

**CAL OMS DATA FORMS****CAL-OMS ADMISSION PART 2 (AOD ADMISSION)**

<b>LOCATION</b>	Avatar CWS→ Clinician Menu→ AOD→Admission Part 2 AOD (CalOMS Admission)
<b>RULES</b>	<p>Cal- OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to more effectively manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"><li>• Meet federal reporting requirements</li><li>• Document prevention and treatment population demographics</li><li>• Identify alcohol and other drug trends and risks</li><li>• Demonstrate service effectiveness</li><li>• Demonstrate that services are cost effective</li><li>• Identify the most effective practices to improve service delivery</li></ul>

**STEPS**

Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the CalOMS admission form will appear if that is the only CalOMS episode

**Client Identification and Demographic Data**

1. Birth First Name  
What is the client's birth first name?
2. Birth Last Name  
What is the client's birth last name?
3. Current First Name  
What is the client's current first name?
4. Current Last Name  
What is the client's current first name?
5. SSN  
What is the client's social security number?  
*Nine-digit social security number*  
*99902 None or not applicable*  
*Detox only program*  
*99904 Client unable to answer*
6. Zip Code At Current Residence  
What is the client's zip code at their current residence?  
*Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'*  
*Detox only program*  
*99904 Client unable to answer*
7. Race  
What is the client's race?  
*If 'Client declined to state' is selected on Race 1, then no other values for race can be selected for Race 2, 3, 4, 5*
8. Place of Birth – State  
What is the client's county of birth if born in California?
9. Place of Birth – County  
What is the client's state of birth if born within the United States?
10. Driver's License Number  
What is the client's driver's license number? If the client does not have a driver's license, what is the client's state ID card number?  
*Value for Driver's License Number must be provided, if Driver's License State is provided.*  
*None or not applicable is 99902*  
*Detox only programs*  
*99904 Client unable to answer*
11. Driver's License State  
For which state does the client have a valid driver's license or state ID card?  
*If Driver's License Number is 99902, then Driver's License State must be None or not applicable*  
*Detox only programs*  
*Client unable to answer 99904*
12. Mother's First Name  
What is the first name of the client's mother, or individual the client considers to be as their mother?  
*If a client is unable to provide a name, enter value 'mother' or 'mom'*
13. Ethnicity  
What is the client's ethnicity?
14. Veteran  
Is the client a U.S. veteran?  
*Detox only programs*  
*Client unable to answer*

**STEPS**

**15. Consent**

Is there a consent form allowing future possible contact, signed by the client, on file within your agency?

**16. Disability**

What type of disability /disabilities does the client have, if any?

*Only one value is allowed*

*Detox only programs*

*Client unable to answer 99904*

**17. Flag for Cal-OMS Submission**

*'Yes' should always be checked*

- Client Identification and D
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health D
- Mental Illness
- Family/Social Data

Submit

Online Documentation

Submit

Online Documentation

▼

Birth First Name  1

Birth Last Name  2

Current First Name  3

Current Last Name  4

SSN  5

Zip Code At Current Residence  6

Place of Birth - State  8

Place of Birth - County  9

Driver's License Number  10

Driver's License State  11

Mother's First Name  12

Race 1 7

Hawaiian  Japanese  Korean  Laotian  
 Samoan  Vietnamese  Other Asian  Other Race  
 Mixed Race  Client declined to state  White  Black/African  
 American Indian  Alaskan Native  Asian Indian  Cambodian  
 Chinese  Filipino  Guamanian

Race 2

Hawaiian  Japanese  Korean  Laotian  
 Samoan  Vietnamese  Other Asian  Other Race  
 Mixed Race  Client declined to state  White  Black/African  
 American Indian  Alaskan Native  Asian Indian  Cambodian  
 Chinese  Filipino  Guamanian

Race 3

Hawaiian  Japanese  Korean  Laotian  
 Samoan  Vietnamese  Other Asian  Other Race  
 Mixed Race  Client declined to state  White  Black/African  
 American Indian  Alaskan Native  Asian Indian  Cambodian  
 Chinese  Filipino  Guamanian

Race 4

Hawaiian  Japanese  Korean  Laotian  
 Samoan  Vietnamese  Other Asian  Other Race  
 Mixed Race  Client declined to state  White  Black/African  
 American Indian  Alaskan Native  Asian Indian  Cambodian  
 Chinese  Filipino  Guamanian

Race 5

Hawaiian  Japanese  Korean  Laotian  
 Samoan  Vietnamese  Other Asian  Other Race  
 Mixed Race  Client declined to state  White  Black/African  
 American Indian  Alaskan Native  Asian Indian  Cambodian  
 Chinese  Filipino  Guamanian

Ethnicity 13

Not Hispanic  
 Mexican/Mexican American  
 Cuban  
 Puerto Rican  
 Other Hispanic/Latino

Veteran 14

No  
 Yes  
 Client declined to state  
 Client unable to answer

Disability 16

None  
 Visual  
 Hearing  
 Speech  
 Mobility  
 Mental  
 Developmentally Disabled  
 Other  
 Client declined to state  
 Client unable to answer

Consent 15

No  Yes

Flag for Cal-OMS Submission 17

Yes  No

## STEPS

## Transaction Data

## 18. Admission Transaction Type

Chart Admission Part 2 AOD (CalOMS Admission)

- Client Identification and Data
- Transaction Data**
  - Admission Data
  - Alcohol And Drug Use
  - Employment Data
  - Criminal Justice Data
  - Medical/Physical Health Data
  - Mental Illness
  - Family/Social Data

Admission Transaction Type

Initial Admission 18

Transfer or change in service

## Admission Data

## 19. Source of Referral

What is the client's principal source of referral?

## 20. Days Waited to Enter Treatment

How many days was the client on a waiting list before being admitted to this treatment program?

*Detox only programs*

*Client unable to answer*

## 21. Number of Prior Episodes

What is the number of prior episodes in any alcohol or drug treatment/recovery program in which the client has participated?

*Detox only programs*

*Client unable to answer*

## 22. CalWORK's Recipient

Is the client a CalWORKs recipient?

## 23. Substance Abuse Treatment Under CalWORK's

Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?

*Value can only be 'yes' if CalWORK's Recipient is also 'Yes'.*

## 24. County Paying for Services

If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?

*Always None or Not Applicable*

## 25. Special Services Contract ID

What is the special services contract ID number under which the client's services were provided?

*Always 99902 None or Not Applicable*

Client Identification and Data

- Transaction Data
- Admission Data**
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health Data
- Mental Illness
- Family/Social Data

Submit

Source of Referral 19

Individual includes self referral 19

Alcohol/Drug abuse program

Other health care provider

School/Educational

Employer/EAP

12 Step Mutual Aid

SACPA/Prop 36/OTP/Probation or Parole.

Post-release Community Supervision (AB 109)

DUI/DWI

Adult Felon Drug Court

Dependency Drug Court

Non-SACPA Court/Criminal Justice

Other Community Referral

Child Protective Services

Days Waited to Enter Treatment 20

Number of Prior Episodes 21

CalWORKs Recipient 22

No 22

Yes

Not sure/Don't Know

Substance Abuse Treatment Under CalWORKs 23

No

Yes 23

Not sure/Don't Know

County Paying for Services 24

None or Not Applicable 24

Special Services Contract ID 25

99902 25

## STEPS

## Alcohol And Drug Use

26. Primary Drug (Code)  
What is the client's primary alcohol or drug problem?
27. Primary Drug Name  
Provide Drug Name if prompted  
What is the client's primary alcohol or drug problem?
28. Primary Drug Frequency  
How many days in the past 30 days has the client used the primary drug?
29. Primary Drug Route of Administration  
What is the client's usual route of administration they use most often for their primary drug of abuse?
30. Primary Drug Age of First Use  
What was the client's age of first use for the primary drug of abuse?
31. Secondary Drug (Code)  
What is the client's secondary alcohol or drug problem?
32. Secondary Drug Name  
What is the client's secondary alcohol or drug problem?
33. Secondary Drug Frequency  
How many days in the past 30 days has the client used the secondary drug of abuse?
34. Secondary Drug Route of Administration  
What is the client's usual route of administration they use most often for the secondary drug of abuse?
35. Secondary Drug Age of First Use  
What was the client's age of first use for the secondary drug of abuse?
36. Alcohol Frequency  
How many days in the past 30 days has the client used alcohol?
37. Needle Use  
How many days has the client used needles to inject drugs in the past 30 days?  
*Detox only programs*  
*Client unable to answer*
38. Needle Use in the Last 12 Months  
Has the client used needles to inject drugs in the past twelve months?  
*Detox only programs*  
*Client unable to answer*

Chart Admission Part 2 AOD (CalOMS Admission)

Client Identification and Data  
Transaction Data  
Admission Data  
**Alcohol And Drug Use**  
Employment Data  
Criminal Justice Data  
Medical/Physical Health Data  
Mental Illness  
Family/Social Data

Submit

Primary Drug (Code) 26

Primary Drug Name 27

Primary Drug Frequency 28

Primary Drug Route of Administration 29

Primary Drug Age of First Use 30

Secondary Drug (Code) 31

Secondary Drug Name 32

Secondary Drug Frequency 33

Secondary Drug Route of Administration 34

Secondary Drug Age of First Use 35

Alcohol Frequency 36

Needle Use 37

Needle Use in the Last 12 Months 38

Online Documentation

## STEPS

## Employment Data

## 39. Enrolled in School

Is the client currently enrolled in school?

*Detox only programs*

*Client unable to answer 99904*

## 40. Highest School Grade Completed

What is the client's highest school grade completed? What is the client's primary alcohol or drug problem?

*Detox only programs*

*Client unable to answer 99904*

## 41. Employment Status

What is the client's current employment status?

*If client is 14 years old or less, then employment status cannot be 'Employed Full Time (35 hrs or more)'*

## 42. Enrolled in Job Training

Is the client currently enrolled in a job training program?

*Detox only programs*

*Client unable to answer 99904*

## 43. Work Past 30 Days

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

*Detox only programs*

*99904 Client unable to answer*

Chart Admission Part 2 AOD (CaIOMS Admission)

- Client Identification and D
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data**
- Criminal Justice Data
- Medical/Physical Health D
- Mental Illness
- Family/Social Data

**Enrolled in School** 39

No

Yes

Client declined to state

Client unable to answer

**Highest School Grade Completed** 40

12 Years

**Employment Status** 41

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)

**Enrolled in Job Training** 42

No

Yes

Client declined to state

Client unable to answer

**Work Past 30 Days** 43

**STEPS**

**Criminal Justice Data**

44. Criminal Justice Data

What is the client's criminal justice status?

*Must not select 'No criminal justice involvement', if Source of Referral is one of the following 'SACPA/Prop 36/OTP/Probation or Parole.'*

*'Post-release Community Supervision (AB 109)'*

*'Adult Felon Drug Court'*

*'Non-SACPA Court/Criminal Justice'*

*Detox only programs*

*Client unable to answer*

45. Number of Arrests Last 30 Days

How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days?

*Detox only programs*

*Client unable to answer*

46. Number of Jail Days Last 30 Days

How many days has the client been in jail in the past 30 days?

*Detox only programs*

*Client unable to answer*

47. Number of Prison Days Last 30 Days

How many days has the client been in prison in the past 30 days?

*Detox only programs*

*Client unable to answer*

48. Parolee Services Network

Is the client a parolee in the Parolee Services Network (PSN)?

*Detox only programs*

*Client unable to answer*

49. FOTP Parolee

Is the client a parolee in the Female Offender Treatment Program (FOTP)?

*Detox only programs*

*Client unable to answer*

50. FOTP Priority Status

What is the client's FOTP Priority Status?

*Detox only programs*

*Client unable to answer*

51. CDCR Number

*What is the client's CDCR Identification Number?*

*99902 None or not applicable if Criminal Justice Status is 'No criminal justice involvement'*

*Unless the following*

*If PSN is 'Yes', then a CDCR Number must be provided*

*If FOTP Parolee is 'Yes', then a CDCR Number must be provided*

## STEPS

**Medical/Physical Health Data**

## 52. Medi-Cal Beneficiary

Is the client a Medi-Cal beneficiary?

*Detox only programs*

*Client unable to answer*

## 53. Emergency Room Last 30 Days

How many times has the client visited an emergency room in the past 30 days for physical health problems?

*Detox only programs*

*Client unable to answer*

## 54. Hospital Overnight Last 30 Days

How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?

*Detox only programs*

*Client unable to answer*

## 55. Medical Problems Last 30 Days

How many days in the past 30 days has the client experienced physical health problems?

*Medical Problems must be greater than 0 if Emergency or Overnight last 30 days are greater than 0.*

*Detox only programs*

*Client unable to answer*

## 56. Pregnant At Admission

If the client is not male, is the client pregnant at the time of admission?

## 57. Medication Prescribed As Part of Treatment

What medication is prescribed as a part of treatment?

## 58. Communicable Diseases: Tuberculosis

*Has the client been diagnosed with Tuberculosis?*

*Detox only programs*

*Client unable to answer*

## 59. Communicable Diseases: Hepatitis C

Has the client been diagnosed with Hepatitis C?

*Detox only programs*

*Client unable to answer*

## 60. Communicable Diseases: Sexually Transmitted Disease

Has the client been diagnosed with any sexually transmitted diseases?

*Detox only programs*

*Client unable to answer*



**STEPS**

**61. HIV Tested**

Has the client been tested for HIV/AIDS?

*Detox only programs*

*Client unable to answer*

**62. HIV Test Results**

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

*Detox only programs*

*Client unable to answer*

Chart Admission Part 2 AOD (CalOMS Admission)

- Client Identification and D
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health**
- Mental Illness
- Family/Social Data

Submit

Emergency Room Last 30 Days 53

Hospital Overnight Last 30 Days 54

Medical Problems Last 30 Days 55

Pregnant At Admission 56

Medication Prescribed As Part of Treatment 57

Medi-Cal Beneficiary 52

Communicable Diseases: Tuberculosis 58

Communicable Diseases: Hepatitis C 59

Communicable Diseases: Sexually Transmitted Diseases 60

HIV Tested 61

HIV Test Results 62

Online Documentation

## STEPS

## Mental Illness

## 63. Mental Illness

Has the client ever been diagnosed with a mental illness?

## 64. Emergency Room Use / Mental Health

How many times in the past 30 days has the client received outpatient emergency services for mental health needs?

Detox only programs

99904 Client unable to answer

## 65. Psychiatric Facility Use

How many 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?

Detox only programs

99904 Client unable to answer

## 66. Mental Health Medication

In the past 30 days, has the client taken prescribed medication for mental health needs?

Detox only programs

Client unable to answer

Chart Admission Part 2 AOD (CalOMS Admission)

- Client Identification and D
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health D
- Mental Illness**
- Family/Social Data

Mental Illness 63

No  Yes  Not Sure/Don't Know

Emergency Room Use / Mental Health 64

Psychiatric Facility Use 65

Mental Health Medication 66

No  Yes  Client unable to answer

## STEPS

## Family/Social Data

## 67. Social Support

How many days in the last 30 days has the client participated in any social support recovery activities such as:

12-step meetings

Other self-help meetings

Religious/faith recovery or self-help meetings

Meetings of organizations other than those listed above

Interactions with family member and/or friend support of recovery?

## 68. Current Living Arrangements

Select 'Homeless' only when Zip Code at Current Residence is '00000'

## 69. Living with Someone

How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?

Detox only programs

99904 Client unable to answer

## 70. Family Conflict Last 30 Days

How many days in the past 30 days has the client had serious conflicts with members of their family?

Detox only programs

99904 Client unable to answer

## 71. Number of Children

How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?

Detox only programs

99904 Client unable to answer

## 72. Number of Children Aged 5 Years Or Younger

How many children does the client have age 5 or younger?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

## 73. Number of Children Living with Someone Else

How many of the client's children age 17 and under are living with someone else because of a child protection court order?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

## 74. Number of Children Living with Someone Else and Parental Rights Terminated

If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

## 75. Submit completed CalOMS Admission form

Chart Admission Part 2 AOD (CalOMS Admission)

- Client Identification and Data
- Transaction Data
- Admission Data
- Alcohol And Drug Use
- Employment Data
- Criminal Justice Data
- Medical/Physical Health Data
- Mental Illness
- Family/Social Data

Social Support 67

Current Living Arrangements 68

Homeless  Independent Living  Dependent Living

Living with Someone 69

Family Conflict Last 30 Days 70

Number of Children 71

Number Of Children Aged 5 Years Or Younger 72

Number of Children Living with Someone Else 73

Number of Children Living with Someone Else and Parental Rights Terminated 74

Submit 75

**CAL OMS DATA FORMS****CAL-OMS DISCHARGE PART 2 (CalOMS Discharge)**

<b>LOCATION</b>	<b>Avatar CWS → Clinician Menu → AOD → Discharge Part 2 (CalOMS Discharge)</b>
<b>RULES</b>	<p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to more effectively manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"><li>• Meet federal reporting requirements</li><li>• Document prevention and treatment population demographics</li><li>• Identify alcohol and other drug trends and risks</li><li>• Demonstrate service effectiveness</li><li>• Demonstrate that services are cost effective</li><li>• Identify the most effective practices to improve service delivery</li></ul>

**STEPS**

Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the CalOMS discharge form will appear if that is the only CalOMS episode

**Cal-OMS Discharge**

1. Discharge Status
2. Consent  
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?
3. Disability  
What type of disability /disabilities does the client have, if any?  
*Only one value is allowed*  
*Detox only programs*  
*Client unable to answer*
4. Current First Name  
What is the client's current first name?
5. Current Last Name  
What is the client's current last name?
6. Social Security Number  
What is the client's social security number?  
*Nine-digit social security number*  
*99902 None or not applicable*  
*Detox only program*  
*Client unable to answer 99904*
7. Zip Code At Current Residence  
What is the client's zip code at their current residence?  
*Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'*  
*Detox only program*  
*99904 Client unable to answer*

The screenshot shows the 'Discharge Part 2 (CalOMS Discharge)' form. The interface includes a left-hand navigation menu with categories like 'Cal-OMS Discharge', 'Alcohol and Drug Use D...', 'Employment Data', 'Criminal Justice Data', 'Medical/Physical Health...', 'Mental Illness', and 'Family/Social Data'. A 'Submit' button is located below the menu. The main form area contains several sections:

- Discharge Status (1):** A group of radio buttons for selecting the discharge status, including 'Completed treatment/recovery plan, Goals/Referred', 'Completed treatment/recovery plan, Goals/Not Referred', 'Left before completion w/ Satisfactory Progress/Standard', 'Left before completion w/ Satisfactory Progress/Administrative', 'Left before completion w/ Unsatisfactory Progress/Standard', 'Left before completion w/ Unsatisfactory Progress/Administrative', 'Death', and 'Incarceration'.
- Consent (2):** Radio buttons for 'No' and 'Yes'.
- Disability (3):** A group of checkboxes for selecting a disability type, including 'None' (checked), 'Visual', 'Hearing', 'Speech', 'Mobility', 'Mental', 'Developmentally Disabled', 'Other', 'Client declined to state', and 'Client unable to answer'.
- Current First Name (4):** A text input field containing the value 'CLIENT'.
- Current Last Name (5):** A text input field with the label 'NAME'.
- Social Security Number (6):** A text input field.
- Zip Code At Current Residence (7):** A text input field containing the value '93906'.

## STEPS

## Alcohol and Drug Use Data

## 8. Primary Drug (Code)

What is the client's primary alcohol or drug problem?

## 9. Primary Drug (Other)

*Provide Drug Name if prompted*

*What is the client's primary alcohol or drug problem?*

## 10. Primary Drug Frequency

How many days in the past 30 days has the client used the primary drug?

## 11. Primary Drug Route of Administration

What is the client's usual route of administration they use most often for their primary drug of abuse?

## 12. Secondary Drug (Code)

What is the client's secondary alcohol or drug problem?

## 13. Secondary Drug (Other)

What is the client's secondary alcohol or drug problem?

## 14. Secondary Drug Frequency

How many days in the past 30 days has the client used the secondary drug of abuse?

## 15. Secondary Drug Route of Administration

What is the client's usual route of administration they use most often for the secondary drug of abuse?

## 16. Alcohol Frequency

How many days in the past 30 days has the client used alcohol?

## 17. Needle Use

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

*Detox only programs*

*Client unable to answer*

The screenshot displays the 'Discharge Part 2 (CalOMS Discharge)' form. On the left, a navigation pane lists categories: Cal-OMS Discharge, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. The main form area contains the following fields, each with a circled number:

- 8**: Primary Drug (Code) - dropdown menu
- 9**: Primary Drug (Other) - text input
- 10**: Primary Drug Frequency - text input
- 11**: Primary Drug Route of Administration - radio button options: Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other
- 12**: Secondary Drug (Code) - dropdown menu
- 13**: Secondary Drug (Other) - text input
- 14**: Secondary Drug Frequency - text input
- 15**: Secondary Drug Route of Administration - radio button options: Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other
- 16**: Alcohol Frequency - text input
- 17**: Needle Use - text input

At the bottom left of the form, there is a 'Submit' button and a set of utility icons (undo, redo, search, etc.).

## STEPS

**Employment Data**

## 18. Employment Status

What is the client's current employment status?

## 19. Work Past 30 Days

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

*Detox only programs*

*99904 Client unable to answer*

## 20. Enrolled in School

Is the client currently enrolled in school?

*Detox only programs*

*Client unable to answer*

## 21. Enrolled in Job Training

Is the client currently enrolled in a job training program?

*Detox only programs*

*Client unable to answer*

## 22. Highest School Grade Completed

What is the client's highest school grade completed? What is the client's primary alcohol or drug problem?

*Detox only programs*

*Client unable to answer*

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data**
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Submit

**Employment Status** 18

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)

Work Past 30 Days 19

**Enrolled in School** 20

No  
 Yes  
 Client declined to state  
 Client unable to answer

**Enrolled in Job Training** 21

No  
 Yes  
 Client declined to state  
 Client unable to answer

**Highest School Grade Completed** 22

12 Years

**Criminal Justice Data**

## 23. Number of Arrests Last 30 Days

How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days

*Detox only programs*

*Client unable to answer*

## 24. Number of Jail Days Last 30 Days

How many days has the client been in jail in the past 30 days?

*Detox only programs*

*Client unable to answer*

## 25. Number of Prison Days Last 30 Days

How many days has the client been in prison in the past 30 days?

*Detox only programs*

*Client unable to answer*

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data**
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Number of Arrests Last 30 Days 23

Number of Jail Days Last 30 Days 24

Number of Prison Days Last 30 Days 25

## STEPS

## Medical/Physical Health Data

## 26. Emergency Room Last 30 Days

How many times has the client visited an emergency room in the past 30 days for physical health problems?

*Detox only programs*

*Client unable to answer*

## 27. Hospital Overnight Last 30 Days

How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?

*Detox only programs*

*Client unable to answer*

## 28. Medical Problems Last 30 Days

How many days in the past 30 days has the client experienced physical health problems?

*Medical Problems must be greater than 0 if Emergency or Overnight last 30 days are greater than 0.*

*Detox only programs*

*Client unable to answer*

## 29. Pregnant At Any Time During Treatment

If the client is not male, is the client pregnant at the time of admission?

## 30. HIV Tested

Has the client been tested for HIV/AIDS?

*Detox only programs*

*Client unable to answer*

## 31. HIV Test Results

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

*Detox only programs*

*Client unable to answer*

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness
- Family/Social Data

Emergency Room Last 30 Days

Hospital Overnight Last 30 Days

Medical Problems Last 30 Days

Pregnant At Any Time During Treatment

No  Not Sure/Don't Know  Yes 29

HIV Tested 30

No  Yes  Client declined to state  Client unable to answer

HIV Test Results 31

No  Yes  Client declined to state  Client unable to answer



## STEPS

## Mental Illness

## 15. Mental Illness

Has the client ever been diagnosed with a mental illness?

## 16. Emergency Room Use / Mental Health

How many times in the past 30 days has the client received outpatient emergency services for mental health needs?

*Detox only programs*

*99904 Client unable to answer*

## 17. Psychiatric Facility Use

How many 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?

*Detox only programs*

*99904 Client unable to answer*

## 18. Mental Health Medication

In the past 30 days, has the client taken prescribed medication for mental health needs?

*Detox only programs*

*99904 Client unable to answer*

Chart Discharge Part 2 (CalOMS Discharge)

- Cal-OMS Discharge
- Alcohol and Drug Use D...
- Employment Data
- Criminal Justice Data
- Medical/Physical Health...
- Mental Illness**
- Family/Social Data

**Mental Illness**

Mental Illness

No  Yes **15**

Not Sure/Don't Know

Number of Emergency Room Visits In The Last 30 Days (Mental Health) **16**

Days of Psychiatric Facility Use In The Last 30 Days **17**

Mental Health Medication In The Last 30 Days **18**

No  Yes

Client unable to answer

## STEPS

## Family/Social Data

## 36. Social Support

How many days in the last 30 days has the client participated in any social support recovery activities such as:

12-step meetings

Other self-help meetings

Religious/faith recovery or self-help meetings

Meetings of organizations other than those listed above

Interactions with family member and/or friend support of recovery?

## 37. Current Living Arrangements

What is the client's current living arrangement?

Select 'homeless' only when Zip Code at Current Residence is '00000'

## 38. Living with Someone

How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?

Detox only programs

99904 Client unable to answer

## 39. Family Conflict Last 30 Days

How many days in the past 30 days has the client had serious conflicts with members of their family?

Detox only programs

99904 Client unable to answer

## 40. Number of Children

How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?

Detox only programs

99904 Client unable to answer

## 41. Number of Children Aged 5 Years Or Younger

How many children does the client have age 5 or younger?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

## 42. Number of Children Living with Someone Else

How many of the client's children age 17 and under are living with someone else because of a child protection court order?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

## 43. Number of Children Living with Someone Else and Parental Rights Terminated

If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

## 44. Submit completed CalOMS Discharge form

The screenshot displays the 'Discharge Part 2 (CalOMS Discharge)' form. On the left, a navigation menu lists categories: Cal-OMS Discharge, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data (which is highlighted). The main form area contains several sections with input fields and radio buttons, each marked with a circled number corresponding to the steps in the adjacent text:

- Social Support** (36): A text input field.
- Current Living Arrangements** (37): Radio buttons for Homeless, Independent Living, and Dependent Living.
- Living With Someone** (38): A text input field.
- Family Conflict Last 30 Days** (39): A text input field.
- Number of Children** (40): A text input field.
- Number Of Children Aged 5 Years Or Younger** (41): A text input field.
- Number of Children Living With Someone Else** (42): A text input field.
- Number of Children Living With Someone Else and Parental Rights Terminated** (43): A text input field.
- Submit** (44): A button at the bottom left.

**CAL OMS DATA FORMS****CAL-OMS YOUTH/DETOX DISCHARGE Only for Youth or Detox Clients**

<b>LOCATION</b>	<b>Avatar CWS→ Clinician Menu→ AOD→ Cal-OMS Youth/Detox Discharge</b>
<b>RULES</b>	<p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to more effectively manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"><li>• Meet federal reporting requirements</li><li>• Document prevention and treatment population demographics</li><li>• Identify alcohol and other drug trends and risks</li><li>• Demonstrate service effectiveness</li><li>• Demonstrate that services are cost effective</li><li>• Identify the most effective practices to improve service delivery</li></ul>

**STEPS**

Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the CalOMS Youth/Detox Discharge form will appear if that is the only CalOMS episode

**Cal-OMS Youth/Detox Discharge**

1. Discharge Status
2. Consent  
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?
3. Disability  
What type of disability /disabilities does the client have, if any?  
*Only one value is allowed*  
*Detox only programs*  
*Client unable to answer*
4. Current First Name  
What is the client's current first name?
5. Current Last Name  
What is the client's current last name?
6. Primary Drug (Code)  
What is the client's primary alcohol or drug problem?
7. Primary Drug (Other)  
Provide Drug Name if prompted  
What is the client's primary alcohol or drug problem?
8. Primary Drug Frequency  
How many days in the past 30 days has the client used the primary drug?
9. Primary Drug Route of Administration  
What is the client's usual route of administration they use most often for their primary drug of abuse?
10. Secondary Drug (Code)  
What is the client's secondary alcohol or drug problem?
11. Secondary Drug (Other)  
What is the client's secondary alcohol or drug problem?
12. Secondary Drug Frequency  
How many days in the past 30 days has the client used the secondary drug of abuse?
13. Secondary Drug Route of Administration  
What is the client's usual route of administration they use most often for the secondary drug of abuse?
14. Alcohol Frequency  
How many days in the past 30 days has the client used alcohol?
15. Pregnant At Any Time During Treatment  
If the client is not male, is the client pregnant at the time of admission?
16. Employment Status  
What is the client's current employment status?
17. Enrolled in School  
Is the client currently enrolled in school?  
*Detox only programs*  
*Client unable to answer*

## STEPS

## 18. Number of Arrests Last 30 Days

How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days?  
*Detox only programs*

*Client unable to answer*

## 19. Mental Illness

Has the client ever been diagnosed with a mental illness?

## 20. Social Support

How many days in the last 30 days has the client participated in any social support recovery activities such as:

12-step meetings

Other self-help meetings

Religious/faith recovery or self-help meetings

Meetings of organizations other than those listed above

Interactions with family member and/or friend support of recovery?

## 21. Current Living Arrangements

Select 'homeless' only when Zip Code at Current Residence is '00000'

## 22. Zip Code At Current Residence

What is the client's zip code at their current residence?

Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'

*Detox only program*

*99904 Client unable to answer*

## 23. Submit completed Cal-OMS Youth/Detox Discharge form

The screenshot shows the 'Cal-OMS Youth/Detox Discharge' form with the following fields and sections highlighted by numbered callouts:

- 1:** Discharge Status dropdown menu.
- 2:** Consent radio buttons (No, Yes).
- 3:** Disability checkboxes (None, Visual, Hearing, Speech, Mobility, Mental, Developmentally Disabled, Other, Client declined to state, Client unable to answer).
- 4:** Current First Name text field (CLIENT).
- 5:** Current Last Name text field (NAME).
- 6:** Primary Drug (Code) dropdown menu (Alcohol).
- 7:** Primary Drug (Other) dropdown menu.
- 8:** Primary Drug Frequency text field (10).
- 9:** Primary Drug Route of Administration radio buttons (Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other).
- 10:** Secondary Drug (Code) dropdown menu.
- 11:** Secondary Drug (Other) dropdown menu.
- 12:** Secondary Drug Frequency text field.
- 13:** Secondary Drug Route of Administration radio buttons (Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other).
- 14:** Alcohol Frequency text field.
- 15:** Pregnant At Any Time During Treatment radio buttons (No, Not Sure/Don't Know, Yes).
- 16:** Employment Status radio buttons (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)).
- 17:** Enrolled in School radio buttons (No, Client declined to state, Yes, Client unable to answer).
- 18:** Number of Arrests Last 30 Days text field.
- 19:** Mental Illness radio buttons (No, Not Sure/Don't Know, Yes).
- 20:** Social Support text field.
- 21:** Current Living Arrangements radio buttons (Homeless, Independent Living, Dependent Living).
- 22:** Zip Code At Current Residence text field (93906).
- 23:** Submit button.

Additional elements visible on the form include a 'Chart' icon, 'Online Documentation' section, and a 'Submit' button.

## CAL OMS DATA FORMS

### CAL-OMS ADMINISTRATIVE DISCHARGE

<b>LOCATION</b>	<b>Avatar CWS → Clinician Menu → AOD → Cal-OMS Administrative Discharge</b>
<b>RULES</b>	<p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to more effectively manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"> <li>• Meet federal reporting requirements</li> <li>• Document prevention and treatment population demographics</li> <li>• Identify alcohol and other drug trends and risks</li> <li>• Demonstrate service effectiveness</li> <li>• Demonstrate that services are cost effective</li> <li>• Identify the most effective practices to improve service delivery</li> </ul>

**STEPS**

Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the Cal-OMS Administrative Discharge form will appear if that is the only CalOMS episode

**Cal-OMS Administrative Discharge**

1. Discharge Status  
*Select from the list*
2. Disability  
What type of disability /disabilities does the client have, if any?  
*Only one value is allowed*  
*Detox only programs*  
*Client unable to answer*
3. Current First Name  
What is the client's current first name?
4. Current Last Name  
What is the client's current last name?
5. Primary Drug (Code)  
What is the client's primary alcohol or drug problem?
6. Primary Drug (Other)  
Provide Drug Name if prompted  
What is the client's primary alcohol or drug problem?
7. Primary Drug Frequency  
How many days in the past 30 days has the client used the primary drug?
8. Primary Drug Route of Administration  
What is the client's usual route of administration they use most often for their primary drug of abuse?
9. Pregnant At Any Time During Treatment  
If the client is not male, is the client pregnant at the time of admission?
10. Submit completed Cal-OMS Administrative Discharge form

The screenshot shows the 'Cal-OMS Administrative Discharge' form interface. The form is titled 'Cal-OMS Administrative Discharge' and includes a 'Submit' button. The form fields are numbered 1 through 10, corresponding to the steps in the list above:

- 1. Discharge Status: A dropdown menu showing 'Left before completion w/ Unsatisfactory Progress/Administrative'.
- 2. Disability: A list of checkboxes including 'None' (checked), 'Visual', 'Hearing', 'Speech', 'Mobility', 'Mental', 'Developmentally Disabled', 'Other', 'Client declined to state', and 'Client unable to answer'.
- 3. Current First Name: A text input field containing 'CLIENT'.
- 4. Current Last Name: A text input field containing 'NAME'.
- 5. Primary Drug (Code): A dropdown menu showing 'Alcohol'.
- 6. Primary Drug (Other): A text input field.
- 7. Primary Drug Frequency: A text input field containing '10'.
- 8. Primary Drug Route of Administration: A list of radio buttons including 'Oral' (checked), 'Smoking', 'Inhalation', 'Injection (IV or intramuscular)', 'None or Not Applicable', and 'Other'.
- 9. Pregnant At Any Time During Treatment: A list of radio buttons including 'No' (checked) and 'Yes'.
- 10. Submit: A button labeled 'Submit'.

**CAL OMS DATA FORMS****CAL-OMS ANNUAL UPDATE**

<b>LOCATION</b>	<b>Avatar CWS → Clinician Menu → AOD → Cal-OMS Annual Update</b>
<b>RULES</b>	<p>Cal-OMS is a statewide client-based data collection and outcomes measurement system that enables the Department of Health Care Services (DHCS) to more effectively manage and improve the provision of Substance Use Disorder (SUD) services at the state, county, and provider levels. CalOMS automates the process of inputting and retrieving treatment outcomes data necessary to:</p> <ul style="list-style-type: none"><li>• Meet federal reporting requirements</li><li>• Document prevention and treatment population demographics</li><li>• Identify alcohol and other drug trends and risks</li><li>• Demonstrate service effectiveness</li><li>• Demonstrate that services are cost effective</li><li>• Identify the most effective practices to improve service delivery</li></ul>



**STEPS**

Select the client or if the client is in your recent section, make sure the client is selected (It will be highlighted) and the Cal-OMS Annual Update form will appear if that is the only CalOMS episode

**Cal-OMS Annual Update**

1. Annual Update Date
2. Current First Name  
What is the client's current first name?
3. Current Last Name  
What is the client's current last name?
4. SSN  
What is the client's social security number?  
*Nine-digit social security number*  
*None or not applicable enter 99902*  
*Detox only program*  
*Client unable to answer 99904*
5. Consent  
Is there a consent form allowing future possible contact, signed by the client, on file within your agency?
6. Disability  
What type of disability /disabilities does the client have, if any?  
*Only one value is allowed*  
*Detox only programs*  
*Client unable to answer 99904*
7. Zip Code At Current Residence  
What is the client's zip code at their current residence?  
*Enter value '00000' Homeless only if Current Living Arrangements is 'Homeless'*  
*Detox only program*  
*99904 Client unable to answer*
8. Submit completed Cal-OMS Annual Update form

The screenshot shows the 'Cal-OMS Annual Update' form interface. The form is titled 'Cal-OMS Annual Update' and has a 'Submit' button. The form fields are as follows:

- Annual Update Date:** 01/08/2016 (Callout 1)
- Current First Name:** CLIENT (Callout 2)
- Current Last Name:** CLIENT (Callout 3)
- SSN:** 568-31-1807 (Callout 4)
- Consent:** No (Callout 5)
- Disability:** None (Callout 6)
- Zip Code At Current Residence:** 93906 (Callout 7)

The 'Submit' button is circled with a green ring and labeled with the number 8. The form also includes a sidebar with navigation options: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. There are also icons for home, back, and search at the bottom left.

## STEPS

## Alcohol and Drug Use Data

## 9. Primary Drug (Code)

What is the client's primary alcohol or drug problem?

*If 'Alcohol' is selected, Alcohol Frequency field will automatically be 99902 None or Not Applicable*

## 10. Primary Drug (Other)

*Provide Drug Name if prompted*

*What is the client's primary alcohol or drug problem?*

## 11. Primary Drug Frequency

How many days in the past 30 days has the client used the primary drug?

## 12. Primary Drug Route of Administration

What is the client's usual route of administration they use most often for their primary drug of abuse?

## 13. Secondary Drug (Code)

What is the client's secondary alcohol or drug problem?

## 14. Secondary Drug (Other)

What is the client's secondary alcohol or drug problem?

## 15. Secondary Drug Frequency

How many days in the past 30 days has the client used the secondary drug of abuse?

*If 'None' is selected, Secondary Drug Frequency, Secondary Drug Route of Administration, Secondary Drug Age of First Use fields will automatically be 99902 None or Not Applicable*

## 16. Secondary Drug Route of Administration

What is the client's usual route of administration they use most often for the secondary drug of abuse?

## 17. Alcohol Frequency

How many days in the past 30 days has the client used alcohol?

## 18. Needle Use

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

*Detox only programs*

*Client unable to answer*

The screenshot displays the 'Cal-OMS Annual Update' form. On the left is a navigation menu with categories: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. Below the menu is a 'Submit' button and a toolbar with icons for home, back, forward, and search. The main form area contains the following fields, each with a circled number:
 

- 9: Primary Drug (Code) - dropdown menu
- 10: Primary Drug (Other) - text input field
- 11: Primary Drug Frequency - text input field
- 12: Primary Drug Route of Administration - radio button options: Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other
- 13: Secondary Drug (Code) - dropdown menu
- 14: Secondary Drug (Other) - text input field
- 15: Secondary Drug Frequency - text input field
- 16: Secondary Drug Route of Administration - radio button options: Oral, Smoking, Inhalation, Injection (IV or intramuscular), None or Not Applicable, Other
- 17: Alcohol Frequency - text input field
- 18: Needle Use - text input field

## STEPS

**Employment Data**

## 19. Employment Status

What is the client's current employment status?

## 20. Work Past 30 Days

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

*Detox only programs*

*99904 Client unable to answer*

## 21. Enrolled in School

Is the client currently enrolled in school?

*Detox only programs*

*Client unable to answer*

## 22. Enrolled in Job Training

Is the client currently enrolled in a job training program?

*Detox only programs*

*Client unable to answer*

## 23. Highest School Grade Completed

What is the client's highest school grade completed? What is the client's primary alcohol or drug problem?

*Detox only programs*

*Client unable to answer*

**Criminal Justice Data**

## 24. Number of Arrests Last 30 Days

How many times has the client been arrested in the past 30 days? Number of Jail Days Last 30 Days

*Detox only programs*

*Client unable to answer*

## 25. Number of Jail Days Last 30 Days

How many days has the client been in jail in the past 30 days?

*Detox only programs*

*Client unable to answer*

## 26. Number of Prison Days Last 30 Days

How many days has the client been in prison in the past 30 days?

*Detox only programs*

*Client unable to answer*

## STEPS

## Medical/Physical Health Data

## 27. Emergency Room Last 30 Days

How many times has the client visited an emergency room in the past 30 days for physical health problems?

*Detox only programs*

*Client unable to answer*

## 28. Hospital Overnight Last 30 Days

How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems?

*Detox only programs*

*Client unable to answer*

## 29. Medical Problems Last 30 Days

How many days in the past 30 days has the client experienced physical health problems?

*Medical Problems must be greater than 0 if Emergency or Overnight last 30 days are greater than 0.*

*Detox only programs*

*Client unable to answer*

## 30. Pregnant At Any Time During Treatment

If the client is not male, is the client pregnant at the time of admission?

## 31. HIV Tested

Has the client been tested for HIV/AIDS?

*Detox only programs*

*Client unable to answer*

## 32. HIV Test Results

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

*Detox only programs*

*Client unable to answer*

The screenshot displays the 'Cal-OMS Annual Update' form. On the left is a navigation menu with categories: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness, and Family/Social Data. The 'Medical/Physical Health...' category is selected. The main form area contains several sections, each with a green circle and number indicating the step:

- Emergency Room Last 30 Days** (Step 27): A text input field.
- Hospital Overnight Last 30 Days** (Step 28): A text input field.
- Medical Problems Last 30 Days** (Step 29): A text input field.
- Pregnant At Any Time During Treatment** (Step 30): Radio buttons for 'No' (selected), 'Not Sure/Don't Know', and 'Yes'.
- HIV Tested** (Step 31): Radio buttons for 'No', 'Yes', 'Client declined to state', and 'Client unable to answer'.
- HIV Test Results** (Step 32): Radio buttons for 'No', 'Yes', 'Client declined to state', and 'Client unable to answer'.

## STEPS

## Mental Illness

## 33. Mental Illness

Has the client ever been diagnosed with a mental illness?

## 34. Emergency Room Use / Mental Health

How many times in the past 30 days has the client received outpatient emergency services for mental health needs?

*Detox only programs*

*99904 Client unable to answer*

## 35. Psychiatric Facility Use

How many 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?

*Detox only programs*

*99904 Client unable to answer*

## 36. Mental Health Medication

In the past 30 days, has the client taken prescribed medication for mental health needs?

*Detox only programs*

*Client unable to answer*

The screenshot shows the 'Cal-OMS Annual Update' form. The left sidebar contains a navigation menu with the following items: Cal-OMS Annual Update, Alcohol and Drug Use D..., Employment Data, Criminal Justice Data, Medical/Physical Health..., Mental Illness (highlighted), and Family/Social Data. The main form area contains four sections, each with a circled number:

- 33. Mental Illness**: Radio buttons for No, Not Sure/Don't Know, and Yes.
- 34. Emergency Room Use / Mental Health**: A numeric input field.
- 35. Psychiatric Facility Use**: A numeric input field.
- 36. Mental Health Medication**: Radio buttons for No, Yes, and Client unable to answer.

STEPS

Family/Social Data

37. Social Support

How many days in the last 30 days has the client participated in any social support recovery activities such as:

12-step meetings

Other self-help meetings

Religious/faith recovery or self-help meetings

Meetings of organizations other than those listed above

Interactions with family member and/or friend support of recovery?

38. Current Living Arrangements

Select 'homeless' only when Zip Code at Current Residence is '00000'

39. Living with Someone

How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?

Detox only programs

99904 Client unable to answer

40. Family Conflict Last 30 Days

How many days in the past 30 days has the client had serious conflicts with members of their family?

Detox only programs

99904 Client unable to answer

41. Number of Children

How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?

Detox only programs

99904 Client unable to answer

42. Number of Children Aged 5 Years Or Younger

How many children does the client have age 5 or younger?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

43. Number of Children Living with Someone Else

How many of the client's children age 17 and under are living with someone else because of a child protection court order?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

44. Number of Children Living with Someone Else and Parental Rights Terminated

If the client has children living with someone else because of a child protection court order, for how many of these children aged 17 or under have the client's parental rights been terminated?

Value must be less than or equal to Number of Children

Detox only programs

99904 Client unable to answer

45. Submit completed CalOMS Annual Update form