



REQUIREMENTS SPECIFICATION

FOR THE

CALIFORNIA OUTCOMES MEASUREMENT SYSTEM *CALOMS*

TAILORED FOR COUNTIES AND DIRECT CONTRACT PROVIDERS

**CALIFORNIA DEPARTMENT OF ALCOHOL & DRUG PROGRAMS
1700 K STREET
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1 EXECUTIVE SUMMARY

The mission of the California Department of Alcohol and Drug Programs (ADP) is 'To lead California's strategy to reduce alcohol and other drug problems by developing, administering, and supporting prevention and treatment programs. To facilitate the achievement of its mission, ADP defined 13 goals and corresponding objectives. Goal 8 is to 'Implement a statewide treatment and prevention outcomes measurement system that provides information for administering and improving prevention and treatment programs. In addition, ADP requires a system that will report both the new Performance Partnership Grant (PPG) information and the existing Treatment Episode Data Set (TEDS) information to the federal government. The system that will be developed to achieve Goal 8 is known as the California Outcomes Measurement System (CalOMS). CalOMS will replace the existing California Alcohol and Drug Data System (CADDSS) and California Treatment Outcomes Project (CalTOP) system.

For federal reporting purposes, CalOMS data collection must be fully implemented and operational by October 2006. ADP's goal is to implement ADP's CalOMS system into production by the end of 2005 so that ADP and the counties have time to resolve operational issues and achieve stable ongoing data collection operations before the federal deadline is reached. This document does not discuss or include prevention data collection. Requirements for outcome measurement for prevention services will be addressed in a separate document.

The Phase 1 CalOMS system will collect treatment data for the same population of clients and from the same types of providers that is the case for CADDSS today. Client treatment data will first be collected by individual providers and forwarded to the counties that oversee their programs. The counties and direct contract service providers will then forward the information electronically to ADP on a monthly or more frequent basis.

Providers will collect client data at admission (or intake) to the treatment program and discharge or administrative discharge from the same program. After a period of time following discharge or administrative discharge from the last service in a treatment episode (referred to as post-treatment follow-up), a third-party entity, under contract with ADP, will attempt to locate a sample of clients, collect follow-up data from them and transmit this data to ADP. The basis for 'outcome' measurement in the CalOMS project will be the comparison of client data collected at discharge and follow-up (after treatment) with data collected at admission (before treatment).

The Minimum Treatment Data Set (MTDS) that will be collected varies somewhat depending upon the collection point, but is made up of questions and data elements from several sources including:

- The CADDSS data set which is based on the TEDS federal reporting requirement
- Unique Client Identifiers (UCI)
- PPG requirements from the federal government
- The Minimum Treatment Outcome Questions (MTOQ) approved by the CalOMS Implementation Workgroup (IWG) in June 2004. The MTOQ includes questions designed to satisfy PPG requirements.

The following CalOMS Requirements Specification defines the Functional, Data, Inputs and Outputs, Technical, HIPAA, Privacy, Security, and other key requirements and standards that must be incorporated into CalOMS. The Requirements Specification distinguishes between the

requirements on the counties and direct providers to collect and report CalOMS data to ADP and the requirements related to ADP's portion of the CalOMS system. The Requirements Specification will be the principal input into the processes to manage, design, build, test, implement, maintain and support CalOMS.

2 INTRODUCTION

The CalOMS Requirements Specification document is comprised of an executive summary, an introduction, project and system background information, detailed system requirements, open issues list, and supporting documentation.

2.1 PURPOSE

The purpose of the Requirements Specification document is to define the business and technology requirements for CalOMS. The Requirements Specification will be used to guide the management, design, build, implementation, and maintenance and support of CalOMS. This Requirements Specification will also identify the requirements on counties and direct providers for collecting and submitting the client data required for CalOMS.

2.2 SCOPE

The scope of this Requirements Specification includes the definition of the business and technology requirements for an outcomes measurement system for ADP, California's 58 counties, and ADP's 30 (approximate number) direct contract service providers. The scope of CalOMS at this time is limited to treatment services. Prevention services will be included in CalOMS at a later time.

ADP's CalOMS system will not provide an online data entry tool for use by counties and direct contract service providers. During the course of the project, ADP's Executive Management decided that ADP will require the counties and direct contract providers to collect the CalOMS data and send it to ADP in the form of a standard electronic data file. ADP management also decided that:

- The counties and direct contract providers will be responsible for being the original, single source for collection of CalOMS data. Counties are responsible for providing the automated systems that their providers use to collect CalOMS data and submit it to the county. Counties would either enhance their existing systems or implement new automated systems to collect the data.
- Counties and direct providers will collect the CalOMS data in their systems and send data files with the required data to ADP monthly or more frequently. ADP will establish a standard data file format that all counties would have to comply with.
- ADP will receive the data files submitted by counties and direct providers and update the CalOMS database.
- ADP will not provide automated online data entry capability, e.g., web-based data entry screens to a State-supported web server.
- ADP will provide the means for counties and direct providers to extract their data from the CalOMS database and to run 'canned', pre-generated reports from data in ADP's CalOMS system.

Details regarding the above decision are documented in the CalOMS Special Project Report (SPR) Number 1 that was approved by the Department of Finance on February 3, 2004. The SPR is available upon request.

In Phase 1, CalOMS will collect treatment data from the same population of clients and providers as CADDs does today, i.e., the business rules governing which facilities must submit treatment data will remain exactly the same. According to these rules, provider facilities that receive Alcohol and Other Drug (AOD) treatment funding from ADP for the following services must report participant data to ADP:

- Alcohol services that include non-residential recovery or treatment, detoxification, recovery homes and/or residential treatment.
- Drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy including methadone maintenance and LAAM, detoxification, residential, hospitals and all licensed methadone providers, whether publicly or privately funded.

Facilities that receive funding from ADP for the services listed above must report data on all participants, regardless of the source of funding for individual participants. Facilities that receive funding from their county for treatment services under the Substance Abuse and Crime Prevention Act of 2000 (SACPA) must report data on all SACPA participants. Mental health centers and other facilities that occasionally serve participants who have a substance abuse problem may submit treatment data if directed to do so by their county AOD Program Administrator. AOD treatment/recovery facilities that do not receive ADP funds and that do not provide narcotic replacement therapy may submit treatment data with the approval of ADP or if directed to do so by their county AOD Program Administrator.

Treatment data will be collected from ADP's clients at up to three collection points.

- Admission – Initial entry into a treatment program. Data collected by service providers for all clients who qualify.
- Discharge/Administrative Discharge – Completion or exit from a treatment program. Data collected by service providers for all clients who qualify.
- Post Treatment Follow-up – Follow-up by a third-party entity for a random sample of clients NN months after the clients' dates of admission or discharge, depending on the modality of service received, from their treatment episode. Data will be collected for a NN percent random sample of clients who qualify. ADP's CalOMS system will generate random sample lists of clients to receive follow-up and provide these lists to the third party entity.

Note: Specifics regarding the data elements that are collected at each collection point are identified in the attached Data Matrix.

The treatment services that will be included in CalOMS data collection are:

- Non-residential/Outpatient:
 - Outpatient Drug Free (ODF)
 - Day Care Rehabilitative (DCR)
 - Detoxification (non-medical)
 - Narcotic Treatment Program (NTP) - Maintenance

- Narcotic Treatment Program (NTP) - Detoxification
- Residential:
 - Detoxification (hospital)
 - Detoxification (non-hospital)
 - Treatment/recovery (30 days or less)
 - Treatment/recovery (31 days or more)

The list of treatment services is developed from CADDSS form number ADP 7360, Rev. 4/01.

Clients receiving Driving Under the Influence (DUI) and Screening, Brief Intervention, Referral, and Treatment (SBIRT) services will not be included in CalOMS data collection for Phase 1. For youth clients, all data elements except the MTOQ items will be collected. For clients receiving detoxification (detox) services, a minimum set of CADDSS/TEDS, UCI, and PPG elements will be collected at admission if the client is not stabilized. The other CADDSS/TEDS, UCI, and PPG elements and the MTOQ questions will be collected when the clients are stabilized and can provide the information. If the client is not stabilized before the conclusion of detoxification services, these other items will not be collected. Additionally, for all detox clients, MTOQ items will not be collected at discharge. Exceptions regarding data collection at various points in time for treatment services are identified in the Detailed Requirements section.

2.3 KEY ASSUMPTIONS

The following key assumptions were made in the development of the CalOMS Requirements Specification.

- CalOMS shall replace the CADDSS and CalTOP systems.
- ADP's CalOMS system shall run in production in parallel with CADDSS at least until all counties have converted to CalOMS. A county/direct provider CalOMS-ready system can run in production in parallel with their CADDSS submissions for a limited time until the county/direct provider fully switches over to CalOMS submissions.
- The CalTOP system shall run in production until all counties and providers participating in the CalTOP project have converted to full use of CalOMS.
- There shall be no interfaces built between CalOMS and CalTOP
- ADP's CalOMS system shall be built by a third party development vendor. Vendor requirements are defined in the CalOMS Request for Offers document.
- ADP's CalOMS development vendor shall follow ADP's requirements traceability process in designing, building, testing, and implementing CalOMS.
- ADP's CalOMS production system and test system shall be housed at the California Health and Human Services Data Center (HHSDC).
- The file transfer mechanism between the counties/direct contract providers and ADP's CalOMS system shall be the California Department of Mental Health's (DMH) Information Technology Web Services (ITWS) system.

- CalOMS shall comply with all applicable privacy requirements and standards of the federal government and the State of California and all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and standards.
- A third party entity, contracted by ADP, will conduct follow-up interviews of clients after treatment. This entity will be responsible for collecting this data from clients and reporting it to ADP in a format specified by ADP. The third party follow-up entity will be responsible for implementing the information technology system(s) they need to collect and report follow-up data.

3 BACKGROUND

3.1 PROGRAM BACKGROUND

The program background for CalOMS was defined in the CalOMS Feasibility Study Report (FSR) dated July 26, 2002, in the 'Program Background' section 3.1.1. Following is an excerpt from the FSR including corrections regarding the history of the establishment of ADP:

“The Department of Alcohol and Drug Programs (ADP) was first established as the Department of Alcohol and Drug Abuse (Statute 1977, Ch. 1252, operative July 1, 1978). The Department’s name was changed to the Department of Alcohol and Drug Programs with the enactment of Ch. 679 (Statute 1979). The Department is designated as the Single State Agency (SSA) responsible for leading, administering and coordinating the State’s alcohol and drug abuse prevention, treatment, and recovery services. It is also the state agency responsible for interagency coordination of these services. The Department uses each of California’s 58 county alcohol and drug programs as the broker of service to clients. The counties, in turn, provide services to clients directly or by contracting with local service providers. With few exceptions, the client’s county of residence coordinates service delivery to clients. The treatment service provider may be a county department or, more frequently, a community-based provider. In addition to administering alcohol and other drug (AOD) services, the Department also develops and implements programs, administrative systems and infrastructure to help achieve its mission and vision. The Department is responsible for managing program initiatives such as Youth Treatment, Drug Courts, Indian Health, and Perinatal.”

3.2 BUSINESS OBJECTIVES

The business objectives of Phase 1 of the CalOMS project were defined in the CalOMS Feasibility Study Report (FSR) dated July 26, 2002 in the 'Business Objectives' section 3.1. Following are the CalOMS business objectives. These objective statements were updated in June 2004.

- **Outcome Measurement:** A primary objective is to provide decision-makers and stakeholders with data needed to evaluate the benefits resulting from the investment in AOD treatment programs. This project will establish the on-going measurement and reporting of treatment outcomes, i.e., the change in client condition between admission and discharge (short-term outcomes) and between admission and post-treatment follow-up (longer-term outcomes) for a sample of individuals receiving publicly-funded AOD treatment services.
- **Client Identification:** To facilitate the data linkage with external data sources and the measurement of client outcomes in a confidential manner, an objective of the project is to uniquely identify all AOD clients receiving government-funded services at AOD

treatment programs in California. The project will implement the collection of unique client identifiers for all AOD clients to enable the cross-matching of client records between different service types (treatment episode tracking) and with non-ADP databases.

- **Performance Partnership Grants:** An objective of the project is to build the ongoing performance measurement capability and generate the performance data required to administer the new PPG process and take advantage of the new opportunities presented by this major change in AOD treatment funding for the benefit of California. The project will implement the collection of the core outcome measures required of all states by the Federal Government for the PPG by October 2006.
- **Treatment Episode:** Measurement of outcomes should be based on the entire episode of treatment services received through the AOD treatment system. Client data collection should span the entire treatment episode (e.g. from detoxification through residential and outpatient services) to produce a picture of the results of treatment services provided.
- **Data:** In ADP's portion of the CalOMS system, AOD client data will be migrated to ADP's common data architecture to facilitate the integration of client data with data elements related to the other key AOD entities such as providers. This will improve the ability to analyze client data in conjunction with the breadth of AOD related information.
- **Responsiveness:** In ADP's portion of the CalOMS system, AOD client data will be migrated to a modern IT architecture that is more flexible and responsive to satisfy the dynamically changing information needs the Department faces today.
- **Continuity:** The future solution will include meeting the same objectives achieved by the existing CADDS system including meeting the Federal Treatment Episode Data Set (TEDS) reporting requirements.

3.3 BUSINESS CONSTRAINTS

The development of ADP's CalOMS system shall:

- Comply with ADP's policies and standards.
- Comply with ADP's and CalOMS' privacy and security policies and standards.
- Comply with the Department of Finance's (DOF) standards.
- Comply with the Statewide Information Management Manual (SIMM).
- Comply with the State Administrative Manual (SAM) and State Contracts Manual.
- Comply with the Code of Federal Regulations, Title 42, Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records.
- Comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- Incorporate the requirements expressed by the following ADP Stakeholders:
 - CalOMS Executive Sponsor and Co-Sponsors
 - Program Operations Division (POD)

- Program Fiscal Policy Branch (PFPB)
- Office of Perinatal Substance Abuse (OPSA)
- ADP HIPAA Office
- Office of Applied Research and Analysis (OARA)
- Information Management Services Division (IMSD)
 - Information Systems Branch
 - Data Management Section
 - EDP Operation Support Section
 - EDP Application Support Section
 - Information Technology Branch
 - CalOMS
 - HIPAA Advisor
- Office of Criminal Justice Collaboration (OCJC)
- Licensing and Certification Division (LCD)
- Office of Legal Services (OLS).

4 CALOMS REQUIREMENTS

This section provides a high-level view of the CalOMS process and architecture is provided.

4.1 HIGH-LEVEL PROCESSES AND ARCHITECTURE

4.1.1 *Collecting and Submitting Data Process*

Below is the 'typical' process to be followed by counties/direct contract providers in collecting and submitting data to ADP. **Note that executors of the process steps are highlighted in bold.**

- Gather client admission and discharge data throughout a month (per the rules defined in the 'Detailed Requirements Matrix'). **(County/direct contract provider)**
- Enter the data into the county's/direct contract provider's own automated system. **(County/direct contract provider)**
- Extract the data from the county's/direct contract provider's own automated system into the file format provided by ADP. Typically, this will be performed on a monthly basis. **(County/direct contract provider)**
- Convert the files intended for CalOMS into password protected zip files. **(County/direct contract provider)**
- 'Log on' to DMH's ITWS file transfer application portal. **(County/direct contract provider)**
- Access the file transfer function on the ITWS. **(County/direct contract provider)**
- Submit/upload the admission and discharge data to the county's/direct provider's folder on ITWS using the file transfer function, a Secure Socket Layer (SSL) encrypted transmission process. **(County/direct contract provider)**
- Perform some basic file level edits, e.g. file format and record length checks, and report errors back to the county submitter **(ITWS)**

- Automatically transfer the files received to CalOMS. File transfers between the ITWS and the CalOMS system at HSDC are through secure File Transfer Protocol (FTP) transmissions over Virtual Private Network (VPN). **(ITWS)**
- Automatically process and perform edit checks and validations on the data that is uploaded. **(CalOMS)**
- Flag any items that need to be corrected (per the validation criteria described in the ‘Detailed Requirements’ matrix). **(CalOMS)**
- Automatically generate an error report for ADP that identifies all the data that needs to be corrected (both critical and non-critical errors) (by county by provider). **(CalOMS)**
- Automatically generate an error report for counties/direct contract providers that identifies the data that needs to be corrected and provide an upload results summary. Store the report in a county/direct contract provider folder designated for CalOMS. **(CalOMS)**
- Send an e-mail notification back to the submitting county/direct contract provider alerting them that file processing was completed and summarizing the results. **(CalOMS)**
- Correct the data in the county’s/direct contract provider’s system and upload the updated data to ITWS using the file transfer function as described above. **(County/direct contract provider)**
- Repeat the edit checking, validation, reporting, and correction processes as described above. **(CalOMS and county/direct contract provider)**

4.1.2 Follow-up Process

A third party entity will conduct follow-up interviews of clients after treatment with the assistance of counties and providers, e.g. sending letters to notify clients that the follow-up entity may be contacting them. The third party follow-up entity will be responsible for implementing the information technology system(s) they need to collect and report follow-up data. The follow-up entity will:

- Locate and interview clients **(follow-up entity)**
- Collect the required follow-up data in electronic format. **(follow-up entity)**
- Transmit the data to ADP in an electronic format specified by ADP. **(follow-up entity)**

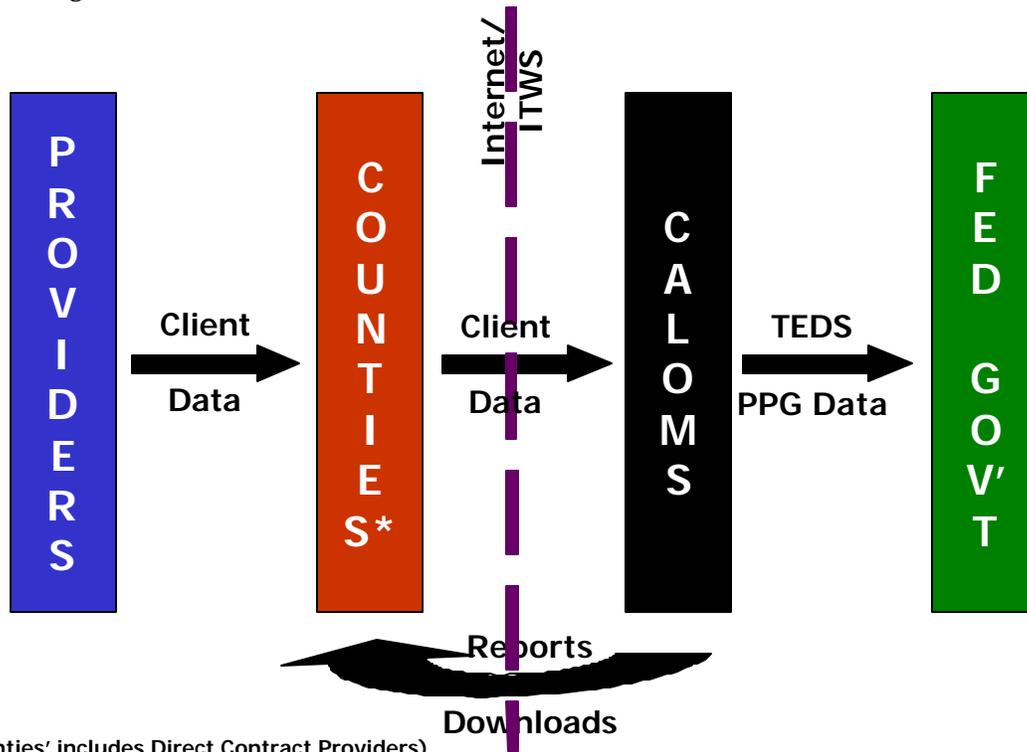
4.1.3 Reporting Process

The ‘typical’ process that will be followed by counties/direct contract providers to access reports from CalOMS is as follows.

- ‘Log on’ to DMH’s ITWS file transfer application portal. **(County/direct contract provider)**
- Access the CalOMS output menu function on ITWS. **(County/direct contract provider)**
- Select the desired report from the menu and enter the appropriate date and other parameters (where applicable). (Note: Access is restricted to the reports specific to the county/direct contract provider and statewide aggregate summary reports). **(County/direct contract provider)**
- Send the report/download request to CalOMS. The report/download is automatically prepared and sent back to ITWS. Place the report and/or download in the county’s/direct contract provider’s folder on ITWS. **(ITWS)**
- Either view the report online, print the report to a local printer, or download the data to a local personal computer. **(County/direct contract provider)**

4.1.4 High-Level Overall CalOMS Architecture

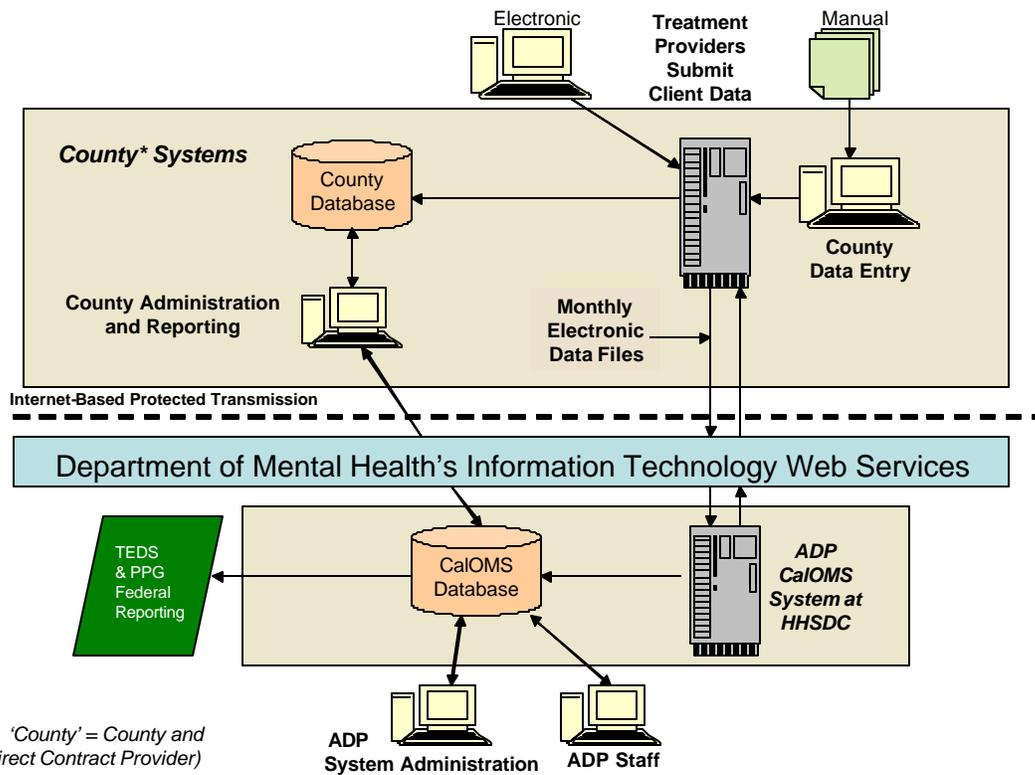
Below is a high-level view of the overall CalOMS architecture:



4.1.5 Mid-Level Detail Overall CalOMS Architecture

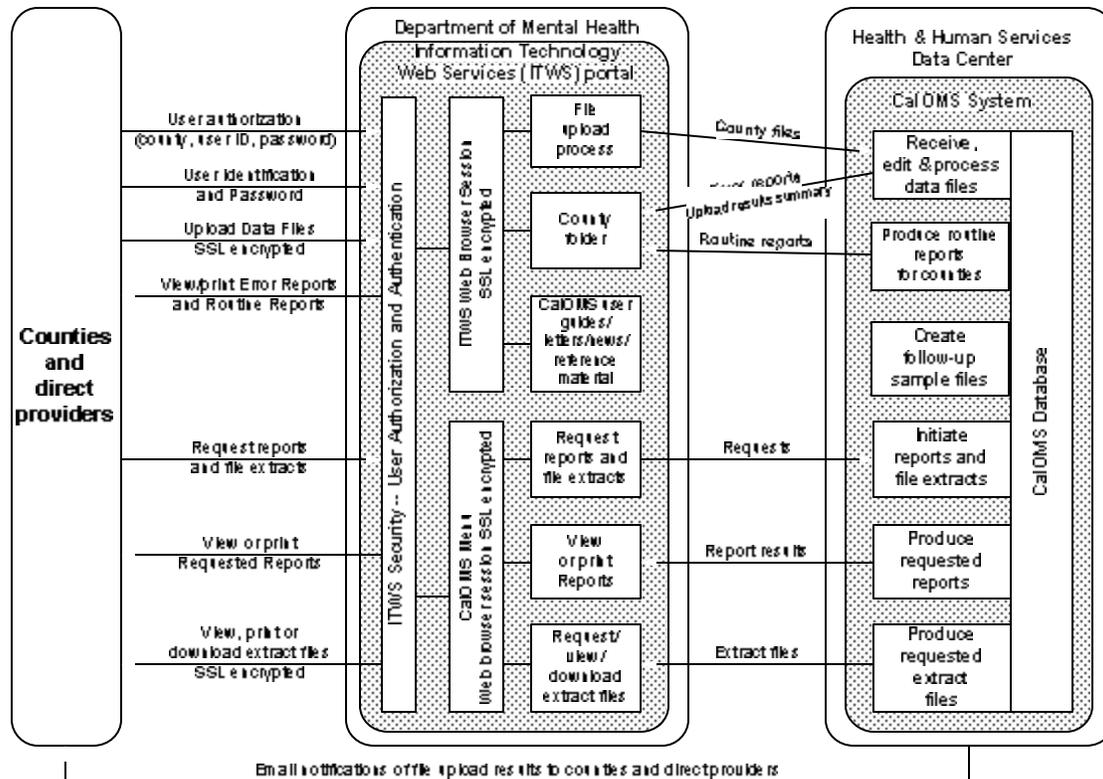
Below is a mid-level detail view of the overall CalOMS architecture:

Treatment Data Collection Architecture



4.1.6 Detailed Overall CalOMS County File Transfer, User Authentication and Report Distribution Process Interactions

Below is the detailed view of the CalOMS County File Transfer, User Authentication, and Report Distribution Process Interactions:



System Interfaces for File Transfer, User Authentication and Report Distribution
California Outcomes Measurement System (CalOMS)

5 ISSUES

This section describes the open issues that were not resolved during the Requirements Definition effort. ADP in conjunction with counties/direct providers will need to resolve these issues in order to build and implement CalOMS.

1. The rules for the frequency of generating sample lists of clients for follow-up and the number ('NN') of days following the end of the period that follow-up samples shall be generated is to be determined.
2. The business rules for how soon after admission that admission data shall be collected and when discharge and administrative discharge data collection shall be completed shall be determined by a Special Purpose Workgroup.
3. Narcotic Treatment Program (NTP) clients tend to be long-term recipients of NTP services. Some NTP clients have been clients for many years. As a result, the timing of performing post-episode follow-up for these clients needs to be determined.
4. ADP is considering requiring NTP providers, rather than a third party entity, to collect follow-up data from their clients and transmit this data to ADP. If this policy is adopted, the third party entity will collect follow-up data for all treatment modalities except NTP.
5. The reporting schedule and frequency for the PPG Data Set to the federal government is unknown.
6. The final decision regarding the CalOMS data retention schedule is pending and will be determined during system design. At this time, ADP expects that data will be retained in the CalOMS database for at least five years.
7. The timing of when CADDs shall be shut down is to be determined.
8. The timing of when the CADDs conversion program shall be executed is to be determined.
9. The timing of when the CalTOP data conversion shall be done is to be determined.
10. The timing of when CalTOP shall be shut down is to be determined.
11. The business rules and system requirements related to client consent and client revocation of consent need further elaboration.
12. Detailed rules for defining a 'treatment episode' need to be established.
13. The post episode follow-up sample size and frequency is to be determined.
14. The requirements related to the collection of data for detox clients may need further specification.

6 APPENDICES

This section includes supporting documentation for the Requirements Specification including:

6.1 Requirements Categories and Sub-Categories

This section lists the various requirement categories and sub-categories along with their corresponding abbreviations.

6.2 Detailed Requirements Matrix

This section provides the detailed requirements to be used as input to manage, design, build, test, implement, and maintain and support processes for CalOMS.

6.3 CalOMS Data Elements

This section identifies the data elements that will be collected for CalOMS Phase 1. The attached Data Matrix provides details on the treatment data elements that will be collected.

6.4 Data Element ‘Relational Edits’

This section provides additional data element ‘relational edits’ beyond the information provided in the Data Elements Matrix.

6.5 Glossary of Terms

This section contains the common acronyms/terms used in this document and/or within ADP and their descriptions.

6.6 Treatment Episode

This section provides additional information regarding the definition of a treatment episode.

6.7 CalTOP Report Samples

This section contains samples of the current CalTOP reports that shall be tailored to ADP’s CalOMS system and available data elements.

6.8 Treatment Performance Measurement Reports

This section provides the instructions and format for the performance measurement reports that will be produced by ADP’s CalOMS system.

6.1 REQUIREMENTS CATEGORIES AND SUB-CATEGORIES

The requirements categories and sub-categories (and their corresponding abbreviations) include:

- Functional (FUN)
 - Treatment Data Set (TDS)
 - Data Collection Points and Data Sets (DCP)
 - Sampling for Follow-up (SF)
 - Unique Client Identifier (UCI)
 - Treatment Services Included (TSI)
 - Treatment Services Not Included (TSN)
 - Multiple Program Enrollment (MPE)
 - Transaction Dependency (TD)
 - Validation (VAL)
 - Unique Records (UR)
 - System Administration (SA)
 - User Access (UA)
 - Business Process Policies (BPP)
- Inputs and Outputs (IO)
 - Inputs (INP)
 - Standard Outputs/General Information (SOG)
 - Standard Program Outputs (SPO)
 - Standard County/Direct Contract Provider Output Methods (SCM)
 - Standard County/Direct Contract Provider Outputs (SCO)
 - Standard Federal Outputs (SFO)
 - Other Outputs (OO)
- Data (DAT)
 - Data Sets (DS)
 - Other (OTH)
- Performance (PER)
- Technical Requirements (TR)
- Interfaces (INT)
 - Files/Tables (FT)

- Systems (SYS)
- Documentation (DOC)
- Privacy/HIPAA/Confidentiality (PH)
- Supportability (SUP)
- Legal, Copyright and Other Notices (LCO)
- Security (SEC)

6.2 DETAILED REQUIREMENTS MATRIX

Following are the detailed requirements for CalOMS Phase 1. The requirements are sorted by category and sub-category:

CalOMS Detailed Requirements			
<u>X-Ref</u>	<u>Requirement</u>	<u>Priority</u>	<u>Owner</u>
Functional			
<i>Treatment Data Set</i>			
FUN-TDS-001	<p>Counties/direct providers will collect and transmit Treatment Data Sets for the population of clients receiving treatment services from AOD providers delineated as follows. The Treatment Data Set shall consist of the Admission Data Set, the Discharge Data Set, and the Administrative Discharge Data Set. The counties/direct providers will collect and transmit treatment data for the same population of clients and providers for which CADDs is collected today, i.e., the business rules governing which facilities must submit treatment data will remain exactly the same. ADP's CalOMS system will receive and retain Treatment Data Sets from counties/direct providers for this same population of clients.</p> <p>According to the CADDs rules, provider facilities that receive AOD treatment funding from ADP for the following services must report participant data:</p> <ul style="list-style-type: none"> • Alcohol services that receive include non-residential recovery or treatment, detoxification, recovery homes and/or residential treatment. • Drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy including methadone maintenance and LAAM, detoxification, residential, hospitals and all licensed methadone providers, whether publicly or privately funded. <p>Facilities that receive funding from ADP for the services listed above must report data on all participants, regardless of the source of funding for individual participants. Facilities that receive funding from their county for SACPA treatment services must report data on all SACPA participants. Mental health centers and other facilities that occasionally serve participants who have a substance abuse problem may submit treatment data if directed to do so by their county AOD Program Administrator. AOD treatment/recovery facilities that do not receive ADP funds and that do not provide narcotic replacement therapy may submit treatment data with the approval of ADP or if directed to do so by their county AOD Administrator.</p>	M	POD
FUN-TDS-002	ADP's CalOMS system will receive and retain Treatment Data Sets from all 58 California counties and all ADP Direct Contract providers. The Treatment Data Set shall consist of the Admission Data Set, the Discharge Data Set, and the Administrative Discharge Data Set.	M	POD
FUN-TDS-003	CalOMS shall provide the capability for counties, e.g., Sutter and Yuba, to either report separately or to report as a single administratively combined county. CalOMS shall also enable counties to change whether they report separately or as a single administratively combined county (as approved by ADP).	M	POD-PFPB

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
<i>Data Collection Points and Data Sets</i>			
FUN-DCP-001	Counties/direct providers will collect and transmit the Admission Data Set for each client at admission. ADP's CalOMS system will receive and retain the Admission Data Set collected for each client at admission.	M	POD
FUN-DCP-002	Counties/direct providers will collect and transmit the Discharge Data Set for each client at discharge. ADP's CalOMS system will receive and retain the Discharge Data Set collected for each client at discharge.	M	POD
FUN-DCP-004	ADP's CalOMS system will receive and retain the Post Treatment Follow-up Data Set collected by the third party follow-up entity for samples of clients.	M	OARA
FUN-DCP-005	If a client leaves treatment and does not go through a formal discharge process, counties/direct providers will collect and transmit an abbreviated Administrative Discharge Data Set for the client. ADP's CalOMS system will receive and retain abbreviated Administrative Discharge Data Sets for clients.	M	POD
FUN-DCP-006	For clients receiving detoxification (detox) services, counties/direct providers will collect and transmit a minimum set of CADDs/TEdS, PPG and UCI data items at admission and discharge if the client is not stabilized. Counties/direct providers will collect and transmit the other CADDs/TEdS, PPG and UCI elements and the MTOQ questions for admission if the client is sufficiently stabilized to be able to provide the information. If the client is not stabilized before the conclusion of detoxification services, the other items will not be collected or transmitted. ADP's CalOMS system shall receive and retain the CADDs/TEdS, PPG, UCI and MTOQ items for detox clients transmitted from counties/direct providers.	M	POD
FUN-DCP-007	For clients receiving detoxification services, counties/direct providers will collect and transmit only the CADDs, UCI and PPG items at discharge. The MTOQ items will not be collected at discharge for detox clients. ADP's CalOMS system will receive and retain the CADDs, UCI and PPG items collected at discharge from detox clients.	M	POD
FUN-DCP-008	For clients who are age 17 or under at the time of admission, counties/direct providers will: <ul style="list-style-type: none"> o Collect and transmit the CADDs, UCI and PPG items at admission and discharge. o Not collect and transmit the MTOQ items at admission or discharge For clients who are age 17 or under at the time of admission, ADP's CalOMS system will: <ul style="list-style-type: none"> o Receive and retain the CADDs, UCI and PPG items at admission and discharge. o Not receive and retain the MTOQ items at admission or discharge o Not receive or retain follow-up data. 	M	IWG
<i>Sampling for Follow-up</i>			
FUN-SF-001	A third party entity, contracted by ADP, will conduct follow-up interviews of clients after treatment. This entity will be responsible for locating and contacting clients, collecting the required follow-up data from them and reporting it to ADP in a format specified by ADP. The third party follow-up entity will be responsible for implementing the information technology system(s) they need to collect and report follow-up data. The mechanism for the third party entity to transmit the follow-up records to ADP will be determined during the design phase. The ITWS may be used for these transmissions.	M	OARA

CalOMS Detailed Requirements			
<u>X-Ref</u>	<u>Requirement</u>	<u>Priority</u>	<u>Owner</u>
FUN-SF-002	<p>ADP's CalOMS system will scan client admission and discharge records and identify the client treatment episodes for which the post treatment follow-up will be conducted. The system will group client service records (pairs of admission and discharge records for the same client) into treatment episodes based on the clients' UCI and ADP's business rules to determine the pool of treatment episodes to be sampled for follow-up. The UCI will be used to identify the services received by the same client.</p> <p>Note: ADP's system development contractor will work with ADP staff during system design to document the business rules for identifying treatment episodes. ADP will approve the approach to be used. A simple example of a treatment episode is where a client receives residential services followed by outpatient services. An example of a business rule that will be provided by ADP is the maximum number of days between services for them to be considered the same treatment episode. ADP has established that the maximum number of days between services for them to be considered the same episode is 30 days. The definition of treatment episode is provided in section 6.6 on page 50 of this document. A diagram showing the relationship between treatment episode and sampling for follow-up is provided on page 52.</p>	M	OARA
FUN-SF-003	<p>If a detox client is not stabilized before the conclusion of detox services, the detox service will not be included in the episode of treatment for purposes of follow-up. For detox clients that become stabilized during the service stay, the detoxification service will be included in follow-up if the client receives other subsequent treatment services as part of their treatment episode. If a detox client, whether stabilized or not, does not participate in any other services in the treatment episode, then the detox service will not be included in follow-up.</p>	M	OARA
FUN-SF-004	<p>Follow-up will not be conducted for clients age 17 and under.</p>	M	OARA
FUN-SF-005	<p>Follow-up interviews will only be performed for clients who have given consent to being contacted for a follow-up interview.</p>	M	OARA
FUN-SF-006	<p>ADP's CalOMS system will place clients, whose date of admission or discharge from the treatment episode was at least NN months prior, into pools from which the sample lists for client follow-up interviews will be created. When creating pools of clients for follow-up sampling, the system will provide ADP with the flexibility, depending on modality, to select the number of months that must have elapsed since either the date of admission or date of discharge before the client can be eligible for follow-up. For example, in the follow-up pool, ADP may want to include NTP clients where 12 months has elapsed since the date of admission and all other client modalities where six months has elapsed since the date of discharge. The sampling pool will include both clients that have and those that have not given consent for a follow-up interview.</p>	M	OARA

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
FUN-SF-007	ADP's CalOMS system will provide the capability to create sample lists of clients for whom a post treatment episode follow-up should be attempted. The random stratified sampling performed by the system will be based on an algorithm proposed by the system developer and approved by OARA during the system design phase of the project. Only clients in the pool that have given consent to a follow-up interview will be listed on the sample lists for follow-up.	M	OARA
FUN-SF-008	ADP's CalOMS system will provide ADP with the option to extract stratified random sample lists based on the entire client episode pool, based on groups of clients, e.g. by county or groups of counties/providers, or based on service modality received, e.g., only NTP clients.	M	OARA
FUN-SF-009	ADP's CalOMS system will provide ADP with flexibility to specify and change the size of the sample (NN percent) that the system draws. During the design phase, the vendor will work with ADP staff to determine the best approach to enable this flexibility. ADP will give final approval on the approach to be used.	M	OARA
FUN-SF-010	On a periodic basis, e.g. every two months, ADP's CalOMS system will generate a sample list of clients for follow-up 'NN+1' days after the end of the period. ADP's CalOMS system will be flexible to enable the CalOMS system administrator to specify and change the number of months between generation of sample lists for follow-up and the number of days ('NN') from the end of the period.	M	OARA
FUN-SF-011	Upon request, ADP's CalOMS system must be able to generate a second sample list of an additional NN percent sample of clients for follow-up. This will be needed when an insufficient number of contacts are made from the first sample list. The system will enable ADP to generate additional sample lists if necessary.	M	OARA
FUN-SF-012	ADP's CalOMS system shall produce sample lists that include the data from CalOMS, such as the UCI, needed by the follow-up entity to identify the client, the providers that served the client and dates of admission and discharge. The list should be sorted by county, provider, and client discharge date. ADP will identify the specific CalOMS data items needed on the list during the design phase of the project. The sample lists will be reviewed by a designated ADP staff person and then transmitted electronically to the follow-up entity in a format to be established by ADP. For ADP staff, the system will provide the option to generate the sample lists either as an electronic file for on-screen viewing, a hardcopy report or both.	M	OARA
FUN-SF-013	ADP's CalOMS system will provide the listing of clients selected for follow-up in each county to the counties via the ITWS. Every county will be able to use the ITWS to view, print or download the list of clients in that county selected for follow-up.	M	OARA
FUN-SF-014	When a client is included in a sample list, ADP's CalOMS system will record this in the system so that ADP can identify clients that were selected for follow-up interviews. The system shall retain the sample data sets created when the sample lists are generated.	M	OARA

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
FUN-SF-015	Sample data sets for which less than NN percent valid contacts (per the random sample lists provided by CalOMS) were collected in a timely manner shall be 'flagged' by ADP's CalOMS system as 'incomplete data sets'. These data sets shall be retained in ADP's CalOMS system but the data should not be used as part of treatment outcome results.	M	OARA
FUN-SF-016	For special studies, ADP's CalOMS system will provide the capability to create, upon user request, sample lists of clients where the date of admission or discharge from last service in the clients' continuum of care occurred during a user-specified period of time. The system will provide the option to create sample lists of clients for follow-up based on either episodes of care as described above or based on individual services delivered, e.g. a sample of clients that had received residential care during the user-specified period of time.	M	OARA
<u>Unique Client Identifier (UCI)</u>			
FUN-UCI-001	ADP's CalOMS system will maintain a table of unique clients who receive treatment services. Each record shall contain the UCI data elements for the client.	M	POD
<u>Treatment Services Included</u>			
FUN-TSI-001	Except as noted in related requirements, counties/direct providers will collect and transmit Treatment Data Sets for all clients receiving: <ul style="list-style-type: none"> ○ Non-residential/Outpatient Drug Free services ○ Non-residential/Outpatient Day Care Rehabilitative services ○ Non-residential/Outpatient-detoxification services ○ Non-residential/Outpatient-narcotic treatment program (NTP) services ○ Residential-detoxification (hospital) services ○ Residential-detoxification (non-hospital) services ○ Residential-treatment/recovery (30 days or less) services ○ Residential-treatment/recovery (31 days or more) services. 	M	POD
FUN-TSI-002	Except as noted in related requirements, ADP's CalOMS system will receive and retain Treatment Data Sets for all clients receiving: <ul style="list-style-type: none"> ○ Non-residential/Outpatient Drug Free services ○ Non-residential/Outpatient Day Care Rehabilitative services ○ Non-residential/Outpatient-detoxification services ○ Non-residential/Outpatient-narcotic treatment program (NTP) services ○ Residential-detoxification (hospital) services ○ Residential-detoxification (non-hospital) services ○ Residential-treatment/recovery (30 days or less) services ○ Residential-treatment/recovery (31 days or more) services. 	M	POD
<u>Treatment Services Not Included</u>			
FUN-TSN-001	Counties/direct providers will not collect or transmit any Data Sets for clients receiving Driving Under the Influence (DUI) treatment services.	M	POD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
FUN-TSN-002	Counties/direct providers will not collect or transmit MTOQ data for clients who are age 17 or under at the time of admission. The third-party follow-up entity will not perform follow-up on these clients.	M	POD
FUN-TSN-003	Counties/direct providers will not collect or transmit Data Sets for any Screening, Brief Intervention, Referral, and Treatment (SBIRT) clients.	M	POD
FUN-TSN-004	Counties/direct providers will not collect or transmit MTOQ data for detox clients at discharge.	M	POD
<i>Multiple Program Enrollment</i>			
FUN-MPE-001	A client shall be enrolled in only one treatment program/modality at a time with a single provider.	M	POD
FUN-MPE-002	A client shall be able to be enrolled concurrently in more than one treatment program/modality with different providers.	M	POD
<i>Transaction Dependency</i>			
FUN-TD-001	An admission shall only have zero or one corresponding discharge or administrative discharge (i.e., 'transaction dependency'). Counties/direct providers shall transmit no more than one discharge or administrative discharge for a corresponding admission.	M	POD
FUN-TD-002	Counties/direct providers shall not transmit a discharge record to ADP prior to a corresponding admission record. A discharge record may appear in the same file transmitted by the county/direct provider as the admission record.	M	POD
FUN-TD-003	Counties/direct providers shall transmit critical admission information to ADP prior to or concurrently with other non-critical data. Critical data shall not be sent after non-critical data.	M	POD
FUN-TD-004	Counties/direct providers shall transmit correction to admission records after the corresponding admission record or within the same file transmission but not prior to admission.	M	POD
FUN-TD-005	A discharge shall only have one corresponding admission within an episode of treatment. Counties/direct providers shall transmit no more than one admission for a corresponding discharge.	M	POD
FUN-TD-006	Counties/direct providers shall transmit correction to discharge records after the corresponding admission and discharge records have been transmitted or within the same file transmission but not prior to discharge.	M	POD
FUN-TD-007	If ADP's system receives any records from a county/direct provider that violates requirements FUN-TD-001 through FUN-TD-006, it will either reject the records or put the records in a 'suspense' status for follow-up correction by the submitting county/direct provider. The rules for rejecting records or putting them in suspense shall be determined during system design.	M	POD
FUN-TD-008	A post treatment follow-up shall have at least one corresponding admission. The follow-up entity shall not transmit follow-up records that do not have a corresponding admission.	M	POD
FUN-TD-009	A post treatment follow-up shall be received after an admission and a discharge. The follow-up entity shall not transmit a follow-up record prior to an admission or discharge.	M	POD
FUN-TD-010	An admission shall only have zero or one corresponding post treatment follow-up. The follow-up entity shall transmit no more than one follow-up record for a corresponding admission.	M	POD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
FUN-TD-011	Correction to a post treatment follow-up must be received after admission, discharge and post treatment follow-up. The follow-up entity shall not transmit correction to follow-up records prior to their corresponding admission, discharge and follow-up records.	M	POD
FUN-TD-012	If ADP's system receives any records from the follow-up entity that violates requirements FUN-TD-008 through FUN-TD-011, it will either reject the records or put the records in a 'suspense' status for correction by the follow-up entity. The rules for rejecting records or putting them in suspense shall be determined during system design.	M	POD
FUN-TD-013	ADP's CalOMS system must be able to match admission, discharge and follow-up records for the same client for analysis and reporting purposes.	M	POD
<u>Validation</u>			
FUN-VAL-001	Counties/direct providers shall ensure that records collected and transmitted to ADP's CalOMS system contain valid values for the 'critical' data elements in the transactions. ADP's system shall validate that records received contain valid values for the 'critical' data elements in the transactions. ADP's system will put any record with a null, invalid or missing value in any of the data fields in a 'suspense' status for follow-up correction by the submitting county/direct contract provider unless otherwise noted in the validation rules. The 'Critical Elements' shall be identified during the design phase.	M	IMSD
FUN-VAL-002	Counties/direct providers shall validate records collected and transmitted to ADP's CalOMS system against the 'allowable values' listed for each Data Element in the CalOMS Data Elements Matrix. ADP's system shall validate records received against the 'allowable values' for each CalOMS Data Element. Records with invalid, null or missing values in non-'Critical Elements' fields shall be accepted by ADP's system, but the fields shall be flagged as 'invalid' and reported to ADP and the submitting county or direct contract provider.	M	IMSD
FUN-VAL-003	Counties/direct providers shall ensure that records collected and transmitted to ADP's CalOMS system contain data element values that do not conflict with other data element values (e.g., a 'pregnant male'). The counties/direct providers and ADP's system will validate each data element in each record against a list of relational edits, where applicable. Depending upon the specific relational edit failure, ADP's system may either reject completely or conditionally accept records with invalid relationships and will flag the data field(s) as 'invalid' and report invalid records to ADP and the submitting county or direct contract provider. This distinction shall be determined during the design stage. Some key relational edits are defined in the Data Elements Matrix. Additional field level relational edits are found in CADDs (Jon Meltzer is the ADP contact person) and in the 'TOPPS II Edits' document dated March 16, 2003 created by the ADP SOCR group (Karen DeVoe is the ADP contact person).	M	IMSD
FUN-VAL-004	The ITWS system shall validate each batch of records received from counties/direct providers for correct record count, correct file type (e.g. zipped ASCII comma-delimited file), correct record length, and correct file naming convention. ADP's system shall validate each batch of records received from counties/direct providers for correct reporting month. Other batch file validations and which system performs them will be determined during the design stage.	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
FUN-VAL-005	Counties shall ensure that only valid providers are included in their file submissions to ADP. ADP's system shall validate each batch of records received from counties to ensure that valid providers are included in the submissions from the counties. Deviations (omissions or incorrect listings) shall be 'flagged' and reported. ADP shall contact the submitting county to resolve the issue.	M	IMSD
FUN-VAL-006	ADP's system shall retain records received from counties/direct providers that have been rejected for a certain period of time (to be determined) in a separate table to allow for ADP staff to review the information that has been sent. This table should identify the specific edits that failed.	M	IMSD
<u>Unique Records</u>			
FUN-UR-001	Counties/direct providers shall transmit CalOMS records to ADP with a unique identification number assigned by the county's/direct contract provider's system. If ADP's system receives a CalOMS record without a unique identification number, it will either reject the record or put the record in a 'suspense' status for follow-up correction by the submitting county/direct contract provider. The rules for rejecting records or putting them in suspense shall be determined during system design.	M	IMSD
FUN-UR-002	Each record received and retained within CalOMS shall be unique. Duplicate records shall not be allowed.	M	IMSD
FUN-UR-003	Counties and direct contract providers shall be able to send an updated record for a previously submitted record under certain conditions to be defined during system design.	M	POD/ OARA
FUN-UR-004	ADP's CalOMS system shall retain a full revision history on records that are updated. However, the current version of a record will be flagged as 'active' and can be used for user reporting and/or analysis purposes, while previous versions shall be 'flagged' as 'inactive' and cannot be used for user reporting or analysis purposes.	M	IMSD
<u>User Access</u>			
FUN-UA-001	CalOMS shall use DMH's ITWS user authorization and authentication features to identify county/direct contract provider staff authorized to access CalOMS functions.	M	IMSD
FUN-UA-002	A county/direct contract provider administrator (known as an 'approver') shall identify on DMH's ITWS those county/direct contract provider staff authorized to access CalOMS. ADP shall authorize 'approvers'.	M	IMSD
FUN-UA-003	Authorized county/direct contract provider staff shall log into DMH's ITWS with a valid user ID and password. ITWS shall authenticate the individual and identify the county/direct contract provider represented by the user.	M	IMSD
FUN-UA-004	Once a user is authenticated by DMH's ITWS, the user shall select the CalOMS system and ITWS shall confirm that the user is authorized to use CalOMS.	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
<i>Business Process Policies</i>			
FUN-BPP-001	Counties/providers shall collect admission data within 'NN' days of a client's defined admission date.	M	POD
FUN-BPP-002	Counties/providers shall collect discharge and administrative discharge data within 'NN' days of a client's defined discharge or administrative discharge date.	M	POD
FUN-BPP-003	Counties/providers shall collect client Locator Forms upon client admission into treatment. At discharge, counties/providers will update the information on the Locator Forms to ensure currency. Counties/providers will send the Locator forms to the third-party follow-up entity. Client locator data will not be sent to ADP.	M	OARA
Inputs and Outputs			
<i>Inputs</i>			
IO-INP-001	On a monthly basis or more frequently, counties/direct providers shall transmit a data file to ADP's CalOMS system that contains the Admission Data Set for clients who are admitted to a provider within the calendar month.	M	IMSD
IO-INP-002	On a monthly basis or more frequently, counties/direct providers shall transmit a data file to ADP's CalOMS system that contains the Discharge Data Set and Administrative Discharge Data Set for clients who are discharged from a provider within the calendar month.	M	IMSD
IO-INP-003	ADP's system shall receive data files that contain the Follow-up Data Set from the third party follow-up entity. The schedule for the receipt of these files is to be determined.	M	IMSD
IO-INP-004	Counties or direct contract providers shall be allowed to combine their information (batches) into a single submission (i.e., more than one month's client Data Sets/records for a single county or direct contract provider can be combined into a single submission to ADP).	M	IMSD
IO-INP-005	Counties or direct contract providers shall be allowed to submit their data files on a daily (or greater) basis as long as the data is received by ADP within the required reporting period.	M	IMSD
IO-INP-006	The CalOMS file upload/input process shall occur as follows for the county/direct contract provider users: 1. County/direct provider (user) prepares file for upload including being 'zipped' and password protected, 2. User selects the 'upload' option on the CalOMS menu on ITWS, 3. ITWS presents a web browser screen for the user to upload the file, 4. User uploads the file, 5. File is temporarily stored on ITWS until an automated process is triggered that securely sends the file to ADP's CalOMS system, 6., ADP's system receives the file, runs edit routines, and identifies errors in the data, 7. ADP's system generates the appropriate reports.	M	IMSD
<i>Standard Outputs (General Information)</i>			
IO-SOG-001	ADP's CalOMS system shall generate all 'standard' reports using a third party report software package. ADP's preference is to use Microsoft SQL Server 2000 Reporting Services software.	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
IO-SOG-002	'Standard' reports available on ADP's system shall include flexible date ranges with which to filter data and generate the reports. Date ranges shall be entered via menu-driven selection not via 'free-form' text.	M	POD
IO-SOG-003	'Standard' reports available from ADP's system shall include up to six flexible data criteria with which to generate reports, e.g., flexible criteria may include the ability to select modality, age, race/ethnicity, gender, substance, and pregnancy including the ability to cross-tab these data elements. Specific data criteria shall be defined during the CalOMS Development and Implementation Sub-Project's design phase. Data criteria shall be entered via menu-driven selection not via 'free-form' text.	M	POD
IO-SOG-004	ADP's CalOMS system shall provide a menu-driven interface that authorized users can use to select and run reports without assistance from technical staff. The system shall present a formatted screen, not via 'free-form' text, for users to enter the parameters needed for the report they desire to produce.	M	POD
IO-SOG-005	In general, for all reports generated from ADP's system, the requestor/user shall have the option of viewing reports on-screen, printing reports in hardcopy or downloading reports in text file format to their desktop computer. All output will be produced in a manner compliant with state and federal privacy and confidentiality requirements.	M	POD
IO-SOG-006	All algorithms and formulas, other than simple totals, programmed into the CalOMS system for output purposes shall be verified and validated by OARA.	M	OARA
IO-SOG-007	The specific ADP program staff and county/direct provider staff that have access to 'standard' reports shall be identified during the design and construction phase of the project.	M	POD
<i>Standard Program Outputs</i>			
IO-SPO-001	ADP's CalOMS system shall generate a standard report similar to the existing 'CADDs Quarterly Report' information and shall publish the report to ADP's external website. The method and process used to publish the report to the website shall be determined during the CalOMS Development Project's design phase.	M	OARA
IO-SPO-002	ADP's CalOMS system shall generate a report (by county) that lists the number of clients by modality by county.	M	POD-PFPB
IO-SPO-003	ADP's CalOMS system shall generate a report (by county by provider) that lists the average 'wait time' by modality for those clients admitted the prior month.	C	POD-PFPB
IO-SPO-004	ADP's CalOMS system shall generate a report (by county by provider) that lists the average length of stay in a program by gender, age, drug of choice, and race/ethnicity.	C	POD-Exec
IO-SPO-005	ADP's CalOMS system shall generate a report that shows a 'snapshot' of a 'typical' client by gender, age, drug of choice, race/ethnicity, referral source, length of treatment, and modality. Sort by modality.	M	POD-Exec
IO-SPO-006	ADP's CalOMS system shall generate a report (by county, provider and modality) that lists the reasons that clients leave treatment before completion. Show the frequency for each reason by county, provider and modality.	C	POD-Exec

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
IO-SPO-007	ADP's CalOMS system shall generate a report (by county by provider) that lists the number of clients in treatment by referral source. Show the frequency with which each referral type completes treatment or does not complete treatment. Show the reasons for not completing treatment.	C	POD-Exec
IO-SPO-008	ADP's CalOMS system shall generate a report (by county by provider) that shows the percentage of clients who leave treatment (before completion) and come back later for treatment (re-admission). Show the average length of time between when the clients leave treatment (before completion) and when they come back for treatment (re-admission).	C	POD-Exec
IO-SPO-009	ADP's CalOMS system shall generate a monthly extract (the 'SAS Analysis Data Set') for use with the SAS tool. The extract shall contain data elements and additional calculated elements and shall aggregate the CalOMS Oracle tables for data analysis (similar to the extract that is currently produced for the CalTOP system).	M	OARA
IO-SPO-010	ADP's CalOMS system shall be designed and built to produce a series of outcome monitoring reports that summarize the results of client responses to the MTOQ outcome questions before and after treatment and the change between these data collection points. Section 6.8.2 provides rough draft formats of the outcome monitoring reports that ADP's system shall produce upon request by authorized ADP and county staff. These rough drafts are presented herein to show the minimum content ADP expects to be provided in these reports. During the design stage, ADP's system development contractor will work with ADP staff on the final design and content of these reports and the business rules for producing them.	M	POD
<i>Standard County/Direct Contract Provider Output Methods</i>			
IO-SCM-001	Counties/direct contract providers shall receive/have access to output from CalOMS via DMH's web-based ITWS portal.	M	IMSD
IO-SCM-002	County/direct contract provider web-based access to CalOMS output shall be controlled through DMH's ITWS portal.	M	IMSD
IO-SCM-003	During system design, ADP will confirm which CalOMS output/reports identified in the Requirements Specification will be made available to counties/direct contract providers through DMH's ITWS. ITWS shall enable the viewing of reports through a county/direct contract provider folder designated for CalOMS. County/direct contract provider staff shall be able to view or print the reports from their folder on ITWS using Microsoft SQL Server Reporting Services software.	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
IO-SCM-004	Access to the county/direct contract provider folders on ITWS shall only be available to authorized county/direct contract provider personnel (and authorized ADP personnel as needed). Individual counties/direct contract providers shall only have access to their own information, except as otherwise provided by ADP.	M	IMSD
<i>Standard County/Direct Contract Provider Outputs</i>			
IO-SCO-001	Once ADP's CalOMS system receives and performs validation on the data files from counties/direct contract providers, the system shall generate output for each county/direct contract provider containing a list (by county by provider) of the records accepted and the records rejected. The output shall be available via DMH's ITWS portal in a county/direct contract provider-specific folder. In addition, ADP's system shall send an e-mail notification back to the submitting county/direct contract provider alerting them that file processing was completed and summarizing the results.	M	IMSD
IO-SCO-002	ADP's CalOMS system shall generate an 'on demand' output (by county by provider) containing admission and discharge records successfully received and processed by the system for the previous month's batch or for multiple months. The output shall be available via DMH's ITWS portal in a county/direct contract provider-specific folder. In addition, ADP's CalOMS system shall send an e-mail notification back to the submitting county/direct contract provider alerting them that the output is ready for download.	M	IMSD
IO-SCO-003	ADP's CalOMS system shall generate a monthly output (by county by provider) containing admission and discharge records that are in a 'suspense' (rejected or incomplete) status. In addition, the system shall provide the unique identification number(s) for the record(s) that are in a 'suspense' status and provide error code(s) that identify the problem(s) with the record(s). The output shall be available via DMH's ITWS portal in a county/direct contract provider-specific folder. In addition, ADP's system shall send an e-mail notification back to the submitting county/direct contract provider alerting them that the output is ready for download.	M	IMSD
IO-SCO-004	ADP's CalOMS system shall generate a monthly output (statewide and by county by provider) showing admission and discharge summary statistics for the reported month. The output shall be available via DMH's ITWS portal in a county/direct contract provider-specific folder.	M	IMSD
IO-SCO-005	ADP's CalOMS system shall enable county/direct provider staff to obtain reports or extract files from the CalOMS database via a reports menu on DMH's ITWS. ITWS shall present a screen asking the requester for optional parameters required for the report or extract using menus, radio buttons, or 'drop-down' boxes with various report options. ITWS shall send the request to ADP's CalOMS system. ADP's system shall prepare the report or data extract using the CalOMS database and send the results back to ITWS. The user shall view, print or download the report or view, print, or download the extract file from ITWS. The application code for the screens on ITWS that will be used to request, view, print or download reports and extract files shall be designed and built by ADP's system development contractor. ADP will test the output screens. Once testing is completed, ADP will deliver them to DMH for installation on the ITWS.	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
IO-SCO-006	The following CalTOP reports shall be re-created for ADP's CalOMS system: 'Client Served Summary', 'Drug Problem at Intake Summary', 'Employment Rates', and 'Frequency of Drug Use'. Modifications shall be required based upon the specific data that shall be available in CalOMS. These reports shall be accessible by the counties through the ITWS. The CalTOP reports are shown in the Appendix.	M	CADPAAC
IO-SCO-007	ADP's CalOMS system shall give the counties/direct providers four record selection options when requesting and downloading data extract files from the CalOMS database. These record selection options are as follows. <ul style="list-style-type: none"> • All admission records within a specified period of time and for specified providers • All discharge records within a specified period of time and for specified providers • All matched admission/discharge records within a specified period of time and for specified providers • All follow-up records within a specified period of time and for specified providers. 	M	CADPAAC
<i>Standard Federal Outputs</i>			
IO-SFO-001	ADP's CalOMS system shall generate a monthly output file in 'flat file' format containing the Federal TEDS Data Set (admissions and discharges) for the reporting month. The file shall be submitted to the Federal government on a monthly basis.	M	POD
IO-SFO-002	ADP's CalOMS system shall generate an output file containing the Federal PPG Data Set to be submitted to the Federal government on a periodic basis. Implementation date for creation and transmittal of this output file is to be determined. The frequency and schedule for producing this output file is to be determined. The system will have a parameter that the system administrator can set to indicate the schedule and/or frequency for producing the file.	M	POD
IO-SFO-003	ADP's CalOMS shall generate the 'Employment Status' (Form T2) Performance Measure Report to meet federal PPG requirements. The instructions and file format for this report is provided in Section 6.8.1.	M	POD
IO-SFO-004	ADP's CalOMS system shall generate the 'Living Status' (Form T3) Performance Measure Report to meet federal PPG requirements. The instructions and file format for this report is provided in Section 6.8.1.	M	POD
IO-SFO-005	ADP's CalOMS system shall generate the 'Criminal Justice Involvement' (Form T4) Performance Measure Report to meet federal PPG requirements. The instructions and file format for this report is provided in Section 6.8.1.	M	POD
IO-SFO-006	ADP's CalOMS system shall generate the 'Alcohol Use' (Form T5) Performance Measure Report to meet federal PPG requirements. The instructions and file format for this report is provided in Section 6.8.1.	M	POD
IO-SFO-007	ADP's CalOMS system shall generate the 'Other Drug Use' (Form T6) Performance Measure Report to meet federal PPG requirements. The instructions and file format for this report is provided in Section 6.8.1.	M	POD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
IO-SFO-008	ADP's CalOMS system shall <u>not</u> generate the 'Infectious Diseases' (Form T7) Performance Measure Report. This report will be generated by ADP staff manually.	M	POD
IO-SFO-009	ADP's CalOMS system shall generate the 'Social Support of Recovery' (Form T8) Performance Measure Report to meet federal PPG requirements. The instructions and file format for this report is provided in Section 6.8.1.	M	POD
IO-SFO-010	ADP's CalOMS system shall generate the 'Retention' (Form T9) Performance Measure Report to meet federal PPG requirements. The instructions and file format for this report is provided in Section 6.8.1.	M	POD
<i>Other Outputs</i>			
IO-OO-001	ADP's system developer will prepare a set of up to three database "views" that OARA will use to perform analysis of CalOMS data. The system developer will work with OARA and IMSD to define and organize these views. The scope of the views is the CalOMS data set, i.e. the views developed by the contractor will include CalOMS data only. The views should be similar to those produced in the CalTOP project. For example, there could be one view for "Clients" made up of UCI data and demographic descriptors. There could also be another view for "Treatment Episodes" that links all services for each client that occurred within a specified time frame.	M	OARA
IO-OO-002	ADP's CalOMS system shall be able to generate an output file that can be provided to research institutions (e.g., UCLA). The ADP's system development contractor shall build the capability for the system to create a single standard output file for research purposes upon request. This file output capability shall be modeled upon the existing extract file produced for UCLA from CADDSS on a monthly basis. The construction of the capability to produce special purpose ad hoc output files for research institutions is outside the scope of CalOMS Phase I. The intent is for the system development contractor to build an output program for research purposes that ADP technical staff can later modify to meet special purpose research requests.	M	OARA
Data			
<i>Data Sets</i>			
DAT-DS-001	The CalOMS MTDS elements are derived from the CADDSS form (#ADP 7360 (Rev.4/01)), the Fiscal Year 2005 Substance Abuse Prevention and Treatment Block Grant's treatment performance measures, the Unique Client Identifier (UCI) items from the CalTOP form (dated 3/1/01), and the MTOQ items developed by the IWG and approved in May 2004.	M	POD
DAT-DS-002	The Admission Data Set, the Discharge Data Set and the Post Treatment Follow-up Data Set are defined in the CalOMS Data Elements Matrix.	M	POD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
DAT-DS-003	The Federal TEDS Data Set is defined in the CalOMS Data Elements Matrix.	M	POD
DAT-DS-004	The Federal PPG Data Set is defined in the CalOMS Data Elements Matrix.	M	POD
DAT-DS-005	ADP's CalOMS system shall generate a 'Client Identification Number' for each unique client. The Client Identification Number shall be used for matching admission, discharge, and follow-up records for the same client. The basis for identifying unique clients shall be the Unique Client Identifier (UCI).	M	IMSD
<i>Other</i>			
DAT-OTH-001	'Co-Dependent'/'Significant Other' data (e.g., spouse, child, parent) shall not be collected from counties/direct contract providers. The 'Co-Dependent'/'Significant Other' data element required in the Federal TEDS extract shall default to 'no' for all client records that are extracted for TEDS.	M	POD
DAT-OTH-002	Client Locator data shall be collected and retained at the provider and/or county level. Client Locator data shall not be received or retained by ADP's CalOMS system.	M	OARA
DAT-OTH-003	CalOMS data shall be retained within ADP's system for at least 'NN' years prior to being archived. The final decision regarding the retention schedule shall be made by ADP business owner(s).	M	POD OARA
DAT-OTH-004	ADP's system development contractor shall develop a Data Dictionary that defines and describes all data used in ADP's CalOMS system.	M	IMSD
DAT-OTH-005	Counties/direct contract providers shall send the CalOMS Data Elements to ADP using numeric (not mnemonic) codes as defined by ADP in the CalOMS Data Matrix. CalOMS shall store the data in numeric (not mnemonic) codes. Note: This method is the same as CADDs but different than the current CalTOP method. CalTOP uses mnemonic codes.	M	IMSD
Performance			
PER-001	ADP's CalOMS system shall provide processes that can receive, retrieve, and manipulate at least 1,500,000 transactions per year. The actual number of transactions that ADP's system shall be able to receive, retrieve, and manipulate shall be defined during the CalOMS Development and Implementation Sub-Project's design phase. Currently, about 470,000 transactions are processed by CADDs each year.	M	IMSD
PER-002	ADP's CalOMS system shall support inbound file sizes of at least 20 MB.	M	IMSD
PER-003	ADP's CalOMS application and database structure shall be designed in such a way as to optimize performance for receiving and processing data records. For purposes of performance optimization, design shall be predicated upon receiving up to 90 percent of the monthly volume of records during a single day period. The details regarding optimization shall be defined during the CalOMS design phase.	M	IMSD
PER-004	ADP's CalOMS system shall support simultaneous access for at least 25 ADP staff members. ADP expects no more than 25 concurrent and total users.	M	IMSD
PER-005	For reports produced from ADP's CalOMS system, reports requiring more than 15 seconds response time shall be converted into batch mode.	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
PER-006	ADP's CalOMS system shall process incoming Treatment Data Set files that are posted to the California Department of Mental Health's Information Technology Web Services (ITWS) file transfer application and create a turnaround file within 12 hours of receipt from the counties/direct contract providers.	M	IMSD
Technical Requirements			
TR-001	ADP's CalOMS system shall be available at least 23 hours per day, seven days per week during scheduled operating windows.	S	IMSD
TR-002	ADP's CalOMS system shall be unavailable due to system back-ups for up to one hour each night.	M	IMSD
TR-003	CalOMS data file sets shall be sent to and received from the counties and/or direct contract providers in password-protected zip format (the password-protected zip format is only between counties/direct contract providers and ITWS). Data file sets shall be in comma-delimited ASCII 'flat file' format.	M	IMSD
Interfaces			
<i>Files/Tables</i>			
INT-FT-001	ADP's CalOMS system shall interface to the existing Oracle table (Master Provider Table) that identifies county and provider relationships and reporting structures. The table shall be used for validation and reporting purposes.	M	IMSD
INT-FT-002	ADP's CalOMS system shall interface to a new custom table ('County/Direct Contract Provider E-Mail Table') that contains the contact name and e-mail address for the primary contact at each county/direct contract provider.	M	IMSD
INT-FT-003	ADP's CalOMS system shall interface to a new custom table ('Error Codes Table') that contains a list of possible errors that can occur during the Data Element/field validation process and the codes that identify the errors (e.g., 'M-SSN' = 'Missing Social Security Number, 'I-NmChld' = 'Invalid Number of Children).	M	IMSD
<i>Systems</i>			
INT-SYS-001	Counties and direct contract providers shall send their Data Sets to ADP via DMH's ITWS website.	M	IMSD
INT-SYS-002	ADP's CalOMS system shall securely interface to DMH's ITWS (subject to the security requirements of DMH/ITWS and CalOMS security requirement SEC-004). ADP's CalOMS system shall receive counties' and direct contract providers' Data Sets via DMH's ITWS website.	M	IMSD
INT-SYS-003	The CADDs system shall run in parallel with ADP's CalOMS system as a production system (including executing the existing CADDs SAS process) until CADDs is shut down. The timing of when CADDs shall be shut down is to be determined.	M	IMSD
INT-SYS-004	ADP's CalOMS system shall include a data conversion program that ADP can use to copy remaining open "unmatched" admission records from ADP's CADDs system to ADP's CalOMS system. The conversion program shall include transferring the client's CADDs data elements to CalOMS. ADP shall be able to determine the timing for execution of the conversion program on a county by county basis.	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
INT-SYS-005	ADP's CalOMS system shall not interface to CalTOP.	W	IMSD
INT-SYS-006	ADP's CalOMS system shall interface to ADP's CADDs system and shall provide all required CADDs data to CADDs for those clients whose information is submitted to CalOMS (i.e., all applicable CalOMS data shall be sent to CADDs while CADDs is still an active system).	M	IMSD
INT-SYS-007	The CalTOP system shall run in production until those counties and providers that use CalTOP have converted to full use of CalOMS. ADP shall be able to determine the timing for shutting down CalTOP on a provider by provider basis.	M	IMSD
Documentation			
DOC-001	ADP's system development vendor shall prepare a CalOMS User Guide which shall, at a minimum, include: <ul style="list-style-type: none"> • System overview. • High-level process flow. • 'Menu map'. • 'Step-by-step' procedures. • Error codes and descriptions. • Screen samples. • Report samples. • 'Troubleshooting' processes. • Escalation processes. • Glossary of terms. 	M	IMSD
DOC-002	ADP's system development vendor shall prepare system documentation that complies with IEEE standards. The specific documentation to be prepared is defined in ADP's CalOMS Request for Offers.	M	IMSD
DOC-003	ADP's system development vendor shall prepare a CalOMS System Administrator Guide which shall, at a minimum, include: <ul style="list-style-type: none"> • System overview. • Detailed system architecture. • Table layouts. • File layouts. • Logical data model. • Physical data model. • User account administration procedures. • Batch processing procedures. • Error codes and descriptions. • Glossary of terms. 	M	IMSD

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
DOC-004	ADP's system development vendor shall prepare a Maintenance and Support Guide for ADP's system which shall, at a minimum, include: <ul style="list-style-type: none"> • System overview. • Detailed system architecture. • Maintenance processes. • Support processes. • Error codes and descriptions. • 'Troubleshooting' processes. • Escalation processes. • Help desk procedures. • Glossary of terms. 	M	IMSD
Privacy/HIPAA/Confidentiality			
PH-001	ADP's CalOMS system shall keep a record, at the individual client level, of all disclosures.	M	Privacy
PH-002	ADP's CalOMS system shall support an individual's right to request access to the data retained about them by allowing an authorized user to retrieve all records pertaining to an identified individual.	M	Privacy
PH-003	All summarized reports produced by ADP's CalOMS system shall be de-identified of individually identifiable information. ADP's CalOMS system shall de-identify information in accordance with 45 C.F.R. §164.514 (b).	M	Privacy
PH-004	ADP's CalOMS system shall only allow the minimum amount of data to be accessed by system users based on access need (role-based, access level assignment hierarchies).	M	Privacy
PH-005	A user's direct access to extract and/or copy individual records from ADP's system shall be limited based on: <ul style="list-style-type: none"> o Role o Access Level Hierarchy o Exceptions as defined by the business. 	M	Privacy
PH-006	ADP's system development vendor shall be required to develop access level hierarchies within ADP's CalOMS system in accordance with security requirements SEC-007 and SEC-008.	M	Privacy
PH-007	ADP's CalOMS system shall limit ad hoc reporting capabilities in compliance with the role-based access-level hierarchies defined in CalOMS security requirements SEC-007 and SEC-008.	M	Privacy
PH-008	ADP's CalOMS system shall keep a record of the source of received data and data updates.	M	Privacy
PH-009	CalOMS shall only use client identifying information for audit, evaluation, and research purposes. An exception would be compliance with an individual's right to request their data.	M	Privacy
PH-010	ADP's CalOMS system shall not retain individual data longer than is needed for audit and evaluation purposes.	M	Privacy

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
PH-011	ADP's CalOMS system shall comply with all applicable privacy and confidentiality standards including HIPAA (Health Insurance Portability and Accountability Act) Final Privacy Rule ('45 CFR' (Code of Federal Regulations) Parts 160 & 164), HIPAA Final Security Rule '45 CFR' Parts 160, 162, & 164, '42 CFR Part 2 requirements, and the California Information Practices Act (IPA) requirements.	M	Privacy
PH-012	All data collected by ADP's CalOMS system shall be relevant to the system's approved business need.	M	Privacy
PH-013	All outputs generated by ADP's CalOMS system containing client information that is not de-identified as specified in 45 C.F.R. 164.514(b) shall be labeled as "Confidential Information". ADP's system development vendor shall list all outputs labeled as Confidential Information in the CalOMS System Administrator Guide.	M	Privacy
Supportability			
SUP-001	The ADP Help Desk shall provide Help Desk support as needed for external users (e.g., counties, direct contract providers).	M	IMSD
Legal, Copyright, and Other Notices			
LCO-001	ADP's CalOMS system shall require a splash screen, alert box, or other notice when users access the system. The purpose would be to provide notice of the confidential nature of the data and secure the user's acceptance of this notice.	M	Legal
LCO-002	ADP's CalOMS system may be required to provide a splash screen, alert box or other notice to providers who access the system. The rationale for this is that some direct contract providers may be sole proprietors (individuals) who require notification under the Information Practices Act (IPA).	C	Legal
LCO-003	ADP shall require a confidentiality notice at the ITWS file interface. The purpose would be to provide notice of the confidential nature of the data and secure the user's acceptance of this notice.	M	Legal
LCO-004	ADP's CalOMS system shall be required to capture consent data: specifically, identify those clients who have given consent and those who have not. CalOMS shall be capable of recording a client's revocation of consent.	M	Legal
LCO-005	ADP's CalOMS system may be required to capture multiple levels of consent data, e.g., identify those clients who have given consent and those who have not, with reference to identified fields, purposes, projects or times.	M	Legal
LCO-006	ADP's CalOMS system shall require copyright notices for all reports (which may extend to all report pages) and all web pages or other system screens associated with the system.	M	Legal
Security			
SEC-001	CalOMS data shall only be available to authorized users.	M	IMSD/ Security

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
SEC-002	ADP's CalOMS system shall maintain security auditability. In the event data is accessed from outside ADP, ADP's system shall retain information regarding what entity accessed the data, what data was accessed, and when it was accessed for reporting security breaches.	M	IMSD/ Security
SEC-003	ADP's CalOMS system shall retain the provider history for all cases within the system for security purposes. In the event of a security breach, ADP or its designee may be required to notify the individual. This data shall be retained in ADP's system for such reporting purposes.	M	IMSD/ Security
SEC-004	Transmission of CalOMS data from the ITWS to ADP's CalOMS system at the Health and Human Services Data Center (HHSDC) shall occur via a secure File Transfer Protocol (FTP) transmission over a Virtual Private Network (VPN).	M	IMSD/ Security
SEC-005	The production and testing/training technical environments (including hardware, application software, system software, database, and network services) established for ADP's CalOMS system shall comply with HHSDC's security and privacy policies.	M	IMSD/ Security
SEC-006	The development technical environment (including hardware, application software, system software, database, and network connections) established for ADP's CalOMS system development effort shall be housed and maintained at ADP and shall comply with ADP's security and privacy policies.	M	IMSD/ Security
SEC-007	ADP's CalOMS system, including both application and database components, shall use a 'Privacy-Aware Role-Based Access Control' (PARBAC) model to enforce ADP's security and privacy policies.	M	IMSD/ Security
SEC-008	ADP (with assistance from ADP's CalOMS development vendor) shall perform 'role', 'task', and 'purpose' engineering to determine the roles available to CalOMS users, the tasks to be performed by CalOMS users, and the business purposes for which CalOMS data will be used by CalOMS users.	M	IMSD/ Security
SEC-009	ADP's CalOMS development vendor shall be experienced in applying information security principles and concepts (e.g., authentication, authorization, encryption, hashes, message authentication codes, digital signatures, auditing, least privilege, etc.) in the development and implementation of business applications containing sensitive/confidential data.	M	IMSD/ Security
SEC-010	ADP's system development vendor candidates may be required to effectively answer security-specific questions as part of the CalOMS vendor selection process.	C	IMSD/ Security
SEC-011	During the CalOMS design effort, ADP's system development vendor shall define a minimum set of secure coding guidelines to be used in the development of ADP's CalOMS system (e.g., handling of buffers, treatment of 'untrusted' data/input, data encryption, etc.).	M	IMSD/ Security
SEC-012	ADP's CalOMS system development vendor shall conduct code walkthroughs/peer reviews for all source code used in ADP's CalOMS system to ensure the code is secure by design and by default and shall be secure in deployment.	M	IMSD/ Security

CalOMS Detailed Requirements			
X-Ref	Requirement	Priority	Owner
SEC-013	ADP's CalOMS system shall treat all input as 'untrusted' until it validates the input using string comparisons, regular expressions, or specially-created input validation classes.	M	IMSD/ Security
SEC-014	ADP's CalOMS system development vendor shall ensure that all CalOMS application interactions with the CalOMS database are securely conducted (e.g., by never connecting as the 'sysadmin' or equivalent account, never constructing SQL statements and stored procedures that prevent SQL injection vulnerabilities, etc.).	M	IMSD/ Security
SEC-015	ADP's CalOMS system development vendor shall include all relevant ADP security, privacy, and/or confidentiality policies in CalOMS' documentation and on-line help including user documentation and training materials. The specific policies to be included shall be defined during the CalOMS design effort.	M	IMSD/ Security

6.3 CALOMS DATA ELEMENTS

6.3.1 Sources of CalOMS data elements

The CalOMS Data Elements Matrix includes data items from the following sources:

- **Unique Client Identifier (UCI):**
 - The UCI is used to enable the cross-matching of client records between different service types (treatment episode tracking) and with non-ADP databases.
- **California Alcohol and Drug Data Systems (CADDSS):**
 - These data elements are currently collected via CADDSS or CalTOP and are used to satisfy TEDS requirements.
- **Minimum Treatment Outcome Questions (MTOQ):**
 - The MTOQ are the outcome questions to be collected in CalOMS as approved by the IWG in June 2004. These outcome questions include those required under the Federal reporting requirements for the PPG. The MTOQ questions are provided on page 48.
- **Other Phase 1:**
 - This section contains other data elements proposed for CalOMS Phase 1 that were required by ADP in order to meet additional outcomes reporting or evaluation needs.
- **System Data:**
 - These data elements are required for technical and data record validation purposes within CalOMS.

6.3.2 CalOMS Phase 1 Data Matrix

The attached 'Data Elements Matrix' contains the treatment data elements that will be collected for the Phase 1 CalOMS. The Matrix includes the following columns:

- **Group and Item Number:**
 - A reference to the group of data to which the element belongs, e.g. client identification and demographic data. This is also a sequential identifier for the data element based on its sequence in the Data Elements Matrix.
- **Instrument X-Ref:**
 - An identifier that 'maps' directly to the instrument that the data element originated from.
- **Data Element:**
 - Identifies the name or brief description of the data element.
- **Question:**
 - Identifies the actual wording used for a 'question' or data element.
- **Value Codes:**
 - Identifies the numeric or alphabetic code assigned to each 'allowable value' where applicable.
- **Allowable Values:**
 - Identifies the allowable values/responses that are valid for each 'question'/data element. Allowable values are used during the edit/validation process.

- **Validation Rules:**
 - Defines special rules that CalOMS will use to determine whether the value for each question is valid, e.g., a client's admission date must be prior to his/her discharge date, a male cannot be pregnant, etc.
- **Time Collected:**
 - Admission – Identifies if the data element is collected at Admission.
 - Discharge – Identifies if the data element is collected at discharge.
 - Follow-up – Identifies if the data element is collected at follow-up.

Note: A single data element can be collected at multiple points in time.

Data Elements included in the CalOMS Data Elements Matrix are grouped into categories such as admission, discharge, psychiatric, employment, etc.

6.4 DATA ELEMENT 'RELATIONAL EDITS'

Additional 'field level relational edits' (beyond the edits described in the Data Elements Matrix) are described in the 'TOPPS II Edits' document dated March 16, 2003 created by the ADP SOCR group (Karen DeVoe is the ADP contact person). The document is located on ADP's internal file server at \GROUPS2\INFOTECH\Caltop\Edits.

**CalOMS Implementation Workgroup
Treatment Sub-Group Approved Outcome Questions**

Life Domains	Question
Alcohol/ Drug Use	What is the frequency of alcohol use in past 30 days?
	What is the frequency of other drug use (highest frequency of any drug reported) in past 30 days?
	What is your secondary alcohol or drug problem?
	How often did you use this alcohol or drug in the past 30 days?
	How many days have you injected drugs in the past 30 days?
Employment	What is your current employment status?
	How many days were you paid for working in the past 30 days?
	Are you currently enrolled in school?
	Are you currently enrolled in a job training program?
Legal	How many times have you been arrested in the past 30 days?
	How many days have you been in jail in the past 30 days?
	How many days have you been in prison in the past 30 days?
Medical	How many times have you visited an emergency room in the past 30 days for physical health problems?
	How many days have you stayed overnight in a hospital for physical health problems in the past 30 days?
	How many days have you experienced physical health problems in the past 30 days?
	Have you been diagnosed with Tuberculosis?
	Have you been diagnosed with Hepatitis C?
	Have you been diagnosed with a Sexually Transmitted Disease?
	Have you been tested for HIV/AIDS?
Do you have the results of the HIV/AIDS test?	
Psychiatric	How many days in the past 30 have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?
	How many times in the past 30 days have you received outpatient emergency services for mental health needs?
	In the past 30 days have you taken any prescribed medication for mental health needs?
	Have you ever been diagnosed with a mental illness?
Family/Social	What are your current living arrangements? – Independent; - Dependent; - Homeless
	How many days in the past 30 have you lived with someone who had an alcohol or drug problem?
	How many days in past 30 have you had serious conflicts with your family?
	How many children do you have aged 17 or less (birth or adopted) whether they live with you or not?
	How many of the children you have are aged 5 or less?
	How many of your children are living with someone else because of a child protection court order?
	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?
How many days in the last 30 days have you participated in social support recovery activities (such as, 12-Step meetings; religious/faith recovery groups; other self-help meetings; interactions with family members and/or friends supportive of recovery; attending meetings of other social support recovery organizations other than those listed above)	

6.5 GLOSSARY OF TERMS

Following is a list of the common acronyms/terms used in this document and/or within ADP and their descriptions:

ACRONYM/TERM	DESCRIPTION
ADP	California Department of Alcohol & Drug Programs
AOD	Alcohol or Other Drug
CA	California
CADDS	California Alcohol and Drug Data System
CADPAAC	County Alcohol and Drug Program Administrators Association
CalOMS	California Outcomes Monitoring System
CalTOP	California Treatment Outcomes Project
CDC	California Department of Corrections
CFR	Code of Federal Regulations
CPS	Child Protective Services
CSI	Mental Health Client Information System
CSM	Creative Socio-Medics system (for CADDS)
DATAR	Drug Abuse Treatment Access Report
Detox	Detoxification
DHS	Department of Health Services
DMC	Drug Medi-Cal
DMH	California Department of Mental Health
DSM	Diagnostic & Statistical Manual of Medical Disorders
DSS	Department of Social Services
DUI	Driving-Under-the-Influence of AOD
FTP	File Transfer Protocol
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIV	Human Immunodeficiency Virus
ID	Identification number or identification (e.g., user ID)
IMSD	ADP Information Management Services Division
IT	Information Technology
ITWS	Information Technology Web Services portal (provided by DMH)
JAD	Joint Application Design/Joint Application Development
LAN	Local Area Network
MS	Microsoft
MTDS	Minimum Treatment Data Set
MTOQ	Minimum Treatment Outcome Questions
NTP	Narcotic Treatment Program
OARA	ADP Office of Applied Research and Analysis
OCJC	ADP Office of Criminal Justice and Collaboration
OD	Outpatient Detoxification
ODF	Outpatient Drug Free
OLS	ADP Office of Legal Services
OMP	Outcomes Monitoring Program
OMS	Outcomes Measurement System (frequently used with 'CalOMS')
OPSA	ADP Office of Perinatal Substance Abuse
PC	Personal Computer

ACRONYM/TERM	DESCRIPTION
POD	ADP Program Operations Division
PPG	Performance Partnership Grant
Prop 36	Proposition 36. Also known as SACPA
SACPA	Substance Abuse Crime Prevention Act
SFSU	San Francisco State University
SOCR	ADP System Of Care Redesign group
SPW	Special Purpose Workgroup
SSN	Social Security Number
TEDS	Federal Treatment Episode Data Set
Tx	Treatment
UCB	University of California Berkeley
UCD	University of California Davis
UCI	Unique Client Identifier
UCLA	University of California Los Angeles
USC	University of Southern California
USF	University of San Francisco
WAN	Wide Area Network
Web	World Wide Web

6.6 TREATMENT EPISODE

The CalOMS Implementation Workgroup (IWG) recommended that follow-up interviews for the purpose of outcomes measurement be based on the 'continuum of care' received by clients. Continuum of care is terminology used by the Institute of Medicine (IOM) to describe the whole range of substance abuse services from prevention to aftercare. For the purposes of this document, the term "treatment episode" will be used to indicate a specific series of treatment services that could culminate in a follow-up interview. This section is intended to provide a scope definition and policy statement for treatment episode.

6.6.1 Purpose

The purpose of this section is:

- To define the treatment episode delivered during treatment and the treatment modalities that will be recorded in CalOMS.
- To differentiate, in relation to the continuum of care, treatment modalities and prevention services, the scope of what will be accomplished in CalOMS Phase I from program changes and initiatives that will be included in a future phase of CalOMS (Phase N).

6.6.2 Background

ADP needs a general definition of the treatment episode and identification of the treatment modalities to determine the population of clients that should receive a follow-up interview. The dependency of the follow-up process on the treatment episode is shown in the graphic on page 52. As is shown in the graphic, CalOMS will require, as CADDs does today, the submission of an admission transaction (T1) at the beginning of a treatment service, e.g. residential treatment or

outpatient, and a discharge transaction (T2) at the conclusion of this service. The intent is for follow-up interviews (T3) to be triggered when a client completes a series of services (treatment episode) rather than having a follow-up interview for each discrete service.

6.6.3 Definition of Treatment Episode

CalOMS business rules define treatment episode as a series of treatment services (delineated by admission/discharge) in modalities that are required to collect CADDs client data currently with a break of no more than *X* number of days between services. This maximum number of days will be a system parameter and will initially be set at 30 days.

- The treatment episode consists of services defined as modalities which include:
 - Outpatient Drug Free (ODF),
 - Day Care Rehabilitative (DCR),
 - Narcotic Treatment Program (NTP) including Naltrexone,
 - Detoxification – medical, non-medical, and residential, and
 - Residential – both long and short term.

The modalities that clients receive services in can occur sequentially without a prolonged break between individual service types and are considered as one treatment episode (e.g. detoxification, residential, outpatient).

Follow-up or T3 will be conducted after the entire treatment episode is completed not after each separate service modality. Follow-up subjects will be placed and drawn from a pool of individuals after the conclusion of treatment based on this proposed definition of treatment episode. Thus the full “dosage” of services received by the client is measured in relation to outcomes, and workload is significantly reduced by not collecting multiple follow-ups on the same client.

- Data from ancillary services such as aftercare or sober living (transitional living) will not be captured at this time. Though aftercare and sober living are an integral part of perinatal, parolee, and SACPA programs, neither are defined as treatment nor required to collect CADDs client data at this time.
- For treatment, only clients that are in modalities defined as treatment by CADDs will be included for the follow-up interview. As the treatment episode can only include treatment services for which CADDs data is now collected, services such as DUI will be excluded. Though DUI programs are the first point of entry into the treatment/recovery system for many people, CalOMS will not collect data from this modality at this time.

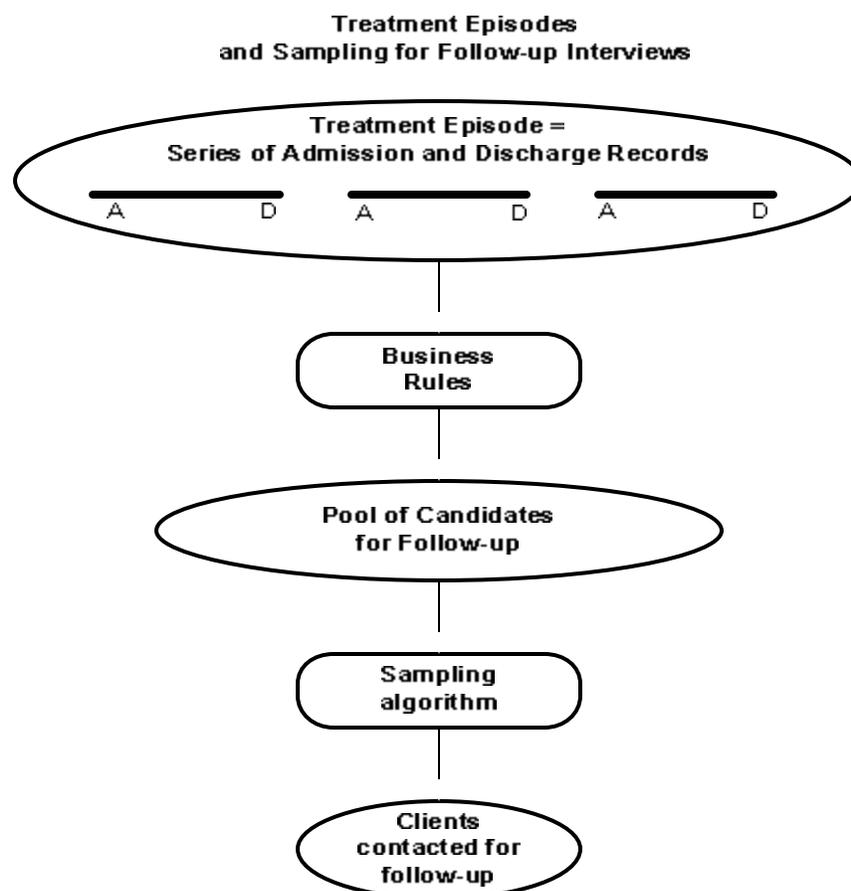
In addition, data from treatment/recovery services provided by CDC, Veterans services, Chemical Dependency Recovery Hospitals, and other private treatment/recovery programs that are not required to collect CADDs client data will not take part in CalOMS at this time. The exception is privately run NTPs, all of which are licensed by ADP and required to collect CADDs client data.

- Admission and discharge for treatment programs are defined in the CADDIS Instructional Manual. One service stay, not the full treatment episode, is from admission to discharge. Reasons for discharge can include a client voluntarily ending treatment, the provider ending a client's participation, for example, due to a violation of the program rules, or a client completing the treatment service or plan OR being referred to further treatment/recovery programs/services that are included in the definition of CalOMS treatment episode above.

The MTOQ outcome questions will be administered at admission (T1), discharge (T2), and at follow-up (T3) for a percent of clients who are admitted to treatment programs.

- A treatment break of more than *X* number of days will constitute an end of the client's treatment episode. A maximum length of time (e.g., 30 days) must be established in which a break between individual service types will define the end of a treatment episode.

In closing, we recommend further development of the CalOMS project (Phase *N*) incrementally incorporate data from the complete continuum of care (as described in the IOM and other formats), which may include such treatment modalities as prevention, DUI, maintenance services, aftercare, and sober living.



6.7 CALTOP REPORT SAMPLES

Following are samples of the current CalTOP reports that shall be tailored to the CalOMS environment and available data elements:

- **Client Served Summary**
- **Drug Problem at Intake Summary**
- **Employment Rates**
- **Frequency of Drug Use**

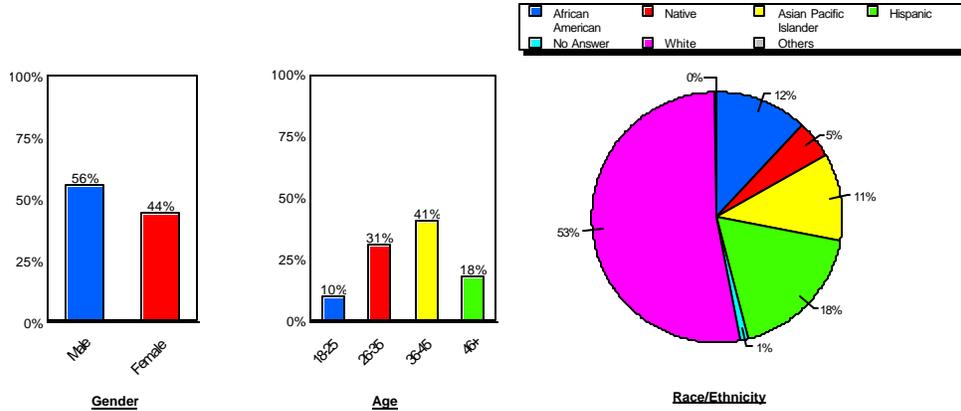
6.7.1 CalTOP Client Served Summary Report Sample

Report: CTP0260

California Department of Alcohol & Drug Programs
Clients Served Summary
From 07/01/1999 To 09/19/2003
Number of Clients Included = (485)

Report Date: 9/19/03
 Time: 12:06:20PM

Data For: Systemwide



Report: CTP0260

California Department of Alcohol & Drug Programs
Clients Served Summary
From 07/01/1999 To 09/19/2003
Number of Clients Included = (485)

Report Date: 9/19/03
 Time: 11:48:21AM

Data For: Systemwide

Gender	Count	Percent
Male	270	55.67%
Female	215	44.33%
Total:	485	100%

Age (yrs)	Count	Percent
36-45	198	40.82%
26-35	151	31.13%
46+	88	18.14%
18-25	48	9.90%
Total:	485	100%

Race/Ethnicity	Count	Percent
White	256	52.78%
Hispanic	87	17.94%
African American	57	11.75%
Asian/Pacific Islander	55	11.34%
Native	24	4.95%
No Answer	5	1.03%
Other	1	0.21%
Total:	485	100%

Note: Includes unique clients with any admission information recorded in the system to-date. Results are preliminary.

6.7.2 CaTOP Drug Problem at Intake Report Sample

Report: CTP0270

California Department of Alcohol & Drug Programs

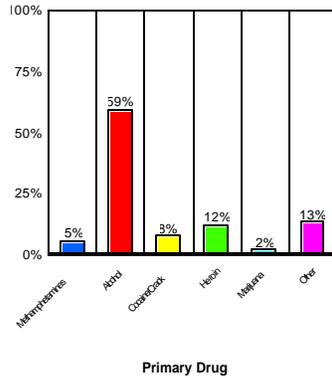
Report Date: 9/19/03

Drug Problem At Intake Summary

From 07/01/1999 To 09/19/2003
Number of Clients Included = (91)

Time: 12:06:28PM

Data For: Systemwide



Report: CTP0270

California Department of Alcohol & Drug Programs

Report Date: 9/19/03

Drug Problem At Intake Summary

From 07/01/1999 To 09/19/2003
Number of Clients Included = (91)

Time: 12:06:32PM

Data For: Systemwide

Primary Drug	Count	Percent
Methamphetamines	5	5.5%
Alcohol	54	59.3%
Cocaine/Crack	7	7.7%
Heroin	11	12.1%
Marijuana	2	2.2%
Other	12	13.2%
Total:	91	100%

Secondary Drug	Count	Percent
None	17	18.7%
Alcohol	5	5.5%
Marijuana	8	8.8%
Cocaine/Crack	10	11.0%
Methamphetamines	3	3.3%
Heroin	8	8.8%
Other	40	44.0%
Total:	91	100%

Note: Includes unique clients with any admission information recorded in the system to-date. Results are preliminary.

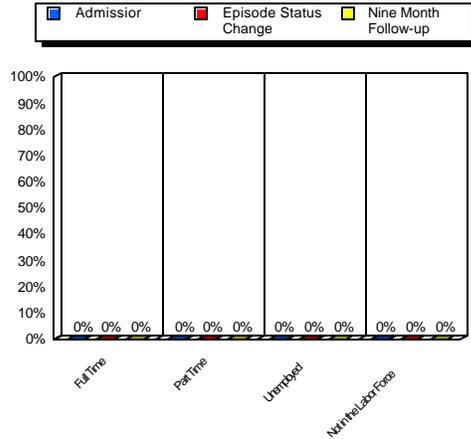
6.7.3 CalTOP Employment Rates Graph Report Sample

Report: CTP0310

California Department of Alcohol & Drug Programs
Employment Rates
Admission, Episode Status Change, Nine Month Follow-up
From 07/01/1999 To 09/19/2003
Number of Clients Included = (0)

Report Date: 09/19/2003
Time: 12:21:16PM

Data For: Sierra Recovery Center Tallac (10018)



6.7.4 CalTOP Frequency of Drug Use Admission, Episode Status Change, 9-month Follow-up Graph Report Sample

Report: CTP0320

California Department of Alcohol & Drug Programs

Report Date: 09/19/2003

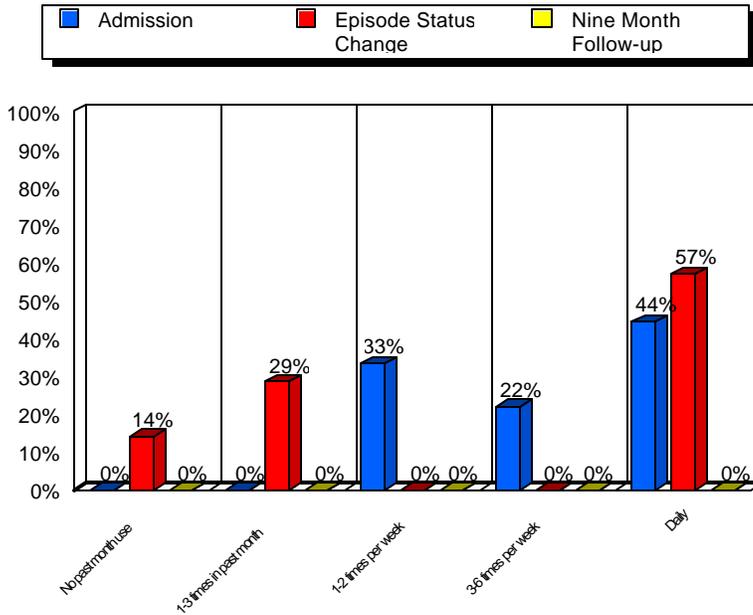
Frequency of Drug Use

Time: 12:09:56PM

Admission, Episode Status Change, Nine Month Follow-up

From 07/01/1999 To 09/19/2003
Number of Clients Included = (9)

Data For: Systemwide



Note: These results reflect a given primary drug type over a period of time.

Includes unique clients with a full admission data set and either an episode status change and/or a nine month follow-up transaction recorded in the system to-date.

A discharge is recorded as an Episode Status Change at the time a client leaves treatment from a given provider site.

Results are Preliminary.

Page -1 of 1

Frequency of Drug Use

Admission, Episode Status Change, Nine Month Follow-up

From 07/01/1999 To 09/19/2003

Number of Clients Included = (9)

Data For: Systemwide

No past month use	Count	Percent	Total Clients Included
Admission	0	0.0%	9
Episode Status Change	1	14.3%	7
Nine Month Follow-up	0	0.0%	0
1-3 times in past month	Count	Percent	Total Clients Included
Admission	0	0.0%	9
Episode Status Change	2	28.6%	7
Nine Month Follow-up	0	0.0%	0
1-2 times per week	Count	Percent	Total Clients Included
Admission	3	33.3%	9
Episode Status Change	0	0.0%	7

Note: These results reflect a given primary drug type over a period of time.

Includes unique clients with a full admission data set and either an episode status change and/or a nine month follow-up transaction recorded in the system to-date.

A discharge is recorded as an Episode Status Change at the time a client leaves treatment from a given provider site.

Results are Preliminary.

6.8 TREATMENT PERFORMANCE MEASUREMENT REPORTS

This section provides instructions and report formats for the performance measurement reports that must be produced by ADP's CalOMS system.

- Section 6.8.1 provides a description of the standard reports required by the federal government for the PPG requirements.
- Section 6.8.2 describes the standard reports that ADP's system must produce for ADP, counties and direct providers.

6.8.1 Treatment Performance Measurement Reports for Federal PPG Requirements

The instructions and report formats for the performance measurement reports required by the federal government for the PPG program are provided in this section. ADP's CalOMS system shall generate these reports.

- **Employment Status (Form T2)**
- **Living Status (Form T3)**
- **Criminal Justice Involvement (Form T4)**
- **Alcohol Use (Form T5)**
- **Other Drug Use (Form T6)**
- **Social Support of Recovery (Form T8)**
- **Retention (Form T9)**

Note that PPG Form T7, Infectious Diseases, will be produced manually by ADP staff and will not be produced from the CalOMS system.

GENERAL INSTRUCTIONS FOR FORMS T2-T6:

1. Include all "Primary Clients" who received services from treatment programs that received some or all of their funding from the Substance Abuse Prevention and Treatment Block Grant. Do **not** include family members or other persons collaterally involved in the Clients' treatment. Include **only** persons actually admitted to treatment, **excluding** those who received detoxification, outreach, early intervention or assessment/Central Intake services but who did not enter treatment. A State may wish to report on specific modalities separately such as outpatient, residential or opiate replacement therapy. The State should discuss how it addressed tracking clients receiving opiate replacement therapy/pharmacotherapy in their State and provide a description in the State Description of Data Collection form.
2. Report data for the most recent State Fiscal Year for which the data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State is reporting SAPT Block Grant expenditures in the application being submitted. Indicate the State Fiscal Year chosen for reporting in the appropriate place on the form.
3. Report data on all clients who have a discharge record in the reporting year. All clients with treatment periods that ended in the reporting year (i.e., clients who did not receive subsequent treatment in 30 days) should have a discharge record.
4. Forms P2-P6 report percent changes in the indicator areas that have occurred between admission and discharge based on information collected at those data collection points. The State should report based on Treatment Episode. In Episode based reporting, admission is defined as occurring on the first date of service in a program/service delivery unit prior to which no services have been received from any program/service delivery unit for 30 days. Discharge is defined as occurring on the last date on which the client received service from a program/service delivery unit, subsequent to which the client received no services from any program/service delivery unit for 30 days.

**FORM T2- EMPLOYMENT STATUS
TREATMENT PERFORMANCE MEASURE
PERCENT CHANGE IN EMPLOYMENT STATUS (From Admission to Discharge)**

STATE:

**REPORTING PERIOD: FROM _____ TO _____
(MM/DD/YYYY) (MM/DD/YYYY)**

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
Total																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
Homeless or at risk of being homeless																					
Co-occurring Disorders																					
Pregnant Women																					

M=Male; F=Female

Performance Measure Data Collection
Interim Standard – Percent Change in Employment Status

GOAL To improve the employment status of persons treated in the States substance abuse treatment systems.

MEASURE The change in proportion of *all clients receiving treatment* who reported being employed (including part-time) at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported being employed (including part-time) at discharge equals the proportion of clients reporting being employed (including part-time) at admission subtracted from the proportion of clients reporting being employed (including part-time) at discharge.

For example:

Category	Admission (%)	Discharge (%)	Difference (%)
Employed (including part-time)	15	45	+30

Thus there was a 30 % increase in the proportion of clients reporting being employed (including part-time) at discharge.

INTERIM STANDARD FOR DATA COLLECTION Data related to employment status should be collected using the relevant Treatment Episode Data Set (TEDS) element at admission and discharge. States would report percentage differences in employment status for the 30 days preceding admission to treatment, and the 30 days preceding discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.

“Employed” includes those employed full time (35 or more hours per week) and part time (less than 35 hours per week). Exclude those not in the labor force, including, homemakers, students, those disabled, retired persons, those not looking for work in the last 30 days and those in institutions

**FORM T3-LIVING STATUS
TREATMENT PERFORMANCE MEASURE
PERCENT CHANGE IN HOMELESSNESS* (From Admission to Discharge)**

STATE:

REPORTING PERIOD: FROM _____ TO _____
(MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
Total																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
Co-occurring Disorders																					
Pregnant Women																					

M=Male; F=Female

Performance Measure Data Collection
Interim Standard – Percent Change in Homelessness (Living Status)

GOAL To improve living conditions of persons treated in the States substance abuse treatment systems.

MEASURE The change in proportion of *all clients receiving treatment* who reported being homeless at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported being homeless at discharge equals the proportion of clients reporting being homeless at admission subtracted from the proportion of clients reporting being homeless at discharge .

For example:

Category	Admission (%)	Discharge (%)	Difference (%)
Homeless	10	8	-2

Thus there was a 2% decrease in the proportion of clients reporting being homeless at discharge.

INTERIM STANDARD FOR DATA COLLECTION Data related to living status should be collected using the relevant Treatment Episode Data Set (TEDS) element at admission and discharge. The reported measure will reflect differences in homelessness at admission to treatment, and at discharge. States should track client-level data by matching admission to discharge records through a unique statewide client ID

TEDS defines homeless as clients with no fixed address; includes shelters. Dependent living (at risk for being homeless) is defined as clients living in a supervised setting such as a residential institution, halfway house or group home

**FORM T4-CRIMINAL JUSTICE INVOLVEMENT
TREATMENT PERFORMANCE MEASURE
PERCENT CHANGE IN PERSONS ARRESTED (From Admission to Discharge)**

STATE: _____

REPORTING PERIOD: FROM _____ TO _____
(MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
Total																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
Homeless or at risk of being homeless																					
Co-occurring Disorders																					
Pregnant Women																					

M=Male; F=Female

**Performance Measure Data Collection
Interim Standard –Percent Change in Persons Arrested**

GOAL To reduce the criminal justice involvement of persons treated in the States substance abuse treatment systems.

MEASURE The percent change in persons arrested in the last 30 days at discharge for *all clients receiving treatment*.

DEFINITIONS Change in proportion of persons arrested in the last 30 days at discharge for *all clients receiving treatment* equals the proportion of clients who were arrested in the 30 days prior to admission subtracted from the proportion of clients who were arrested in the last 30 days at discharge.

For example:

Category	Admission (%)	Discharge (%)	Difference (%)
Arrested	35	15	-20

Thus there was a 20% decrease in the proportion of clients arrested in the last 30 days at discharge

INTERIM STANDARD FOR DATA COLLECTION States will collect information on the percentage of clients with at least one arrest (a dichotomous response item: arrested – yes/no) in the 30 days preceding admission to treatment and the percentage of clients with at least one arrest in the 30 days prior at discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID

A client who has one or more arrest counts (not charges) in the past 30 days, is included in this measure

**FORM T5- ALCOHOL USE
TREATMENT PERFORMANCE MEASURE
PERCENT CHANGE IN ABSTINENCE (From Admission to Discharge)**

STATE: _____ REPORTING PERIOD: FROM _____ TO _____
(MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
Total																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
Homeless or at risk of being homeless																					
Co-occurring Disorders																					
Pregnant Women																					

M=Male; F=Female

Performance Measure Data Collection
Interim Standard – Percent Change in Abstinence -Alcohol Use

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in proportion of *all clients receiving treatment* who reported abstinence at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported abstinence at discharge equals the proportion of clients reporting abstinence at admission subtracted from the proportion of clients reporting abstinence at discharge.

For example:

Category	Admission (%)	Discharge (%)	Difference (%)
No past month use (abstinence)	10	50	+40

Thus there was a 40 % increase in the proportion of clients reporting abstinence at discharge.

INTERIM STANDARD FOR DATA COLLECTION Data related to alcohol use should be collected using the relevant Treatment Episode Data Set (TEDS) elements at admission and discharge to identify primary, secondary, and tertiary alcohol use and the associated frequency of use data. The reported measure will reflect differences in abstinence in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.

Abstinence from alcohol use is defined as no past month use of alcohol

**FORM T6- OTHER DRUG USE
TREATMENT PERFORMANCE MEASURE
PERCENT CHANGE IN ABSTINENCE (From Admission to Discharge)**

STATE: _____

REPORTING PERIOD: FROM _____ TO _____
MM/DD/YYYY (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
Total																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
Homeless or at risk of being homeless																					
Co-occurring Disorders																					
Pregnant Women																					

M=Male; F=Female

Performance Measure Data Collection
Interim Standard – Percent Change in Abstinence – Other Drug Use

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in proportion of *all clients receiving treatment* who reported abstinence at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported abstinence at discharge equals the proportion of clients reporting abstinence at admission subtracted from the proportion of clients reporting abstinence at discharge.

For example:

Category	Admission (%)	Discharge (%)	Difference (%)
No past month use (abstinence)	30	50	+20

Thus there was a 20 % increase in the proportion of clients reporting abstinence at discharge.

INTERIM STANDARD FOR DATA COLLECTION Treatment Episode Data Set (TEDS) elements at admission and discharge to identify primary, secondary, and tertiary other drug use and the associated frequency of use data. The reported measure will reflect differences in abstinence in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID

Abstinence from other drug use is defined as no past month use of other drugs.

FORM T7:
Infectious Diseases Performance Measure

The information required for this report will be completed manually by ADP staff and will not be generated from the CalOMS system.

FORM T8- SOCIAL SUPPORT OF RECOVERY
PERCENT CHANGE IN INVOLVEMENT IN SOCIAL SUPPORT OF RECOVERY (From Admission to Discharge)

STATE: _____

REPORTING PERIOD: FROM _____ TO _____
 (MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
Total																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
Homeless or at risk of being homeless																					
Co-occurring Disorders																					
Pregnant Women																					

M=Male; F=Female

Performance Measure Data Collection
Interim Standard – Percent Change in Social Support of Recovery

GOAL To improve clients' participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in proportion of *all clients receiving treatment* who reported participation in one or more social and or recovery support activity at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported participation in one or more social and recovery support activities at discharge equals the proportion of clients reporting participation at admission subtracted from the proportion of clients reporting participation at discharge.

For example:

Category	Admission (%)	Discharge (%)	Difference (%)
Participation in social and/or recovery support activities	10	50	+40

Thus there was a 40 % increase in the proportion of clients reporting abstinence at discharge.

INTERIM STANDARD FOR DATA COLLECTION

Data should be collected using the elements as follows:

Participation in social support of recovery activities are defined as attending self-help, attending religious/faith affiliated recovery or self help groups, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery.

The reported measure will reflect differences in participation in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.

FORM T9: RETENTION

Length of Stay (in Weeks), Average Number of Services per Client, Proportion of Clients Completing Treatment

STATE:

	Proportion of Clients by Length of Stay							H: Average Number of Services per Client	I: Proportion of Clients Completing Treatment
	A: Average Length of Stay	B: 1 - 2 Weeks	C: 3 - 10 Weeks	D: 11 - 20 Weeks	E: 21 - 30 Weeks	F: 31 - 40 Weeks	G: 40+ Weeks		
TYPE OF CARE									
More than one level of service received									
DETOXIFICATION (24-HOUR CARE)									
1. Hospital Inpatient									
2. Free-Standing Residential									
REHABILITATION/ RESIDENTIAL									
3. Hospital Inpatient									
4. Short-term (up to 30 days)									
5. Long-term (over 30 days)									
REHABILITATION/ AMBULATORY									
Outpatient									
6. Methadone									
7. Non-Methadone									
8. Intensive Outpatient									
9. Detoxification									

How to complete Form T9 – Retention

This form covers care the principal agency of the State purchased **in the State expenditure period** designated on Form 4.

Length of stay (LOS) is described by the date of first individual or group addiction counseling service to the date of last contact for addiction services (date at which no additional services are received within thirty days).

Use **column A** to report the average length of stay and **columns B-G** to report proportional frequency distribution of clients by periods of lengths of stay at each level of service including clients served in more than one level of service.

If data is available, use **column H** to report the average number of discrete services provided (e.g. group counseling episodes, individual counseling episodes, etc.) for each of the respective levels of service including clients served in more than one level of service.

Use **column I** to report the proportion of persons completing treatment for each of the respective level of service including clients served in more than one level of service.

6.8.2 Treatment Outcome Monitoring Reports for California

ADP's CalOMS system shall be designed and built to produce a series of outcome monitoring reports that summarize the results of client responses to the MTOQ outcome questions before and after treatment and the percent change between these data collection points. This section provides rough draft formats of the outcome monitoring reports that ADP's CalOMS system shall produce upon request by authorized ADP and county staff. These rough drafts are presented herein to show the minimum content ADP expects to be provided in these reports. During the design stage, ADP's system development contractor will work with ADP staff on the final design and content of these reports and the business rules for producing them.

ADP's CalOMS system shall provide a menu-driven interface that authorized users can use to select desired reports. The system shall also present a formatted screen for users to enter the parameters needed for the report they desire to produce. The system shall allow the requestor to select the output option for the report, e.g. on-screen viewing, hardcopy print or download.

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in past 30 days have you used primary drug?

PRIMARY DRUG: _____ (Primary drug specified by requestor)

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT		AFTER TREATMENT		PERCENT CHANGE	
		Total clients that used primary drug	Total number of days clients used primary drug	Total clients that used primary drug	Total number of days clients used primary drug	Percent change in total clients	Percent change in total number of days
Gender	Male						
	Female						
	Total						
Race	White						
	Black						
	Native Hawaiian/Other Pacific Islander						
	Asian						
	American Indian/Alaska Native						
	More Than One Race Reported						
	Others/ Unknown						
Ethnicity	Not Hispanic or Latino						
	Hispanic or Latino						
Age	Under 18						
	18 or older						
	18-24						
	25-34						
	35-44						
	45-64						
	65+						
Length of stay	1 - 2 weeks						
	3 - 4 weeks						
	5 - 12 weeks						
	12 - 24 weeks						
	24 - 52 weeks						
	More than one year						
Other	Homeless or at risk of being homeless						
	Co-occurring disorder						
	Pregnant women						

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you used alcohol?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> use alcohol	Total clients that used alcohol	Total number of days clients used alcohol	Total clients that did <u>not</u> use alcohol	Total clients that used alcohol	Total number of days clients used alcohol	Percent change in total clients that used alcohol	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
	65+								
Length of stay	1 – 2 weeks								
	3 – 4 weeks								
	5 – 12 weeks								
	12 – 24 weeks								
	24 – 52 weeks								
	More than one year								
Other	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you injected?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> inject	Total clients that injected	Total number of days clients injected	Total clients that did <u>not</u> inject	Total clients that injected	Total number of days clients injected	Percent change in total clients that injected	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
	65+								
Length of stay	1 – 2 weeks								
	3 – 4 weeks								
	5 – 12 weeks								
	12 – 24 weeks								
	24 – 52 weeks								
	More than one year								
Other	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: What is your current employment status?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT				AFTER TREATMENT				PERCENT CHANGE	
		Total clients not employed/ not seeking	Total clients employed part-time	Total clients employed full-time	Total clients employed	Total clients not employed/ not seeking	Total clients employed part-time	Total clients employed full-time	Total clients employed	Percent change in clients <u>not</u> employed/ not seeking	Percent change in clients employed
Gender	Male										
	Female										
	Total										
Race	White										
	Black										
	Native Hawaiian/Other Pacific Islander										
	Asian										
	American Indian/Alaska Native										
	More Than One Race Reported										
	Others/ Unknown										
Ethnicity	Not Hispanic or Latino										
	Hispanic or Latino										
Age	Under 18										
	18 or older										
	18-24										
	25-34										
	35-44										
	45-64										
Length of stay	65+										
	1 - 2 weeks										
	3 - 4 weeks										
	5 - 12 weeks										
	12 - 24 weeks										
	24 - 52 weeks										
Other	More than one year										
	Homeless or at risk of being homeless										
	Co-occurring disorder										
	Pregnant women										

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days were you paid for working?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that were <u>not</u> paid for working	Total clients that were paid for working	Total number of days clients were paid for working	Total clients that were <u>not</u> paid for working	Total clients that were paid for working	Total number of days clients were paid for working	Percent change in total clients paid for working	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 - 2 weeks								
	3 - 4 weeks								
	5 - 12 weeks								
	12 - 24 weeks								
	24 - 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: Are you currently enrolled in school?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT		AFTER TREATMENT		PERCENT CHANGE	
		Total clients that were <u>not</u> enrolled	Total number of clients that were enrolled	Total clients that were <u>not</u> enrolled	Total number of clients that were enrolled	Percent change in clients <u>not</u> enrolled	Percent change in clients enrolled
Gender	Male						
	Female						
	Total						
Race	White						
	Black						
	Native Hawaiian/Other Pacific Islander						
	Asian						
	American Indian/Alaska Native						
	More Than One Race Reported						
	Others/ Unknown						
Ethnicity	Not Hispanic or Latino						
	Hispanic or Latino						
Age	Under 18						
	18 or older						
	18-24						
	25-34						
	35-44						
	45-64						
Length of stay	1 - 2 weeks						
	3 - 4 weeks						
	5 - 12 weeks						
	12 - 24 weeks						
	24 - 52 weeks						
	More than one year						
Other	Homeless or at risk of being homeless						
	Co-occurring disorder						
	Pregnant women						

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: Are you currently enrolled in a job training program?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT		AFTER TREATMENT		PERCENT CHANGE	
		Total clients that were <u>not</u> enrolled	Total number of clients that were enrolled	Total clients that were <u>not</u> enrolled	Total number of clients that were enrolled	Percent change in clients <u>not</u> enrolled	Percent change in clients enrolled
Gender	Male						
	Female						
	Total						
Race	White						
	Black						
	Native Hawaiian/Other Pacific Islander						
	Asian						
	American Indian/Alaska Native						
	More Than One Race Reported						
	Others/ Unknown						
Ethnicity	Not Hispanic or Latino						
	Hispanic or Latino						
Age	Under 18						
	18 or older						
	18-24						
	25-34						
	35-44						
	45-64						
Length of stay	1 - 2 weeks						
	3 - 4 weeks						
	5 - 12 weeks						
	12 - 24 weeks						
	24 - 52 weeks						
	More than one year						
Other	Homeless or at risk of being homeless						
	Co-occurring disorder						
	Pregnant women						

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many times in the past 30 days have you been arrested?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that were <u>not</u> arrested	Total clients that were arrested	Total number of times clients were arrested	Total clients that were <u>not</u> arrested	Total clients that were arrested	Total number of times clients were arrested	Percent change in total clients arrested	Percent change in number of arrests
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
	65+								
Length of stay	1 – 2 weeks								
	3 – 4 weeks								
	5 – 12 weeks								
	12 – 24 weeks								
	24 – 52 weeks								
	More than one year								
Other	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you been in jail?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that were <u>not</u> in jail	Total clients that were in jail	Total number of days clients were in jail	Total clients that were <u>not</u> in jail	Total clients that were in jail	Total number of days clients were in jail	Percent change in clients in jail	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 - 2 weeks								
	3 - 4 weeks								
	5 - 12 weeks								
	12 - 24 weeks								
	24 - 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you been in prison?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that were <u>not</u> in prison	Total clients that were in prison	Total number of days clients were in prison	Total clients that were <u>not</u> in prison	Total clients that were in prison	Total number of days clients were in prison	Percent change in clients in prison	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 - 2 weeks								
	3 - 4 weeks								
	5 - 12 weeks								
	12 - 24 weeks								
	24 - 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many times in the past 30 days have you visited an emergency room (ER) for physical health problems?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> visit ER	Total clients that visited ER	Total number of times clients visited ER	Total clients that did <u>not</u> visit ER	Total clients that visited ER	Total number of times clients visited ER	Percent change in total clients that visited ER	Percent change in total number of times
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18–24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 – 2 weeks								
	3 – 4 weeks								
	5 – 12 weeks								
	12 – 24 weeks								
	24 – 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you stayed overnight in a hospital for physical health problems?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> stay overnight	Total clients that stayed overnight	Total number of days clients stayed overnight	Total clients that did <u>not</u> stay overnight	Total clients that stayed overnight	Total number of days clients stayed overnight	Percent change in total clients	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
	65+								
Length of stay	1 – 2 weeks								
	3 – 4 weeks								
	5 – 12 weeks								
	12 – 24 weeks								
	24 – 52 weeks								
	More than one year								
Other	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days have you experienced physical health problems in the past 30 days?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> have health problems	Total clients that had health problems	Total number of days clients had physical health problems	Total clients that did <u>not</u> have health problems	Total clients that had health problems	Total number of days clients had health problems	Percent change in clients with health problems	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18–24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 – 2 weeks								
	3 – 4 weeks								
	5 – 12 weeks								
	12 – 24 weeks								
	24 – 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many times in the past 30 days have you received outpatient emergency services for mental health needs?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> receive services	Total clients that received services	Total number of times clients received services	Total clients that did <u>not</u> receive services	Total clients that received services	Total number of times clients received services	Percent change in total clients that received services	Percent change in total number of times
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18–24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 – 2 weeks								
	3 – 4 weeks								
	5 – 12 weeks								
	12 – 24 weeks								
	24 – 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you stayed more than 24 hours in a hospital or psychiatric facility for mental health needs?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> stay overnight	Total clients that stayed overnight	Total number of days clients stayed overnight	Total clients that did <u>not</u> stay overnight	Total clients that stayed overnight	Total number of days clients stayed overnight	Percent change in total clients that stayed overnight	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 - 2 weeks								
	3 - 4 weeks								
	5 - 12 weeks								
	12 - 24 weeks								
	24 - 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: In the past 30 days, have you taken prescribed medication for mental health needs?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT		AFTER TREATMENT		PERCENT CHANGE	
		Total clients that did <u>not</u> take medication	Total number of clients that took medication	Total clients that did <u>not</u> take medication	Total number of clients that took medication	Percent change in clients who did not take medication	Percent change in clients who took medication
Gender	Male						
	Female						
	Total						
Race	White						
	Black						
	Native Hawaiian/Other Pacific Islander						
	Asian						
	American Indian/Alaska Native						
	More Than One Race Reported						
	Others/ Unknown						
Ethnicity	Not Hispanic or Latino						
	Hispanic or Latino						
Age	Under 18						
	18 or older						
	18-24						
	25-34						
	35-44						
	45-64						
Length of stay	1 - 2 weeks						
	3 - 4 weeks						
	5 - 12 weeks						
	12 - 24 weeks						
	24 - 52 weeks						
	More than one year						
Other	Homeless or at risk of being homeless						
	Co-occurring disorder						
	Pregnant women						

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you participated in any social support recovery activities?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> participate	Total clients that participated	Total number of days clients participated	Total clients that did <u>not</u> participate	Total clients that participated	Total number of days clients participated	Percent change in total clients that participated	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 - 2 weeks								
	3 - 4 weeks								
	5 - 12 weeks								
	12 - 24 weeks								
	24 - 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: What is your current living arrangement?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT		AFTER TREATMENT		PERCENT CHANGE	
		Total clients that were <u>not</u> homeless	Total number of clients that were homeless	Total clients that were <u>not</u> homeless	Total number of clients that were homeless	Percent change in clients <u>not</u> homeless	Percent change in clients homeless
Gender	Male						
	Female						
	Total						
Race	White						
	Black						
	Native Hawaiian/Other Pacific Islander						
	Asian						
	American Indian/Alaska Native						
	More Than One Race Reported						
	Others/ Unknown						
Ethnicity	Not Hispanic or Latino						
	Hispanic or Latino						
Age	Under 18						
	18 or older						
	18-24						
	25-34						
	35-44						
	45-64						
Length of stay	1 - 2 weeks						
	3 - 4 weeks						
	5 - 12 weeks						
	12 - 24 weeks						
	24 - 52 weeks						
	More than one year						
Other	Homeless or at risk of being homeless						
	Co-occurring disorder						
	Pregnant women						

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you lived with someone who uses alcohol or drugs?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> live with someone using alcohol or drugs	Total clients that did live with someone using alcohol or drugs	Total number of days clients lived with someone using alcohol or drugs	Total clients that did <u>not</u> live with someone using alcohol or drugs	Total clients that did live with someone using alcohol or drugs	Total number of days clients lived with someone using alcohol or drugs	Percent change in total clients that lived with someone using alcohol or drugs	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 - 2 weeks								
	3 - 4 weeks								
	5 - 12 weeks								
	12 - 24 weeks								
	24 - 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many days in the past 30 days have you had serious conflicts with your family?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT			AFTER TREATMENT			PERCENT CHANGE	
		Total clients that did <u>not</u> have family conflicts	Total clients that did have family conflicts	Total number of days clients had family conflicts	Total clients that did <u>not</u> have family conflicts	Total clients that did have family conflicts	Total number of days clients had family conflicts	Percent change in total clients that had conflicts	Percent change in total number of days
Gender	Male								
	Female								
	Total								
Race	White								
	Black								
	Native Hawaiian/Other Pacific Islander								
	Asian								
	American Indian/Alaska Native								
	More Than One Race Reported								
	Others/ Unknown								
Ethnicity	Not Hispanic or Latino								
	Hispanic or Latino								
Age	Under 18								
	18 or older								
	18-24								
	25-34								
	35-44								
	45-64								
Length of stay	65+								
	1 - 2 weeks								
	3 - 4 weeks								
	5 - 12 weeks								
	12 - 24 weeks								
	24 - 52 weeks								
Other	More than one year								
	Homeless or at risk of being homeless								
	Co-occurring disorder								
	Pregnant women								

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: How many of your children are living with someone else because of a child protection court order?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT		AFTER TREATMENT		PERCENT CHANGE	
		Total clients that did <u>not</u> have children living with someone else	Total clients that <u>did</u> have children living with someone else	Total clients that did <u>not</u> have children living with someone else	Total clients that <u>did</u> have children living with someone else	Percent change in clients that did <u>not</u> have children living with someone else	Percent change in clients that <u>did</u> have children living with someone else
Gender	Male						
	Female						
	Total						
Race	White						
	Black						
	Native Hawaiian/Other Pacific Islander						
	Asian						
	American Indian/Alaska Native						
	More Than One Race Reported						
	Others/ Unknown						
Ethnicity	Not Hispanic or Latino						
	Hispanic or Latino						
Age	Under 18						
	18 or older						
	18-24						
	25-34						
	35-44						
	45-64						
Length of stay	1 - 2 weeks						
	3 - 4 weeks						
	5 - 12 weeks						
	12 - 24 weeks						
	24 - 52 weeks						
	More than one year						
Other	Homeless or at risk of being homeless						
	Co-occurring disorder						
	Pregnant women						

TREATMENT OUTCOME MEASUREMENT REPORT

OUTCOME QUESTION: For how many of your children have your parental rights been terminated?

MEASUREMENT FRAME: From _____ To _____ (Options are 'From Admission to Discharge' or 'From Admission to Follow-up')

LOCATION: _____ (Options are statewide or specific county/provider.)

SERVICE FRAME: _____ (Options are either treatment episode reporting or for a specific modality.)

REPORTING PERIOD: From _____ To _____ (Date range supplied by requestor)

Population		BEFORE TREATMENT		AFTER TREATMENT		PERCENT CHANGE	
		Total clients that did <u>not</u> have parental rights terminated	Total clients that <u>did</u> have parental rights terminated	Total clients that did <u>not</u> have parental rights terminated	Total clients that <u>did</u> have parental rights terminated	Percent change in clients that did <u>not</u> have parental rights terminated	Percent change in clients that <u>did</u> have parental rights terminated
Gender	Male						
	Female						
	Total						
Race	White						
	Black						
	Native Hawaiian/Other Pacific Islander						
	Asian						
	American Indian/Alaska Native						
	More Than One Race Reported						
	Others/ Unknown						
Ethnicity	Not Hispanic or Latino						
	Hispanic or Latino						
Age	Under 18						
	18 or older						
	18-24						
	25-34						
	35-44						
	45-64						
Length of stay	65+						
	1 - 2 weeks						
	3 - 4 weeks						
	5 - 12 weeks						
	12 - 24 weeks						
	24 - 52 weeks						
Other	More than one year						
	Homeless or at risk of being homeless						
	Co-occurring disorder						
	Pregnant women						

