

# ADP Episode Summary Discharge Form

[ ] Refer to CalOMS Data Dictionary

(print legibly)

Data Entry Initials:

Reporting Unit Number:

Client ID Number:

Client Name: \_\_\_\_\_

Administrative Discharge:  Y/N

Discharge Date: // [DIS-1]

Referred to:  [ADM-5]

Discharge Status:  [DIS-2]

Employment Status:  [EMP-1]

Client Adherence to Treatment Plan:  (Y/N)

Number of Children in Household:

Pregnant During Treatment:  (Y/N) [MED-6]

Follow-Up on Referral Prior to Discharge:  (Y/N)

Primary       Secondary  
 Substance Abuse Problem:  [ADU-1a]  [ADU-5a]

Pr Drug Name [ADU-1b]: \_\_\_\_\_

Sec Drug Name [ADU-5b]: \_\_\_\_\_

Living with Substance User:  (00-30 days) [SOC-3]

Conflict Days with Family:  (00-30 days) [SOC-4]

Physical Health Problem:

Emergency Room Visits:  (00-99 times) [MED-2]

Hospital Overnights:  (00-30 days) [MED-3]

Physical Problem:  (00-30 days) [MED-4]

Mental Health Problem:

OP Emergency Services:  (00-99 times) [MHD-2]

Hospital/Psych Facility Visits:  (00-30 times) [MHD-3]

Prescribed Medication Taken:  (Y/N) [MHD-4]

Frequency of Use(days):  [ADU-2]       [ADU-6]

Route of Administration:  [ADU-3]       [ADU-7]

Coded remarks:  
  
 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3

Consent for Contact:  (Y/N) [CID-19]

Enrolled in Job Training:  (Y/N) [EMP-4]

Enrolled in School:  (Y/N) [EMP-3]

In The Past 30 Days

Alcohol Frequency:  (00-30 days used) [ADU-9]

IV Use:  (00-30 days used) [ADU-10]

Paid Days Work:  (00-30 days worked) [EMP-2]

Number of Arrests:  (00-30 times) [LEG-3]

Days in Jail:  (00-30 days) [LEG-4]

Days in Prison:  (00-30 days) [LEG-5]

Social Support (12 Step/Other):  (00-30 days) [SOC-1]

Client has been Tested for HIV/AIDS:  (Y/N) [MED-11]

HIV/AIDS Results Received by Client:  (Y/N) [MED-12]

Prior Mental Health Diagnosis:  (Y/N) [MHD-1]

Number of Children Age 17 or Less:  [SOC-5]

Number of Children Age 5 or Less:  [SOC-6]

Number of Children in CPS Placement:  [SOC-7]

Children in Placement w/ No Parental Rights:  [SOC-8]

\* For Field descriptions please see reverse side of form  
Form Date: 3/11/2006

Tobacco Use at Discharge:  (Y/N) SACPA Level:  (1-3)

# CLIENT EPISODE DISCHARGE

**Alternative Values: Refer to State ADP Data Collection Guide for information on each field**

**County Allowable Responses:**

Z0: Client declined to state    Z1: Unknown/Don't know    Z2: None or not Applicable    Z3: Other    Z4: Client Unable to Answer

<p><b>Referred To</b> [4.4 = ADM-5]</p>	<ol style="list-style-type: none"> <li>1. Fed/State Criminal Justice</li> <li>2. Local/County Criminal Justice</li> <li>3. Self</li> <li>4. Family/Friend</li> <li>5. Employers</li> <li>6. School/College</li> <li>7. Medical hospital/clinic/physician/nurse</li> <li>8. Social Services</li> </ol>	<ol style="list-style-type: none"> <li>9. Community Agency</li> <li>10. Mental Health</li> <li>11. Public Guardian</li> <li>12. Public Health/Public Health Nursing</li> <li>13. Residential Care Facility</li> <li>14. Drug Residential</li> <li>15. Drug Outpatient</li> <li>16. Alcohol Residential/Outpatient</li> <li>17. Telephone Directory</li> <li>18. Brochure/Flyer/News paper/Newsletter</li> </ol>	<ol style="list-style-type: none"> <li>19. Other</li> <li>20. 12 Step Program</li> <li>21. SACPA Court Probation</li> <li>22. SACPA Court Parole</li> <li>23. SATC</li> <li>24. DUI/DWI</li> <li>25. DCP</li> <li>26. CDCI</li> <li>27. Dependency Court/Child Protective Services</li> </ol>
<p><b>Discharge Status</b> [6.4.2 = DIS-2]</p>	<ol style="list-style-type: none"> <li>1. Completed Treatment Plan/Goals/Not Referred</li> <li>2. Left Before Completion/Satisfactory Progress/Not Referred</li> <li>3. Left Before Completion/Unsatisfactory Progress/Not Referred</li> <li>4. Terminated by Clinic: Fee non Compliance/Satisfactory/Not Referred</li> <li>5. Terminated by Clinic: Non Compliance w/Treatment Plan/Unsatisfactory/Not Referred</li> <li>6. Terminated by Clinic: Other Admin Factors/Satisfactory/Not Referred</li> </ol>	<ol style="list-style-type: none"> <li>7. Terminated by Clinic: No Treatment Provided/Unsatisfactory/Not Referred</li> <li>8. Incarcerated</li> <li>9. Referred or Transferred for further Treatment/Satisfactory</li> <li>10. Death</li> <li>11. Terminated by Clinic: Other Admin Factors/Unsatisfactory/Not Referred</li> <li>12. Completed Treatment/Plan/Goals/Referred</li> <li>13. Left Before Completion with Unsatisfactory/Progress/Referred</li> </ol>	
<p><b>Discharge Employment Status</b> 4.17.1 = EMP-1</p>	<ol style="list-style-type: none"> <li>1. Unemployed, not seeking employment</li> <li>2. Unemployed, seeking employment</li> <li>3. Employed part time (&lt;35 hr/week)</li> <li>4. Employed full time (&gt;=35 hr/week)</li> <li>5. Homemaker, seeking employment</li> <li>6. Homemaker, not seeking employment</li> </ol>	<ol style="list-style-type: none"> <li>7. Part-Time Student (less than 12 Units), not seeking employment</li> <li>8. Full-time Student (12 units or more), not seeking employment</li> <li>9. Part-time Employed Student</li> <li>10. Disabled and Unemployed, not seeking employment</li> </ol>	
<p><b>Substance Problem Primary/Secondary</b> 4.16.1=ADU-1a / 4.16.6=ADU5a</p> <p><small>* Drug name must be specified when category selected</small></p>	<ol style="list-style-type: none"> <li>1. Heroin</li> <li>2. Alcohol</li> <li>3. Barbiturates*</li> <li>4. Other Seds/Hypnotics*</li> <li>5. Methamphetamines</li> <li>6. Other Amphetamines*</li> <li>7. Other Stimulants*</li> <li>8. Cocaine</li> <li>9. Marijuana/Hashish</li> </ol>	<ol style="list-style-type: none"> <li>10. PCP</li> <li>11. Other Hallucinogens*</li> <li>12. Benzodiazepines*</li> <li>13. Other Tranquilizers*</li> <li>14. Non-Prescription Methadone</li> <li>15. Other Opiates and Synthetics*</li> <li>16. Inhalants*</li> <li>17. Over the Counter*</li> <li>18. Other (Specify)*</li> </ol>	<ol style="list-style-type: none"> <li>19. None (annual update / discharge or secondary only)</li> <li>20. Other Club Drugs*</li> <li>21. OxyContin/OxyCodone</li> <li>22. Ecstasy</li> <li>Z1 Unknown</li> </ol>
<p><b>Usual Route of Administration</b> 4.16.4=ADU-3 4.16.9=ADU-7</p>	<ol style="list-style-type: none"> <li>1. Oral</li> <li>2. Smoking</li> <li>3. Inhalant</li> <li>4. Injection (IV or intramuscular)</li> </ol>	<ol style="list-style-type: none"> <li>5. Unknown</li> <li>Z2 None (when no secondary problem)</li> <li>Z3 Other</li> </ol>	
<p><b>Frequency of Use</b> 4.16.3=ADU-2/ 4.16.8=ADU-6</p>	<p>00 – 30 days, OR Z2</p>	<p><b>SACPA Tx Level</b> 1 Low 2 Moderate 3 Severe</p>	