

Data Entry Initials: ___ ___ ___

Client Number: ___ ___ ___ ___ ___

Reporting Unit Number: ___ ___ ___ ___ ___

Client Name: Last _____ First _____ MI: _____

Screen 1

1. (!)(*) Admit Date: _____ Month Day Year
2. Axis I: _____ II: _____
3. (!)(*) Staff #: _____ 4: (!)(*) Referred From: _____

17. Coded Remarks:

(!)(*) CDC#(#/Z0/Z1/Z2/Z4) _____

(!)(*) Veteran (Y/N/Z0/Z4) _____

Perinatal:

Case Mgt: _____

Indicator 1: _____

Indicator 2: _____

(!)(*) Medi-Cal Eligible (Y/N/Z4) _____

(!)(*) CalWORKs Recipient: (Y/N/Z1): _____

(!)(*) CalWORKs Sub Abuse Trmt (Y/N/Z1): _____

- 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): _____

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

(!) MANDATORY FIELDS

(*) Fields are required for CalOMS data collection.

(Screen 4 on Back)

Screen 4

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

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	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)
8 Social Services	17 Telephone Directory	/Dependency Drug Court
9 Community Agency	18 Brochure/Flyer/Newspaper/Newsletter	26 Dependency Court / Child Protective Services (CPS)

Item 5 - 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 7 - Admission Legal Status

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

Item 8 - 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 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	N- No Not a Veteran	Z0- Client declined to State
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

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 Methamphetamine	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 in the Last 30 days - Primary & Secondary

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

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

(!) MANDATORY FIELDS

(*) Field are required for CaOMS data collection.