

Data Entry Initials: \_\_\_ \_\_\_ \_\_\_

**(Print Legibly)**

Client Number: \_\_\_\_\_

Reporting Unit Number: \_\_\_\_\_

# STANDARD DISCHARGE CLOSING

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

## Screen 1

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

3.\* Discharge Status: \_\_\_\_\_ Standard Discharged Codes only 1, 2, 3, 5

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: \_\_\_\_\_

<b>00000000</b>	<b>1</b>	<b>111111112</b>	<b>22</b>	<b>2</b>
<b>123456789</b>	<b>0</b>	<b>234567890</b>	<b>12</b>	<b>3</b>
CDC # BASN ONLY	Veteran (Y/N/Z0/Z4)	Medi-Cal (Y/N/Z4)	CaWORKs (Y/N/Z1)	
18. Remarks: _____				
123456	10	17	22	23

12. \*CalOMS Zip Code: \_\_\_\_\_

**If item #11 = 1, CalOMS Zip must be all zeros (00000)**

Program Goal: 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_

## Screen 2

### In last 30 days, # of:

17.\* Alcohol Frequency (#/Z2): \_\_\_\_\_

26. Physical Health Problem:

18.\* IV User (#/Z0/Z4): \_\_\_\_\_

\*Emergency Room Visits (#/Z4): \_\_\_\_\_

19.\* Paid Days Worked (#/Z0/Z4): \_\_\_\_\_

\*Hospital Overnights (#/Z4): \_\_\_\_\_

20.\* Number of Arrests (#/Z4): \_\_\_\_\_

\*Physical Problem (#/Z4): \_\_\_\_\_

21.\* Days in Jail: (#/Z4): \_\_\_\_\_

27. Mental Health Problem:

22.\* Days in Prison (#/Z4): \_\_\_\_\_

\*Outpatient Emergency Services (#/Z4): \_\_\_\_\_

23.\* Days of 12 Step/Other (#): \_\_\_\_\_

\*Hospital/Psychiatric Facility Visits (#/Z4): \_\_\_\_\_

24.\* Days Living with Substance User (#/Z0/Z4): \_\_\_\_\_

\*Prescribed Medication Taken (Y/N/Z4): \_\_\_\_\_

25.\* Conflict Days with Family (#/Z0/Z4): \_\_\_\_\_

## Screen 3

28.\* Consent for Future Contact (Y/N): \_\_\_\_\_

33.\* Prior Mental Health Diagnosis (Y/N/Z1): \_\_\_\_\_

29.\* Enrolled in Job Training (Y/N/Z0/Z4): \_\_\_\_\_

34.\* Children Aged 17 or Less (#/Z4): \_\_\_\_\_

30.\* Enrolled in School (Y/N/Z0/Z4): \_\_\_\_\_

35.\* Children Aged 5 or Less (#/Z4): \_\_\_\_\_

31.\* HIV/AIDS Tested (Y/N/Z0/Z4): \_\_\_\_\_

36.\* Children in CPS Placement (#/Z4): \_\_\_\_\_

32.\* HIV/AIDS Results (Y/N/Z0/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**

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

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

**Item 3 – Discharge Status**

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

**Item 4 - Discharge Employment Status**

01 Full time (35 hours or more per week) 02 Part time (less than 35 hours per week) 03 Unemployed looking for work	04 Unemployed not in the labor force (not seeking work) 05 Not in the labor force (not seeking 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 Benzodiazepine	17 Over the Counter	Z3 Other (specify)
03 Barbiturates	08 Cocaine/Crack	13 Other Tranquilizers	18 OxyCodone/OxyContin	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 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