

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: ____

12. *CalOMS Zip Code: ____

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

00000000 123456789	1 0	11111112 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): ____

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	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 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
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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