

CalOMS Standard Discharge Form

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.

Cal-OMS Discharge									
1.1. Discharge Date <input type="text"/>	1.2. Discharge Process Date <input type="text"/>								
1.3. Record to be Submitted Correction to Discharge (do not select) Discharge Delete (do not select) Discharge Update (do not select) Discharge None (do not select)	1.4. Discharge Status 01. Completed treatment/recovery plan goals (referred or transferred) → (Go to Q1.6) 02. Completed treatment/recovery plan goals (not referred or transferred) → (Go to Q1.7) 03. Left before completing treatment/recovery plan goals w/ satisfactory progress (referred or transferred) → (Go to Q1.6) 05. Left before completing treatment/recovery plan goals w/ unsatisfactory program (referred or transferred) → (Go to Q1.6)								
1.5. Level Of Care Admitted: (Skip this question)	Flag for Resubmission No (Default: No) Yes								
1.6. Which SUD level of care was the client referred/transferred to? → (Go to Q1.9) <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 (Do not select) 	1.9. What other services was the client referred to? <table border="1"> <tr><td>Emergency Department</td></tr> <tr><td>Housing Assistance</td></tr> <tr><td>Medical Services</td></tr> <tr><td>Mental Health Services</td></tr> <tr><td>None</td></tr> <tr><td>Other services (Specify) → (Go to Q1.10)</td></tr> <tr><td>Recovery Bridge Housing</td></tr> <tr><td>Social Services</td></tr> </table>	Emergency Department	Housing Assistance	Medical Services	Mental Health Services	None	Other services (Specify) → (Go to Q1.10)	Recovery Bridge Housing	Social Services
Emergency Department									
Housing Assistance									
Medical Services									
Mental Health Services									
None									
Other services (Specify) → (Go to Q1.10)									
Recovery Bridge Housing									
Social Services									
1.7. Reason client was not referred to another SUD level of care: <ul style="list-style-type: none"> Client does not want further treatment → (Go to Q1.9) Other reason (Specify) → (Go to Q1.8) 	1.10. Other service (Specify): <input type="text"/>								
1.8. Other reason (Specify): <input type="text"/>									

Services During Treatment																	
1.11. Did you have a care manager? <ul style="list-style-type: none"> No → (Go to Q1.15) Yes → (Go to Q1.12) 		1.15. Was the client in Recovery Bridge Housing during treatment? <ul style="list-style-type: none"> No → (Go to Q1.17) Yes → (Go to Q1.16) 															
1.12. What kind of care coordination services did the client receive during the treatment? (Check all that apply) <table border="1"> <tr> <td>Basic Needs</td> <td>Legal Services</td> </tr> <tr> <td>Child Care</td> <td>Life Skills</td> </tr> <tr> <td>Education/Vocational</td> <td>Mental Health</td> </tr> <tr> <td>Employment</td> <td>Other services (Specify) → (Go to Q1.13)</td> </tr> <tr> <td>Family/Social</td> <td>Physical Health</td> </tr> <tr> <td>Housing</td> <td>Transportation</td> </tr> </table>		Basic Needs	Legal Services	Child Care	Life Skills	Education/Vocational	Mental Health	Employment	Other services (Specify) → (Go to Q1.13)	Family/Social	Physical Health	Housing	Transportation	1.16. If yes, has the client been discharged from Recovery Bridge Housing? <ul style="list-style-type: none"> No Yes 			
Basic Needs	Legal Services																
Child Care	Life Skills																
Education/Vocational	Mental Health																
Employment	Other services (Specify) → (Go to Q1.13)																
Family/Social	Physical Health																
Housing	Transportation																
1.13. Other service (Specify): <input type="text"/>		1.17. Did you receive 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 Q1.19) Yes → (Go to Q1.18) 															
1.14. My care manager helped me find services I needed: <ol style="list-style-type: none"> Strongly Agree Agree Not Sure Disagree Strongly Disagree 		1.18. Type of field based services received (check all that apply): <table border="1"> <tr> <td>Alcohol Drug Testing</td> <td>Discharge services</td> <td>Patient education</td> </tr> <tr> <td>Assessment (Triage, Continuum)</td> <td>Family Therapy</td> <td>Physical exam</td> </tr> <tr> <td>Case Management</td> <td>Group counseling</td> <td>Treatment plan</td> </tr> <tr> <td>Collateral Services</td> <td>Individual counseling</td> <td></td> </tr> <tr> <td>Crisis Intervention</td> <td>Medication services</td> <td></td> </tr> </table>	Alcohol Drug Testing	Discharge services	Patient education	Assessment (Triage, Continuum)	Family Therapy	Physical exam	Case Management	Group counseling	Treatment plan	Collateral Services	Individual counseling		Crisis Intervention	Medication services	
Alcohol Drug Testing	Discharge services	Patient education															
Assessment (Triage, Continuum)	Family Therapy	Physical exam															
Case Management	Group counseling	Treatment plan															
Collateral Services	Individual counseling																
Crisis Intervention	Medication services																
Client Details																	
1.19. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good) <input type="text"/>																	
1.20. Consent (Default: No) <ul style="list-style-type: none"> No Yes 																	
1.21. Disability (check all that apply) (If "None" is selected, no other values can be selected) <table border="1"> <tr> <td>None</td> <td>Visual</td> <td>Hearing</td> </tr> <tr> <td>Speech</td> <td>Mobility</td> <td>Mental</td> </tr> <tr> <td>Developmentally Disabled</td> <td>Other</td> <td>Client declined to state</td> </tr> <tr> <td>Client unable to answer</td> <td></td> <td></td> </tr> </table>			None	Visual	Hearing	Speech	Mobility	Mental	Developmentally Disabled	Other	Client declined to state	Client unable to answer					
None	Visual	Hearing															
Speech	Mobility	Mental															
Developmentally Disabled	Other	Client declined to state															
Client unable to answer																	
1.22. Was the client available for an exit interview? <ul style="list-style-type: none"> Yes No 																	
1.23. Were the treatment services provided in your preferred language? <ul style="list-style-type: none"> No Yes 																	
1.24. Current Last Name <input type="text"/>		1.25. Current First Name <input type="text"/>															
1.26. Social Security Number (Auto-populated from CalOMS Admission)		1.27. Zip Code At Current Residence (five-digit number; 00000 for homeless clients) <input type="text"/>															
Form Serial Number (Auto-populated from CalOMS Admission)																	

Alcohol and Drug Use Data							
Primary and Secondary Drug Use							
2.1. Primary Drug (Code) (If "None", skip to Q2.5)				2.5. Secondary Drug (Code) (If "None", skip to 2.9)			
Alcohol → (Go to Q2.3)	Non-Prescription Methadone → (Go to Q2.3)	Other Stimulants		Alcohol → (Go to Q2.7)	Non-Prescription Methadone → (Go to Q2.7)	Other Stimulants	
Barbiturates	None → (Go to Q2.5)	Other Tranquilizers		Barbiturates	None → (Go to Q2.9)	Other Tranquilizers	
Cocaine / Crack → (Go to Q2.3)	Other (specify)	Over-the-Counter		Cocaine / Crack → (Go to Q2.7)	Other (specify)	Over-the-Counter	
Ecstasy → (Go to Q2.3)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q2.3)		Ecstasy → (Go to Q2.7)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q2.7)	
Heroin → (Go to Q2.3)	Other Club Drugs	PCP → (Go to Q2.3)		Heroin → (Go to Q2.7)	Other Club Drugs	PCP → (Go to Q2.7)	
Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)		Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	
Marijuana / Hashish → (Go to Q2.3)	Other Opiates and Synthetics	Unknown → (Go to Q2.3)		Marijuana / Hashish → (Go to Q2.7)	Other Opiates and Synthetics	Unknown → (Go to Q2.7)	
Methamphetamines → (Go to Q2.3)	Other Sedatives or Hypnotics			Methamphetamines → (Go to Q2.7)	Other Sedatives or Hypnotics		
2.2. Primary Drug Name <input type="text"/>				2.6. Secondary Drug Name <input type="text"/>			
2.3. Days of Primary Drug Use In The Last 30 Days <input type="text"/>				2.7. Days of Secondary Drug Use In The Last 30 Days <input type="text"/>			
2.4. Primary Drug Route of Administration				2.8. 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	
Additional Alcohol and Drug Use							
2.9. Days of Alcohol Use In The Last 30 Days (If Primary or Secondary Drug is "Alcohol", skip this question. System will auto-populate to "99902") <input type="text"/>				2.11. Is this participant sober/abstinent? <ul style="list-style-type: none"> Yes No 			
2.10. Days of IV Use (Needle Use) In The Last 30 Days <input type="text"/>				2.12. 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) <input type="text"/>			
Employment Data							
3.1. Employment Status <ul style="list-style-type: none"> 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) 				3.4. Enrolled in School <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 			
3.2. Days of Paid Work In The Last 30 Days <input type="text"/>				3.5. 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 			
3.3. Enrolled in Job Training <ul style="list-style-type: none"> No Client declined to state Yes 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 In The Last 30 Days <input type="text"/>		5.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, and taking care of health or dental problems) (from 1 --> Not good at all to 10 --> Very good) <input type="text"/>						
5.2. Days of Hospital Overnight Stay In The Last 30 Days <input type="text"/>		5.5. Pregnant At Any Time During Treatment (<i>"No" must be selected for male clients.</i>) <ul style="list-style-type: none"> No Yes Not Sure/Don't Know 						
5.3. Days With Medical Problems In The Last 30 Days <input type="text"/>								
Medication Information								
5.6. Which of the following medications did you take as part of treatment? <ul style="list-style-type: none"> Acamprosate (Campral) Buprenorphine (Suboxone) Buprenorphine (Subutex) Disulfiram (Antabuse) LAAM Methadone Naloxone Naltrexone (Injectable) Naltrexone (Oral) None Other medications for SUD treatment (Specify) → (Go to Q5.7 to specify, then ensure Q5.8 and Q5.9 are answered.) 		5.8. Have you received education about Naloxone use for drug overdose during treatment? <ul style="list-style-type: none"> Declined to state No Yes 						
5.7. Other medications for SUD treatment (Specify) <input type="text"/>		5.9. Have you used Naloxone for drug overdose reversal for yourself during treatment? <ul style="list-style-type: none"> Declined to state No Yes 						
Communicable Diseases								
5.10. Since Admission, have you been diagnosed with tuberculosis? <ul style="list-style-type: none"> Yes No 		5.14. Since admission, have you been diagnosed with any other communicable diseases? <ul style="list-style-type: none"> Yes No 						
5.11. Since Admission, have you been diagnosed with Hepatitis C? <ul style="list-style-type: none"> Yes No 		5.15. HIV Tested <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 						
5.12. Since Admission, have you been diagnosed with a sexually transmitted disease (STD)? <ul style="list-style-type: none"> Yes → (Go to Q5.13) No → (Go to Q5.14) 		5.16. HIV Test Results <ul style="list-style-type: none"> No Client declined to state Yes Client unable to answer 						
5.13. If yes, which of the following STDs? (Check 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	
6.1. Mental Illness <ul style="list-style-type: none"> No Not Sure/Don't Know 	6.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health) <input type="text"/>
	6.4. Days of Psychiatric Facility Use In The Last 30 Days <input type="text"/>
6.2. Mental Health Medication In The Last 30 Days <ul style="list-style-type: none"> No Client declined to state 	6.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good) <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"/>	7.2. Were any of your family members / significant others actively involved during your treatment/recovery? <ul style="list-style-type: none"> No Yes
Living Arrangements	
7.3. Current Living Arrangements <ul style="list-style-type: none"> At imminent risk of being homeless (losing housing within 14 days) → (Go to Q7.4 then Q7.6) Dependent Living / Supervised Setting → (Go to Q7.6) Homeless → (Go to Q7.4 then Q7.6) Independent Living (Own or rent a home alone or with roommates with no supervision) → (Go to Q7.6) 	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)
Is this participant homeless? (System provides default answer based on response to Q7.3) <ul style="list-style-type: none"> Yes No 	7.6a. If yes, what is the permanent housing arrangement? <ul style="list-style-type: none"> Rental by client, no ongoing housing subsidy Rental by client, with ongoing housing subsidy Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Other: specify → (Answer Q7.6b then go to Q7.6c)
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. What is the zip code of the permanent housing <input type="text"/>
	7.6c. Specify 'Other' Permanent Housing <input type="text"/>
	7.6d. If no, explain <input type="text"/>
7.5. Specify Other Homeless Living Arrangement <input type="text"/>	

Family and Social	
7.7. Days Living With Someone Who Uses Alcohol or Drugs In The 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 With Family Conflict In The Last 30 Days <input type="text"/>	7.11. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not? <input type="text"/>
7.9. 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"/>	7.12. How many children are living with someone else because of a child protection court order? <input type="text"/>
	7.13. 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"/>
Abuse	
7.14. Have you been physically abused during the past 30 days? <ul style="list-style-type: none"> • Yes • No • Client Declined to Answer 	7.15. Have you been sexually abused during the past 30 days? <ul style="list-style-type: none"> • Yes • No • Client Declined to Answer