

Table of CalOMS Data Elements and Data Collection Points

Item Number	Element	Question	Admission			Annual Update			Discharge				
			S	Y D	DL	S	Y D	DL	S	Y D	A	DL	
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative										
ADM-4	Type of service	Type of service	X	X	X								
ADM-5	Source of referral	What is your principal source of referral?	X	X	X								
ADM-6	Days waited to enter treatment	How many days were you on a waiting list before you were admitted to this treatment program?	X	X									
ADM-7	Number of prior episodes	What is the number of prior episodes in any AOD treatment/recovery program in which you have participated?	X	X									
ADM-8	CalWORKs recipient	Are you a CalWORKs recipient?	X	X									
ADM-9	Treatment under CalWORKs	Are you a substance abuse treatment client under CalWORKs recipient's welfare-to-work plan?	X	X									
ADM-10	County paying for services	What is the code of the county paying for the services/for which the services are being delivered?	X	X									
ADM-11	Special services contract ID	What is the special services contract ID number under which the services were performed?	X	X									
DIS-1	Discharge date	Date of discharge.							X	X	X	X	
DIS-2	Discharge status	Participant's discharge status.							X	X	X	X	
AUP-1	Annual update date	Date annual update conducted.				X	X	X					
AUP-2	Annual update number	Number of the annual update being reported.				X	X	X					
ADU-1a	Primary drug code	What is your primary alcohol or drug problem?	X	X		X	X		X	X	X		
ADU-1b	Primary drug name	What is your primary alcohol or drug problem?	X	X		X	X		X	X	X		
ADU-2	Primary drug frequency	How many days in the past 30 days have you used the primary drug?	X	X		X	X		X	X			
ADU-3	Primary drug route of administration	What is your usual route of administration for the primary drug?	X	X		X	X		X	X			
ADU-4	Primary drug age of first use	What was your age the first time you used the primary drug?	X	X		X	X		X	X			
ADU-5a	Secondary drug code	What is your secondary alcohol or drug problem?	X	X		X	X		X	X			
ADU-5b	Secondary drug name	What is your secondary alcohol or drug problem?	X	X		X	X		X	X			

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LEG-7	FOTP parolee	Are you a parolee in the Female Offender Treatment Program (FOTP)?	X										
LEG-8	FOTP priority status	What is your FOTP priority status?	X										
MED-1	Medi-Cal beneficiary	Are you a Medi-Cal beneficiary?	X	X									
MED-2	ER last 30 days	How many times have you visited an ER in the last 30 days for physical health problems?	X			X			X				
MED-3	Hospital overnight last 30 days	How many days have you stayed overnight in a hospital for physical health problems in the last 30 days?	X			X			X				
MED-4	Medical problems last 30 days	How many days have you experienced physical health problems in the last 30 days?	X			X			X				
MED-5	Pregnant at admission	Are you pregnant?	X	X									
MED-6	Pregnant during treatment	Were you pregnant at any time during treatment?				X	X		X	X			
MED-7	Medication prescribed as part of treatment	Medication prescribed as part of treatment.	X	X									
MED-8	CD: TB	Have you been diagnosed with Tuberculosis?	X										
MED-9	CD: HepC	Have you been diagnosed with Hepatitis C?	X										
MED-10	CD: STD	Have you been diagnosed with a sexually transmitted disease?	X										
MED-11	HIV Tested	Have you been tested for HIV/AIDS?	X			X			X				
MED-12	HIV test results	Do you have the results of the HIV/AIDS test?	X			X			X				
MHD-1	Mental illness	Have you ever been diagnosed with a mental illness?	X	X		X	X		X	X			
MHD-2	ER use/mental health	How many times in the past 30 days have you received outpatient emergency services for mental health needs?	X			X			X				
MHD-3	Psychiatric facility use	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?	X			X			X				
MHD-4	Mental health medication	In the past 30 days, have you taken prescribed medication for mental health needs?	X			X			X				

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SOC-1	Social support	How many days in the last 30 days have you participate in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?	X	X		X	X		X	X			
SOC-2	Current living arrangements	What are your current living arrangements?	X	X		X	X		X	X			
SOC-3	Living w/someone	How many days in the past 30 days have you lived with someone who uses AOD?	X			X			X				
SOC-4	Family conflict last 30 days	How many days in the past 30 days have you had serious conflicts with your family?	X			X			X				
SOC-5	Number of children	How many children do you have aged 17 or less (birth or adopted) whether they live with you or not?	X			X			X				
SOC-6	Number children 5 or younger	How many children do you have aged 5 or younger?	X			X			X				
SOC-7	Number children living w/someone else	How many of your children are living with someone else because of a child protection court order	X			X			X				
SOC-8	Number children living w/someone else	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?	X			X			X				