County of San Bernardino Behavioral Health
Alcohol & Drug Services

CLIENT EPISODE SUMMARY

Confidential Patient Information
See Welfare & Institution Code 5328

(Print Legibly)   Data Entry Initials ☐

1 Client Number: ☐☐☐☐☐☐☐☐☐

2 Reporting Unit #: ☐☐☐☐☐☐

Client Name: Last _____ First _____ MI: _____

OPENING

Screen 1

3 Admit Date: ☐☐ ☐☐ ☐☐☐☐
　　　　　Month　Day　Year

4 Staff #: ☐☐☐☐☐　Staff Name: _____

5 Diagnosis I: ☐☐☐☐☐　II: ☐☐☐☐☐

6 Referred From: ☐☐

7 Admission Status: ☐

8 Initial Admission (Y/N): ☐

9 Admission Legal Status: ☐☐

10 Admission Employment Status: ☐☐

11 Admission Children 17 or Less (birth or adopted) ☐

12 Client Pregnant at Admission ☐

13 Current Living Situation (Homeless at Admission) ☐

14 Arrest in Last 24 Months (0-99): ☐☐

15 Special Contract County/Number ☐Z☐2☐ ☐Z☐2☐

	CDC # (#/Z0/Z1/Z2/)	Veteran (Y/N/Z0/Z4)	Medi-Cal Eligible (Y/N/Z4)	CalWORKs Recipient (Y/N/Z1)	CalWORKs Plan includes AOD Treatment (Y/N/Z1)	Perinatal Case Management (Y/N)
16	☐☐☐☐☐☐	☐☐	☐☐	☐☐	☐☐	☐
	1 2 3 4 5 6	10	17	22	23	24

Refer to #16 on the reverse side and the CalOMS Data Collection Guide for further information

Screen 2

　　　　　Primary　Secondary　Tertiary

17 No. of Prior Admits (0-99/Z0/Z1/Z4): ☐☐

18 Medication Prescribed: ☐☐

19 Needles Used Past Yr. (Y/N/Z4): ☐☐

20 Substance Abuse Problem: ☐☐ ☐☐ ☐☐

21 Usual Route of Administration: ☐☐ ☐☐

22 Frequency of Use: ☐☐ ☐☐

23 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:

24 Alcohol Frequency (#/Z2): ☐☐

25 IV User (#): ☐☐

26 Paid Days Worked (#): ☐☐

27 Number of Arrests (#): ☐☐

28 Days in Jail: (#): ☐☐

29 Days in Prison (#) ☐☐

30 Days of 12 Step/Other (#): ☐☐

31 Days Living with Substance User (#): ☐☐

32 Conflict Days with Family (#): ☐☐

33 Physical Health Problem:

　　Emergency Room Visits (#): ☐☐

　　Hospital Overnights (#): ☐☐

　　Physical Problem (#): ☐☐

34 Mental Health Problem:

　　Outpatient Emergency Services (#): ☐☐

　　Hospital/Psychiatric Facility Visits (#) ☐☐

　　Prescribed Medication Taken (Y/N): ☐☐

Screen 4

35	Consent for Future Contact (Y/N):	☐☐
36	Treatment Waiting Days (#):	☐☐
37	Enrolled in Job Training (Y/N):	☐☐
38	Enrolled in School (Y/N):	☐☐
39	Diagnosed With:	
	Tuberculosis (Y/N):	☐☐
	Hepatitis C (Y/N):	☐☐
	Sexually Transmitted Disease (Y/N/Z0/Z4):	☐☐
	HIV/AIDS Tested (Y/N/Z0/Z4):	☐☐
	HIV/AIDS Result (Y/N/Z0/Z4):	☐☐

40	Prior Mental Health Diagnosis (Y/N/Z1):	☐☐
41	Number of Children Aged 17 or Less (#):	☐☐
42	Number of Children Aged 5 or Less (#):	☐☐
43	Number of Children in CPS Placement (#):	☐☐
44	Number of Children in Placement with No Parental Rights (#):	☐☐
45	PSN Client ("Y" ONLY WHEN ENROLLED IN PSN RU):	☐
46	FOTP Parolee: (Y/N):	N
47	FOTP Priority Status (1-3/Z2/Z4):	Z 2

The sum of 41 thru 44 must equal the answer for #11 in screen 1.

Z0 = Client Declines to State   Z1 = Not Sure/Don't' Know   Z2 = Not Applicable   Z3 = Other   Z4 = Detox Only Clients

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CLIENT EPISODE - OPENING

Item 5 - Diagnosis

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

Item 6 - Referred From

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 OTP Probation (Code Formally used for P36)
4 Family/Friend	13 Residential Care Facility	22 OTP Parole (Code Formally used for P36)
5 Employer	14 Drug Residential	23 DUI / DWI
6 School/College	15 Drug Outpatient	24 Dependency Drug Court
7 Medical; hospital/clinic/physicians/nurse	16 Alcohol Residential/Outpatient	25 State Drug Court Partnership / DCP
8 Social Services	17 Telephone Directory	26 Comp Drug Court Implementation / CDCI
9 Community Agency	18 Brochure/Flyer/Newspaper/Newsletter	27 Children Family Services
		28 Post-Release Community Supervision (AB109)

Item 7 - Admission Status

1 Substance Abuser	3 Adult Child of Substance Abuser	5 Parent of Substance Abuser
2. Spouse of Substance Abuser	4 Minor Child of Substance Abuser	6 Other Co-dependent of Substance Abuser

Item 9 - Admission Legal Status

1 Not Applicable	4 Post-Release Community Service (AB109)	7 Awaiting Trial
2 Under Parole Supervision by CDC	On probation from any federal, state or local jurisdiction	Z4 Unable to answer
3 On parole from any other jurisdiction	5 Admitted under diversion from any court	
	6 Incarcerated	

Item 10 - Admission Employment Status

1 Unemployed, not sought employment in last 30 days	6 Homemaker, not seeking employment
2 Unemployed, has sought employment in last 30 days	7 Part-time student (less than 12 units) not seeking employment
3 Part Time (less than 35 hours per week)	8 Full-time student (12 units or more) not seeking employment
4 Full time (more than 35 hours per week)	9 Employed Student / part time
5 Homemaker, seeking employment	10 Disabled and unemployed/ not seeing employment

Item 13 – Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living

Item 16 – Coded Remarks

1-6	CDC Number (For clients in the Criminal Justice System)			
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	
24	(Y) for Yes; (N) for No Only Perinatal treatment providers indicate if the client is receiving case management services.			

Item 18 - Medication Prescribed

1 None	2 Methadone	3 LAMM	4. Buprenorphine (Subutex)	5. Buprenorphine (Suboxone)	Z3. Other

Item 20 - Substance Problem – Primary & Secondary

1 Heroin	6 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	24 Other Club Drugs
2 Alcohol	7 Other Stimulants	12 Tranquilizers	17 Over the Counter	25 Oxycodone/Oxycontin
3 Barbiturates	8 Cocaine/Crack	13 Other Tranquilizers	21 Other	Z1 Unknown
4 Other Seds/Hypnotics	9 Marijuana/Hashish	14 Non-Prescription Methadone	22 None (Secondary & Tertiary Only)	Z3 Other (specify)
5 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	23 Ecstasy	

Item 21 - Usual Route of Administration - Primary & Secondary

1 Oral	4 Injection (IV or intramuscular)	Z2 None or not applicable
2 Smoking	5 None	Z3 Other
3 Inhalant		

Item 22 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable	