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www.SBCounty.gov

Department of Behavioral Health
Substance Use Disorder and Recovery Services

DBH-SUDRS CalOMS Youth-Detox Discharge

First Name		Last Name	
Counselor Name		Date	
Client ID		Reporting Unit	

Discharge	
Date of Discharge	
Please enter date of discharge as MM/DD/YY	
Time of Discharge	
Please enter time of discharge as HH:MM and a.m. or p.m.	
Discharge Practitioner	
Please enter the name of the discharging practitioner that is closing the CalOMS episode	
Type of Discharge	
Please select the type of CalOMS **Standard** Discharge (check appropriate box):	
☐	Completed treatment/recovery plan, goals/referred/standard (status 1)
☐	Completed treatment/recovery plan, goals/not referred/standard (status 2)
☐	Left before completion with satisfactory progress/referred/standard (status 3)
☐	Left before completion with unsatisfactory progress/referred/standard (status 5)

Demographics	
Address	
Please enter the client's address with city, county and state	
Ask: What is your address at your current residence?	
Ask: What is the city at your current residence?	
Ask: What is the county at your current residence?	
Ask: What is the state at your current residence?	
Zip Code at Current Residence	
Please enter the client's current zip code	
Ask: What is the zip code at your current residence?	
Home Phone Number	
Please enter the client's phone number	
Ask: What is your current home phone number? (###) ###-	
Education	
Highest School Grade Completed	
Please select the client's highest school grade completed by checking appropriate box:	
Ask: What is the highest school grade you completed?	

☐	1 Year Preschool	☐	7 Years	☐	15 Years	☐	1 Year Special Education
☐	2 Years Or More Preschool	☐	8 Years	☐	16 Years	☐	2 Years Or More Special Education
☐	1 Year	☐	9 Years	☐	17 Years	☐	1 Year Vocational/Technical
☐	2 Years	☐	10 Years	☐	18 Years	☐	2 Years Vocational/Technical
☐	3 Years	☐	11 Years	☐	19 Years	☐	Completed vocational training without high school diploma
☐	4 Years	☐	12 Years	☐	20 Years	☐	None
☐	5 Years	☐	13 Years	☐	20 + Years	☐	Other
☐	6 Years	☐	14 Years	☐	1 Year Special Education	☐	Unknown

Consent	
Please select **Yes or No** if the client has given consent to be contacted in the future by checking appropriate box:	
☐ Yes	☐ No

CalOMS Youth/Detox Discharge			
Discharge Status			
Please select the type of CalOMS **Standard** Discharge by checking appropriate box:			
☐ Completed treatment/recovery plan, goals/referred/standard (status 1)			
☐ Completed treatment/recovery plan, goals/not referred/standard (status 2)			
☐ Left before completion with satisfactory progress/referred/standard (status 3)			
☐ Left before completion with unsatisfactory progress/referred/standard (status 5)			
Disability			
Please select the client disability by checking appropriate box(es):			
☐ None	☐ Other	☐ Visual	☐ Declined to state
☐ Hearing	☐ Client unable to answer	☐ Speech	☐ Mobility
☐ Mental	☐ Developmentally Disabled		
Current First Name			
Please enter the client's current first name			
Ask: What is your current first name?			
Current Last Name			
Please enter the client's current last name			
Ask: What is your current last name?			

Alcohol and Drug Use		
Primary Drug		
Please select the client's primary drug of use by checking appropriate box:		
If **Other (Specify)** is selected, enter the name of the client's primary drug in the **Primary Drug Name**		
Ask: What is your primary alcohol or other drug problem?		
☐ Alcohol	☐ Barbiturates	☐ Cocaine/Crack
☐ Ecstasy	☐ Heroin	☐ Inhalants
☐ Marijuana/Hashish	☐ Methamphetamines	☐ Non-Prescription Methadone
☐ None	☐ Other (specify)	
☐ Other Amphetamines	☐ Other Club Drugs	☐ Other Hallucinogens
☐ Other Opiates and Synthetics	☐ Other Stimulants	☐ Other Tranquilizers
☐ Over-the-Counter	☐ Oxycodone/OxyContin	☐ PCP
☐ Tranquilizer (Benzodiazepine)		
Primary Drug Frequency		
Please enter the drug use frequency		
Ask: How many days in the past 30 days have you used your primary drug of abuse?		
Primary Drug Route of Administration		
Please select the client's primary drug route by checking appropriate box:		
Ask: What usual route of administration do you use most often for your primary drug of abuse?		
☐ Oral	☐ Smoking	☐ Inhalation
☐ Injection (IV or intramuscular)	☐ None or Not Applicable	☐ Other
Secondary Drug		
Please select the client's secondary drug of use by checking appropriate box:		
If **Other (Specify)** is selected, enter the name of the client's secondary drug in the **Secondary Drug Name**		
Ask: What is your secondary alcohol or other drug problem?		
☐ Alcohol	☐ Barbiturates	☐ Cocaine/Crack
☐ Ecstasy	☐ Heroin	☐ Inhalants
☐ Marijuana/Hashish	☐ Methamphetamines	☐ Non-Prescription Methadone
☐ None	☐ Other (specify)	
☐ Other Amphetamines	☐ Other Club Drugs	☐ Other Hallucinogens
☐ Other Opiates and Synthetics	☐ Other Stimulants	☐ Other Tranquilizers
☐ Over-the-Counter	☐ Oxycodone/OxyContin	☐ PCP
☐ Tranquilizer (Benzodiazepine)		

Days of Secondary Drug Use in the Last 30 Days					
Please enter the drug use frequency					
Ask: How many days in the past 30 days have you used your secondary drug of abuse?					
In the **Secondary Drug Route of Administration**					
Please select the client's secondary drug route by checking appropriate box:					
Ask: What usual route of administration do you use most often for your secondary drug of abuse?					
☐	Oral	☐	Smoking	☐	Inhalation
☐	Injection (IV or intramuscular)	☐	None or Not Applicable	☐	Other
Days of Alcohol Use in the Last 30 Days					
Please enter the frequency of alcohol use in the last 30 days. This field is used when the primary and secondary drugs are not alcohol.					
Ask: How many days in the past 30 days have you used alcohol?					
***If the participant's primary or secondary drug problem is alcohol, enter 99902**					
Pregnant At Any Time During Treatment					
Please select **Yes, No or Not Sure/Don't Know** if the client was pregnant at any time during treatment by checking appropriate box:					
If the client is not male, at discharge, **Ask**: Were you pregnant at any time during treatment?					
☐	Yes	☐	**No**	☐	Not Sure/Don't know

Employment			
Employment Status			
Please select the client's employment status by checking appropriate box:			
Ask: What is your current employment status?			
☐	Employed Full Time (35 hours or more)	☐	Employed Part Time (less than 35 hours)
☐	Unemployed Looking for Work	☐	Unemployed – (Not seeking)
☐	Not in the labor force (Not seeking)		
Work Past 30 Days			
Please enter the number of work days the client has had in the past 30 days			
Ask: How many days were you paid for working in the past 30 days?			

Enrolled in School							
Please select the client's enrollment status by checking appropriate box:							
Ask: Are you currently enrolled in school?							
☐	No	☐	Yes	☐	Client declined to state	☐	Client unable to answer

Criminal Justice	
Number of – Please enter the number of times the client has been involved with the specified activity in the last 30 days	
Ask: How many times have you been arrested in the past 30 days?	

Mental Illness					
Mental Illness					
Please select **Yes, No or Not Sure/Don't Know** if the client has mental illness by checking appropriate box:					
Ask: Have you ever been diagnosed with a mental illness?					
☐	No	☐	Not Sure/Don't know	☐	Yes

Family/Social					
Social Support					
Please enter the number of days in the last 30 days the client has participated in social support recovery activities					
Ask: 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 organization other that those listed above, interactions with family members and/or friend support of recovery?					
Current Living Arrangements					
Please select the client's current living arrangement by checking appropriate box:					
Ask: What are your current living arrangements?					
☐	No Homeless	☐	Independent Living	☐	Dependent Living

Zip Code at Current Residence							
Please enter the client’s current zip code							
Please enter "**00000**" to indicate that the client is homeless and update the **Current Living Arrangements** on the **Family/Social Data** section accordingly							
Please enter "**99900**" to indicate that the client declines to state their ZIP code							
Please enter "**99904**" to indicate that the client is unable to answer							
Record to be Submitted							
Please select the type of discharge that is being submitted by checking appropriate box:							
☐	Discharge	☐	Discharge Update	☐	Discharge Delete	☐	None