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SAN BERNARDINO COUNTY

Department of Behavioral Health
Substance Use Disorder and Recovery Services

Clear Form

DBH-SUDRS CalOMS Annual Update

First Name		**Last Name**	
Counselor Name		**Date**	
Client ID		**Reporting Unit**	

CalOMS Annual Update	
Annual Update Date	
Please enter the day the annual update is completed MM/DD/YY	
Current First Name	
Please enter the client's current first name if different from the birth name	
Please enter "**99904**" if the client is unable to provide an answer	
Current Last Name	
Please enter the client's current last name if different from the birth name	
Please enter "**99904**" if the client is unable to provide an answer	
Social Security Number	
Please enter the client's social security number	
Please enter "**99900**" to indicate that the client declines to state their social security number	
Please enter "**99904**" to indicate that the client is unable to answer	
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	
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				

Record to be Submitted							
Please select the annual update record to be submitted by checking appropriate box:							
☐	None	☐	Other	☐	Visual	☐	Declined to state

Annual Update Number	
Please enter the annual update number	
*If a user overrides the Annual Update Number, when doing the Cal-OMS Submission, the Annual Update number used will be whatever the user entered. If no change is made to the Annual Update Number, when doing the subsequent Cal-OMS Submission the Annual Update Number will increase.	

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

Alcohol and Drug Use					
Primary Drug					
Please select the client's primary drug of use by checking appropriate box(es):					
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**					
IV Use					
Please enter the frequency of the IV use					
Ask: How many days have you used needles to inject drugs in the past 30 days?					

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
Enrolled in Job Training			
Please select the client's job training status by checking appropriate box:			
Ask: Are you currently enrolled in a job training program?			
☐ No	☐ Yes	☐ Client declined to state	☐ Client unable to answer
Highest School Grade Completed			
Please enter the client's highest school grade completed			
Ask: What is the highest school grade you completed?			
Enter "99900" to indicate that the client declines to state			
Enter "99904" to indicate that the client is 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?	
Ask: How many days in the past 30 days were you in jail?	

Medical/Physical Health			
Last 30 Days			
Please enter the number of times the client has been involved with the activity in the last 30 days			
Ask: How many times have you visited an emergency room in the past 30 days for physical health problems?			
Ask: How many days have you stayed overnight in a hospital in the last 30 days for physical health problems?			
Ask: How many days in the past 30 days have you experienced physical health problems?			
Pregnant At Admission			
Please check appropriate box:			
Ask: Were you pregnant at any time during treatment?			
☐ No	☐ Not Sure/Don't know	☐ Yes	
HIV Tested			
Please select the client's HIV testing status and results by checking appropriate box			
Ask: Have you been tested for HIV/AIDS?			
☐ No	☐ Yes	☐ Client declined to state	☐ Client unable to answer
Ask: Did you receive the results of your HIV/AIDS test?			
☐ No	☐ Yes	☐ Client declined to state	☐ Client unable to answer

Mental Illness					
Mental Illness					
Please select **Yes, No or Not Sure/Don't Know** if the client has mental illness (check appropriate box):					
Ask: Have you ever been diagnosed with a mental illness?					
☐	No	☐	Not Sure/Don't know	☐	Yes
Emergency Room Use/Mental Health					
Ask: How many times in the past 30 days have you received outpatient emergency services for mental health needs?					
Psychiatric Facility Use					
Please enter the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility					
Ask: How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?					
Mental Health Medication					
Please select the client's mental health prescription medication use in the last 30 days by checking appropriate box:					
Ask: In the past 30 days, have you taken prescribed medication for mental health needs?					
☐	No	☐	Yes	☐	Client unable to answer

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
Living with Someone					
Please enter the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs					
Ask: How many days in the past 30 days have you lived with someone who uses alcohol or other drugs?					
Family Conflict Last 30 Days					
Please enter the number of days in the last 30 days the client had serious conflicts with their family					
Ask: How many days in the past 30 days have you had serious conflicts with members of your family?					
Number of Children					
Please enter the number of children associated with the client					
Ask: How many children do you have aged 17 or younger (birth or adopted) whether they live with you or not?					
Ask: How many children (birth or adopted) do you have aged five years or younger?					
Ask: How many of your children (birth or adopted) are living with someone else because of a child protection court order?					
Ask: If you have children (birth or adopted) living with someone else because of a child protection court order, for how many of these children aged 17 or under have your parental rights been terminated?					