



San Francisco Department of Public Health
Community Behavioral Health Services

Cal-OMS Discharge

Name _____
(Current First) (Current Last)

Client Number: _____

Reporting Unit: _____

Cal-OMS DISCHARGE

Discharge Status: Please see back for additional detail on discharges.

- ____ Completed Treatment/Recovery Plan,
Goals/Referred
____ Completed Treatment/Recovery Plan,
Goals/Not Referred
____ Left Before Completion w/Satisfactory
Progress/Referred
____ Left Before Completion w/Satisfactory
Progress/Not Referred
____ Left Before Completion w/
Unsatisfactory Progress/Referred
____ Left Before Completion w/
Unsatisfactory Progress/Not Referred
____ Death
____ Incarceration

Consent: Is there a signed consent form for future contact on the file within your agency? (Y/N) _____

Disability/disabilities (select all that apply):

- ____ None
____ Visual
____ Hearing
____ Speech
____ Mobility
____ Mental
____ Developmentally Disabled
____ Other (not AOD)
____ Client declined to state
____ Client unable to answer

SSN: _____

(99900= Client declined to state, 99902 = None or not applicable, 99904 = Client unable to answer*)

Current Zip Code: _____

(00000=Homeless, XXXXX=Client declined to state, ZZZZZ= Client unable to answer)

ALCOHOL AND DRUG USE

Drug Problem: Enter 1 or 2 to select for **Primary (1)** and **Secondary (2)** drug of choice.

Alcohol	Marijuana/Hashish	Other Hallucinogens	Over-the-Counter
Barbiturates	Methamphetamine	Other Opiates or Synthetic	OxyCodone/OxyContin
Cocaine/Crack	None	Other Sedatives or Hypnotics	PCP
Ecstasy	Non-Prescription Methadone	Other Stimulants	Tranquilizers (e.g. Benzodiazepine)
Heroin	Other Amphetamines	Other Tranquilizers	
Inhalants	Other Club Drugs	Other (specify→)	

Primary Drug	Secondary Drug
How many days in the past 30 days has the client used the primary drug ? _____ (0-30, or 99902=not applicable)	How many days in the past 30 days has the client used the secondary drug ? _____ (0-30, or 99902=not applicable)
Route of Administration ____ Oral ____ Smoking ____ Inhalation ____ Injection (IV or intramuscular) ____ None or not applicable ____ Other	Route of Administration ____ Oral ____ Smoking ____ Inhalation ____ Injection (IV or intramuscular) ____ None or not applicable ____ Other

Indicate **Alcohol Frequency ONLY** if the Primary & Secondary drugs are **NOT** alcohol. Number of days in the past 30 days that the client has used alcohol?: _____ (Enter a value 0-30, or 99902=Not applicable)

IV Use: _____ (Enter a value 0-30, 99900 = Client declined to state, 99904 = Client unable to answer*)

How many days has the client used needles to inject drugs in the past 30 days?

Needle Use in the Last 12 Months: Has the client used needles to inject drugs in the past 12 months?
(Y/N) _____ or _____ Client unable to answer



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DISCHARGE STATUS DEFINITIONS

Completed Treatment/Recovery Plan, Goals- Referred: *Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone.* This occurs when a program participant completes his/her treatment/recovery plan and is being referred to another treatment/recovery program (this includes clients referred to further AOD treatment that do not accept the referral). For example, the individual is moving from one modality or type of service to another within a treatment episode.

Completed Treatment/Recovery Plan, Goals- Not Referred: *Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone.* This occurs when a program participant completes his/her treatment/recovery plan and is not being referred to another AOD treatment service. For example, the participant has successfully completed an entire treatment episode and therefore is not referred for further services.

Left Before Completion With Satisfactory Progress- Referred: *Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone.* This occurs when a participant has made satisfactory progress in a program and was referred to a different program to continue with the services or to receive different services in a different program in the state.

Left Before Completion With Satisfactory Progress- Not Referred: *Used ONLY when no possible discharge interview can be conducted in person or by phone.* This should be used for a client who made satisfactory progress in the treatment service, who did not complete the treatment service as planned, and could not be located to receive a referral for further AOD treatment or to conduct a discharge interview. This may occur if the participant was doing well in his/her treatment and stopped coming in without notice for a period of time exceeding the amount defined for the service modality in which the participant was enrolled.

Left Before Completion With Unsatisfactory Progress- Referred: *Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone.* This occurs when a participant is referred to another program or service modality because they are not making satisfactory progress in the service/program in which they are participating.

Left Before Completion With Unsatisfactory Progress- Not Referred: *Used ONLY when no possible discharge interview can be conducted in person or by phone.* This should be used for a client who made unsatisfactory progress in the treatment service in which they were enrolled and who did not complete the treatment service as planned. This status is intended for those individuals who are expelled from treatment prior to completing their services, under circumstances in which no discharge interview would be completed. An example of when this would apply is if an individual participating in the treatment program is found with drugs on the premises and is immediately expelled from the program.

Death: This should be used for individuals who die prior to completing the services in which they are participating.

Incarceration: This should be used for individuals who become incarcerated prior to completing the services in which they are participating.



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EMPLOYMENT DATA

Current Employment Status

- ____ Employed Full Time (35 hrs or more)
____ Employed Part Time (less than 35 hrs)
____ Unemployed, looking for work
____ Unemployed – (Not seeking)
____ Not in the labor force (Not seeking)

**How many days was the client paid for working
in the past 30 days?**

____ (Enter a value 0-30, 99900=Client declined to state,
99904=Client unable to answer*)

Enrolled in School? (Y/N) _____ or

- ____ Client declined to state
____ Client unable to answer

Enrolled in a Job Training (Y/N) _____ or

- ____ Client declined to state
____ Client unable to answer

Highest School Grade Completed

- ____ Enter value 0-29 **or**
____ 30 + years
____ Client declined to state
____ Client unable to answer

CRIMINAL JUSTICE DATA

Arrests in the Past 30 Days _____ (Enter 0-30,
99904=Client unable to answer*)

Prison Days in the Past 30 Days _____ (Enter 0-30,
99904=Client unable to answer*)

Jail Days in the Past 30 Days _____ (Enter 0-30,
99904=Client unable to answer*)

MEDICAL/PHYSICAL HEALTH DATA

Hospital Overnight: _____ (0-30, 99904=Client unable to answer*)

Number of days in the past 30 days stayed overnight in a hospital for physical health problems.

Medical Problems: _____ (0-30, 99904=Client unable to answer*)

Number of days in the past 30 days has the client experienced physical health problems

Pregnant during treatment? (Y/N) _____ **or** _____ Not sure/Don't know

Has the client been tested for HIV/AIDS?

(Y/N) _____ **or**
____ Client declined to state
____ Client unable to answer

Does the client have the results of the HIV/AIDS test?

(Y/N) _____ **or**
____ Client declined to state
____ Client unable to answer

MENTAL HEALTH

Mental Health: (Y/N) _____ **or** _____ Not sure/Don't know

Has the client ever been diagnosed with a mental illness?

Emergency Room Use/MH: _____

Number of times in the past 30 days has the client received outpatient emergency services for mental health needs?
(0-99, 99904=Client unable to answer*)

Psychiatric Facility Use: _____ (0-30, 99904=Client unable to answer*)

Number of days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?

Mental Health Medication: (Y/N) _____ **or** _____ Client unable to answer
In the past 30 days, has the client taken prescribed medication for mental health needs?



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FAMILY/SOCIAL DATA

Social Support: _____ (Enter value 0-30)

Number of days in the last 30 days has the client participated in any social support recovery activities, including *12-Step meetings, religious/fait h recovery meetings, and interactions with family members or friends supportive of recovery.*

Current Living Arrangement:

_____ Homeless
_____ Dependent Living
_____ Independent Living

Living with Someone: _____

Number of days in the past 30 days has the client lived with someone who uses alcohol or drugs?
(0-30, 99900=Client declined to state, 99904=Client unable to answer*)

Family Conflict: _____

Number of days in the past 30 days has the client had serious conflicts with members of their family?
(0-30, 99900=Client declined to state, 99904=Client unable to answer*)

Number of Children Age 17 or Younger: _____
birth or adopted, whether they live the client or not.
(0-30, 99904=Client unable to answer*)

Number of Children Age 5 or Younger: _____
(0-30, 99904=Client unable to answer*)

Number of children age 17 and under living with someone else because of a child protection court order:
_____ (0-30, 99904=Client unable to answer*)

Of children living with someone else because of a child protection court order, for how many of those children aged 17 or under have the client's parental right been terminated:
_____ (0-30, 99904=Client unable to answer*)