



San Bernardino County DBH-SUDRS CalOMS Standard Discharge - Instructions

Please **ask** all the CalOMS questions and enter them appropriately. Please solicit enough information from the client and document that information thoroughly to ensure all the appropriate information is collected.

Client Information

Enter Birth First Name. Please enter the client's first name at birth.

- Enter "99902" if the client does not have a birth first name.
- Enter "99904" if the client is unable to provide an answer.

Birth Last Name. Please enter the client's last name at birth.

- Enter "99904" if the client is unable to provide an answer.

Social Security Number. Please enter the client's social security number.

- Enter "99900" to indicate that the client declines to state their social security number.
- Enter "99902" to indicate that the client does not have a social security number.
- Enter "99904" to indicate that the client is unable to answer.

Client ID. Please enter the client's ID.

Counselor Name - Please enter the name of the counselor who completed this form.

Date - Please enter the date the form is being completed.

Reporting Unit - Please enter the reporting unit of the provider.

Date of Birth - Please enter the client's date of birth.

Discharge

Date of Discharge. Please enter date of discharge.

Time of Discharge. Please enter time of discharge.

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.

Demographic

Address. Please enter the client's address with city, county and state.

Zip Code at Current Residence. Please enter the client's current zip code.

Home Phone Number. Please enter the client's phone number.

Education. Please select the client's highest school grade completed

Employment Status. Please select the client's employment status.

Consent

Consent. Please select **Yes or No** if the client has given consent to be contacted in the future (check appropriate box):

CalOMS Discharge

Disability. Please select identified disability per client's report.

Record to be Submitted. Please select the type of discharge that is being submitted.

Discharge Status. Please select the type of CalOMS **Standard** Discharge.

Alcohol and Drug Use

Primary Drug. Please select the client's primary drug of use.

If **Other/Other Drug (Name)/Over-the-Counter** is selected, you **MUST** check the box **AND** enter the name of the client's primary drug in the field immediately next to the selection.

Days of Primary Drug Use in the Last 30 Days. Please enter the number of days of primary drug use in the last 30 days.

Primary Drug Route of Administration. Please select the client's primary drug route.

Secondary Drug. Please select the client's secondary drug of use.

If **Other/Other Drug (Name)/Over-the-Counter** is selected, you **MUST** check the box **AND** enter the name of the client's secondary drug in the field immediately next to the selection.

Days of Secondary Drug Use in the Last 30 Days. Please enter the number of days of secondary drug use in the last 30 days.

Secondary Drug Route of Administration. Please select the client's secondary drug route. This field is used when the primary and secondary drugs are not alcohol.

• Enter "99902" if the participant's primary or secondary drug problem is alcohol.

Days of IV Use (Needle Use) in the Last 30 Days. Please enter the frequency of the IV use

Employment

Employment Status. Please select the client's employment status

Days of Paid Works in the Last 30 Days. Please enter the number of workdays the client has had in the past 30 days.

Enrolled in School. Please select the client's enrollment status.

Enrolled in Job Training. Please select the client's enrollment status.

Highest School Grade Completed. Please select the client's highest school grade 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.

How many times has the client been arrested in the past 30 days?

How many days in the past 30 days was the client in jail?

How many days has the client been in prison in the past 30 days?

Medical/Physical Health

Number of Emergency Room Visits in the Last 30 Days. Please enter the number of times the client has visited an emergency room for physical health problems.

Number of days of Hospital Overnight Stay in the Last 30 Days. Please enter the number of days the client stayed overnight in a hospital for physical health problems.

Number of days with Medical Problems in the Last 30 Days. Please enter the number of days the client experienced physical health problems.

Pregnant At Any Time During Treatment. Please select **Yes, No or Not Sure/Don't Know** if the client was pregnant at the time during treatment.

HIV Tested. Please select the client's HIV testing status and results.

Has the client been tested for HIV/AIDS?

Did the client receive the results of your HIV/AIDS test?

Mental Illness

Mental Illness. Please select **Yes, No or Not Sure/Don't Know** if the client has mental illness

Emergency Room Use/Mental Health. Please enter the number of times in the past 30 days the client 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.

Mental Health Medication. Please select **No, Yes, or Client unable to answer** if the client has taken any prescribed mental health prescription medication use in the last 30 days.

Family/Social

Social Support. Please enter the number of days in the last 30 days the client has participated in social support recovery activities.

Current Living Arrangements. Please select the client's current living arrangements.

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.

Family Conflict Last 30 Days. Please enter the number of days in the last 30 days the client had serious conflicts with their family.

Number of Children. Please enter the number of children associated with the client.
How many children does the client have aged 17 or younger (birth or adopted) whether they live with the client or not?

How many children (birth or adopted) does the client have aged five years or younger?

How many of the client's children (birth or adopted) are living with someone else because of a child protection court order?

If the client has 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 the clients' parental rights been terminated?