

CalOMS Admission

The paper version should only be used as a supporting document during urgent occasions such as a power outage or Sage system down, and the data must be submitted electronically. SAPC does not accept paper or scanned versions of CalOMS submissions.

Client Identification and Demographic Data			
Cal OMS Submission Details			
1.1. Admission Date <input style="width: 100%;" type="text"/>		Unique Participant ID: <i>(Skip this question)</i>	
1.2. Location of Admission <i>Please specify your location</i>		Flag for Cal-OMS Submission <i>(Default: Yes)</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Yes ▼</div>	
1.3. Level Of Care Admitted * <ul style="list-style-type: none"> ASAM 0.5 (Youth and Young Adults 12-20 Only) Outpatient Services Intensive Outpatient Residential-3.1 (Clinically Managed Low Intensity Residential) Residential-3.3 (Clinically Managed Population-Specific High Intensity Residential) Residential-3.5 (Clinically Managed High Intensity Residential) Inpatient 3.7-(Medically Monitored Intensive Inpatient Services) Inpatient 4.0-(Medically Managed Intensive Inpatient Service) Opioid Treatment Program Withdraw Management-1 (Ambulatory Withdrawal Management without Extended On-Site Monitoring) Withdraw Management-2 (Ambulatory Withdrawal Management with Extended On-Site Monitoring) Withdraw Management-3.2 (Clinically Managed Residential Withdrawal Management) Inpatient Withdraw Management-3.7 (Medically Monitored Intensive Inpatient Services) Inpatient Withdraw Management-4.0 (Medically Managed Intensive Inpatient Service) Recovery Support Services RBH <i>(do not choose this one)</i> 		Flag for Resubmission <i>(Default: No)</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">No ▼</div>	
Cal-OMS Type of Service <i>(Skip this question)</i>			
1.4. Record to be Submitted: <ul style="list-style-type: none"> Admission Delete <i>(do not select)</i> Admission Update <i>(do not select)</i> Admission Correction to Admission <i>(do not select)</i> None <i>(do not select)</i> 			
Client Identification			
1.5. Birth Last Name <input style="width: 100%;" type="text"/>	1.6. Birth First Name <input style="width: 100%;" type="text"/>	1.7. Place of Birth – State <i>(Write down a state name) OR CHOOSE:</i> <ul style="list-style-type: none"> Other (born outside of U.S.) 	1.8. Place of Birth – County <i>(Write down a California county name) OR CHOOSE:</i> <ul style="list-style-type: none"> Other (born outside of CA)

1.9. Current Last Name <input style="width: 100%;" type="text"/>	1.10. Current First Name <input style="width: 100%;" type="text"/>	1.11. Driver's License State <i>(Write down the state name) OR CHOOSE:</i> <ul style="list-style-type: none"> None or not applicable 	1.12. Driver's License Number <input style="width: 100%;" type="text"/>																									
1.13. Social Security Number <i>(nine-digit number without dash)</i> <input style="width: 100%;" type="text"/>	1.14. Zip Code At Current Residence <i>(five-digit number. 00000 for homeless client)</i> <input style="width: 100%;" type="text"/>	1.15. Mother's First Name <input style="width: 100%;" type="text"/>																										
Race																												
1.16. What is your race? <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">Alaskan Native</td> <td style="width: 33%;">Guamanian</td> <td style="width: 33%;">Mixed Race → <i>(Go to Q1.16a & Q1.16b)</i></td> </tr> <tr> <td>American Indian</td> <td>Hawaiian</td> <td>Other Asian</td> </tr> <tr> <td>Armenian</td> <td>Filipino</td> <td rowspan="2">Other Race (Specify) → <i>(Go to Q1.16f)</i></td> </tr> <tr> <td>Asian Indian</td> <td>Japanese</td> </tr> <tr> <td>Black/African American</td> <td>Korean</td> <td>Samoan</td> </tr> <tr> <td>Cambodian</td> <td>Iranian</td> <td>Thai</td> </tr> <tr> <td>Chinese</td> <td>Laotian</td> <td>Vietnamese</td> </tr> <tr> <td></td> <td>Middle Eastern</td> <td>White/Caucasian</td> </tr> </table> <p><i>If "Mixed Race" is chosen, must fill out Race 1 and Race 2.</i> <i>If there are more than 2, 3, or 4 races, must fill out Race 3-Race 5, as applicable.</i></p>			Alaskan Native	Guamanian	Mixed Race → <i>(Go to Q1.16a & Q1.16b)</i>	American Indian	Hawaiian	Other Asian	Armenian	Filipino	Other Race (Specify) → <i>(Go to Q1.16f)</i>	Asian Indian	Japanese	Black/African American	Korean	Samoan	Cambodian	Iranian	Thai	Chinese	Laotian	Vietnamese		Middle Eastern	White/Caucasian	1.16a. Race 1 <i>(Specify a race)</i> <input style="width: 100%;" type="text"/>		
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Chinese	Laotian	Vietnamese																										
	Middle Eastern	White/Caucasian																										
			1.16b. Race 2 <i>(Specify a race that is not chosen in Race 1)</i> <input style="width: 100%;" type="text"/>																									
			1.16c. Race 3 <i>(If more than 2 races, specify a race that is not chosen in Race 1 or 2)</i> <input style="width: 100%;" type="text"/>																									
			1.16d. Race 4 <i>(If more than 3 races, specify a race that is not chosen in Race 1,2,3)</i> <input style="width: 100%;" type="text"/>																									
			1.16e. Race 5 <i>(If more than 4 races, specify a race that is not chosen in Race 1,2,3,4)</i> <input style="width: 100%;" type="text"/>																									
1.16f. Other Race (Specify) <input style="width: 100%;" type="text"/>																												
Ethnicity																												
1.17. Ethnicity <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 16.6%;">Belizean</td> <td style="width: 16.6%;">Mexican /</td> <td style="width: 16.6%;">Other</td> <td style="width: 16.6%;">South</td> </tr> <tr> <td>Costa Rican</td> <td>Mexican</td> <td>Hispanic/</td> <td>American</td> </tr> <tr> <td>Cuban</td> <td>American</td> <td>Latino</td> <td>(Specify)</td> </tr> <tr> <td>Dominican</td> <td>Nicaraguan</td> <td>Panamanian</td> <td>→ <i>(Go to Q1.17a)</i></td> </tr> <tr> <td>Guatemalan</td> <td>Not Hispanic</td> <td>Puerto Rican</td> <td></td> </tr> <tr> <td>Honduran</td> <td></td> <td>Salvadoran</td> <td></td> </tr> </table>				Belizean	Mexican /	Other	South	Costa Rican	Mexican	Hispanic/	American	Cuban	American	Latino	(Specify)	Dominican	Nicaraguan	Panamanian	→ <i>(Go to Q1.17a)</i>	Guatemalan	Not Hispanic	Puerto Rican		Honduran		Salvadoran		1.17a. South American (Specify) <input style="width: 100%;" type="text"/>
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Honduran		Salvadoran																										
1.18. What is your marital status? <ul style="list-style-type: none"> Divorced Married Separated Single (Never Married) Widowed 																												
1.19. What is the primary language you speak at home? <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 16.6%;">Arabic</td> <td style="width: 16.6%;">Farsi</td> <td style="width: 16.6%;">Other Primary</td> <td style="width: 16.6%;">Russian</td> </tr> <tr> <td>Armenian</td> <td>Hmong</td> <td>Language</td> <td>Spanish</td> </tr> <tr> <td>Cantonese</td> <td>Khmer</td> <td>(Specify)</td> <td>Tagalog</td> </tr> <tr> <td>Chinese</td> <td>Korean</td> <td>→ <i>(Go to Q1.19a)</i></td> <td>Vietnamese</td> </tr> <tr> <td>English</td> <td>Mandarin</td> <td></td> <td></td> </tr> </table>				Arabic	Farsi	Other Primary	Russian	Armenian	Hmong	Language	Spanish	Cantonese	Khmer	(Specify)	Tagalog	Chinese	Korean	→ <i>(Go to Q1.19a)</i>	Vietnamese	English	Mandarin			1.19a. Other Primary Language (Specify) <input style="width: 100%;" type="text"/>				
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1.20. How well do you speak English? <ol style="list-style-type: none"> 1. Very well 2. Well 3. Somewhat well 4. Not well 5. Not at all 																												
1.21. What language do you prefer to receive treatment services in? <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 16.6%;">Arabic</td> <td style="width: 16.6%;">Farsi</td> <td style="width: 16.6%;">Other Preferred</td> <td style="width: 16.6%;">Russian</td> </tr> <tr> <td>Armenian</td> <td>Hmong</td> <td>Language</td> <td>Spanish</td> </tr> <tr> <td>Cantonese</td> <td>Khmer</td> <td>(Specify)</td> <td>Tagalog</td> </tr> <tr> <td>Chinese</td> <td>Korean</td> <td>→ <i>(Go to Q1.21a)</i></td> <td>Vietnamese</td> </tr> <tr> <td>English</td> <td>Mandarin</td> <td></td> <td></td> </tr> </table>				Arabic	Farsi	Other Preferred	Russian	Armenian	Hmong	Language	Spanish	Cantonese	Khmer	(Specify)	Tagalog	Chinese	Korean	→ <i>(Go to Q1.21a)</i>	Vietnamese	English	Mandarin			1.21a. Other Preferred Language (Specify) <input style="width: 100%;" type="text"/>				
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Veteran Consent and Disability Data																																	
1.22. Veteran <ul style="list-style-type: none"> No Client declined to state 		1.24. Disability <i>(Choose all that apply. If "None" is selected, no other values can be selected)</i> <table border="1"> <tr> <td>None</td> <td>Mobility</td> <td>Client declined to state</td> </tr> <tr> <td>Visual</td> <td>Mental</td> <td>Client unable to answer</td> </tr> <tr> <td>Hearing</td> <td>Developmentally Disabled</td> <td></td> </tr> <tr> <td>Speech</td> <td>Other</td> <td></td> </tr> </table>	None	Mobility	Client declined to state	Visual	Mental	Client unable to answer	Hearing	Developmentally Disabled		Speech	Other																				
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1.23. Consent <i>(Default: No)</i> <ul style="list-style-type: none"> No Yes 																																	
Sexual History																																	
1.25. In the past year (12 months), have you had sex with a male? <ul style="list-style-type: none"> Yes Don't Know No Refused 		1.30. How many sexual partners have you had in the past year? <i>(Youth Only)</i> <input type="text"/>																															
1.26. In the past year, have you had sex with a female? <ul style="list-style-type: none"> Yes Don't Know No Refused 		1.31. When you have sex, do you wear condoms? <i>(Youth Only)</i> <ol style="list-style-type: none"> Always Often Sometimes Rarely Never 																															
1.27. In the past year, have you had sex with a transgender/transsexual? <ul style="list-style-type: none"> Yes Don't Know No Refused 																																	
1.28. In the past year, have you used methamphetamines? <ul style="list-style-type: none"> Yes → <i>(Go to Q1.29)</i> Don't Know → <i>(Go to Q1.30)</i> No → <i>(Go to Q1.30)</i> Refused → <i>(Go to Q1.30)</i> 																																	
1.29. If yes, did you use methamphetamines before or during sex? <ul style="list-style-type: none"> Yes Don't Know No Refused 																																	
Transaction Data																																	
2.1. Admission Transaction Type <i>(Skip this question)</i>																																	
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3.1. Proposition 36 Participant? <ul style="list-style-type: none"> Yes No 		3.5. Is the client a Medi-Cal beneficiary (eligibility determined)? <ul style="list-style-type: none"> No → <i>(Go to Q3.8)</i> Pending → <i>(Go to Q3.6)</i> Yes → <i>(Go to Q3.7)</i> 																															
3.2. What is your Principal Source of Referral? <i>(Choose one)</i> <table border="1"> <tr> <td>12 Step Mutual Aid</td> <td>Individual includes self-referral</td> </tr> <tr> <td>2nd Chance Women's Court</td> <td>Misdemeanor Drug Treatment Program</td> </tr> <tr> <td>Adult Felon Drug Court</td> <td>My Health LA</td> </tr> <tr> <td>Alcohol/Drug Abuse Program <i>(Including previous level of care)</i></td> <td>Non-SACPA Court/Criminal Justice</td> </tr> <tr> <td>Child Protective Services</td> <td>Other Community Referral</td> </tr> <tr> <td>Client Engagement Navigation Services (CENS)</td> <td>Other Health Care Provider</td> </tr> <tr> <td>Co-occurring Drug Court</td> <td>PC1210</td> </tr> <tr> <td>Community Collaborative Court</td> <td>Post-release Community Supervision (AB 109)</td> </tr> <tr> <td>DCFS</td> <td>SACPA/Prop 36/OTP/Probation or Parole</td> </tr> <tr> <td>Dependency Drug Court</td> <td>School/Educational</td> </tr> <tr> <td>DMH</td> <td>Sentence Offender Drug Court</td> </tr> <tr> <td>DPSS</td> <td>Substance Abuse Service Helpline (SASH)</td> </tr> <tr> <td>DUI/DWI</td> <td>Superior Court</td> </tr> <tr> <td>Employer/EAP</td> <td>Title IV-E Substance Abuse Demonstration Project</td> </tr> <tr> <td>Family Dependency Drug Court</td> <td>Whole Person Care (WPC)</td> </tr> <tr> <td>Harm Reduction Agency/Syringe Services</td> <td></td> </tr> </table>			12 Step Mutual Aid	Individual includes self-referral	2nd Chance Women's Court	Misdemeanor Drug Treatment Program	Adult Felon Drug Court	My Health LA	Alcohol/Drug Abuse Program <i>(Including previous level of care)</i>	Non-SACPA Court/Criminal Justice	Child Protective Services	Other Community Referral	Client Engagement Navigation Services (CENS)	Other Health Care Provider	Co-occurring Drug Court	PC1210	Community Collaborative Court	Post-release Community Supervision (AB 109)	DCFS	SACPA/Prop 36/OTP/Probation or Parole	Dependency Drug Court	School/Educational	DMH	Sentence Offender Drug Court	DPSS	Substance Abuse Service Helpline (SASH)	DUI/DWI	Superior Court	Employer/EAP	Title IV-E Substance Abuse Demonstration Project	Family Dependency Drug Court	Whole Person Care (WPC)	Harm Reduction Agency/Syringe Services
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		3.6. Application Submit Date <i>(specify date if Q3.5 was answered "Pending")</i> <input type="text"/>																															
3.3. Days Waited to Enter Treatment <input type="text"/>	3.4. Number of Prior Episodes <input type="text"/>	3.7. CIN <i>(Write Pending if Q3.5 was answered "Pending")</i> <input type="text"/>																															

Funding Programs																			
3.8. Other Funding Programs (Choose all that apply) <i>Choose all programs that apply and answer their linked questions. If "None", go to Q3.19. After answering this question and the linked questions, go to Q3.19</i> <ul style="list-style-type: none"> AB109 → (Go to Q3.15 & Q3.16) Adult Drug Court → (Go to Q3.14) CalWORKs (API) → (Go to Q3.10) CalWORKs Detox → (Go to Q3.10) CalWORKs Family Solution Center → (Go to Q3.10) CalWORKs → (Go to Q3.10) DCFS-PSSF (TLFRG) → (Go to Q3.13) Family Dependency Drug Court → (Go to Q3.14) General Relief → (Go to Q3.12) Juvenile In Custody Probation Camp → (Go to Q3.11 & Q3.11a) My Health LA → (Go to Q3.17 & Q3.18) None Perinatal Service Private Pay Probation / Day Reporting Center Probation JJCPA → (Go to Q3.9) Probation Title IV E → (Go to Q3.9) Prop 47 Prop 57 Women Children's Residential Treatment 		3.12. General Relief Case Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
		3.13. DCFS Case Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
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3.9. Probation PDJ Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3.15. AB 109 Case Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
3.10. CalWorks Case Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3.16. AB 109 PB Number? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
3.11. Please select camp: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Jarvis</td> <td style="width: 33%; padding: 2px;">Mendenhall</td> <td style="width: 34%; padding: 2px;">Other (Specify) → (Go to Q3.11a)</td> </tr> <tr> <td style="padding: 2px;">McNair</td> <td style="padding: 2px;">Munz</td> <td style="padding: 2px;"></td> </tr> </table>		Jarvis	Mendenhall	Other (Specify) → (Go to Q3.11a)	McNair	Munz		CalWORKs Recipient (System provides default answer based on response to Q3.8)											
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McNair	Munz																		
3.11a. Other Camp (Specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Substance Abuse Treatment Under CalWORKs (System provides default answer based on response to Q3.8)																	
MHLA/RBH																			
3.17. What is your My Health LA Participant ID (13 digits)? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3.19. Is the client in or being admitted to Recovery Bridge Housing? <ul style="list-style-type: none"> No Yes 																	
3.18. Please specify the MHLA medical home provider/clinic:																			
Field Based Services																			
3.20. Field Based Services ("Yes" is only for Outpatient, Intensive Outpatient, and Recovery Support Service; and can only be delivered in designated and SAPC approved sites). <ul style="list-style-type: none"> No → (Go to Q3.23) Yes → (Go to Q3.21 & Q3.22) 																			
3.21. Type of Field Based Services (choose all that apply) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Alcohol Drug Testing</td> <td style="width: 25%; padding: 2px;">Crisis Intervention</td> <td style="width: 25%; padding: 2px;">Group counseling</td> <td style="width: 25%; padding: 2px;">Patient education</td> </tr> <tr> <td style="padding: 2px;">Assessment (Triage, Continuum)</td> <td style="padding: 2px;">Discharge services</td> <td style="padding: 2px;">Individual counseling</td> <td style="padding: 2px;">Physical exam</td> </tr> <tr> <td style="padding: 2px;">Case Management</td> <td style="padding: 2px;">Family Therapy</td> <td style="padding: 2px;">Medication services</td> <td style="padding: 2px;">Treatment plan</td> </tr> <tr> <td style="padding: 2px;">Collateral Services</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>				Alcohol Drug Testing	Crisis Intervention	Group counseling	Patient education	Assessment (Triage, Continuum)	Discharge services	Individual counseling	Physical exam	Case Management	Family Therapy	Medication services	Treatment plan	Collateral Services			
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3.22. Field Based Services Location, please specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3.22a. Other Field Based Location (Specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																	
3.23. Special Services Contract (Default: No) <ul style="list-style-type: none"> No Yes 																			

3.24. Special Services Contract ID <i>(System auto-populates to "99902" when "No" is answered for Q3.23)</i>							
3.25. JJCPA/Schiff-Cardenas <i>(Youth only)</i> <ul style="list-style-type: none"> No Yes 							
Personal Responsibility Assessment							
3.26. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? <i>(from 1 --> not good at all to 10 --> very good)</i>							
3.27. County Paying for Services <i>(System auto-populates to "None or Not Applicable" when "No" is answered for Q3.23)</i>							
Alcohol And Drug Use							
Primary and Secondary Drug Use							
4.1. Primary Drug (Code)				4.6. Secondary Drug (Code) <i>(If "None", go to Q4.11)</i>			
Alcohol → <i>(Go to Q4.3)</i>	Non-Prescription Methadone → <i>(Go to Q4.3)</i>	Other Tranquilizers		Alcohol → <i>(Go to Q4.8)</i>	Non-Prescription Methadone → <i>(Go to Q4.8)</i>	Other Stimulants	
Barbiturates	Other (specify)	Over-the-Counter		Barbiturates	None → <i>(Go to Q4.11)</i>	Other Tranquilizers	
Cocaine / Crack → <i>(Go to Q4.3)</i>	Other Amphetamines	OxyCodone / OxyContin → <i>(Go to Q4.3)</i>		Cocaine / Crack → <i>(Go to Q4.8)</i>	Other (specify)	Over-the-Counter	
Ecstasy → <i>(Go to Q4.3)</i>	Other Club Drugs	PCP → <i>(Go to Q4.3)</i>		Ecstasy → <i>(Go to Q4.8)</i>	Other Amphetamines	OxyCodone / OxyContin → <i>(Go to Q4.8)</i>	
Heroin → <i>(Go to Q4.3)</i>	Other Hallucinogens	Tranquilizers (Benzodiazepine)		Heroin → <i>(Go to Q4.8)</i>	Other Club Drugs	PCP → <i>(Go to Q4.8)</i>	
Inhalants	Other Opiates and Synthetics	Unknown → <i>(Go to Q4.3)</i>		Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	
Marijuana / Hashish → <i>(Go to Q4.3)</i>	Other Sedatives or Hypnotics			Marijuana / Hashish → <i>(Go to Q4.8)</i>	Other Opiates and Synthetics	Unknown → <i>(Go to Q4.8)</i>	
Methamphetamines → <i>(Go to Q4.3)</i>	Other Stimulants			Methamphetamines → <i>(Go to Q4.8)</i>	Other Sedatives or Hypnotics		
4.2. Primary Drug Name				4.7. Secondary Drug Name			
Enter 999 if you don't know the name				Enter 000 if you don't know the name			
4.3. Days of Primary Drug Use In The Last 30 Days				4.8. Days of Secondary Drug Use In The Last 30 Days			
4.4. Primary Drug Route of Administration				4.9. Secondary Drug Route of Administration			
Oral - ingested by mouth	Inhalation	Vaping	Other	Oral - ingested by mouth	Inhalation	Vaping	Other
Smoking	Injection	None or not applicable		Smoking	Injection	None or not applicable	
4.5. Primary Drug Age of First Use				4.10. Secondary Drug Age of First Use			
Additional Alcohol and Drug Use							
4.11. Days of Alcohol Use In The Last 30 Days <i>(If Primary or Secondary Drug is "Alcohol," skip this question. System will auto-populate to "99902")</i>				4.13. Needle Use in the Last 12 Months			
				<ul style="list-style-type: none"> No Yes Client unable to answer 			
4.12. Days of IV Use (Needle Use) In The Last 30 Days							

4.14. In addition to your primary and secondary drugs, did you use any of the following drugs in the last 30 days? (Check all drugs that are not selected as Primary or Secondary Drug):

Alcohol	Heroin	Non-Prescription Methadone	Other Club Drugs	Other Stimulants	PCP
Barbiturates	Inhalants	None	Other Hallucinogens	Other Tranquilizers	Tranquilizers (Benzodiazepine)
Cocaine / Crack	Marijuana / Hashish	Other (specify) → (Go to Q4.14a)	Other Opiates and Synthetics	Over-the-Counter	
Ecstasy	Methamphetamines	Other Amphetamines	Other Sedatives or Hypnotics	OxyCodone / OxyContin	

4.14a. Other Drugs (Specify)

4.15. How many of your friends use alcohol and/or drugs?

(Youth only)

- 0 None
- 1 A Few of them
- 2 Some of them
- 3 Most of them
- 4 All of them

Personal Drug and Alcohol Assessment

4.16. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --> not good at all to 10 --> very good)

4.17. If I wanted to, I could easily reduce my substance use. It is up to me whether I reduce my substance use (Youth only):

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree or disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

4.18. Codependent/Significant Other

- Yes
- No

Employment Data

Education Data

5.1. Enrolled in School

- No → (Go to Q5.2 then Q5.4)
- Client declined to state → (Go to Q5.2 then Q5.4)
- Yes → (Go to Q5.2 then Q5.3)
- Client unable to answer → (Go to Q5.2 then Q5.4)

5.2. Highest School Grade Completed

- Specify a number from 0 to 30 or 30+:
- Client declined to state
- Client unable to answer

5.3. Type of School Enrollment

- Alternative / continuation school → (Go to Q5.4)
- Home-Schooled → (Go to Q5.4)
- Mainstream School → (Go to Q5.4)
- Other (Specify) → (Go to Q5.3a)

5.3a. Other (Specify)

Employment Data

5.4. Employment Status

- Employed Full time (35 hours or more) → (Go to Q5.6)
- Employed Part time (less than 35 hours) → (Go to Q5.6)
- Unemployed, looking for work → (Go to Q5.6)
- Unemployed – (not seeking) → (Go to Q5.6)
- Not in the labor force (Not seeking) → (Go to Q5.5)

5.5. If the participant is not in the labor force, which of the following describes this participant?

- Homemaker
- Enrolled in school
- Job Training Program
- Other

5.7. Days of Paid Work In The Last 30 Days

5.6. Enrolled in Job Training <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 	5.8. In the past 30 days, how much money did you earn for legal work? <input type="text"/>
	5.9. In the past 30 days, how many days have you engaged in illegal activities for profit? <input type="text"/>
Criminal Justice Data	
6.1. Criminal Justice Status <ul style="list-style-type: none"> No criminal justice involvement → (Go to Q6.3) Under parole supervision by CDC → (Go to Q6.2) On parole from any other jurisdiction → (Go to Q6.2) Post-release Community Service (AB 109) or on probation from any federal, state, or local jurisdiction → (Go to Q6.2) Admitted under other diversion from any court under CA Penal Code, Section 1000 → (Go to Q6.2) Incarcerated → (Go to Q6.2) Awaiting trial, charges or sentencing → (Go to Q6.2) Client unable to answer → (Go to Q6.3) 	
6.2. Do you currently have a Probation Officer? <ul style="list-style-type: none"> No Don't Know Yes 	6.5. Number of Prison Days Last 30 Days <input type="text"/>
6.3. Number of Arrests Last 30 Days <input type="text"/>	6.6. Parolee Services Network (PSN) <ul style="list-style-type: none"> No Client unable to answer Yes
6.4. Number of Jail Days Last 30 Days <input type="text"/>	6.7. FOTP Parolee ("No" must be selected for male clients.) <ul style="list-style-type: none"> No → (Go to Q6.9) Client unable to answer → (Go to Q6.9) Yes → (Go to Q6.8)
	6.8. FOTP Priority Status <ul style="list-style-type: none"> Completed "Forever Free" and released and enrolled in treatment program Any woman paroling from California Institute for Women (CIW) Completed "Forever Free" and goes directly to FOTP facility None or not applicable Client unable to answer
	6.9. CDC Identification Number (Must only be answered when Q6.1. is "Under parole supervision by CDC") <input type="text"/>
Youth Information	
6.10. Juvenile Crossover Youth Project - 241.1 Multidisciplinary Team (MDT) Youth? <ul style="list-style-type: none"> Yes No 	6.12. Court Department Number <input type="text"/>
6.11. Dependent youth substance abuse treatment project referral? <ul style="list-style-type: none"> Yes No 	6.13. Youth Court Case Number <input type="text"/>
Medical/Physical Health Data	
7.0. Medi-Cal Beneficiary (System provides default answer based on response to Q3.5)	7.3. Days With Medical Problems In The Last 30 Days <input type="text"/>
7.1. Number of Emergency Room Visits In The Last 30 Days <input type="text"/>	7.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 --> not good at all to 10 --> very good) <input type="text"/>
7.2. Days of Hospital Overnight Stay In The Last 30 Days <input type="text"/>	7.5. Are you currently pregnant? ("No" must be selected for male clients.) <ul style="list-style-type: none"> No Not Sure/Don't Know Yes

Medication Information													
7.6. Which of the following medication is prescribed as part of treatment? <table border="1"> <tr> <td>Acamprosate (Campral)</td> <td>Naloxone</td> </tr> <tr> <td>Buprenorphine (Suboxone)</td> <td>Naltrexone (Injectable)</td> </tr> <tr> <td>Buprenorphine (Subutex)</td> <td>Naltrexone (Oral)</td> </tr> <tr> <td>Disulfiram (Antabuse)</td> <td>None</td> </tr> <tr> <td>LAAM</td> <td rowspan="2">Other medications for SUD treatment (Specify) → (Go to Q7.6a)</td> </tr> <tr> <td>Methadone</td> </tr> </table>		Acamprosate (Campral)	Naloxone	Buprenorphine (Suboxone)	Naltrexone (Injectable)	Buprenorphine (Subutex)	Naltrexone (Oral)	Disulfiram (Antabuse)	None	LAAM	Other medications for SUD treatment (Specify) → (Go to Q7.6a)	Methadone	7.6a. Other medications for SUD treatment (Specify) <div></div>
Acamprosate (Campral)	Naloxone												
Buprenorphine (Suboxone)	Naltrexone (Injectable)												
Buprenorphine (Subutex)	Naltrexone (Oral)												
Disulfiram (Antabuse)	None												
LAAM	Other medications for SUD treatment (Specify) → (Go to Q7.6a)												
Methadone													
Naloxone Questions													
7.7. Have you ever received education about Naloxone use for drug overdose? <ul style="list-style-type: none"> No Declined to state Yes 		7.8. Have you ever used Naloxone for drug overdose reversal for yourself or others? <ul style="list-style-type: none"> No Declined to state Yes 											
Communicable Diseases													
7.9. Communicable Diseases: Tuberculosis <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 		7.13. Have you been diagnosed with any other communicable diseases? <ul style="list-style-type: none"> Yes No 											
7.10. Communicable Diseases: Hepatitis C <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 		7.14. HIV Tested <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 											
7.11. Communicable Diseases: Sexually Transmitted Diseases <ul style="list-style-type: none"> No → (Go to 7.13) Client declined to state → (Go to 7.13) Yes → (Go to 7.12) Client unable to answer → (Go to 7.13) 		7.15. HIV Test Results <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 											
7.12. If yes, which of the following STDs? (Choose all that apply) <table border="1"> <tr> <td>Chlamydia</td> <td>Gonorrhea</td> <td>Herpes</td> </tr> <tr> <td>Syphilis</td> <td>Other</td> <td></td> </tr> </table>		Chlamydia	Gonorrhea	Herpes	Syphilis	Other							
Chlamydia	Gonorrhea	Herpes											
Syphilis	Other												
Mental Illness													
8.1. Have you ever been diagnosed with a mental illness? <ul style="list-style-type: none"> No Not Sure/Don't Know Yes 		8.4. Mental Health Medication In The Last 30 Days <ul style="list-style-type: none"> No Client unable to answer Yes 											
8.2. Number of Emergency Room Visits In The Last 30 Days (Mental Health) <div></div>		8.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good) <div></div>											
8.3. Days of Psychiatric Facility Use In The Last 30 Days <div></div>													
Family/Social Data													
Social Support													
9.1. How many days have you participated in any social support recovery activities in the past 30 days 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 members and/or friend support of recovery? <div></div>		9.2. Are any family members or guardians included as part of the treatment/recovery plan? (Youth only) <ul style="list-style-type: none"> No Yes 											
Living Arrangements													
9.3. Current Living Arrangements <i>Please answer any linked questions</i> <ul style="list-style-type: none"> At imminent risk of being homeless (losing housing within 14 days) → (Answer Q9.4 to Q9.6 then go to Q9.9) Dependent Living / Supervised Setting → (Answer Q9.7 then go to Q9.9) Homeless → (Answer Q9.4 to Q9.6 then go to Q9.9) Independent Living (Own or rent a home alone or with roommates with no supervision) → (Answer Q9.8 then go to Q9.9) 		9.4. Are you interested in improving your current living situation? <ul style="list-style-type: none"> No Yes 											

Is this participant homeless? <i>(System provides default answer based on response to Q9.3)</i>	9.5. How long have you been homeless? 1 – Less than a month 2 – 1-3 Months 3 – 4-6 Months 4 – 7-12 Months 5 - 1-2 years 6 - 3-5 years 7 - More than 5 years 8 - Homeless on at least 4 occasions in the last 3 years totaling more than 12 months
9.7. What is your current dependent living arrangement? <ul style="list-style-type: none"> • Halfway house or group home (sober living / alcohol and drug-free living center) • Other dependent living (Specify) → <i>(Go to Q9.7a)</i> • Prison or jail • Recovery Bridging Housing • Youth living in group home or in foster care • Youth living with parents, relatives, legal or non-legal guardians 	9.6. Current homeless living arrangement? <ul style="list-style-type: none"> • Doubling up or living with others temporarily • Hotel/motel voucher • Living outside (sleeping outdoors) • Motels due to lack of alternative • Other (Specify) → <i>(Go to Q9.6a)</i> • Prefer not to answer • Sleeping in car/van • Staying at a shelter • Staying with family/friends ('couch moving/surfing') • Temporary indoor situation (like abandoned building) with additional services
9.7a. Other dependent living (Specify) <input type="text"/>	9.6a. Specify Other Homeless Living Arrangement <input type="text"/>
9.8. What is your current independent living arrangement? <ul style="list-style-type: none"> • Adult child living with parents • Other independent living (Specify) → <i>(Go to Q9.8a)</i> • Own a home alone or with roommates • Rent alone or with roommates 	9.9. Are you exiting institution (e.g., hospital, residential treatment, jail/prison)? <ul style="list-style-type: none"> • No • Yes
9.8a. Other independent living (Specify) <input type="text"/>	
Family and Children	
9.10. Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or drug user? <ul style="list-style-type: none"> • No • Yes 	9.16. Do you currently have a DCFS social worker? <ul style="list-style-type: none"> • No • Yes
9.11. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days <input type="text"/>	9.17. How many children spent the majority of their time living with you in the past 6 months? <input type="text"/>
9.12. Days With Family Conflict In The Last 30 Days <input type="text"/>	9.18. How many children spent the majority of their time living with you in the past 30 days? <input type="text"/>
9.13. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? <input type="text"/>	9.19. How many children are enrolling in treatment services with the participant? (Perinatal/Women Programs Only) <input type="text"/>
9.14. Number Of Children Aged 5 Years Or Younger <input type="text"/>	9.20. Does the participant have an open case with Child Protective Services? <ul style="list-style-type: none"> • Yes • No
9.15. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --> not good at all to 10 --> very good) <input type="text"/>	9.21. How many children are living with someone else because of a child protection court order? <input type="text"/>

9.22. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

Personal Data

9.23. Have you been physically abused during the past 30 days?

• Yes

• No

9.24. Have you been sexually abused during the past 30 days?

• Yes

• No

9.25. Number of Children Living with Someone Else

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