

CalOMS Admission

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.

Client Identification and Demographic Data			
Cal OMS Submission Details			
1.1. Admission Date <input type="text"/>	Unique Participant ID: <i>(Skip this question)</i>		
1.2. Location of Admission <i>Please specify your location</i>	Flag for Cal-OMS Submission (Default: Yes) <input type="checkbox"/> Yes		
1.3. Level Of Care Admitted* <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 choose this one) 	Flag for Resubmission (Default: No) <input type="checkbox"/> No		
Cal-OMS Type of Service <i>(Skip this question)</i>			
1.4. Record to be Submitted: <ul style="list-style-type: none"> • Admission <input type="checkbox"/> Delete (do not select) • Admission <input type="checkbox"/> Update (do not select) • Admission • Correction to Admission <input type="checkbox"/> (do not select) • None <input type="checkbox"/> (do not select) 	Form Serial Number <i>(Skip this question)</i>		
Client Identification			
1.5. Birth Last Name <i>(Auto-populated from "Admission (Outpatient)" Form)</i> <i>Any corrections should be made in the "Admission (Outpatient)" form BEFORE completing the CalOMS Admission form.</i>	1.6. Birth First Name <i>(Auto-populated from "Admission (Outpatient)" Form)</i> <i>Any corrections should be made in the "Admission (Outpatient)" form BEFORE completing the CalOMS Admission form.</i>	1.7. Place of Birth – State <i>(Write down a state name) OR CHOOSE:</i> <ul style="list-style-type: none"> • Other (born outside of U.S.) 	1.8. Place of Birth – County <i>(Write down a California county name) OR CHOOSE:</i> <ul style="list-style-type: none"> • Other (born outside of CA)

1.9. Current Last Name <input type="text"/>	1.10. Current First Name <input type="text"/>	1.11. Driver's License State <i>(Write down the state name) OR CHOOSE:</i> <ul style="list-style-type: none"> • None or not applicable • Client declined to state • Client unable to answer (only applicable when client is in detox or developmentally disabled) 	1.12. Driver's License Number <input type="text"/>
1.13. Social Security Number <i>(nine-digit number with dash)</i> <input type="text"/>	1.14. Zip Code At Current Residence <i>(five-digit number. 00000 for homeless client)</i> <input type="text"/>	1.15. Mother's First Name <input type="text"/>	
Race			
1.16. What is your race?		1.16a. Race 1 <i>(Specify a race)</i>	
Alaskan Native	Guamanian	Mixed Race → <i>(Go to Q1.16a & Q1.16b)</i>	
American Indian	Hawaiian	Other Asian	
Armenian	Filipino	Other Race (Specify) → <i>(Go to Q1.16f)</i>	
Asian Indian	Japanese		
Black/African American	Korean	Samoan	
Cambodian	Iranian	Thai	
Chinese	Laotian	Vietnamese	
Middle Eastern	White/Caucasian		
<p><i>If "Mixed Race" is chosen, must fill out Race 1 and Race 2.</i> <i>If there are more than 2, 3, or 4 races, must fill out Race 3-Race 5, as applicable.</i></p>			
1.16f. Other Race (Specify) <input type="text"/>		1.16b. Race 2 <i>(Specify a race that is not chosen in Race 1)</i>	
1.16c. Race 3 <i>(If more than 2 races, specify a race that is not chosen in Race 1 or 2)</i>			
1.16d. Race 4 <i>(If more than 3 races, specify a race that is not chosen in Race 1,2,3)</i>			
1.16e. Race 5 <i>(If more than 4 races, specify a race that is not chosen in Race 1,2,3,4)</i>			
Ethnicity			
1.17. Ethnicity			
Belizean	Mexican / Mexican	Other Hispanic/ American	South American (Specify) → <i>(Go to Q1.17a)</i>
Costa Rican		Latino	
Cuban			
Dominican	Nicaraguan	Panamanian	
Guatemalan	Not Hispanic	Puerto Rican	
Honduran		Salvadoran	
1.18. What is your marital status?			
Divorced	Separated	Widowed	
Married	Single (Never Married)		
1.19. What is the primary language you speak at home?			
Arabic	Farsi	Other Primary Language (Specify)	Russian Spanish Tagalog Vietnamese
Armenian	Hmong		
Cantonese	Khmer		
Chinese	Korean	→ <i>(Go to Q1.19a)</i>	
English	Mandarin		
1.20. How well do you speak English?			
<ol style="list-style-type: none"> 1. Very well 2. Well 3. Somewhat well 4. Not well 5. Not at all 			
1.17a. South American (Specify) <input type="text"/>		1.19a. Other Primary Language (Specify) <input type="text"/>	

1.21. What language do you prefer to receive treatment services in? <table border="1"> <tr><td>Arabic</td><td>Farsi</td><td>Other Preferred Language (Specify)</td><td>Russian</td></tr> <tr><td>Armenian</td><td>Hmong</td><td></td><td>Spanish</td></tr> <tr><td>Cantonese</td><td>Khmer</td><td></td><td>Tagalog</td></tr> <tr><td>Chinese</td><td>Korean</td><td>→ (Go to Q1.21a)</td><td>Vietnamese</td></tr> <tr><td>English</td><td>Mandarin</td><td></td><td></td></tr> </table>				Arabic	Farsi	Other Preferred Language (Specify)	Russian	Armenian	Hmong		Spanish	Cantonese	Khmer		Tagalog	Chinese	Korean	→ (Go to Q1.21a)	Vietnamese	English	Mandarin			1.21a. Other Preferred Language (Specify) <input type="text"/>												
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Veteran Consent and Disability Data																																				
1.22. Veteran <ul style="list-style-type: none"> • No • Client declined to state 		1.24. Disability (Choose all that apply. If "None" is selected, no other values can be selected) <table border="1"> <tr><td>None</td><td>Mental</td></tr> <tr><td>Visual</td><td>Developmentally Disabled</td></tr> <tr><td>Hearing</td><td>Other</td></tr> <tr><td>Speech</td><td>Client declined to state</td></tr> <tr><td>Mobility</td><td>Client unable to answer</td></tr> </table>			None	Mental	Visual	Developmentally Disabled	Hearing	Other	Speech	Client declined to state	Mobility	Client unable to answer																						
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1.23. Consent (Default: No) <ul style="list-style-type: none"> • No • Yes 																																				
Sexual History																																				
1.25. When you have sex, do you wear condoms? <ol style="list-style-type: none"> 1. Always 2. Often 3. Sometimes 4. Rarely 5. Never <p>Client Declined to Answer</p>																																				
Transaction Data																																				
2.1. Admission Transaction Type (Skip this question)																																				
Admission Data																																				
3.1. Proposition 36 (2024) Participant? <ul style="list-style-type: none"> • Yes • No 		3.5. Is the client a Medi-Cal beneficiary (eligibility determined)? <ul style="list-style-type: none"> • No → (Go to Q3.8) • Pending → (Go to Q3.7) • Yes → (Go to Q3.7) 																																		
3.2. What is your Principal Source of Referral? (Choose one) <table border="1"> <tr><td>12 Step Mutual Aid</td><td>Individual includes self-referral</td></tr> <tr><td>2nd Chance Women's Court</td><td>Misdemeanor Drug Treatment Program</td></tr> <tr><td>Adult Felon Drug Court</td><td>My Health LA</td></tr> <tr><td>Alcohol/Drug Abuse Program (Including previous level of care)</td><td>Non-SACPA Court/Criminal Justice</td></tr> <tr><td>Child Protective Services</td><td>Other Community Referral</td></tr> <tr><td>Client Engagement Navigation Services (CENS)</td><td>Other Health Care Provider</td></tr> <tr><td>Co-occurring Drug Court</td><td>PC1210</td></tr> <tr><td>Community Collaborative Court</td><td>Post-release Community Supervision (AB 109)</td></tr> <tr><td>DCFS</td><td>SACPA/Prop 36/OTP/Probation or Parole</td></tr> <tr><td>Dependency Drug Court</td><td>School/Educational</td></tr> <tr><td>DMH</td><td>Sentence Offender Drug Court</td></tr> <tr><td>DPSS</td><td>Sheriff's Department</td></tr> <tr><td>DUI/DWI</td><td>Substance Abuse Service Helpline (SASH)</td></tr> <tr><td>Employer/EAP</td><td>Superior Court</td></tr> <tr><td>Family Dependency Drug Court</td><td>Title IV-E Substance Abuse Demonstration Project</td></tr> <tr><td>Harm Reduction Agency/Syringe Services</td><td>Whole Person Care (WPC)</td></tr> </table>		12 Step Mutual Aid	Individual includes self-referral	2nd Chance Women's Court	Misdemeanor Drug Treatment Program	Adult Felon Drug Court	My Health LA	Alcohol/Drug Abuse Program (Including previous level of care)	Non-SACPA Court/Criminal Justice	Child Protective Services	Other Community Referral	Client Engagement Navigation Services (CENS)	Other Health Care Provider	Co-occurring Drug Court	PC1210	Community Collaborative Court	Post-release Community Supervision (AB 109)	DCFS	SACPA/Prop 36/OTP/Probation or Parole	Dependency Drug Court	School/Educational	DMH	Sentence Offender Drug Court	DPSS	Sheriff's Department	DUI/DWI	Substance Abuse Service Helpline (SASH)	Employer/EAP	Superior Court	Family Dependency Drug Court	Title IV-E Substance Abuse Demonstration Project	Harm Reduction Agency/Syringe Services	Whole Person Care (WPC)	3.6. CIN (Write Pending if Q3.5 was answered "Pending") <input type="text"/>		
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3.3. Days Waited to Enter Treatment <input type="text"/>		3.4. Number of Prior Episodes <input type="text"/>																																		

Funding Programs

3.7. Other Funding Programs (Choose all that apply)

Choose all programs that apply.

- AB109
- Adult Drug Court
- CalWORKs (API)
- CalWORKs Detox
- CalWORKs Family Solution Center
- CalWORKs
- Client Ineligible for Federal Programs
- DCFS-PSSF (TLFRG)
- Family Dependency Drug Court
- General Relief
- Juvenile In Custody Probation Camp
- My Health LA
- None
- Perinatal Service
- Private Pay
- Probation / Day Reporting Center
- Probation JJCPA
- Probation Title IV E
- Prop 47
- Prop 57
- Women Children's Residential Treatment

3.8. CalWORKs Recipient (System provides default answer based on response to Q3.7)

RBH

3.10. Is the client in or being admitted to Recovery Bridge Housing?

- No
- Yes

Field Based Services

3.11. 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).

- No → (Go to Q3.14)
- Yes → (Go to Q3.12 & Q3.13)

3.12. Type of Field Based Services (choose all that apply)

- Alcohol Drug Testing
- Assessment (Triage, Continuum)
- Case Management
- Collateral Services
- Crisis Intervention
- Discharge services
- Family Therapy
- Group counseling
- Individual counseling
- Medication services
- Patient education
- Physical exam
- Treatment plan

3.13. Field Based Services Location, please specify:

3.13a. Other Field Based Location (Specify)

3.14. JJCPA/Schiff-Cardenas (Youth only)

- No
- Yes

Personal Responsibility Assessment

3.15. 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)

Alcohol And Drug Use

Primary and Secondary Drug Use

4.1. Primary Drug (Code)

Alcohol → (Go to Q4.3)	Non-Prescription Methadone → (Go to Q4.3)	Other Tranquilizers
Barbiturates	Other (specify)	Over-the-Counter
Cocaine / Crack → (Go to Q4.3)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q4.3)
Ecstasy → (Go to Q4.3)	Other Club Drugs	PCP → (Go to Q4.3)
Heroin → (Go to Q4.3)	Other Hallucinogens	Tranquilizers (Benzodiazepine)
Inhalants	Other Opiates and Synthetics	Unknown → (Go to Q4.3)
Marijuana / Hashish → (Go to Q4.3)	Other Sedatives or Hypnotics	
Methamphetamines → (Go to Q4.3)	Other Stimulants	

4.6. Secondary Drug (Code) (If "None", go to Q4.11)

Alcohol → (Go to Q4.8)	Non-Prescription Methadone → (Go to Q4.8)	Other Stimulants
Barbiturates	None → (Go to Q4.11)	Other Tranquilizers
Cocaine / Crack → (Go to Q4.8)	Other (specify)	Over-the-Counter
Ecstasy → (Go to Q4.8)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q4.8)
Heroin → (Go to Q4.8)	Other Club Drugs	PCP → (Go to Q4.8)
Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)
Marijuana / Hashish → (Go to Q4.8)	Other Opiates and Synthetics	Unknown → (Go to Q4.8)
Methamphetamines → (Go to Q4.8)	Other Sedatives or Hypnotics	

4.2. Primary Drug Name

Enter 999 if you don't know the name

4.3. Days of Primary Drug Use In The Last 30 Days

4.4. Primary Drug Route of Administration

Oral - ingested by mouth	Inhalation	Vaping	Other
Smoking	Injection	None or not applicable	

4.5. Primary Drug Age of First Use

Additional Alcohol and Drug Use

4.11. 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")

4.12. Days of IV Use (Needle Use) In The Last 30 Days

4.13. Needle Use in the Last 12 Months

- No
- Yes
- Client unable to answer

4.14. In addition to your primary and secondary drugs, did you use any of the following drugs in the last 30 days? (Check all drugs that are not selected as Primary or Secondary Drug):

Alcohol	Heroin	Non-Prescription Methadone	Other Club Drugs	Other Stimulants	PCP
Barbiturates	Inhalants	None	Other Hallucinogens	Other Tranquilizers	Tranquilizers (Benzodiazepine)
Cocaine / Crack	Marijuana / Hashish	Other (specify) → (Go to Q4.14a)	Other Opiates and Synthetics	Over-the-Counter	
Ecstasy	Methamphetamines	Other Amphetamines	Other Sedatives or Hypnotics	OxyCodone / OxyContin	

6.2. Number of Arrests Last 30 Days <input type="text"/>	6.6. FOTP Parolee ("No" must be selected for male clients.) <ul style="list-style-type: none"> • No → (Go to Q6.8) • Yes → (Go to Q6.7) • Client unable to answer → (Go to Q6.8) 												
6.3. Number of Jail Days Last 30 Days <input type="text"/>	6.7. FOTP Priority Status <ul style="list-style-type: none"> • Completed "Forever Free" and released and enrolled in treatment program • Any woman paroling from California Institute for Women (CIW) • Completed "Forever Free" and goes directly to FOTP facility • None or not applicable • Client unable to answer 												
6.4. Number of Prison Days Last 30 Days <input type="text"/>	6.8. CDC Identification Number (Must only be answered when Q6.1. is "Under parole supervision by CDC") <input type="text"/>												
Medical/Physical Health Data													
7.1. Number of Emergency Room Visits In The Last 30 Days <input type="text"/>	Medi-Cal Beneficiary (System provides default answer based on response to Q3.5)												
7.2. Days of Hospital Overnight Stay In The Last 30 Days <input type="text"/>	7.5. Are you currently pregnant? ("No" must be selected for male clients.) <ul style="list-style-type: none"> • No • Yes • Not Sure/Don't Know 												
7.3. Days With Medical Problems In The Last 30 Days <input type="text"/>													
7.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 --> not good at all to 10 --> very good) <input type="text"/>													
Medication Information													
7.6. Which of the following medication is prescribed as part of treatment? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Acamprosate (Campral)</td> <td style="width: 50%;">Naloxone</td> </tr> <tr> <td>Buprenorphine (Suboxone)</td> <td>Naltrexone (Injectable)</td> </tr> <tr> <td>Buprenorphine (Subutex)</td> <td>Naltrexone (Oral)</td> </tr> <tr> <td>Disulfiram (Antabuse)</td> <td>None</td> </tr> <tr> <td>LAAM</td> <td>Other medications for SUD treatment (Specify) → (Go to Q7.6a)</td> </tr> <tr> <td>Methadone</td> <td></td> </tr> </table>	Acamprosate (Campral)	Naloxone	Buprenorphine (Suboxone)	Naltrexone (Injectable)	Buprenorphine (Subutex)	Naltrexone (Oral)	Disulfiram (Antabuse)	None	LAAM	Other medications for SUD treatment (Specify) → (Go to Q7.6a)	Methadone		7.7. Have you ever received education about Naloxone use for drug overdose? <ul style="list-style-type: none"> • No • Yes • Declined to state
Acamprosate (Campral)	Naloxone												
Buprenorphine (Suboxone)	Naltrexone (Injectable)												
Buprenorphine (Subutex)	Naltrexone (Oral)												
Disulfiram (Antabuse)	None												
LAAM	Other medications for SUD treatment (Specify) → (Go to Q7.6a)												
Methadone													
7.6a. Other medications for SUD treatment (Specify) <input type="text"/>	7.8. Have you ever used Naloxone for drug overdose reversal for yourself or others? <ul style="list-style-type: none"> • No • Yes • Declined to state 												
Communicable Diseases													
7.9. Communicable Diseases: Tuberculosis <ul style="list-style-type: none"> • No • Yes • Client declined to state • Client unable to answer 	7.13. Have you been diagnosed with any other communicable diseases? <ul style="list-style-type: none"> • Yes • No 												
7.10. Communicable Diseases: Hepatitis C <ul style="list-style-type: none"> • No • Yes • Client declined to state • Client unable to answer 	7.14. HIV Tested <ul style="list-style-type: none"> • No • Yes • Client declined to state • Client unable to answer 												
7.11. Communicable Diseases: Sexually Transmitted Diseases <ul style="list-style-type: none"> • No → (Go to 7.13) • Yes → (Go to 7.12) • Client declined to state → (Go to 7.13) • Client unable to answer → (Go to 7.13) 	7.15. HIV Test Results <ul style="list-style-type: none"> • No • Yes • Client declined to state • Client unable to answer 												
7.12. If yes, which of the following STDs? (Choose all that apply) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Chlamydia</td> <td style="width: 33%;">Gonorrhea</td> <td style="width: 33%;">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

8.1. Have you ever been diagnosed with a mental illness?

- No
- Yes
- Not Sure/Don't Know

8.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health)

8.2. Mental Health Medication In The Last 30 Days

- No
- Yes
- Client unable to answer

8.4. Days of Psychiatric Facility Use In The Last 30 Days

8.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good)

Family/Social Data

Social Support

9.1. 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?**9.2. Are any family members or guardians included as part of the treatment/recovery plan? (Youth only)**

- No
- Yes

Living Arrangements

9.3. Current Living Arrangements *Please answer any linked questions*

- At imminent risk of being homeless (losing housing within 14 days) → (Answer Q9.6 through Q9.9)
- Dependent Living / Supervised Setting → (Answer Q9.4 then go to Q9.9)
- Homeless → (Answer Q9.6 through Q9.9)
- Independent Living (Own or rent a home alone or with roommates with no supervision) → (Answer Q9.5 then go to Q9.9)

Is this participant homeless? (System provides default answer based on response to Q9.3)**9.4. What is your current dependent living arrangement?**

- Halfway house or group home (sober living / alcohol and drug-free living center)
- Other dependent living (Specify) → (Go to Q9.4a)
- Prison or jail
- Recovery Bridging Housing
- Youth living in group home or in foster care
- Youth living with parents, relatives, legal or non-legal guardians

9.6. Current homeless living arrangement?

- Doubling up or living with others temporarily
- Hotel/motel voucher
- Living outside (sleeping outdoors)
- Motels due to lack of alternative
- Other (Specify) → (Go to Q9.6a)
- 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

9.4a. Other dependent living (Specify)**9.6a. Specify Other Homeless Living Arrangement****9.5. What is your current independent living arrangement?**

- Adult child living with parents
- Other independent living (Specify) → (Go to Q9.5a)
- Own a home alone or with roommates
- Rent alone or with roommates

9.7. How long have you been homeless?

1 – Less than a month	5 - 1-2 years
2 – 1-3 Months	6 - 3-5 years
3 – 4-6 Months	7 - More than 5 years
4 – 7-12 Months	8 - Homeless on at least 4 occasions in the last 3 years totaling more than 12 months

9.5a. Other independent living (Specify)**9.8. Are you interested in improving your current living situation?**

- No
- Yes

9.9. Are you exiting institution (e.g., hospital, residential treatment, jail/prison)?

- No
- Yes

Family and Social	
<p>9.10. Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or drug user?</p> <ul style="list-style-type: none"> • No • Yes 	<p>9.14. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?</p> <input type="text"/>
<p>9.11. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days</p> <input type="text"/>	<p>9.15. Number Of Children Aged 5 Years Or Younger</p> <input type="text"/>
<p>9.12. Days With Family Conflict In The Last 30 Days</p> <input type="text"/>	<p>9.16. How many children are living with someone else because of a child protection court order?</p> <input type="text"/>
<p>9.13. 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)</p> <input type="text"/>	<p>9.17. 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?</p> <input type="text"/>
Abuse	
<p>9.18. Have you been physically abused during the past 30 days?</p> <ul style="list-style-type: none"> • Yes • Client Declined to Answer • No 	<p>9.19. Have you been sexually abused during the past 30 days?</p> <ul style="list-style-type: none"> • Yes • Client Declined to Answer • No