

CLIENT EPISODE SUMMARY

Confidential Patient Information
See Welfare & Institution Code 5328

1

Client Number:

2

Reporting Unit #:

Client Name: Last _____ First _____ MI: _____

CLOSING

Screen 1

1 Discharge Date:

Month Day Year

2 Referred To:

3 Discharge Status:

4 Employment Status:

5 Client Adherence To Treatment Plan (Y/N):

6 Client Pregnant During Treatment (Y/N/Z1):

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

8 Current Living Situation (Homeless at Admission):

9

Problem:

Primary

Secondary

10

Route of Administration:

11

Frequency of Use:

Primary Drug Name _____

Secondary Drug Name _____

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

12

Coded Remarks

CDC # BASN ONLY

Veteran (Y/N/Z0/Z4)

Medi-Cal (Y/N/Z4)

CalWORKs (Y/N/Z1)

1 2 3 4 5 6 10 17 22 23

Refer to #12 on the reverse side and the CalOMS Data Collection Guide for further information

In The Last 30 Days, # of:

13 Alcohol Frequency (#/Z2):

14 IV Use (#/Z0/Z4):

15 Paid Days Work (#/Z0/Z4):

16 Number of Arrests (#/Z4):

17 Days in Jail (#/Z4):

18 Days in Prison (#/Z4):

19 Days of 12 Step/Other (#):

20 Days Living with Substance User (#/Z0/Z4):

21 Conflict Days with Family (#/Z0/Z4):

22 Physical Health Problem:

Emergency Room Visits (#/Z4):

Hospital Overnights (#/Z4):

Days of Physical Problem (#/Z4):

23 Mental Health Problem:

Outpatient Emergency Services (#/Z4):

Hospital/Psychiatric Facility Visits (#/Z4):

Prescribed Medication Taken (Y/N/Z4):

Screen 3

24 Consent for Future Contact (Y/N):

25 Enrolled in School (Y/N/Z0/Z4):

26 Enrolled in Job Training (Y/N/Z0/Z4):

27 HIV/AIDS Tested (Y/N/Z0/Z4):

28 HIV/AIDS Results (Y/N/Z0/Z4):

29 Prior Mental Health Diagnosis (Y/N/Z1):

30 Children Aged 17 or Less (#/Z4):

31 Children Aged 5 or Less (#/Z4):

32 Children in CPS Placement (#/Z4):

33 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

CLIENT EPISODE - 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
4 Family/Friend	13 Residential Care Facility	22 SACPA /Prop36 /OTP /Parole
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 3 - Discharge Status

1 Completed Treatment/ Recovery Plan, Goals / Referred	5 Left before completion with unsatisfactory progress / Referred
2 Completed Treatment / Recovery Plan, Goals / Not Referred	6 Left before completion with unsatisfactory progress / Not Referred
3 Left before completion with satisfactory progress / Referred	7 Death
4 Left before completion with satisfactory progress / Not Referred	8 Incarceration

Item 4 - Discharge Employment Status

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

Item 9 - 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
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 10 - Frequency of Use

Enter the number of days	Z2 None or not applicable	
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Item 12 – 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	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	

Z0 = Client Declines to State

Z1 = Not Sure/Don't' Know

Z2 = Not Applicable

Z3 = Other

Z4 = Client Unable to Answer