

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: _____

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: _____

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

12. **(!)(*)** CalOMS Zip Code: _____

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

(!)MADATORY FIELDS

(*) 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)
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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
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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)
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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 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