

Alameda County Behavioral Health Care Services
Alcohol & Drug Division (SUD)
CLIENT EPISODE OPENING (Data Entry Form)
Confidential Patient Information
See Welfare & Institution Code 5328

Data Entry Initials: ____

Client Number: ____

Reporting Unit Number: ____

Client Name: Last ____ First ____ MI: ____

Screen 1

1. *Admit Date: ____
Month Day Year

DO NOT REMOVE If DSM4 Dx value in Axis 1 and 2 - "Tab to ICD10 Dxfield"

3. *Staff #: ____ 4. *Referred From: ____

5. Admission Status: ____

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

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: ____

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

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

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

16. ICD10 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): ____

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

	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

Highlighted Fields are mandatory.

(*) 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): BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU)	_____
42. * Diagnosed With Sexually Transmitted Disease Y/N/Z0/Z4):	_____	51. * FOTP Parolee:	(Default) <u>N</u>
43. * HIV/AIDS Tested (Y/N/Z0/Z4):	_____	52. * FOTP Priority Status:	(Default) <u>Z2</u>
44. * HIV/AIDS Result (Y/N/Z0/Z4):	_____		_____

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 2 - Diagnosis

303.90 Alcohol Dependence 305.00 Alcohol Abuse 304.40 Amphetamine Dependence 305.70 Amphetamine Abuse 304.10 Barbiturate or similarly acting sedative dependence 305.40 Barbiturate or similarly active sedative abuse 304.30 Cannabis Dependence	305.20 Cannabis Abuse 304.20 Cocaine Dependence 305.60 Cocaine Abuse 304.60 Inhalant Dependence 305.90 Inhalant Abuse 304.00 Opioid Dependence 305.50 Opioid Abuse	304.50 PCP/Hallucinogen Dependence 305.30 Hallucinogen Abuse 305.90 PCP Abuse/Psychoactive Substance Abuse NOS 304.90 Polysubstance Dependence/Psychoactive Substance Dependence 799.9 Deferred diagnosis
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Item 4 - Referred From

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)
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Item 5 - Admission Status

1 Substance Abuser 2 Spouse of Substance Abuser	3 Adult Child of Substance Abuser 4 Minor Child of Substance Abuser	5 Parent of Substance Abuser 6 Other Co-dependent of Substance Abuser
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Item 7 - Admission Legal Status

1 Not Applicable 2 Under Parole Supervision by CDC 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 5 Admitted under diversion from any court 6 Incarcerated	7 Awaiting Trial Z4 Unable to answer
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Item 8 - Admission 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)
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Item 12 – Client Homeless at Admission

1 Homeless	2 Dependent Living	3 Independent Living
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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
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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	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 22 - Usual Route of Administration - Primary & Secondary

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