NYS Office of Addiction Services and Supports

Client Crisis Admission/Discharge Report
FOR CRISIS ADMISSIONS/DISCHARGES DATED 12/01/2018 AND BEYOND

Provider Number __ __ __ __ __ **Program Number** __ __ __ __ __

Client ID __ __ __ __ __ __ __ __ __ __ **Special Project (See instructions):**_____

Sex (at birth) ☐ Male ☐ Female ☐ X **Birth Date** __ __ /__ __/__ __ __ __ **Last 4 SSN** __ __ __ __

Last Name First 2 Letters __ __ (Birth Name) **Last Name First 2 Letters** __ __ (Current Name) **Admission Date** __ __ / __ __ / __ __ __ __

LOCADTR Information

Assessment ID __ __ __ __ __ __ __ **Created Date** __ __/ __ __/ __ __ __ __

TRS-61- Identifying Information (ID)

ID Consent Date __ __/__ __/__ __ __ __ **ID Consent Revoke Date** __ __/__ __/__ __ __ __ (Revoke date not required)

Last Name __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (Birth Name) **Last Name** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (Current Name)

First Name __ __ __ __ __ __ __ __ __ __ __ __ **Social Security Number** __ __ __- __ __ - __ __ __ __

Medicaid Client ID __ __ __ __ __ __ __ __

Sexual Orientation

☐ Bisexual
☐ Lesbian or Gay
☐ Pansexual
☐ Straight
☐ I use a different term
☐ Questioning/Unsure
☐ Prefer Not to Answer

Gender Identity

☐ Intersex
☐ Man
☐ Non-Binary
☐ Two-Spirit
☐ Woman
☐ I use a different term
☐ Questioning/Unsure
☐ Prefer not to answer

Transgender

☐ Yes
☐ No
☐ Questioning/Unsure
☐ Prefer not to answer

Race

☐ Alaska Native
☐ Asian
☐ Black or African American
☐ Hawaiian or other Pacific Islander
☐ Middle Eastern or North African
☐ Native American, Indigenous, or American Indian
☐ White
☐ Some other race, ethnicity, origin

Asian Origin

- ☐ Asian Indian (East Indian)
- ☐ Bangladeshi
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Nepalese
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Tibetan
- ☐ Vietnamese
- ☐ Asian, Not Specified
- ☐ Not of Asian Origin

Hispanic Origin

- ☐ Cuban
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Hispanic, Latino/a/x, Not Specified
- ☐ Not of Hispanic Origin

Pacific Islander Origin

- ☐ Fijian
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Pacific Islander, Not Specified
- ☐ Not of Pacific Island Origin

Primary Language

- ☐ Arabic
- ☐ Bengali
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ Greek
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Yiddish
- ☐ Sign Language
- ☐ Other

Veteran Status

Veteran ☐ Yes ☐ No

U.S. Military Status (if applicable, select one; if not, skip)

- ☐ Active Duty
- ☐ Reserves/National Guard
- ☐ Both Active Duty and Reserves/National Guard

NYS Office of Addiction Services and Supports

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Zip Code of Residence ___ ___ ___ ___ ___ (For Canada use 88888) **County of Residence** _____

Type of Residence

- ☐ Private Residence
- ☐ Homeless/Unstably Housed, Shelter
- ☐ Homeless/Unstably House, No Shelter
- ☐ Single Resident Occupancy
- ☐ Residential Services for SUD/Congregate Care
- ☐ Residential Services for SUD/Scatter-Site
- ☐ MH/DD Community Residence
- ☐ Other Group Residential Setting
- ☐ County Operated or Other Local Jail
- ☐ DOCCS Operated Prison
- ☐ Institution, Other (hospital, etc.)
- ☐ Other

Principal Referral Source

Criminal Legal System Involvement

- ☐ District Attorney
- ☐ Drug Court
- ☐ Probation
- ☐ Parole General
- ☐ Parole Release Resentence
- ☐ Impaired Driver Referral
- ☐ Police
- ☐ Family Court
- ☐ Other Court
- ☐ Alternatives to Incarceration
- ☐ City/County Jail
- ☐ NYS Department of Corrections and Community Supervision
- ☐ Office of Children and Family Services

Self, Family, Other

- ☐ Self-Referral
- ☐ Family, Friends, Other Individuals
- ☐ Self-Help Group
- ☐ HOPEline

Substance Use Disorder Treatment (SUD)

- ☐ SUD Program in New York State
- ☐ SUD Program Out of State
- ☐ SUD VA Program
- ☐ SUD Private Practitioner

Prevention/Intervention Services

- ☐ School-Based Prevention Program
- ☐ Community-Based Prevention Program
- ☐ Employee Assistance Program
- ☐ Other Prevention/Intervention Program

Health Care Services

- ☐ Developmental Disabilities Program
- ☐ Mental Health Provider
- ☐ Managed Care Provider
- ☐ Health Care Provider
- ☐ AIDS Related Services
- ☐ Primary Care Health Professional
- ☐ Comprehensive Psychiatric Emergency Program (CPEP)
- ☐ Hospital Emergency Department
- ☐ TBI Waiver

Employer/Educational/Special Services

- ☐ Employer/Union (Non-EAP)
- ☐ School (Other than Prevention Program)
- ☐ Special Services (e.g., Shelters)

Social Services

- ☐ Local Social Services-Child Protect Services/CWA
- ☐ Local Social Services Dist-Income Maintenance
- ☐ Local Social Services Dist Treatment Mandate/Public Assistance
- ☐ Local Social Services Dist Treatment Mandate/Medicaid Only
- ☐ Other Social Services Provider

Recovery Support Services

- ☐ Recovery Community and Outreach Center
- ☐ Youth Clubhouse
- ☐ Peer Advocate
- ☐ Open Access Center
- ☐ Family Support Navigator
- ☐ Regional Addiction Resource Center

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- ☐ Other

Highest Grade Completed

- ☐ No education
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ High School Diploma
- ☐ General Equivalency Diploma
- ☐ Vocational Cert w/o Diploma/GED
- ☐ Vocational Cert w/ Diploma/GED
- ☐ Some College-No degree
- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Graduate Degree

Does the Patient have an Individual Education Plan (IEP)? ☐ Yes ☐ No ☐ Unknown

Employment Status

- ☐ Employed Full Time-35+ hrs/wk
- ☐ Employed Part Time-<35 hrs/wk
- ☐ Employed in Sheltered Workshop
- ☐ Unemployed, In Treatment
- ☐ Unemployed, Looking for Work
- ☐ Unemployed, Not Looking for Work

- ☐ Not in Labor Force, Child Care
- ☐ Not in Labor Force, Disabled
- ☐ Not in Labor Force, In Training
- ☐ Not in Labor Force, Inmate
- ☐ Not in Labor Force, Retired
- ☐ Not in Labor Force, Student
- ☐ Not in Labor Force, Other
- ☐ Social Services Work Exp Program
- ☐ Social Services Determined, Not Employed/Able to Work
- ☐ Social Services Determined Unable to Work, Mandated Treatment

Primary Source of Income at Admission

- ☐ None
- ☐ Wages/Salary
- ☐ Alimony/Child Support
- ☐ Department of Veterans Affairs
- ☐ Family and/or Spouse Contribution
- ☐ SSI/SSDI or SSA
- ☐ Safety Net Assistance (SNA)
- ☐ Temp Asst for Needy Families (TANF)
- ☐ Other

Criminal Legal System Involvement Information

Criminal Legal System Involvement (check all that apply)

- ☐ None
- ☐ Probation
- ☐ Parole
- ☐ Work Release
- ☐ In Prison/Jail
- ☐ In OCFS Facility
- ☐ Charges Pending
- ☐ Any Treatment or Specialty Court
- ☐ Other (e.g., District Attorney)

Is this admission a result of an alternative to incarceration? ☐ Yes ☐ No

Primary ICD-10 Diagnosis Code (Select one and enter up to 3 additional characters)

- ☐ F10.___ ___ ___ Alcohol related disorders
- ☐ F11.___ ___ ___ Opioid related disorders
- ☐ F12.___ ___ ___ Cannabis related disorders
- ☐ F13.___ ___ ___ Sedative, hypnotic or anxiolytic related disorders
- ☐ F14.___ ___ ___ Cocaine related disorders
- ☐ F15.___ ___ ___ Other stimulant related disorders
- ☐ F16.___ ___ ___ Hallucinogen related disorders
- ☐ F18.___ ___ ___ Inhalant related disorders
- ☐ F19.___ ___ ___Other psychoactive substance related disorders

Primary Substance

- ☐ None
- ☐ Alcohol
- ☐ Cocaine
- ☐ Crack
- ☐ Marijuana/Hashish
- ☐ Synthetic Cannabinoid
- ☐ Heroin
- ☐ Buprenorphine
- ☐ Non-Rx Methadone
- ☐ OxyContin
- ☐ Other Opiate/Synthetic
- ☐ Alprazolam (Xanax)
- ☐ Barbiturate
- ☐ Benzodiazepine
- ☐ Catapres (Clonidine)
- ☐ Other Sedative /Hypnotic
- ☐ Elavil
- ☐ GHB
- ☐ Khat
- ☐ Other Tranquillizer
- ☐ Methamphetamine
- ☐ Other Amphetamine
- ☐ Synthetic Stimulant
- ☐ Other Stimulant
- ☐ PCP
- ☐ Ecstasy
- ☐ Other Hallucinogen
- ☐ Ephedrine
- ☐ Inhalant
- ☐ Ketamine
- ☐ Rohypnol
- ☐ Over-the-Counter
- ☐ Other

Primary Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ Other

Primary Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Primary Age of First Use ___ ___

Secondary Substance

- ☐ None
- ☐ Alcohol
- ☐ Cocaine
- ☐ Crack
- ☐ Marijuana/Hashish
- ☐ Synthetic Cannabinoid
- ☐ Heroin
- ☐ Buprenorphine
- ☐ Non-Rx Methadone
- ☐ OxyContin
- ☐ Other Opiate/Synthetic
- ☐ Alprazolam (Xanax)
- ☐ Barbiturate
- ☐ Benzodiazepine
- ☐ Catapres (Clonidine)
- ☐ Other Sedative /Hypnotic
- ☐ Elavil
- ☐ GHB
- ☐ Khat
- ☐ Other Tranquillizer
- ☐ Methamphetamine
- ☐ Other Amphetamine
- ☐ Synthetic Stimulant
- ☐ Other Stimulant
- ☐ PCP
- ☐ Ecstasy
- ☐ Other Hallucinogen
- ☐ Ephedrine
- ☐ Inhalant
- ☐ Ketamine
- ☐ Rohypnol
- ☐ Over-the-Counter
- ☐ Other

Secondary Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ Other
Secondary Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily
Secondary Age of First Use ___ ___

Tertiary Substance

- ☐ None
- ☐ Alcohol
- ☐ Cocaine
- ☐ Crack
- ☐ Marijuana/Hashish
- ☐ Synthetic Cannabinoid
- ☐ Heroin
- ☐ Buprenorphine
- ☐ Non-Rx Methadone
- ☐ OxyContin
- ☐ Other Opiate/Synthetic
- ☐ Alprazolam (Xanax)
- ☐ Barbiturate
- ☐ Benzodiazepine
- ☐ Catapres (Clonidine)
- ☐ Other Sedative /Hypnotic
- ☐ Elavil
- ☐ GHB
- ☐ Khat
- ☐ Other Tranquillizer
- ☐ Methamphetamine
- ☐ Other Amphetamine
- ☐ Synthetic Stimulant
- ☐ Other Stimulant
- ☐ PCP
- ☐ Ecstasy
- ☐ Other Hallucinogen
- ☐ Ephedrine
- ☐ Inhalant
- ☐ Ketamine
- ☐ Rohypnol
- ☐ Over-the-Counter
- ☐ Other

Tertiary Route of Administration ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ Other
Tertiary Frequency of Use ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily
Tertiary Age of First Use ___ __

Nicotine

Has the client ever used nicotine? ☐ Yes ☐ No

Age of First Use ___ ___

Frequency of Use (30 days prior to admission):
☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Date Last Used: Month __ __ Year __ __ __ __

Primary Route of Administration: ☐ Smoking ☐ Vaping ☐ Chewing

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Discharge Data

Date Last Treated __ __ / __ __ / __ __ __ __

Primary Payment Source

- ☐ None
- ☐ Self-Pay
- ☐ Medicaid
- ☐ Medicaid Managed Care
- ☐ Medicaid Pending
- ☐ Medicare
- ☐ DSS Congregate Care
- ☐ Department of Veterans Affairs
- ☐ Private Insurance – Fee for Service
- ☐ Private Insurance – Managed Care
- ☐ Other

Discharge Reason & Referral Category

Discharge Status
☐ Completed Treatment: All Goals Met
☐ Completed Treatment: Half or More Goals Met
☐ Treatment Not Completed: Maximum Benefit/Clinical Discharge
☐ Treatment Not Completed: Some Goals Met
☐ Treatment Not Completed: No Goals Met
☐ Completed Observation Only (for use by Medically-Managed Detox)

Discharge Disposition (CHECK ONE)
☐ Additional treatment at this level of care no longer necessary
☐ Further treatment at this level unlikely to yield added clinical gains
☐ Left against clinical advice: Formal referral made/offered
☐ Left against clinical advice: Lost to contact (no referral possible)
☐ Left against clinical advice: Termination of third-party funds
☐ Discharged due to non-compliance: program rules
☐ Discharged due to non-compliance: violence
☐ Discharged due to non-compliance: illegal substance use
☐ Discharged due to non-compliance: possession of contraband
☐ Discharged due to regulatory requirements
☐ Client arrested/incarcerated
☐ Client could no longer participate for medical/psych. reasons
☐ Client death
☐ Client relocated
☐ Program closed
☐ Detox/Withdrawal Not Required (for use by Med. Man. Detox)
☐ Detox/Withdrawal Services Refused (for use by Med. Man. Detox)
☐ Detox/Withdrawal Referred Elsewhere (for use by Med. Man. Detox)

Referral Disposition (CHECK ONE)
☐ No referral made
☐ Client not in need of additional services
☐ Referred back to SUD* program
☐ Referred to other SUD* program
☐ Referred to Mental Health Program
☐ Referred to non-SUD* or non-MH treatment
☐ Referred to Gambling Program
☐ Refused referral

**SUD=substance use disorder*

Self-Help

Is the client currently attending substance use self-help group meetings (last 30 days)**?** ☐ Yes ☐ No

Referral Category (CHECK ONE)

Substance Use Disorder (SUD) Programs
☐ SUD Program in New York State
☐ SUD Program Out of State
☐ SUD VA Program
☐ SUD Private Practitioner

Health Institutions
☐ Hospital
☐ Hospital (Long Term)/ Nursing Home
☐ Nursing Home, Long Term Care
☐ Group Home, Foster Care

Mental Health Programs
☐ Mental Health Community Residence
☐ Mental Health Inpatient
☐ Mental Health Outpatient
☐ Intellectual/Developmental Disabilities Program

Recovery Support Services
☐ Recovery Community and Outreach Center
☐ Youth Clubhouse
☐ Peer Advocate
☐ Open Access Center
☐ Family Support Navigator
☐ Regional Addiction Resource Center
****
☐ Other Referral
****
☐ No Referral Made
☐ Refused Referral

**SUD=Substance Use Disorder*

Medically Managed Detoxification Bed Utilization – Include the service level on the day of admission even if the client is discharged on the same day. Otherwise, do not report the service level of the day of discharge.

Number of days the client spent in an observation bed (max of 2). ___

Number of days the client spent in a medically managed detox bed. ___ ___

Number of days the client spent in a medically supervised withdrawal bed. ___ ___

Medication for Addiction Treatment (MAT):

Was MAT offered by this program during this treatment episode?
☐ Yes
☐ No

Was MAT prescribed by this program during this treatment episode? (Skip this question if No was entered for Was MAT offered by this program during this treatment episode?)
☐ Yes
☐ No
☐ Declined

Addiction Medications Used During Treatment
CHECK ALL THAT APPLY. *Select **"NONE"** if no addiction medication was used.*

☐ Methadone
☐ Buprenorphine
☐ Zyban/Wellbutrin
☐ Naltrexone (Revia)
☐ Naltrexone (Vivitrol)
☐ Antabuse
☐ Nicotine Lozenges
☐ Nicotine Gum
☐ Nicotine Patch
☐ Chantix
☐ Campral
☐ Naloxone (Narcan, Nalone, Narcanti)
☐ Vaccines (NicVAX)
☐ Clonidine (Catapres)
☐ Baclofen (Kemstro, Lioresal, Liofen)
☐ Gabapentin (Neurontin)
☐ Other Addiction Medications
☐ None

For Provider Use (Optional)

Signature	**Title**	**Date**
_____	_____	_____