

CalOMS Annual Update Form Instructions

REQUIRED FORM:

The Annual Update form is a required document in the client file if the client remains in treatment for 11 months continuously in one provider and one service modality with no break in services exceeding 30 days.

WHEN:

The Annual Update can be created as early as 60 days before the individual's admission date anniversary and completed in SanWITS **no later** than the 11 month admission date anniversary.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- For instructions on each specific field, refer to CalOMS Data Collection Guide/CalOMS Treatment Data Dictionary.

NOTE:

Annual updates are required for each year thereafter that the client is in the same program and modality continuously.

Annual Updates are to be completed for Active clients only. Do not open a discharged client in order to do an Annual Update as the record will be rejected.



CalOMS Annual Update

Provider Id: _____
Client Name: _____
Client #: _____
Data Entry Date: _____
Data Entry Int: _____
CalOMS Serial #: _____

CALOMS ANNUAL UPDATE/FOLLOW-UP PROFILE

(***REQUIRED**)

*CalOMS Annual Update Date (mm / dd / yyyy)

CalOMS Annual Update # (Auto-populates)

ALCOHOL & DRUG USE AT ANNUAL UPDATE

(***REQUIRED**)

Primary Drug				
*Drug Type	0-None (Will be rejected)	8-Cocaine/Crack	16-Other Opiates or Synthetics+	
	1-Heroin	9-Marijuana/Hashish	17-Inhalants+	
Drug Name (+Must specify name)	2-Alcohol	10-PCP	18-Over-the-Counter+	
	3-Barbiturates+	11-Other Hallucinogens+	19-Ecstasy	
	4-Other Sedatives or Hypnotics+	12-Tranquilizers (e.g. Benzodiazepine)+	20-Other Club Drugs+	
	5-Methamphetamine	13-Other Tranquilizers+	99901-Unknown (Will be rejected)	
	6-Other Amphetamines+	14-Non-Prescription Methadone	99903-Other (specify)+	
	7-Other Stimulants+	15-OxyCodone/OxyContin		
	*Number of Days Used in Past 30	Must select # between 0 and 30 99902-None or not applicable		
	*Route of Administration	1-Oral	3-Inhalation	99902-None or not applicable (Will be rejected)
		2-Smoking	4-Injection (IV or intramuscular)	99903-Other
	Secondary Drug			
*Drug Type	0-None	8-Cocaine/Crack	16-Other Opiates or Synthetics+	
	1-Heroin	9-Marijuana/Hashish	17-Inhalants+	
Drug Name (+Must specify name)	2-Alcohol	10-PCP	18-Over-the-Counter+	
	3-Barbiturates+	11-Other Hallucinogens+	19-Ecstasy	
	4-Other Sedatives or Hypnotics+	12-Tranquilizers (e.g. Benzodiazepine)+	20-Other Club Drugs+	
	5-Methamphetamine	13-Other Tranquilizers+	99901-Unknown (Will be rejected)	
	6-Other Amphetamines+	14-Non-Prescription Methadone	99903-Other (specify)+	
	7-Other Stimulants+	15-OxyCodone/OxyContin		
	*Number of Days Used in Past 30	Must select # between 0 and 30 99902-N/A or None		
	*Route of Administration	1-Oral	3-Inhalation	99902-None or not applicable
		2-Smoking	4-Injection (IV / intramuscular)	99903-Other
	*Number of Days Alcohol Used in Past 30	Auto-populates if 1 st or 2 nd drug is alcohol Must select # between 0 and 30		
*Number of Days IV Used in Past 30	Must select # between 0 and 30 99900-Declined to state 99904-Unable to answer (only if client is in detox or developmentally disabled)			
*Used Needles in Past 12 Months				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client unable to answer/99904 (only if client is in detox or developmentally disabled)				

*Required Field



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FAMILY/SOCIAL AT ANNUAL UPDATE

(*REQUIRED)

***Number of Days Social Support in Past 30**

Must select # between 0 and 30

***Number of Children Under 18**

Must select # between 0 and 30

***Current Living Arrangements**

1-Homeless
2-Dependent Living
3-Independent Living

***Number of Children Age 5 or Less**

Must select # between 0 and 30

***Number of Days Living w/User of Alcohol or Drugs in Past 30**

Must select # between 0 and 30

***Number of Children Living w/Someone Else Because of a Child Protection Order** Must select # between 0 and 30

***Number of Days Family Conflict in Past 30**

Must select # between 0 and 30

***Number of Children Living w/Someone Else for whom Parental Rights have been Terminated**

Must select # between 0 and 30

***Current Zip Code** 00000-Homeless

EMPLOYMENT AT ANNUAL UPDATE

(*REQUIRED)

***Employment Status**

1-Employed Full Time (35 hours or more)
2-Part time (less than 35 hours)

3-Unemployed looking for work
4-Unemployed not in the labor force (not seeking)

5-Not in the labor force (not seeking)

***Number of Paid Work Days in Past 30** Must select # between 0 and 30

***Enrolled in School**

YES NO Client declined to state Client unable to answer (only if client is in detox or developmentally disabled)

***Enrolled in Job Training**

YES NO Client declined to state Client unable to answer (only if client is in detox or developmentally disabled)

***Graduated from High School**

YES NO Client declined to state Client unable to answer (only if client is in detox or developmentally disabled)

Highest School Grade Completed	06-6 th Grade	13-13	20-20	27-27
00-Kindergarten	07-7 th Grade	14-14	21-21	28-28
01-1 st Grade	08-8 th Grade	15-15	22-22	29-29
02-2 nd Grade	09-9 th Grade	16-16	23-23	30-30
03-3 rd Grade	10-10 th Grade	17-17	24-24	99900-Client declined to state
04-4 th Grade	11-11 th Grade	18-18	25-25	99904-Client unable to answer (only if client is in detox or developmentally disabled)
05-5 th Grade	12-12 th Grade/GED	19-19	26-26	



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LEGAL/CRIMINAL JUSTICE AT ANNUAL UPDATE

(*REQUIRED)

*Number of Arrests in Last 30 Days	Must select # between 0 and 30
*Number of Jail Days in Last 30	Must select # between 0 and 30
*Number of Prison Days in Last 30	Must select # between 0 and 30
*Number of Arrests in Last 6 Months	Must select # between 0 and 30
Criminal Justice Status	1-No criminal justice involvement 2-Under parole supervision from CDC 3-On parole from any other jurisdiction 4-Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction 5-Admitted under other diversion from any court under CA Penal Code Section 1000 6-Incarcerated 7-Awaiting trial, charges or sentencing 99904-Client unable to answer

MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE

(*REQUIRED)

*Number of Times Emergency Room in Past 30	Must select # between 0 and 99
*Number of Hospital Overnights in Past 30 Days	Must select # between 0 and 30
*Number of Days Medical Problems in Past 30	Must select # between 0 and 30

*HIV Tested

YES NO Client declined to state Client unable to answer

*HIV Test Results Received

YES NO Client declined to state Client unable to answer

*Pregnant at Any Time During Tx

1-YES 0-NO 99901-Not Sure/Don't Know

MENTAL HEALTH AT ANNUAL UPDATE

(*REQUIRED)

* Mental Illness Diagnosed		
1-YES 0-NO 99901-Not Sure/Don't Know		
*Number of Times Outpatient Emergency MH Services in Past 30 Days	Must select # between 0 and 99	
*Number of 24hr Psychiatric Facility Stays in Past 30 Days	Must select # between 0 and 30	
* Mental Health Medication in Past 30 Days		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client unable to answer/99904		