

Cal-OMS Annual Update Form

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

Cal-OMS Annual Update																																																					
1.1. Associated Level of Care <i>(Select corresponding episode by Admission Date and LOC)</i> <input style="width: 100%;" type="text"/>		1.9. Disability <i>(Choose all that apply. If "None" is selected, no other values can be selected)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">None</td></tr> <tr><td style="padding: 2px;">Visual</td></tr> <tr><td style="padding: 2px;">Hearing</td></tr> <tr><td style="padding: 2px;">Speech</td></tr> <tr><td style="padding: 2px;">Mobility</td></tr> <tr><td style="padding: 2px;">Mental</td></tr> <tr><td style="padding: 2px;">Developmentally Disabled</td></tr> <tr><td style="padding: 2px;">Client declined to state</td></tr> <tr><td style="padding: 2px;">Other</td></tr> <tr><td style="padding: 2px;">Client unable to answer</td></tr> </table>		None	Visual	Hearing	Speech	Mobility	Mental	Developmentally Disabled	Client declined to state	Other	Client unable to answer																																								
None																																																					
Visual																																																					
Hearing																																																					
Speech																																																					
Mobility																																																					
Mental																																																					
Developmentally Disabled																																																					
Client declined to state																																																					
Other																																																					
Client unable to answer																																																					
1.2. Annual Update Date <input style="width: 100%;" type="text"/>																																																					
1.3. Current Last Name <input style="width: 100%;" type="text"/>	1.4. Current First Name <input style="width: 100%;" type="text"/>																																																				
1.5. Social Security Number <i>(nine-digit number without dash)</i> <input style="width: 100%;" type="text"/>	1.6. Zip Code At Current Residence <i>(five-digit number; 00000 for homeless clients)</i> <input style="width: 100%;" type="text"/>																																																				
1.7. Consent <i>(Default: No)</i> <input type="radio"/> No <input type="radio"/> Yes		Flag for Resubmission <i>(Default: No)</i> <input type="radio"/> Yes <input type="radio"/> No																																																			
1.8. Record to be Submitted: <input type="radio"/> Annual Update <input type="radio"/> Resubmission of Annual Update <i>(do not select)</i> <input type="radio"/> Deletion of Annual Update <i>(do not select)</i> <input type="radio"/> None <i>(do not select)</i>																																																					
Alcohol And Drug Use Data																																																					
2.1. Primary Drug (Code) <i>(If "None", skip to Q2.5)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Alcohol → <i>(Go to Q2.3)</i></td> <td style="padding: 2px;">Non-Prescription Methadone → <i>(Go to Q2.3)</i></td> <td style="padding: 2px;">Other Stimulants</td> </tr> <tr> <td style="padding: 2px;">Barbiturates</td> <td style="padding: 2px;">None → <i>(Go to Q2.5)</i></td> <td style="padding: 2px;">Other Tranquilizers</td> </tr> <tr> <td style="padding: 2px;">Cocaine / Crack → <i>(Go to Q2.3)</i></td> <td style="padding: 2px;">Other (specify)</td> <td style="padding: 2px;">Over-the-Counter</td> </tr> <tr> <td style="padding: 2px;">Ecstasy → <i>(Go to Q2.3)</i></td> <td style="padding: 2px;">Other Amphetamines</td> <td style="padding: 2px;">OxyCodone / OxyContin → <i>(Go to Q2.3)</i></td> </tr> <tr> <td style="padding: 2px;">Heroin → <i>(Go to Q2.3)</i></td> <td style="padding: 2px;">Other Club Drugs</td> <td style="padding: 2px;">PCP → <i>(Go to Q2.3)</i></td> </tr> <tr> <td style="padding: 2px;">Inhalants</td> <td style="padding: 2px;">Other Hallucinogens</td> <td style="padding: 2px;">Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td style="padding: 2px;">Marijuana / Hashish → <i>(Go to Q2.3)</i></td> <td style="padding: 2px;">Other Opiates and Synthetics</td> <td style="padding: 2px;">Unknown → <i>(Go to Q2.3)</i></td> </tr> <tr> <td style="padding: 2px;">Methamphetamines → <i>(Go to Q2.3)</i></td> <td style="padding: 2px;">Other Sedatives or Hypnotics</td> <td></td> </tr> </table>			Alcohol → <i>(Go to Q2.3)</i>	Non-Prescription Methadone → <i>(Go to Q2.3)</i>	Other Stimulants	Barbiturates	None → <i>(Go to Q2.5)</i>	Other Tranquilizers	Cocaine / Crack → <i>(Go to Q2.3)</i>	Other (specify)	Over-the-Counter	Ecstasy → <i>(Go to Q2.3)</i>	Other Amphetamines	OxyCodone / OxyContin → <i>(Go to Q2.3)</i>	Heroin → <i>(Go to Q2.3)</i>	Other Club Drugs	PCP → <i>(Go to Q2.3)</i>	Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	Marijuana / Hashish → <i>(Go to Q2.3)</i>	Other Opiates and Synthetics	Unknown → <i>(Go to Q2.3)</i>	Methamphetamines → <i>(Go to Q2.3)</i>	Other Sedatives or Hypnotics		2.5. Secondary Drug (Code) <i>(If "None", skip to 2.9)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Alcohol → <i>(Go to Q2.7)</i></td> <td style="padding: 2px;">Non-Prescription Methadone → <i>(Go to Q2.7)</i></td> <td style="padding: 2px;">Other Stimulants</td> </tr> <tr> <td style="padding: 2px;">Barbiturates</td> <td style="padding: 2px;">None → <i>(Go to Q2.9)</i></td> <td style="padding: 2px;">Other Tranquilizers</td> </tr> <tr> <td style="padding: 2px;">Cocaine / Crack → <i>(Go to Q2.7)</i></td> <td style="padding: 2px;">Other (specify)</td> <td style="padding: 2px;">Over-the-Counter</td> </tr> <tr> <td style="padding: 2px;">Ecstasy → <i>(Go to Q2.7)</i></td> <td style="padding: 2px;">Other Amphetamines</td> <td style="padding: 2px;">OxyCodone / OxyContin → <i>(Go to Q2.7)</i></td> </tr> <tr> <td style="padding: 2px;">Heroin → <i>(Go to Q2.7)</i></td> <td style="padding: 2px;">Other Club Drugs</td> <td style="padding: 2px;">PCP → <i>(Go to Q2.7)</i></td> </tr> <tr> <td style="padding: 2px;">Inhalants</td> <td style="padding: 2px;">Other Hallucinogens</td> <td style="padding: 2px;">Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td style="padding: 2px;">Marijuana / Hashish → <i>(Go to Q2.7)</i></td> <td style="padding: 2px;">Other Opiates and Synthetics</td> <td style="padding: 2px;">Unknown → <i>(Go to Q2.7)</i></td> </tr> <tr> <td style="padding: 2px;">Methamphetamines → <i>(Go to Q2.7)</i></td> <td style="padding: 2px;">Other Sedatives or Hypnotics</td> <td></td> </tr> </table>			Alcohol → <i>(Go to Q2.7)</i>	Non-Prescription Methadone → <i>(Go to Q2.7)</i>	Other Stimulants	Barbiturates	None → <i>(Go to Q2.9)</i>	Other Tranquilizers	Cocaine / Crack → <i>(Go to Q2.7)</i>	Other (specify)	Over-the-Counter	Ecstasy → <i>(Go to Q2.7)</i>	Other Amphetamines	OxyCodone / OxyContin → <i>(Go to Q2.7)</i>	Heroin → <i>(Go to Q2.7)</i>	Other Club Drugs	PCP → <i>(Go to Q2.7)</i>	Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	Marijuana / Hashish → <i>(Go to Q2.7)</i>	Other Opiates and Synthetics	Unknown → <i>(Go to Q2.7)</i>	Methamphetamines → <i>(Go to Q2.7)</i>	Other Sedatives or Hypnotics	
Alcohol → <i>(Go to Q2.3)</i>	Non-Prescription Methadone → <i>(Go to Q2.3)</i>	Other Stimulants																																																			
Barbiturates	None → <i>(Go to Q2.5)</i>	Other Tranquilizers																																																			
Cocaine / Crack → <i>(Go to Q2.3)</i>	Other (specify)	Over-the-Counter																																																			
Ecstasy → <i>(Go to Q2.3)</i>	Other Amphetamines	OxyCodone / OxyContin → <i>(Go to Q2.3)</i>																																																			
Heroin → <i>(Go to Q2.3)</i>	Other Club Drugs	PCP → <i>(Go to Q2.3)</i>																																																			
Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)																																																			
Marijuana / Hashish → <i>(Go to Q2.3)</i>	Other Opiates and Synthetics	Unknown → <i>(Go to Q2.3)</i>																																																			
Methamphetamines → <i>(Go to Q2.3)</i>	Other Sedatives or Hypnotics																																																				
Alcohol → <i>(Go to Q2.7)</i>	Non-Prescription Methadone → <i>(Go to Q2.7)</i>	Other Stimulants																																																			
Barbiturates	None → <i>(Go to Q2.9)</i>	Other Tranquilizers																																																			
Cocaine / Crack → <i>(Go to Q2.7)</i>	Other (specify)	Over-the-Counter																																																			
Ecstasy → <i>(Go to Q2.7)</i>	Other Amphetamines	OxyCodone / OxyContin → <i>(Go to Q2.7)</i>																																																			
Heroin → <i>(Go to Q2.7)</i>	Other Club Drugs	PCP → <i>(Go to Q2.7)</i>																																																			
Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)																																																			
Marijuana / Hashish → <i>(Go to Q2.7)</i>	Other Opiates and Synthetics	Unknown → <i>(Go to Q2.7)</i>																																																			
Methamphetamines → <i>(Go to Q2.7)</i>	Other Sedatives or Hypnotics																																																				
2.2. Primary Drug Name <input style="width: 100%;" type="text"/>			2.6. Secondary Drug Name <input style="width: 100%;" type="text"/>																																																		
2.3. Primary Drug Route of Administration <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Oral - ingested by mouth</td> <td style="padding: 2px;">Inhalation</td> <td style="padding: 2px;">Vaping</td> <td style="padding: 2px;">Other</td> </tr> <tr> <td style="padding: 2px;">Smoking</td> <td style="padding: 2px;">Injection</td> <td style="padding: 2px;">None or not applicable</td> <td></td> </tr> </table>			Oral - ingested by mouth	Inhalation	Vaping	Other	Smoking	Injection	None or not applicable		2.7. Secondary Drug Route of Administration <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Oral - ingested by mouth</td> <td style="padding: 2px;">Inhalation</td> <td style="padding: 2px;">Vaping</td> <td style="padding: 2px;">Other</td> </tr> <tr> <td style="padding: 2px;">Smoking</td> <td style="padding: 2px;">Injection</td> <td style="padding: 2px;">None or not applicable</td> <td></td> </tr> </table>			Oral - ingested by mouth	Inhalation	Vaping	Other	Smoking	Injection	None or not applicable																																	
Oral - ingested by mouth	Inhalation	Vaping	Other																																																		
Smoking	Injection	None or not applicable																																																			
Oral - ingested by mouth	Inhalation	Vaping	Other																																																		
Smoking	Injection	None or not applicable																																																			
2.4. Days of Primary Drug Use Last 30 Days <input style="width: 100%;" type="text"/>			2.8. Days of Secondary Drug Use Last 30 Days <input style="width: 100%;" type="text"/>																																																		

2.9. Days of Alcohol Use Last 30 Days <i>(If Primary or Secondary Drug is "Alcohol", skip this question. System will auto-populate to "99902")</i> <input type="text"/>	
2.10. Days of IV Use (Needle Use) Last 30 Days <input type="text"/>	
Employment Data	
3.1. Employment Status <ul style="list-style-type: none"> • Employed Full Time (35 hours or more) → <i>(Skip Q3.3)</i> • Employed Part Time (less than 35 hours) → <i>(Skip Q3.3)</i> • Unemployed Looking For Work → <i>(Skip Q3.3)</i> • Unemployed – (Not seeking) → <i>(Skip Q3.3)</i> • Not in the labor force (Not seeking) → <i>(Answer Q3.3)</i> 	3.4. Enrolled in School <ul style="list-style-type: none"> • No • Client declined to state • Yes • Client unable to answer
3.2. Work Past 30 Days <input type="text"/>	3.5. Enrolled in Job Training <ul style="list-style-type: none"> • No • Client declined to state • Yes • Client unable to answer
3.3. If the participant is not in the labor force, which of the following describes this participant? (Check all that apply) <ul style="list-style-type: none"> • Homemaker • Job Training Program • Enrolled in school • Other 	3.6. Highest School Grade Completed: <ul style="list-style-type: none"> • Specify a number from 0 to 30 • Client declined to state • Client unable to answer
Criminal Justice Data	
4.1. Number of Arrests Last 30 Days <input type="text"/>	
4.2. Number of Jail Days Last 30 Days <input type="text"/>	
4.3. Number of Prison Days Last 30 Days <input type="text"/>	
Medical/Physical Health Data	
5.1. Number of Emergency Room Visits Last 30 Days <input type="text"/>	5.4. Pregnant At Any Time During Treatment <i>("No" must be selected for male clients.)</i> <ul style="list-style-type: none"> • No • Not sure/don't know • Yes
5.2. Days of Hospital Overnight Stay Last 30 Days <input type="text"/>	5.5. HIV Tested <ul style="list-style-type: none"> • No • Client declined to state • Yes • Client unable to answer
5.3. Days with Medical Problems Last 30 Days <input type="text"/>	5.6. HIV Test Results <ul style="list-style-type: none"> • No • Client declined to state • Yes • Client unable to answer
Mental Illness	
6.1. Mental Illness <ul style="list-style-type: none"> • No • Yes • Not sure / don't know 	6.3. Number of Emergency Room Visits Last 30 Days/Mental Health <input type="text"/>
6.2. Mental Health Medication Last 30 Days <ul style="list-style-type: none"> • No • Client declined to state • Yes • Client unable to answer 	6.4. Days of Psychiatric Facility Use Last 30 Days <input type="text"/>

Family/Social Data	
Social Support	
7.1. 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? <input type="text"/>	
Living Arrangements	
7.2. Current Living Arrangements <ul style="list-style-type: none"> • At imminent risk of being homeless (losing housing within 14 days) • Dependent Living / Supervised Setting • Homeless → (only if Q7.3. "Is this participant homeless" is "Yes") • Independent Living (Own or rent a home alone or with roommates with no supervision) 	7.6. Has the client been linked to a stable/permanent housing during treatment? <ul style="list-style-type: none"> • No → (Go to Q7.6d) • Yes → (Go to Q7.6a through Q7.6c)
7.3. Is this participant homeless? <ul style="list-style-type: none"> • No → (Go to Q7.6) • Yes → (Go to Q7.4) 	7.6a. If yes, what is the permanent housing arrangement? <ul style="list-style-type: none"> • Rental by client, no ongoing housing subsidy → (Go to Q7.6c) • Rental by client, with ongoing housing subsidy → (Go to Q7.6c) • Staying or living with family, permanent tenure → (Go to Q7.6c) • Staying or living with friends, permanent tenure → (Go to Q7.6c) • Other: specify → (Go to Q7.6b)
7.4. 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) → (Go to Q7.5) • 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 	7.6b. Specify 'Other' Permanent Housing <input type="text"/>
	7.6c. What is the zip code of the permanent housing? <input type="text"/>
	7.6d. If no, explain <input type="text"/>
7.5. Specify Other Homeless Living Arrangement <input type="text"/>	
Children	
7.7. Days with Family Conflict Last 30 Days <input type="text"/>	7.10. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? <input type="text"/>
7.8. Days Living with Someone Who Uses Alcohol or Drugs Last 30 days <input type="text"/>	7.11. How many children are living with someone else because of a child protection court order? <input type="text"/>
7.9. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not? <input type="text"/>	7.12. 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? <input type="text"/>