CAL OMS DATA FORMS

CAL-OMS ADMISSION PART 2 (AOD ADMISSION)

LOCATION	Avatar CWS→ Clinician Menu→ AOD→Admission Part 2 AOD (CalOMS Admission)
RULES	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: • Meet federal reporting requirements • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks • Demonstrate service effectiveness • Demonstrate that services are cost effective • Identify the most effective practices to improve service delivery

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*

STEPS	**Transaction Data**
	18. Admission Transaction Type

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

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

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

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

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*

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

CAL OMS DATA FORMS

CAL-OMS DISCHARGE PART 2 (CalOMS Discharge)

LOCATION	Avatar CWS→ Clinician Menu→ AOD→ Discharge Part 2 (CalOMS Discharge)
RULES	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: • Meet federal reporting requirements • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks • Demonstrate service effectiveness • Demonstrate that services are cost effective • Identify the most effective practices to improve service delivery

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

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

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

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

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

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

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**

CAL OMS DATA FORMS

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

LOCATION	**Avatar CWS→ Clinician Menu→ AOD→ Cal-OMS Youth/Detox Discharge**
RULES	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: • Meet federal reporting requirements • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks • Demonstrate service effectiveness • Demonstrate that services are cost effective • Identify the most effective practices to improve service delivery

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	

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

CAL OMS DATA FORMS

CAL-OMS ADMINISTRATIVE DISCHARGE

LOCATION	**Avatar CWS→ Clinician Menu→ AOD→ Cal-OMS Administrative Discharge**
RULES	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: • Meet federal reporting requirements • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks • Demonstrate service effectiveness • Demonstrate that services are cost effective • Identify the most effective practices to improve service delivery

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

CAL OMS DATA FORMS

CAL-OMS ANNUAL UPDATE

LOCATION	**Avatar CWS→ Clinician Menu→ AOD→ Cal-OMS Annual Update**
RULES	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: • Meet federal reporting requirements • Document prevention and treatment population demographics • Identify alcohol and other drug trends and risks • Demonstrate service effectiveness • Demonstrate that services are cost effective • Identify the most effective practices to improve service delivery

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

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*

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

P a g e | 28

STEPS	Medical/Physical Health Data

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

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

Chart | Cal-OMS Annual Update

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

Mental Illness — 33
- No
- Not Sure/Don't Know
- Yes

Emergency Room Use / Mental Health — 34

Psychiatric Facility Use — 35

Mental Health Medication — 36
- No
- Yes
- 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
STEPS	