STANDARD DISCHARGE CLOSING

*Client Name: Last _____ First _____ MI: _____

Screen 1

1. **(!)(*)** Discharge Date: ___ ___ ___ ___ ___ ___
___ ___
           Month   Day   Year

3. **(!)(*)** Discharge Status: _____

2. **(!)** Referred to: ___ ___ ___ ___ ___

4. **(!)** Employment Status: _____

5. Client Adherence to Treatment Plan (Y/N): ___

6. Discharge Children in Household :(#) _____

13. Primary Problem: _____

7. **(!)(*)** Pregnant During TX (Y/N/Z1): ___

14. Primary Route/ Freq: _____ / _____

8. ~~Pregnancy Termination Reason:~~ Field Not Used

15. Secondary Problem: _____

9. ~~Date of Termination: ___/___/___~~ Field Not Used

16. Secondary Route/ Freq: _____ / _____

10. Follow-up on Ref. Prior to Discharge (Y/N) : ___

11. **(!)(*)** Client Homeless at Discharge: ___

12. **(!)(*)** CalOMS Zip Code: ___ ___ ___ ___ ___

000000000 123456789	1 0	111111112 234567890	22 12	2 3
CDC # BASN ONLY	Veteran (Y/N/Z0/Z4)	Medi-Cal (Y/N/Z4)	CalWORKs (Y/N/Z1)	
18. Remarks: __ __ __ __ __ __	__ __	__ __	__ __	__ __
123456	10	17	22	23

Program Goal: 1: _____ 2:_____ 3:_____ 4:_____

Screen 2

In last 30 days, # of:

17. **(!)(*)** Alcohol Frequency (#/Z2): _____

18. **(!)(*)** IV User (#/Z0/Z4): _____

19. **(!)(*)** Paid Days Worked (#/Z0/Z4): _____

20. **(!)(*)** Number of Arrests (#/Z4): _____

21. **(!)(*)** Days in Jail: (#/Z4): _____

22. **(!)(*)** Days in Prison (#/Z4) _____

23. **(!)(*)** Days of 12 Step/Other (#): _____

24. **(!)(*)** Days Living with Substance User (#/Z0/Z4): _____

25. **(!)(*)** Conflict Days with Family (#/Z0/Z4): _____

26. (!)(*) Physical Health Problem:

   *Emergency Room Visits (#/Z4): _____

   *Hospital Overnights (#/Z4): _____

   *Physical Problem (#/Z4): _____

27. (!)(*)Mental Health Problem:

   *Outpatient Emergency Services (#/Z4): _____

   *Hospital/Psychiatric Facility Visits (#/Z4): _____

   *Prescribed Medication Taken (Y/N/Z4): _____

Screen 3

28. **(!)(*)** Consent for Future Contact (Y/N): _____

29. **(!)(*)** Enrolled in Job Training (Y/N/Z0/Z4): _____

30. **(!)(*)** Enrolled in School (Y/N/Z0/Z4): _____

31. **(!)(*)** HIV/AIDS Tested (Y/N/Z0/Z4): _____

32. **(!)(*)** HIV/AIDS Results (Y/N/Z0/Z4): _____

33. **(!)(*)** Prior Mental Health Diagnosis (Y/N/Z1): _____

34. **(!)(*)** Children Aged 17 or Less (#/Z4): _____

35. **(!)(*)** Children Aged 5 or Less (#/Z4): _____

36. **(!)(*)** Children in CPS Placement (#/Z4): _____

37. **(!)(*)** Children in Placement with No Parental Rights (#/Z4): _____

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

(!)MADATORY FIELDS
(*) Fields are required for CalOMS data collection.

Standard DISCHANGE – CLOSING

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 2- Referred To

1 Fed/State Criminal Justice	10 Mental Health	19 Other
2 Local/County Criminal Justice	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 State Drug Partnership (DCP) /Adult Felon Drug Court
7 Medical; hospital/clinic/physicians/nurse	16 Alcohol Residential/Outpatient	25 Comprehensive Drug Court Implementation (CDCI) /Dependency Drug Court
8 Social Services	17 Telephone Directory	26 Dependency Court / Child Protective Services (CPS)
9 Community Agency	18 Brochure/Flyer/Newspaper/Newsletter	

Item 3 – Discharge Status

1 Completed Treatment/ Recovery Plan, Goals / Referred	3 Left before completion with satisfactory progress / Referred
2 Completed Treatment / Recovery Plan, Goals / Not Referred	5 Left before completion with unsatisfactory progress / Referred

Item 4 - Discharge 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 6 – Discharge Children in Household: Enter the number of children living with the client at discharge.

Item 12 – Client Homeless at Discharge

1	Homeless	2	Dependent Living	3	Independent Living

Item 13 - 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 14 - Usual Route of Administration - Primary & Secondary

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