☐	45 Number of Children in Placement with No Parental Rights (#/Z4):	☐☐
	Sexually Transmitted Disease (Y/N/Z0/Z4):	☐☐	46 BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU):	☐
	HIV/AIDS Tested (Y/N/Z0/Z4):	☐☐	47 FTOP Parolee:	N
	HIV/AIDS Result (Y/N/Z0/Z4):	☐☐	48 FTOP Priority Status:	Z 2

CLIENT EPISODE - *OPENING*

NOTE: The "Z4" (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of "Developmentally Disabled" or enrolled in a detoxification program.

Item 5 - Diagnosis

303.90 Alcohol Dependence	305.20 Cannabis Abuse	304.50 PCP/Hallucinogen Dependence
305.00 Alcohol Abuse	304.20 Cocaine Dependence	305.30 Hallucinogen Abuse
304.40 Amphetamine Dependence	305.60 Cocaine Abuse	305.90 PCP Abuse/Psychoactive Substance Abuse NOS
305.70 Amphetamine Abuse	304.60 Inhalant Dependence	304.90 Polysubstance Dependence/Psychoactive
304.10 Barbiturate or similarly acting sedative dependence	305.90 Inhalant Abuse	Substance Dependence
305.40 Barbiturate or similarly active sedative abuse	304.00 Opioid Dependence	799.9 Deferred diagnosis
304.30 Cannabis Dependence	305.50 Opioid Abuse	

Item 6 - Referred From

1 Fed/State Criminal Justice	10 Mental Health	19 Other
2 Local/County Criminal Justice (Other than 21 through 26)	11 Public Guardian	20 12 Step Program
3 Self	12 Public Health/Public Health Nursing	**21 SACPA /Prop36 /OTP (Probation / Parole)**
4 Family/Friend	13 Residential Care Facility	**22 AB 109 Post Release Community Supervision**
5 Employer	14 Drug Residential	23 DUI / DWI
6 School/College	15 Drug Outpatient	24 Adult Felon Drug Court
7 Medical; hospital/clinic/physicians/nurse	16 Alcohol Residential/Outpatient	26 Dependency Court / Child Protective Services (CPS)
8 Social Services	17 Telephone Directory	
9 Community Agency	18 Brochure/Flyer/Newspaper/Newsletter	

Item 7 - Admission Status

1 Substance Abuser	3 Adult Child of Substance Abuser	5 Parent of Substance Abuser
2. Spouse of Substance Abuser	4 Minor Child of Substance Abuser	6 Other Co-dependent of Substance Abuser

Item 9 - Admission Legal Status

1 Not Applicable	4 Post Release Community Service AB109 or On Parole/Probation from any federal, state or legal jurisdiction can be used with Referral Code 22	7 Awaiting Trial
2 Under Parole Supervision by CDCR		Z4 Unable to answer
3 On parole from any other jurisdiction	5 Admitted under diversion from any court	
	6 Incarcerated	

Item 10 - Admission Employment Status

01 Full time (35 hours or more per week)	04 Unemployed not in the labor force (not seeking work)
02 Part time (less than 35 hours per week)	05 Not in the labor force (not seeking work)
03 Unemployed looking for work	

Item 15 – Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living

Item 17 – Coded Remarks

1-6	CDCR Number (Only for clients in RU's ending in "2" BASN programs.		
10	Y – Yes a Veteran	N – No Not a Veteran	Z0 – Client declined to State	Z4 – Client unable to answer
17	Y – Medi-Cal Beneficiary	N – Not a Medi-Cal Beneficiary	Z4 – Client unable to answer	
22	Y – CalWORKs Recipient	N – Not a CalWORKs Recipient	Z1 – Not Sure / Don't Know	
23	Y – The Client is receiving substance abuse treatment under CalWORKs recipient's Welfare-To-Work plan.	N – The Client is not receiving substance abuse treatment under CalWORKs.	Z1 – Not Sure	

Item 19 - Medication Prescribed

1 None	2 Methadone	4. Buprenorphine (Subutex)	5. Buprenorphine (Suboxone)	Z3. Other

Item 21 - Substance Problem – Primary & Secondary

01 Heroin	06 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	Z1 Unknown
02 Alcohol	07 Other Stimulants	12 Benzodazephine	17 Over the Counter	Z3 Other (specify)
03 Barbiturates	08 Cocaine/Crack	13 Other Tranquilizers	18 OcyCodone/OcyContin	22 None (Secondary Only)
04 Other Seds/Hypnotics	09 Marijuana/Hashish	14 Non-Prescription Methadone	19 Ecstasy	
05 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	20 Other Club Drugs	

Item 22 - Usual Route of Administration - Primary & Secondary

1 Oral	3 Inhalant	Z2 None or not applicable
2 Smoking	4 Injection (IV or intramuscular)	Z3 Other

Item 23 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable	

AOD Client Episode Transfer Form.doc (3/31/13)