

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 _____
 Provider Client ID _____ Special Project (See instructions): _____
 Sex (at birth) Male Female X Birth Date ___/___/___ Last 4 SSN _____
 Last Name First 2 Letters _____ Last Name First 2 Letters _____ Admission Date ___/___/___
 (Birth Name) (Current Name)

LOCADTR Information

Assessment ID _____ Created Date ___/___/___

TRS-61- Identifying Information (ID)

ID Consent Date ___/___/___ ID Consent Revoke Date ___/___/___
 (Revoke date not required)
 Last Name _____ Last Name _____
 (Birth Name) (Current Name)
 First Name _____ Social Security Number _____ - _____ - _____
 Medicaid Client ID _____

TRS- 49- Criminal Justice (CJ)

NYSID _____ CJ Consent Date ___/___/___ CJ Consent Revoke Date ___/___/___
 (Revoke date not required)

Sexual Orientation

- Straight
- Gay
- Lesbian
- Bisexual
- Don't Know/Not Sure
- Didn't Answer

Gender Identity

- Not transgender
- Transgender- male to female
- Transgender – female to male
- Transgender - other
- Don't Know/Not Sure
- Didn't Answer

- Race**
- | | |
|--|---|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Hawaiian or other Pacific Islander |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black or African American | |

- Hispanic Origin**
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Hispanic, Not Specified |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Not of Hispanic Origin |

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

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

Type of Residence

- | | | |
|--|--|---|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Residential Services for SUD/
Congregate | <input type="checkbox"/> MH/DD Community Residence |
| <input type="checkbox"/> Homeless, Shelter | <input type="checkbox"/> Residential Services for SUD/
Scatter-Site | <input type="checkbox"/> Other Group Residential Setting
Institution, Other (jail, hospital) |
| <input type="checkbox"/> Homeless, No Shelter | | Other |
| <input type="checkbox"/> Single Resident Occupancy | | |

Principal Referral Source

Criminal Justice Services

- District Attorney
- Drug Court
- Probation
- Parole General
- Parole Release Shock
- Parole Release Willard
- 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

Highest Grade Completed

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> No education | <input type="checkbox"/> 7th |
| <input type="checkbox"/> 1st | <input type="checkbox"/> 8th |
| <input type="checkbox"/> 2nd | <input type="checkbox"/> 9th |
| <input type="checkbox"/> 3rd | <input type="checkbox"/> 10th |
| <input type="checkbox"/> 4th | <input type="checkbox"/> 11th |
| <input type="checkbox"/> 5th | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> 6th | <input type="checkbox"/> General Equivalency Diploma |

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

Health Care Services

- Developmental Disabilities Program
- Mental Health Provider
- Managed Care Provider
- Health Care Provider
- AIDS Related Services
- Primary Health Care 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 (Homeless/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

- Other

NYS Office of Addiction Services and Supports
Client Crisis Admission/Discharge Report
FOR CRISIS ADMISSIONS/DISCHARGES DATED 12/01/2018 AND BEYOND

Employment Status

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk | <input type="checkbox"/> Not in Labor Force, Child Care | <input type="checkbox"/> Social Services Work Exp Program |
| <input type="checkbox"/> Employed Part Time-<35 hrs/wk | <input type="checkbox"/> Not in Labor Force, Disabled | <input type="checkbox"/> Social Services Determined, Not Employed/Able to Work |
| <input type="checkbox"/> Employed in Sheltered Workshop | <input type="checkbox"/> Not in Labor Force, In Training | <input type="checkbox"/> Social Services Determined Unable to Work, Mandated Treatment |
| <input type="checkbox"/> Unemployed, In Treatment | <input type="checkbox"/> Not in Labor Force, Inmate | |
| <input type="checkbox"/> Unemployed, Looking for Work | <input type="checkbox"/> Not in Labor Force, Retired | |
| <input type="checkbox"/> Unemployed, Not Looking for Work | <input type="checkbox"/> Not in Labor Force, Student | |
| | <input type="checkbox"/> Not in Labor Force, Other | |

Primary Source of Income at Admission

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Department of Veterans Affairs | <input type="checkbox"/> Safety Net Assistance (SNA) |
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> Family and/or Spouse Contribution | <input type="checkbox"/> Temp Asst for Needy Families (TANF) |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> SSI/SSDI or SSA | <input type="checkbox"/> Other |

Criminal Justice Information

Criminal Justice Status (check all that apply)

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Work Release | <input type="checkbox"/> Charges Pending |
| <input type="checkbox"/> Probation | <input type="checkbox"/> In Prison/Jail | <input type="checkbox"/> Any Treatment or Specialty Court |
| <input type="checkbox"/> Parole | <input type="checkbox"/> In OCFS Facility | <input type="checkbox"/> 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)

- | | |
|--|--|
| <input type="checkbox"/> F10.____ Alcohol related disorders | <input type="checkbox"/> F15.____ Other stimulant related disorders |
| <input type="checkbox"/> F11.____ Opioid related disorders | <input type="checkbox"/> F16.____ Hallucinogen related disorders |
| <input type="checkbox"/> F12.____ Cannabis related disorders | <input type="checkbox"/> F18.____ Inhalant related disorders |
| <input type="checkbox"/> F13.____ Sedative, hypnotic or anxiolytic related disorders | <input type="checkbox"/> F19.____ Other psychoactive substance related disorders |
| <input type="checkbox"/> F14.____ Cocaine related disorders | |

Primary Substance

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

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

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

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 ____

NYS Office of Addiction Services and Supports
Client Crisis Admission/Discharge Report
FOR CRISIS ADMISSIONS/DISCHARGES DATED 12/01/2018 AND BEYOND

Tertiary Substance

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

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

Discharge Data

Date Last Treated ___ / ___ / ___

Primary Payment Source

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Medicaid Pending | <input type="checkbox"/> Private Insurance – Fee for Service |
| <input type="checkbox"/> Self-Pay | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurance – Managed Care |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> DSS Congregate Care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Department of Veterans Affairs | |

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)

- 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)

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

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*

NYS Office of Addiction Services and Supports
Client Crisis Admission/Discharge Report
FOR CRISIS ADMISSIONS/DISCHARGES DATED 12/01/2018 AND BEYOND

Self-Help

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

Referral Category (CHECK ONE) Chemical

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. ____

Addiction Medications Used During Treatment

CHECK ALL THAT APPLY. Select **"NONE"** if no addiction medication was used.

- | | | |
|--|--|---|
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Nicotine Gum | <input type="checkbox"/> Clonidine (Catapres) |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Nicotine Patch | <input type="checkbox"/> Baclofen (Kemstro, Lioresal, Liofen) |
| <input type="checkbox"/> Zyban/Wellbutrin | <input type="checkbox"/> Chantix | <input type="checkbox"/> Gabapentin (Neurontin) |
| <input type="checkbox"/> Naltrexone (Revia) | <input type="checkbox"/> Campral | <input type="checkbox"/> Other Addiction Medications |
| <input type="checkbox"/> Naltrexone (Vivitrol) | <input type="checkbox"/> Naloxone (Narcan, Naloxone, Narcanti) | <input type="checkbox"/> None |
| <input type="checkbox"/> Antabuse | <input type="checkbox"/> Vaccines (NicVAX) | |
| <input type="checkbox"/> Nicotine Lozenges | | |

For Provider Use (Optional)

Signature _____

Title _____

Date _____