

Client Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

**Screen 1**

1. \*Admit Date: \_\_\_\_\_  
 Month Day Year

2. Axis I: \_\_\_\_\_ II: \_\_\_\_\_

3. \*Staff #: \_\_\_\_\_ 4. \*Referred From: \_\_\_\_\_

5. Admission Status: \_\_\_\_\_

6. Initial Admission (Y/N): \_\_\_\_\_

7. \*Admission Legal Status: \_\_\_\_\_

8. \*Admission Employment Status: \_\_\_\_\_

9. \*Number of Children in Household: \_\_\_\_\_

10. Number of Children Under 3: \_\_\_\_\_

11. \*Client Pregnant at Admission (Y/N/Z1): \_\_\_\_\_

12. \*Client Homeless at Admission: \_\_\_\_\_

13. Arrests in Last 24 Months (0-99): \_\_\_\_\_

14. \*Special Contract County/ Number: Z2 Z2 15. \*CalOMS Zip Code: \_\_\_\_\_

16. ICD-10 DSM 5 Diagnosis Pri: \_\_\_\_\_ Sec: \_\_\_\_\_

Primary Dx: Diagnoses description auto populates from Dx field 1

Secondary Dx: Diagnoses description auto populates from Dx field 2

**\*\*REFER TO CODES ON THE BACK\*\***

**Screen 2**

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

19. \*Medication Prescribed: \_\_\_\_\_

20. \*Needles Used Past Yr. (Y/N/Z4): \_\_\_\_\_

|                                 | Primary | Secondary |
|---------------------------------|---------|-----------|
| 21. *Problem:                   | _____   | _____     |
| 22. *Route of Administration:   | _____   | _____     |
| 23. *Frequency of Use (0-30):   | _____   | _____     |
| 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): \_\_\_\_\_

Data entry not required. Refer to Item #16 for ICD-10 Primary Diagnosis and, if applicable, Secondary Diagnosis.

If #4 = (1, 2, 23, or 24), CANNOT enter '1'

If item #12 = 1, CalOMS Zip must be all zeros (00000)

Refer to 4-5-17 ACBHCS SUD Medi-Cal Included Diagnosis alpha by DSM-5 Description

Only use Screen 2 if #5/ Admission Status = 1

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

Highlighted Fields are mandatory.

(\*) Fields are required for CalOMS data collection.

(Screen 4 on Back)

**Screen 4**

|  |       |  |                                       |
|--|-------|--|---------------------------------------|
| 36. * <b>Consent for Future Contact (Y/N):</b>                       | _____ | 45. * <b>Prior MH Diagnosis (Y/N/Z1):</b>  | _____                                 |
| 37. * <b>Treatment Waiting Days (#/Z1/Z4):</b>                       | _____ | 46. * <b>Number of Children Aged 17 or Less (#/Z4):</b>                                      | _____                                 |
| 38. * <b>Enrolled in Job Training (Y/N/Z0/Z4):</b>                   | _____ | 47. * <b>Number of Children Aged 5 or Less (#/Z4):</b>                                       | _____                                 |
| 39. * <b>Enrolled in School (Y/N/Z0/Z4):</b>                         | _____ | 48. * <b>Number of Children in CPS Placement (#/Z4):</b>                                     | _____                                 |
| 40. * <b>Diagnosed With Tuberculosis (Y/N/Z0/Z4):</b>                | _____ | 49. * <b>Number of Children in Placement with No Parental Rights(#/Z4):</b>                  | _____                                 |
| 41. * <b>Diagnosed With Hepatitis C (Y/N/Z0/Z4):</b>                 | _____ | 50. <b>Parolee Services network(Y/N):</b><br>BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU) | _____                                 |
| 42. * <b>Diagnosed With Sexually Transmitted Disease Y/N/Z0/Z4):</b> | _____ | 51. * <b>FOTP Parolee:</b>   | <b>(Default)</b> <u>  <b>N</b>  </u>  |
| 43. * <b>HIV/AIDS Tested (Y/N/Z0/Z4):</b>                            | _____ | 52. * <b>FOTP Priority Status:</b>   | <b>(Default)</b> <u>  <b>Z2</b>  </u> |
| 44. * <b>HIV/AIDS Result (Y/N/Z0/Z4):</b>                            | _____ |  |                                       |

# 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 4 - Referred From**

|  |  |   |
|--|--|---|
| 1 Fed/State Criminal Justice<br>2 Local/County Criminal Justice<br>3 Self<br>4 Family/Friend<br>5 Employer<br>6 School/College<br>7 Medical; hospital/clinic/physicians/nurse<br>8 Social Services<br>9 Community Agency | 10 Mental Health<br>11 Public Guardian<br>12 Public Health/Public Health Nursing<br>13 Residential Care Facility<br>14 Drug Residential<br>15 Drug Outpatient<br>16 Alcohol Residential/Outpatient<br>17 Telephone Directory<br>18 Brochure/Flyer/Newspaper/Newsletter | 19 Other<br>20 12 Step Program<br>21 SACPA /Prop36 /OTP /Probation / Parole<br>22 AB 109 Post Release Community Supervision<br>23 DUI / DWI<br>24 State Drug Partnership (DCP) /Adult Felon Drug Court<br>25 Comprehensive Drug Court Implementation (CDCI) /Dependency Drug Court<br>26 Dependency Court / Child Protective Services (CPS) |
|--|--|---|

**Item 5 - Admission Status**

|  |  |  |
|--|--|--|
| 1 Substance Abuser<br>2 Spouse of Substance Abuser | 3 Adult Child of Substance Abuser<br>4 Minor Child of Substance Abuser | 5 Parent of Substance Abuser<br>6 Other Co-dependent of Substance Abuser |
|--|--|--|

**Item 7 - Admission Legal Status**

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

**Item 8 - Admission Employment Status**

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

**Item 12 – Client Homeless at Admission**

|            |                    |                      |
|------------|--------------------|----------------------|
| 1 Homeless | 2 Dependent Living | 3 Independent Living |
|------------|--------------------|----------------------|

**Item 17 – Coded Remarks**

|   |   |                             |  |
|---|---|-----------------------------|--|
| 1-6 CDC Number (Only for clients in RU's ending in "2" BASN programs.)                                    |   |                             |  |
| 10 Y- Yes a Veteran<br>N- No Not a Veteran  | Z0- Client declined to State  | Z4- Client unable to answer |  |
| 17 Y – Medi-Cal Beneficiary<br>N – Not a Medi-Cal Beneficiary   | Z4 – Client unable to answer  |                             |  |
| 22 Y – CalWORKs Recipient<br>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**

|         |              |         |                            |                             |          |
|---------|--------------|---------|----------------------------|-----------------------------|----------|
| 01 None | 02 Methadone | 03 LAMM | 04 Buprenorphine (Subutex) | 05 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 Benzodazepine                | 17 Over the Counter    | Z3 Other (specify)       |
| 03 Barbiturates         | 08 Cocaine/Crack      | 13 Other Tranquilizers          | 18 OcyCodone/OcyContin | Z2 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<br>2 Smoking | 3 Inhalant<br>4 Injection (IV or intramuscular) | Z2 None or not applicable<br>Z3 Other |
|---------------------|---|---------------------------------------|

**Item 23 - Frequency of Use in the Last 30 days - Primary & Secondary**

|                          |                           |
|--------------------------|---------------------------|
| Enter the number of days | Z2 None or not applicable |
|--------------------------|---------------------------|

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