Treatment Data Collection Guide

Version 1.0

California Department of Alcohol and Drug Programs

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Introduction

The California Outcomes Measurement System (CalOMS) Treatment Data Collection Guide (DCG) is intended for county and direct provider staff collecting and reporting CalOMS treatment data to the Department of Alcohol and Drug Programs (ADP). This guide communicates business rules and guidelines for collecting and reporting CalOMS treatment data. The DCG provides information about CalOMS business needs, instructions for how to complete, update, and submit CalOMS data to ADP, what each data element is intended for, and how data will be used.

The DCG is a companion document to, the CalOMS Treatment Data Dictionary, the CalOMS Treatment File Instructions, the CalOMS Treatment Data Quality Standards, the CalOMS Reports User Guide, and the CalOMS User Documentation. A general description of the contents of each of these documents is included below.

CalOMS Treatment Data Dictionary – this is a detailed explanation of every data element in admission, annual update, and discharge records that are submitted to ADP's CalOMS. These explanations describe how each valid value will be coded for each question in the electronic record for an admission, annual update, or discharge. Field edits and errors are also described in this document.

CalOMS Treatment File Instructions – this is a detailed explanation of the file format requirements for files submitted to ADP's CalOMS. These explanations include a description of the field layouts for each record type (admission, annual update, discharge, provider no activity, header, and footer). Also included are descriptions of submission rules and errors.

CalOMS Treatment Data Quality Standards – this is a detailed description of data submission standards and measures for CalOMS treatment data. This document includes such standards as the allowed time for submitting data, error tolerances, and data quality and compliance reporting.

CalOMS Reports User Guide – this is a detailed description of the design and analytic uses for the outcomes reports included in CalOMS. This document includes information about what data is included and excluded from reports, what methods are used for totals and averages on reports, and what analytic questions the reports are intended to answer.

CalOMS User Documentation – this is a guide focused on the interface, to assist CalOMS users while they are logged into the system. This includes screen shots and help information to support the user while they are producing the reports.

Why an Outcomes Measurement System?

A key premise underlying alcohol and other drug (AOD) abuse service delivery is that AOD services have a positive influence on AOD users/abusers as well as on the systems with which they interact, such as law enforcement or social welfare agencies. This concept has been discussed in a number of Treatment Improvement Protocols (TIPs) and Technical Assistance Publications (TAPs) published by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). In addition, this concept is consistent with ADP's Strategic Plan.

As the leaders of California's AOD abuse system of care ADP, counties, and providers are responsible for demonstrating the impact of AOD services on service recipients and the systems they interact with. Accountability for AOD service delivery in California is to the Legislature, SAMHSA and other federal funding agencies, counties, providers, AOD service recipients and their families, and communities. By implementing and collecting data through an outcomes measurement system ADP will possess information necessary to fulfill this obligation.

Outcome data is necessary in order to identify what is working well for AOD service recipients and what is not. Therefore, collecting outcomes information facilitates the improvement of service delivery. In this respect development of an outcomes measurement system is the key to ensuring continuous quality improvement and thus to positively impacting the lives of AOD service recipients and their families, communities, and public health and social systems.

1 Introduction to CalOMS

CalOMS began with collaboration between ADP and stakeholders to develop a set of questions to be used for CalOMS data collection. In developing this set of questions ADP and stakeholders had to ensure the questions would fulfill federal and state reporting requirements, address business needs, and provide outcomes data.

This effort was initially focused on treatment. However, as SAMHSA further developed Performance Partnership Grants (PPG), which have since evolved into the National Outcomes Measures (NOM), to include prevention measures [(established by SAMHSA's (Center for Substance Abuse Prevention)], it became necessary to include prevention in the CalOMS project.

As the CalOMS project continued to develop, a workgroup of external stakeholders and ADP staff was formed, the Implementation Work Group (IWG), which was comprised of two sub work groups: the Treatment Sub Work Group and the Prevention Sub Work Group. The collective efforts of the IWG and the two sub work groups resulted in a CalOMS data set for prevention outcomes measurement and a CalOMS data set for treatment outcomes measurement.

Though both prevention and treatment outcomes data will be collected using the data sets developed by the sub work groups of the IWG in the first phase of the CalOMS project, these data will be collected differently. Prevention data will be collected via a data collection service provider. For treatment, a data collection system has been developed for ADP. Counties and direct providers must also build systems for collecting CalOMS treatment data and transmitting this data to ADP's CalOMS system.

This data collection guide is designed to provide counties and direct providers with guidelines for collecting treatment data for CalOMS. Because prevention CalOMS has an approach other than that of treatment, guidelines for prevention data collection are not included in this data collection guide. Refer to the CalOMS website at http://www.adp.ca.gov/CalOMS for updates and information about the development of prevention CalOMS, or refer to ADP Bulletin 05-06.

2 Scope of CalOMS Data Collection

Counties and direct providers are required to collect CalOMS treatment data and submit this information electronically to ADP. Counties and direct providers must be the single source of CalOMS data collection and must submit data monthly to ADP. However, data submission is not limited to once per reporting month. For example, CalOMS data files can be submitted hourly, daily, once a week, etc. during a given report month. Data submitted to ADP will update the CalOMS database and counties and direct providers are able to extract their data and reports from the CalOMS database.

CalOMS treatment data reporting involves collecting the required CalOMS treatment data elements from every participant each time they are enrolled in AOD treatment services at a reporting facility. Each participant's initial admission to the facility and any subsequent transfers or changes in service are reported in a separate CalOMS record. If a participant remains in treatment for one year or longer, CalOMS annual update data must be collected and reported. When a participant leaves treatment, be it because s/he completed treatment or because s/he discontinues treatment without notice, CalOMS discharge data must be collected and submitted to ADP.

Data must be collected on all service recipients, by all providers that receive funding from ADP, regardless of the source of funds used for the service recipient. For example, if a provider receives ADP funding, but provides services to a person using only county funds, or provides services to a private-pay client, the provider must still collect and submit CalOMS treatment data for that individual.

2.1 Facilities Required to Report CalOMS Data

Community AOD treatment service providers required to report CalOMS treatment data to ADP are identified by the type of services provided in the facility and by the type of funds allocated by ADP to support those services. Provider facilities that provide the following services must report CalOMS treatment data to ADP:

- Alcohol services that include non-residential recovery or treatment, detoxification, recovery homes, residential treatment.

- Drug treatment services that include outpatient drug-drug free, day care, narcotic replacement therapy including methadone maintenance, levoalpha-acetylmethadol (LAAM), and buprenorphine, 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 SACPA treatment services must report data on all participants. However, if the ONLY funding the facility receives from ADP is SACPA funding, and the facility is not a narcotic treatment program (NTP), then the facility only reports on SACPA program participants.

- Mental health centers and other facilities that occasionally serve participants who have a substance abuse problem may participate in CalOMS if directed to do so by their County Alcohol and Drug Program Administrator.

2.2 Facilities Exempt from CalOMS Reporting

- Facilities that provide AOD service other than those listed in Section 2.1, such as education and prevention activities;
- Driving Under the Influence (DUI) / Driving While Intoxicated (DWI) programs;
- Transitional living or sober living centers;
- Neighborhood recovery drop-in centers.

2.3 Individuals to Report in CalOMS

Before a CalOMS treatment record is completed, a program participant must have:

- An AOD-related problem;
- Given his/her consent to participate in treatment, if applicable
- Completed screening and admission procedures;
- An individual treatment or recovery plan;
- Been formally admitted to an AOD program facility for treatment or recovery services (treatment services must have commenced).

2.4 Individuals to Exclude from CalOMS Reporting

Do not report CalOMS treatment data for individuals who:

- Have completed a screening and/or intake process, but have not been admitted;
- Have been placed on a waiting list and have not yet been admitted;
- Have received crisis counseling services only;
- Have been admitted into a DUI/DWI program and are not receiving any other AOD services;
- Are program alumni continuing involvement with the program;
- Are attending self-help group meetings without receiving other AOD services.

3 The CalOMS Data Sets

3.1 The CalOMS Prevention Data Set

During the initial stages of development of CalOMS, two different data sets were formed, one for prevention data collection and one for treatment data collection. The CalOMS Prevention outcome questions were developed by ADP in collaboration with counties, providers, and other stakeholders via the Prevention Sub Work Group.

Because CalOMS prevention data will be collected differently than CalOMS treatment data, this guide only pertains to treatment data collection. Thus, the remainder of this data collection guide is specific to the requirements for collecting CalOMS treatment data through ADP's treatment data collection system and the counties/direct providers' treatment data collection systems.

3.2 The CalOMS Treatment Data Set

This data set consists of five smaller sets of data elements:

Unique Client Identifier (UCI): The UCI is a set of 13 elements that collect personal information about the client. This information is critical as it enables us to track clients as they move through the AOD system of care. This information will be used to identify the collection of treatment services an individual receives during a treatment episode.

Treatment Episode Data Set (TEDS): This is a set of federally required data elements that inform about each client's admission and discharge. Admission and discharge data on all clients served in California's publicly funded treatment programs must be reported via TEDS.

California Alcohol and Drug Data Set (CADDS): This is the system ADP built in 1991 to collect TEDS required data. The elements of the CADDS data set include all the required TEDS elements, optional TEDS elements used for state reporting, and state required data elements. The CADDS/TEDS questions have been included in the CalOMS data set to continue collecting required data and because CalOMS has replaced the CADDS system.

National Outcome Measures (NOM): These measures evolved from the PPG, which was a set of data elements proposed by CSAT and designed to measure outcomes. The PPG data would have been reported by states annually in order to comply with the proposed federal funding allocation method that would have replaced the Substance Abuse Prevention and Treatment (SAPT) block grant. As CSAT continued to work with states in developing the PPG, the proposed PPG evolved into the NOM.

The NOM includes outcome data elements that will be reported annually in the State's SAPT block grant application. This data set will enable measurement of change in a number of domains including: alcohol/drug use, employment and education, criminal justice, family and living conditions, access/capacity, social connectedness, and retention/length of stay. As some of these domains are still being defined by CSAT, not all will be collected in CalOMS Phase 1.

Minimum Treatment Outcome Questions (MTOQ): The MTOQ data set consists of 30 questions and was developed by ADP in collaboration with the Treatment

Sub Work Group of the IWG. Like the NOM, this set of questions is designed to measure outcomes in a number of domains. The MTOQ will enable measurement of change in seven life domains: alcohol use, drug use, employment, family/social, medical, legal, and psychological. Each of these domains is discussed and the data elements for them are defined in Section 6.0.

There are two appendices in the back related to the CalOMS treatment data set:
1. Appendix D, which lists each data element and the requirement(s) it fulfills, such as NOM; and 2. Appendix E, which lists each data element, the question that should be asked for each data element, and when each data element must be reported (e.g. discharge).

3.3 Privacy & Security

Within the CalOMS data set, there are some elements that collect personal information, such as birth first and last name. Other questions may ask about communicable diseases or HIV testing. ADP recognizes the added risks and responsibilities associated with CalOMS treatment data collection and maintaining program participants' privacy and confidentiality. For this reason ADP's CalOMS system includes a number of features and controls to ensure program participants' privacy is protected. In addition, ADP has established policies and procedures for CalOMS users to protect the privacy and confidentiality of program participants' information.

Policies and procedures for the collection, storage, and reporting of CalOMS data are in compliance with requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Code of Federal Regulations Title 42, Part Two (42 CFR), and California Senate Bill 13. Additionally, CalOMS policies and procedures are reviewed and monitored by the HIPAA Privacy Information Officer and the Information Security Officer. Access to protected health information is limited to staff who need it for completion of their job duties. ADP staffs are trained annually in procedures mandated by HIPAA and 42CFR.

Providers must also comply with state and federal regulations pertinent to privacy and confidentiality of program participant records. The CFR can be obtained by visiting http://www.gpoaccess.gov/cfr/index.html. Information about HIPAA privacy rules can be obtained from the resources available on ADP's HIPAA page at http://www.adp.ca.gov/hp/hipaa.shtml.

3.4 CalOMS Data Collection Points

As discussed in Section 3.0, the CalOMS treatment data will be collected from each AOD service recipient at three different data collection points: admission, annual update, and discharge.

An additional data collection point, post-discharge follow-up, will be included at a later phase of the CalOMS project. Follow-up data may be collected by randomly selecting a pool of AOD service recipients, who have been discharged from treatment for some amount time (for example three months), to be contacted and interviewed using the outcomes portions (NOM and MTOQ) of the CalOMS treatment data set.

As the logistics of this additional data collection point have not yet been determined, the remainder of this data collection guide pertains to treatment data collection at admission, annual update, and discharge.

4 Alternative Values

In CalOMS all errors will be fatal, which means any error occurring in a record will result in rejection of the entire record. This is because CalOMS has raised the standards for data quality. ADP, counties, and providers must have accurate, reliable data when reporting outcomes. One way to ensure CalOMS data is accurate and reliable is to prohibit erroneous data from populating the CalOMS database. This can be accomplished by rejecting records when they contain fields with erroneous entries so corrections can be made promptly and resubmitted, thereby ensuring the integrity of the data.

Because CalOMS replaces CADDS, meets new federal reporting requirements, and expands the treatment data set, responses for each of the data elements are required. However, ADP acknowledges it may not always be possible to obtain answers to each of the questions. For this reason many of the questions have five-digit codes that serve as alternative entries for specified CalOMS questions. For example, a participant is asked how many days s/he waited to enter treatment and simply may not be able to recall the exact number of days. In such a case, the provider or county has the option to enter “99901” to indicate the participant did not know the number of days they waited to enter treatment.

However, these codes are only allowable values where specified. Further, these five-digit codes do <u>not</u> preclude providers, counselors, etc. from asking each and every question in the CalOMS data set and attempting to obtain an answer consistent with the allowable (non-alternative) values. Rather, these five-digit codes serve to provide a means for providers, counties, etc. to report a valid value reflective of the reason an answer to a particular question could not be provided. **Therefore, counselors, county/provider staff, etc. are required to ask every participant each of the CalOMS treatment questions.**

Below each the five-digit alternative values are identified and defined.

99900 – Client Declined to State: Some of the CalOMS treatment questions will gather personal information, such as health information. Therefore, some

program participants may not wish to answer certain questions. Further, program participants must be informed of their right to decline to answer the CalOMS treatment questions as well as what the data collected will be used for. In the event a participant declines to state, for example when asked if s/he has been tested for Human Immune Deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), enter 99900 in that field.

99901 – Unknown or Not Sure/Don't Know: This value is available for a couple of circumstances. One such circumstance is administrative discharge where a program participant has stopped appearing for services without notice or completion of an exit interview. In such a case, providers, counselors, etc. will not be able to obtain information about the individual's primary drug at discharge, for example, and thus would enter 99901 in that field, in an administrative discharge record.

Another circumstance where the 99901 code may be necessary is for questions that ask for the frequency at which a particular event, such as number of days s/he used a particular drug in the preceding 30 days, occurs. Some individuals simply cannot recall such information, in which case it would be appropriate to use the 99901 code.

99902 – Not Applicable: This value applies to those situations where the question does not apply to the individual, for example. If someone does not have an identification card or driver's license the 99902 code would be appropriate to enter in that field. This code is only allowable where specified.

99903 – Other: This value is to be used when the participant's answer is not among the specified values for a particular question, in those fields where it is an allowable value. In some cases, such as primary drug, entering this value may require entry of other information in another field. For example, if the participant's primary drug is not listed in any of the drug categories, 99903 would be entered for the drug code and then the drug name would be entered in the primary drug name field to specify the drug name the participant provided in response to the question.

99904 – Client Unable to Answer: This code is only allowable for certain questions and can only be entered if the type of service is detoxification or if the disability specified in the disability field is "developmentally disabled." Again, providers, counselors, etc. are required to ask each question (for detoxification, only those questions required) of each participant. However, if the provider, counselor, etc. determines the participant is unable to answer due to their level of stabilization (detoxification participant) or developmental disability, then the 99904 code should be entered.

5 Transaction Information

Transaction information describes the type of transaction being reported, the date the transaction was entered into the CalOMS system, and the form serial number accompanying each transaction record. Each transaction type (e.g. admission) has a section in this document wherein the transaction is described in detail.

Counties and providers are expected to include records in their monthly data submissions for all providers in the county regardless of whether the provider actually has transactions to report. If a provider has not had any reportable transactions occur in the report month, a “provider no activity” record must be included in the monthly file submitted. Please refer to the *CalOMS Treatment Data Dictionary* and the *CalOMS Treatment File Instructions* for further information on this.

The following sections provide guidelines for reporting transaction information.

5.1 Type of Form (TRN-1)

This information describes the type of transaction being reported and must be included in each record submitted to ADP. There are nine possible entries to report the type of form, three pertaining to admission, three pertaining to discharges, and three pertaining to annual update.

For Admissions:

1 – Admission
2 – Resubmission of admission
3 – Deletion of admission

For Discharges:

4 – Discharge
5 – Resubmission of Discharge
6 – Deletion of discharge

For Annual Updates:

7 – Annual Update
8 – Resubmission of annual update
9 – Deletion of annual update

Some counties have asked what constitutes the need for a resubmission, particularly of an admission. For example, some have asked if they need to do a resubmission of an

admission if a program participant's answer changes after the admission interview is completed, but prior to annual update or discharge. The answer is no, counties are not required to resubmit admissions every time something changes in the individual's life. CalOMS was designed to collect the data elements at annual update and/or discharge so any changes that occur will be captured at these specific points in time.

Resubmissions should be submitted when counties, direct providers, etc. discover an inaccuracy in the data originally submitted. For example, a submitter may interview a person, complete the CalOMS form, and submit the record to ADP. After the record has been submitted, the submitter realizes they mistyped the individual's name, entered the wrong form serial number, etc. This is the type of circumstance under which a resubmission form should be used, rather than those in which the program participant reports a change in their route of administration, for example.

5.2 Transaction Date and Time (TRN-2)

This information is generated by the county/direct contract provider's system automatically. These data elements show the date and time the county or direct provider generated the record. The transaction date and time includes month, day, year, hour, minute, and seconds.

5.3 Form Serial Number (TRN-3)

Form serial numbers can be eight characters in length and should be generated by the county's/direct provider's system automatically as an identifier for each record. However, if the Form Serial Number is not generated automatically by the county's/direct provider's system, staff collecting and/or entering data must make every effort to ensure Form Serial Numbers are not duplicated.

The Form Serial Number is used to identify and distinguish between individual records, so it is critical they are not used more than once. Use of the same Form Serial Number more than once makes distinguishing duplicate records, corrections to records, etc. very difficult. As a result data existing within ADP's CalOMS system could be overwritten, lost, changed, etc. This, in turn, could have an unintended negative impact on data quality.

5.4 Provider Identification Number (ADM-3)

The Provider Identification Number is a six-digit number consisting of a two-digit county code and a four-digit facility identification number. This information must be included in every record, for each transaction type. For each record, enter the county code (01 – 58) and the four-digit provider ID assigned by ADP. Refer to Appendix D for a listing of county codes.

6 Admission Data Collection

Standard admission data collection includes all persons 18 years of age or older and stable detoxification patients (those patients deemed capable of answering all questions by the detoxification provider). Standard admission data collection excludes youth (persons 17 years of age or younger) and unstable detoxification patients. For youth a minimal set of information is required. For detoxification patients, all fields are required to have values; detoxification patient records permit use of the 99904 alternative value in the MTOQ fields. Refer to Section 6.23 for further instructions on collecting data for youth or unstable detoxification patients and a list of required data for such individuals.

For a standard admission, all CalOMS treatment questions must be asked each participant, unless the data field is system generated or is provider-supplied information. Blank fields, incomplete entries, and invalid entries will result in rejection of the admission record. The one exception is the drug name fields (ADU-1a and/or ADU-5a), which may be empty when certain drug codes have been entered in the drug code fields (ADU-1 and/or ADU-5).

Program participants must have been admitted to treatment and treatment services must have commenced in order to collect CalOMS admission information. For example, if the participant started a portion of the admission process and never returned to complete admission, and thus never began receiving treatment services, then admission data would not be collected or reported for that individual.

It is critical to collect all CalOMS treatment data from each program participant regardless of the type of admission. For example, when an individual transfers from one service modality to another, the admission data must be marked as a transfer and collected again for the new service modality. This is because CalOMS is designed to measure change; there could be a difference in a person's answers during the time that elapsed from their admission into the first modality to entry into the modality they are transferred to.

However, if an individual transfers within five calendar days from one modality to another, within the same provider, then the provider can use the admission data from the first modality for the admission data in the next modality. Regardless of the circumstances for admission, all admission data must be gathered within seven days of a person's entry into treatment.

In the following sections each data element is discussed and instructions for standard admission data collection are provided.

6.1 Date of Admission (ADM-1)

This information is entered by the provider; i.e. it is not to be county/direct provider system generated. The month, day, and year entered must be after January 1, 2001 (mm-dd-yyyy) and on the date the admission data is collected. In addition, the date of admission must be prior to the date of any matching discharges or annual updates.

Finally, multiple admissions for the same individual are allowable in CalOMS. For example, an individual is receiving different services from two different providers or from the same provider. Since this was not allowed in the past, some providers would enter a different admission date for one of the services in which the individual was participating.

CalOMS, however, allows multiple admissions for the same individual so long as the individual does not have more than one admission for the same type of service. Therefore, for CalOMS treatment data collection, enter the date of admission in the required format regardless of whether the individual is enrolled in another modality on the same admission date.

It is important to note that CalOMS treatment data reporting is separate from the billing process for Drug Medi-Cal (DMC) services. Therefore, reporting multiple open admissions in CalOMS will not affect a provider's or county's ability to bill for DMC services

6.2 Admission Transaction Type (ADM-2)

There are two entries for the type of admission transaction:

1. ***Initial admission.*** An initial admission is used to report the beginning of an individual's treatment episode. A treatment episode is a continuous period of planned treatment with no unplanned breaks in services exceeding 30 days. Treatment episodes may include different types of services/modalities and providers as well as planned breaks, such as waiting for a slot to open prior to beginning a new service type.

2. ***Transfer or change in service.*** This is used for reporting when an individual has already been admitted to another program or service modality and is transferring to a different program or modality (including those occurring within the same provider). Further, this field helps indicate a person's movement through a treatment episode; the collection of admissions to and discharges from a variety of services in an individual's treatment plan.

   Example for transfer: an individual is admitted to an outpatient program and begins receiving services. After some time, the individual informs the provider s/he is no longer able to make it to the program due to transportation problems.

The individual is discharged from the program in which s/he was participating and is transferred to a different program which s/he is better able to get to.

Example for change in service: an individual is admitted to a detoxification program. After several days s/he completes the detoxification services and, as part of his/her treatment plan, is ready to move onto outpatient services. The individual is discharged from the detoxification program and a discharge record is submitted. A new admission is opened for the individual in the outpatient program, and two is entered in this field (ADM-2) to indicate the individual is continuing his/her treatment episode, but has had a change in services.

6.3 Type of Treatment Service (ADM-4)

Information on the type of service being provided is required for state and federal reporting. Each type of service and their valid values are defined in the following sections. Entry of any values other than those specified in the following sections or blank entries will result in an error and the record will be rejected.

6.3.1 Non-Residential / Outpatient

Non-residential/outpatient services are services provided where the client does not reside in a treatment facility. Use the following values for non-residential/outpatient services.

1. ***Treatment / Recovery:*** services designed to promote and maintain recovery from AOD problems, which may include the following services:

   Outpatient Group Counseling: AOD treatment services with or without medication, including counseling and/or supportive services.

   For DMC beneficiaries, these are services where each client receives two group counseling sessions (90 minute minimum per group session), per 30-day period depending on his/her needs and treatment plan. For DMC, group counseling in this context means face-to-face contacts in which one or more counselors treat four or more (not to exceed ten) clients.

   Outpatient Individual Counseling: drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services.

   For DMC beneficiaries, these are services where each client receives face-to-face counseling with a therapist or counselor on a one-on-one basis. Individual counseling, for DMC, is limited to intake, evaluation,

assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention.

Outpatient Narcotic Replacement Therapy:

Methadone maintenance: provision of methadone as prescribed by a physician to alleviate the symptoms of withdrawl from narcotics as well as other appropriate or required services. Services include intake, assessment and diagnosis, all medical supervision, urine drug screening, individual and group counseling, admission physical examinations, and laboratory tests.

LAAM: provision of LAAM and includes medical evaluations, treatment planning, and counseling.

Buprenorphine: provision of Subutex or Suboxone and may include medical evaluations, treatment planning, and counseling.

2. ***Day program intensive:*** services that last two or more hours (less than 24 hours), for three or more days per week. This includes, but is not limited to, day care rehabilitative programs which provide counseling and rehabilitation services to DMC beneficiaries.

   Clients may live independently, semi-independently, or in a supervised residential facility which does not provide this service. These services are provided in intensive outpatient programs wherein services are delivered to participants three hours per day, three days per week. This includes programs providing services throughout the day where participation is stipulated by a minimum attendance schedule of at least ten hours per week and participants may have regularly assigned and supervised work functions.

3. ***Detoxification:*** services designed to support and assist participants undergoing a period of planned withdrawal from AOD dependence and explore/develop plans for continued service. Administration of prescribed medication may be included in this type of service. This includes outpatient methadone detoxification, which is comprised of the provision of narcotic withdrawl treatment to clients undergoing a period of planned withdrawl from narcotic dependence. This also includes non-methadone detoxification, which is defined as outpatient treatment services rendered in less than 24 hours that provide for safe withdrawl in an ambulatory setting.

6.3.2 Residential

Residential/inpatient services are services provided where the client resides in a treatment facility. Use the following values for residential/inpatient services.

4. ***Hospital detoxification services:*** services which include medical acute care for detoxification of individuals with severe medical complications associated with withdrawl. These services are provided in a licensed hospital where participants are hospitalized for medical support during the planned AOD withdrawal period.

   This includes inpatient methadone detoxification services, which are services provided in a controlled, 24-hour hospital setting. Inpatient methadone maintenance is comprised of narcotic withdrawl treatment.

5. ***Non-hospital detoxification services:*** non-hospital / free-standing residential detoxification services provided in a residential (non-hospital) facility and which support and assist the participant during a planned AOD withdrawal period.

6. ***Treatment/recovery services lasting 30 days or less:*** services provided in a residential facility whose program is designed for participation periods of 30 days or less in nonacute care. These services may include the following elements: personal recovery/treatment planning; educational sessions; social/recreational activities; individual and group sessions; and information about/assistance in obtaining, health, social, vocational, and other community services.

   For DMC, these services are only provided to pregnant and postpartum women eligible to receive such services through perinatal certified programs. The postpartum period is defined as a 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are DMC-eligible are still eligible for regular DMC services and non-DMC perinatal programs.

7. ***Treatment/recovery services extending beyond 30 days:*** services provided in residential facilities designed for participation exceeding 30 days. These are nonacute services and include the following elements: personal recovery and/or treatment planning; educational sessions; social/recreational activities; individual and group sessions; detoxification services; and information about/assistance in obtaining, health, social, vocational, and other community services.

For DMC, these services are only provided to pregnant and postpartum women eligible to receive such services through perinatal certified programs. The postpartum period is defined as a 60 day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are DMC-eligible are still eligible for regular DMC services and non-DMC perinatal programs.

6.4 Source of Referral (ADM-5)

Ask: *What is your principal source of referral?*

Source of referral information is required for state and federal reporting. Further, referral source provides more information about individuals seeking treatment. This information can be helpful in identifying how individuals find out about treatment, the extent to which they impact other public service systems, and the relationship between how people are referred to treatment and how long they stay in treatment.

Ask the participant how they were referred to the program or what their source of referral is and enter the code corresponding to the response provided. The valid entries for this field are:

1 – Individual, including self-referral
2 – Alcohol/drug abuse program
3 – Other health care provider
4 – School/educational
5 – Employer/EAP
6 – 12 step mutual aid
7 – SACPA court/probation**
8 – SACPA parole**
9 – DUI/DWI
10 – State Drug Court Partnership (DCP)*
11 – Comprehensive Drug Court Implementation (CDCI)*
12 – Non SACPA court/criminal justice
13 – Other community referral
14 – Dependency court/Child Protective Services

A source of referral must be provided for each participant. Failure to enter data in this field, or entry of any values other than those specified above will result in an error and the record will be rejected.

**Special instructions for drug courts.* Some counties have indicated providers may not always be able to determine the specific drug court referral for a client (DCP vs. CDCI). If such is the case, enter 11 for CDCI.

***Special instructions for* SACPA. Sometimes it happens that individuals begin AOD treatment prior to being convicted and referred under SACPA. These individuals would have a CalOMS admission opened and submitted to ADP, with the appropriate source of referral indicated in this field. However, when these individuals become convicted under SACPA, ADP must be able to capture this for reporting purposes and for other programmatic needs.

SACPA services are time-limited and must be documented within CalOMS admissions in a way that allows a clean determination of the beginning and end of a SACPA treatment episode. Expenditures of SACPA treatment funds are allowable as of the date of the conviction and SACPA referral. For accountability, it is necessary that SACPA expenditures not be incorrectly billed for treatment services which may be provided in advance of the date of conviction.

Therefore, when an individual is in treatment and becomes convicted under SACPA after they have been admitted and received services:

1. Complete a discharge and submit the discharge to ADP regardless of whether the individual is done with the services. (See Section 8.0 for guidelines on completing a discharge.)
2. Open a new admission for this individual.
3. Enter “transfer or change in service” in the admission transaction type field (Section 6.2).
4. Use the date the individual was convicted and referred under SACPA as the admission date (Section 6.1).
5. Enter the appropriate value for the SACPA source of referral in the Source of Referral field.
6. Because this process should occur immediately following the discharge submitted for step 1, you may use the same data collected for the discharge for the remaining fields of this new admission.

6.5 Days Waited to Enter Treatment (ADM-6)

Ask: *How many days were you on a waiting list before you were admitted to this treatment program?*

This element provides a means for fulfilling one of the NOM requirements by collecting information on the number of days participants wait before they are admitted to treatment. By gathering information about the length of time individuals seeking AOD services have to wait to receive services ADP, counties, and providers will be able to identify barriers to services and thus identify ways to eliminate such barriers.

However, some individuals include time they are incarcerated when reporting the amount of time they were on a waiting list. Including other factors unique to an

individual's circumstances, such as incarceration, in the count of days waited to enter treatment has a negative impact on the quality of the data collected on this element.

Therefore, when asking for this information, county and provider staff must clarify that days waited to enter treatment should only include days waited due to an unavailability of slots in a particular program or modality not days waited due to other circumstances unique to the individual's life.

In some cases, however, it is the provider rather than the program participant that may have this information. If such is the case, it is acceptable for the provider to enter the number of days the individual was on the waiting list.

Entries for responses for days waited to enter treatment must be greater than or equal to 0 and less than 1,000. The valid values for days waited to enter treatment are:

- A number between 0 and 999, 0 meaning the individual did not wait any days prior to entering treatment, and 999 being the maximum reportable number of days waited to enter treatment.
- 99901 – Not sure/don't know
- 99904 – Unable to answer. ADP's CalOMS system will have an edit to check for erroneous use of this alternative value. For example, if 99904 is entered in this field and the type of service is not detoxification (code 3, 4, or 5 was entered in the type of service field) or if the disability is not "developmentally disabled" (code 7 was entered in the disability field), an error will occur and the entire record will be rejected.

6.6 Number of Prior Treatment Episodes (ADM-7)

Ask: *What is the number of prior episodes in any alcohol or drug treatment/recovery program in which you have participated?*

This question provides valuable information that can be used for continuous quality improvement. The valid entries for the number of prior treatment episodes are:

- A number between 0 and 99, 0 meaning the individual did not have any prior treatment episodes and 99 being the maximum reportable number of prior episodes.
- 99900 - Declined to state
- 99901 - Not sure/don't know

- 99904 – Unable to answer. This is only a valid value when the participant is a detoxification program patient, who has not yet been stabilized, or is developmentally disabled (3, 4, or 5 was entered in the type of service field or 7 was entered in the disability field, respectively).

6.7 California Work Opportunity and Responsibility to Kids (CalWORKs)

Counties and providers must report on various funding sources in addition to those provided by ADP that may be used to provide AOD treatment services. This information enables ADP to determine other systems impacted by AOD use/abuse.

6.7.1 CalWORKs Recipient (ADM-8)

Ask: *Are you a CalWORKs recipient?*

This field enables ADP, counties, and providers to identify the number of CalWORKs recipients seeking and receiving AOD treatment services. There are three allowable values for responses for CalWORKs recipient:

1 – Yes
0 – No
99901 – Not sure/don't know

6.7.2 Substance Abuse Treatment under CalWORKs (ADM-9)

Ask: *Are you receiving substance abuse treatment services under the CalWORKs welfare-to-work plan?*

This field further elaborates on the CalWORKs recipient field by enabling ADP, counties, and providers to track the number of individuals receiving AOD services through CalWORKs. There are three allowable values for responses to this question:

1 – Yes
0 – No
99901 – Not sure/don't know

If 1 is entered in this field, then 1 must have been entered in the CalWORKs recipient field as well. If 1 has been entered in this field and 0 or 99901 has been entered in the CalWORKs recipient field, an error will occur resulting in rejection of the entire record.

6.8 County Paying for Services (ADM-10)

This data field is designed to track instances where one county refers an individual to a program in another county and pays for the services provided. For example, sometimes individuals seek services in a particular county, which either does not offer the needed services or does not have available slots for the needed services. In such event, the county would refer an individual to a county with the needed services available and pay that county, or the provider the individual was referred to in that county.

Information on counties paying for services provided in a different county is necessary to ensure referring counties are credited for individuals whose services they pay for. In addition, this information will provide useful information for needs assessment.

If this situation is not applicable (i.e. the services occur in and are paid for by the county the participant initially sought them in), enter 99902 for “not applicable.” If services provided to an individual are being funded by a referring county, enter the county code of the referring county. Refer to Appendix B for a list of county codes.

6.9 Special Services Contract Identification Number (ADM-11)

Some counties contract with neighboring counties for the provision of services available in one county which are not available in another. For example, one county may provide residential services while a neighboring county does not. Therefore, the neighboring county may contract with the county providing residential services to fund any individuals they refer for residential services.

Counties and providers must report information about special services contract funds used when such contracts exist between counties. In the event one county has a special services contract with another county, a special services contract number is assigned by ADP.

The valid values for this field are:

- A four-digit special services contract number issued by ADP, ranging from 0000 – 9999. If a special services contract exists and a special services contract identification number has been assigned, the two-digit code of the county paying for the services (referring county) must be entered in the county paying for services field (see Section 6.8). Failure to enter the county code in the county paying for services field when a special services contract number has been entered will produce an error and the record will be rejected.

- 99902 - Not applicable. This should be entered if there is not a special services contract in place.

6.10 Provider's Participant Identification Number (CID-2)

This field is designated for providers to enter participant identification numbers assigned to individuals participating in their program. The mechanism for generating this number is governed by the provider and may be alphabetic, numeric, or alpha-numeric. Entries in this field can be up to 20 characters and can contain capital letters, numbers, dashes, or blanks.

A valid participant identification number is not required for each individual; use of a provider participant identification number is optional. However, this field must be present in the file. This field is used for matching records, so if the field is blank at admission, it must also be blank for matching discharges or annual updates. Further, the entry contained in this field must be the same at admission, annual update, and discharge; e.g. if 12BFJ6945GY were entered at admission, the same entry must be provided for this person's discharge or annual update records. An error will occur if the value entered (or not entered) in this field for an admission is different at annual update or discharge.

6.11 UCI

In addition to the federal requirement to report NOM treatment measures is a requirement to have a mechanism for uniquely identifying every AOD program participant without compromising his/her right to privacy and confidentiality. In response to this federal requirement ADP, in collaboration with counties and providers, identified a number of data elements that would facilitate tracking unique clients.

The UCI will be used for such purposes as:

- Tracking clients as they move through the AOD system of care (across and between AOD treatment episodes)
- Identifying duplicate records
- Assessing unique client AOD treatment needs
- Program analysis
- Monitoring client outcomes
- Fulfilling state and federal reporting requirements

The UCI data elements are used to determine whether an incoming record is for a new individual (entering ADP's system of care for the first time) or should be matched to an existing client (has previously received services through ADP's system of care). Upon

such determination, the system will either generate a new unique client identification number or attach an existing UCI number.

Basically, if the system determines the incoming record is for a new client it will randomly generate a UCI number and “stamp” it to that record. Each time this person presents for treatment thereafter, the system will be able to recognize this person as a prior client by scanning the information in the UCI fields. If the individual is a previous client the incoming record will be “stamped” with that individual’s UCI number. This randomly generated UCI number is non-intelligent, which means that none of the information contained in the various UCI fields is contained in the UCI number. For example, part of a person’s name or social security number are not pieced together to create the UCI number.

Further, the matching process occurs once a record is received by CalOMS, which means the UCI number is attached to the record before it populates the database. Therefore none of the data contained in the UCI fields, which do not provide demographic information about the treatment population, are ever visible to any CalOMS users. For example, a person’s social security number will not be made visible to anyone using CalOMS to generate reports. This enables analysis of unique individual’s treatment episodes (the collection of services a particular individual receives) without revealing the individual’s identity.

Considering there are concerns regarding the UCI elements, it is important to note that 42 CFR and HIPAA allow providers to disclose client information to counties and ADP for audit, evaluation, and health care oversight purposes without obtaining each client’s consent or authorization to do so. Counties and ADP are not allowed to use or further disclose this information for research purposes without satisfying additional rules specific to research. For this reason, informed consent is not required in order to collect and report CalOMS data to ADP. However, this is not to preclude counties and providers from providing clients with information on how CalOMS data will be used if they are so inclined.

It is critical to obtain UCI information from every program participant. Therefore alternative values may only be used in fields where they are specifically listed as an allowable value. There are “core” UCI elements and “confirmatory” elements for the UCI. Unique client matching would be greatly compromised without valid data in the core UCI fields (i.e. non-alternative values). For this reason, alternative values are not allowable in any of the core UCI fields. The CalOMS database will reject records containing alternative values in the core UCI fields.

The confirmatory CalOMS fields are used to help narrow multiple matches down to one specific individual. The probability of making a unique match is increased with each confirmatory element containing client-reported data (no alternative values). However, some individuals may be uncomfortable providing such information. If this happens, inform the individual of what this information will be used for (e.g. program evaluation)

as well as the requirements for privacy and confidentiality. Further, in those fields where allowed, enter the 99900 value (client declined to state) in the event the individual does not wish to provide the information.

Important Note for Entry and Submission of UCI Data

Before proceeding to the following sections on each UCI element and valid values, please note the importance of accurate data entry. As discussed above, the UCI is used for matching an individual's admission, discharge, and annual update records. Every field of the UCI is important in determining which records belong to a particular individual. If errors, such as typos are made when entering UCI information, records could be rejected or a new UCI number could be created when the record should be matched with an existing UCI number.

It is very important new UCI numbers are not created as a result of misentry of a pre-existing client's information. There are various negative impacts to errors in the UCI fields, including:

- inaccurate client count, which affects caseload estimates, state and federal reporting, and allocations;
- inability to link service sets within a treatment episode, which affects the ability to evaluate outcomes of entire treatment episodes (collection of service sets consequtively received by an individual); and
- increased error rate from inconsistencies in the UCI which affect the system's ability to match client records.

It is therefore critical to pay close attention when collecting and entering UCI data and to correct any errors made in UCI fields as soon as they are discovered. If typos, misspellings, transposed numbers (e.g. entering 02 for birthday when it should have been 20), or other entry errors are discovered, and the client has an admission on file, take the following action:

1. Open the client's first admission record.
2. Correct any/all errors discovered in the UCI fields.
3. Resubmit the admission record.
4. Open the matching discharge/annual update for the first admission record and make the same corrections made to the corresponding admission.
5. Resubmit the corrected discharge/annual update.
6. Repeat for all subsequent admissions and their matching annual update/discharge records for. This has to be done in sequential order to prevent rejections.

Since correction of errors made in UCI fields can be a time consuming process, staff collecting and entering UCI data are advised to check all entries to the UCI fields for spelling, format, and accuracy prior to collecting other CalOMS data.

In the following sections, each of the UCI elements required for CalOMS and their valid values/entry codes are defined.

6.11.1 Gender (CID-3)

Ask: *What is your gender?*

There are three allowable numeric values for gender. Use of any five-digit alternative value other than the specified alternative value will result in an error causing the entire record to be rejected.

1 – Male
2 – Female
99903 – Other

If the pregnant at admission field or the pregnant at any time during treatment field (for discharge records only) contain 1 (yes), then the gender cannot be male. If gender is male and either the pregnant at admission field or the pregnant at any time during treatment field contain 1, then an error will occur and the record will be rejected. In addition, the Female Offender Treatment Program participant field (LEG-7) cannot contain “yes” if gender is male as it will cause and error, which will result in rejection of the record.

6.11.2 Date of Birth (CID-4)

Ask: *What is your date of birth?*

For date of birth enter the two-digit month (e.g. 01 for January), two-digit day (e.g. 06), and four-digit year (e.g. 1979). An example of a valid entry for date of birth is 01061979. Failure to use the specified format, an invalid calendar date (e.g. February, 31, 1970), submission of incomplete entries, or leaving the field blank will result in an error and the entire record will be rejected. There are no alternative values allowed for this data element. Use of any of the alternative values or entries inconsistent with the specified format will result in a fatal error.

6.11.3 Current First Name (CID-5)

Ask: *What is your current first name?*

Enter the participant’s current first name using alphabetic characters in the current first name field. If the participant has only one name (e.g. Madonna) enter 99902 for “not applicable” and enter the single name the participant goes by in the current last name field. The maximum length is 20 characters. If the participant is a detoxification

participant who has not been stabilized, or is developmentally disabled and cannot answer the question, enter 99904 for “client unable to answer.”

Failure to enter a name or entry of any alternative values other than 99902 or 99904 will result in an error and the record will be rejected. If 99904 is entered, then the disability must be “developmentally disabled” (code 7) or the type of service must be a detoxification service (code 3, 4, or 5), otherwise an error will occur and the record will be rejected.

6.11.4 Current Last Name (CID-6)

Ask: *What is your current last name?*

Enter the participant’s current last name using alphabetic characters in the current last name field. If the participant goes by one name (e.g. Madonna) enter the name in this field. The maximum length is 40 characters. If the participant is a detoxification participant who has not been stabilized, or is developmentally disabled and cannot answer the question, enter 99904 for “client unable to answer.”

Failure to enter a name or entry of any five-digit alternative value other than 99904 will result in an error and the record will be rejected. If 99904 is entered, then the disability must be developmentally disabled (code 7) or the type of service must be a detoxification service (code 3, 4, or 5), otherwise an error will occur and the record will be rejected.

6.11.5 SSN (CID-7)

Ask: *What is your Social Security Number?*

Enter the participant’s nine-digit social security number without dashes (e.g.123456789) in this field. If the participant does not wish to provide this information, enter 99900 to indicate the participant declined to state. If the participant indicates s/he does not have a social security number, enter 99902 (not applicable).

For detoxification participants who are not stabilized or developmentally disabled persons unable to answer this question, enter 99904 (unable to answer). If 99904 is entered, then the disability must be developmentally disabled (code 7) or the type of service must be a detoxification service (code 3, 4, or 5), otherwise an error will occur and the record will be rejected. Use of any other five-digit alternative values, blanks, or incomplete entries will result in a fatal error causing the entire record to be rejected.

6.11.6 Zip Code at Current Residence (CID-8)

Ask: *What is the zip code at your current residence?*

Ask the participant what the zip code at his/her current residence is and enter the participant's five-digit zip code. Because some program participants may not be able to respond to this question or may be homeless, there are several alternative values permitted for this field. In the event an individual is homeless and lives in a shelter, do not use the zip code of the shelter. Instead enter all zeroes for homeless individuals, regardless of whether they live in a shelter.

The valid values for zip code at current residence are:

- A five-digit zip code
- 00000 – homeless. Do not enter the zip code of a homeless shelter. If an individual states s/he is homeless and living in a shelter, use this value.
- XXXXX – Declined to state
- ZZZZZ – Unable to answer. If all Z's are entered a 7 must be entered in the disability field or 3, 4, or 5 must be entered in the type of service field. If these codes are not entered in either the disability or type of service fields when all z's have been provided for zip code, an error will occur and the record will be rejected.

6.11.7 Birth First Name (CID-9)

Ask: *What is your birth first name?*

Enter the participant's birth first name using alphabetic characters in the birth first name field. If the participant has only one name (e.g. Madonna) enter 99902 for "not applicable" and enter the single name the participant goes by in the birth last name field. The maximum length is 20 characters.

A name or 99902 must be entered in this field as it is critical in enabling ADP, counties, and providers to identify participants. Blank entries, or entry of any other alternative value other than 99902 will result in an error and the record will be rejected.

6.11.8 Birth Last Name (CID-10)

Ask: *What is your birth last name?*

Enter the participant's birth last name using alphabetic characters in the birth last name field. If the participant has only one name (e.g. Madonna) enter 99902 for "not applicable" in the birth first name field and enter the single name the participant goes by in the birth last name field. The maximum length is 40 characters.

A name must be entered in this field as it is critical in enabling ADP, counties, and providers to identify participants. Blank entries, or entry of any alternative values will result in an error and the record will be rejected.

6.11.9 Place of Birth (CID-11)

There are two fields designated for reported place of birth: one field for county and one field for state. Instructions for completing each field are specified in the following sections.

County (CID-11a)

Ask: *What county were you born in?*

This field must be completed using numeric characters. Ask the individual if s/he was born in California. If the individual was born in California, enter the two-digit county code of the county in which the individual was born. Refer to Appendix B for a list of county codes. If the individual states s/he was not born in California, enter 99903 (other). In the event an individual cannot remember or does not know what county s/he was born in, enter the county code of the county in which the individual is living.

Either a county code or 99903 must be entered in this field. If this field is blank, incomplete, or contains any five-digit alternative value other than 99903, an error will occur and the record will be rejected.

State (CID-11b)

Ask: *What state were you born in?*

If 99903 is entered for place of birth – county, ask the individual if s/he was born in the U.S. If the individual states s/he was born in the U.S., ask him/her which state s/he was born in. Enter the two-character alphabetic code for the state in which the individual was born. Refer to Appendix C for a list of state codes. If the individual was born outside of the U.S., enter 99903 (other). If the individual cannot remember or does not know which state s/he was born in, enter the code for the state in which they are currently living.

Either a state code or 99903 must be entered in this field. If this field is blank, incomplete, or contains any five-digit alternative value other than 99903, an error will occur and the record will be rejected.

6.11.10 Driver's License/State Identification Card Number (CID-12)

Ask: *What is your driver's license/state identification card number?*

Ask the individual if s/he has a driver's license or state identification card and if so, enter the alpha-numeric driver's license or identification card number. The maximum length is 13 characters as some states' driver's licenses or identification cards may be up to 13 characters in length.

The valid values of driver's license/state identification card number are:

- An alpha-numeric driver's license/state identification card number
- 99900 – Declined to state
- 99902 – None or not applicable
- 99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.11.11 Driver's License/State Identification Card State (CID-13)

Ask: *What state is your driver's license/state identification card for?*

If a driver's license/state identification card number is entered in the driver's license/state identification card number field, then a state code **must** be provided in this field. If no state code is provided in this field when an alpha-numeric driver's license/state identification number has been entered in the driver's license/state identification card number field an error will occur and the record will be rejected. If applicable, enter the two-character state code (refer to Appendix C for a list of state codes). The valid values of driver's license/state identification card number are:

- A valid state code
- 99900 – Declined to state
- 99902 – None or not applicable
- 99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.11.12 Mother's First Name (CID-14)

Ask: *What is your mother's or the individual you consider to as your mother's first name?*

Ask the individual his/her mother's first name and enter it using alphabetic characters. The maximum length is 20 characters. Entries must be all one word; i.e. no spaces between syllabols or words. For example, the appropariate entry for the name Mary Ann would be "MaryAnn." If the record were submitted with the name entered "Mary Ann" an error would occur and the record would be rejected.

This field is intended to contain the name of the individual the program participant considers his/her mother. For example, if a program participant was adopted and is not sure whose name to give for this data element, advise him/her to provide the name of the person s/he considers his/her mother. The same holds true for individuals raised by two males or two females, a grandparent, etc. A name must be provided in this field or an error will occur and the record will be rejected.

If a person is unable to provide a name or cannot recall his/her mother's name, enter "mother," "mom," or ask the person to provide a nickname s/he called their mother by. If this occurs, it is very important the same name collected is used for this particular individual every time they provide this information. For example, if someone had a nickname for their mother, they must always report this same nickname in any future services so we are able to uniquely match the individual's records.

6.12 Race (CID-15)

Ask: *What is your race?*

Race information is necessary to meet federal TEDS reporting requirements. Collecting data on race also provides demographic information about individuals receiving AOD services, which can help identify ways to improve service delivery and address needs. A minimum of one race value must be provided, not to exceed five race values for each participant. This field cannot exceed 14 characters. There are 19 allowable values for reporting race; no alternative values may be used or the record will be rejected.

The valid values for race are:

01 – White
02 – Black/African American
03 – American Indian
04 – Alaskan Native
05 – Asian Indian
06 – Cambodian
07 – Chinese
08 – Filipino
09 – Guamanian
10 – Hawaiian
11 – Japanese
12 – Korean

13 – Laotian
14 – Samoan
15 – Vietnamese
16 – Other Asian
17 – Other Race
18 – Multi-racial

6.13 Ethnicity (CID-16)

Ask: *What is your ethnicity?*

Ethnic information is necessary to meet federal TEDS reporting requirements and provides demographic information about individuals receiving AOD services. This in turn, facilitates needs assessment. There are five valid values for ethnicity; alternative values are not allowed and will result in a rejection of the record if used.

1 – Not Hispanic
2 – Mexican/Mexican American
3 – Cuban
4 – Puerto Rican
5 – Other Hispanic/Latino

6.14 Veteran Status (CID-17)

Ask: *Are you a U.S. veteran?*

This field meets State reporting needs. ADP Bulletin 04-16 informed counties of the availability of AOD treatment services through the Federal Veteran's Administration (VA) and encouraged counties to track veterans through CADDS and as appropriate refer them to the VA for AOD treatment services. Collecting this information provides an estimate of the number of veterans seeking AOD services in California. The four allowable values for veteran status are:

1 – Yes
2 – No
99900 – Declined to state
99904 – Unable to answer. If this code is used type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7), otherwise the record will be rejected.

Veteran status cannot be yes if the individual is less than 17 years of age at admission. If yes is entered in this field for a person under the age of 17, an error will occur and the record will be rejected.

6.15 Disability (CID-18)

Ask: *What type of disability/disabilities do you have?*

Collection of data on disabilities enables ADP to measure the number of persons with disabilities. This information is valuable for needs assessment and improvement of service delivery. More than one entry may be provided for each participant. However, multiple values are not allowed (and will result in rejection of the record) when none, declined to state, or unable to answer have been selected. The ten allowable values for disability are:

1 – None
2 – Visual
3 – Hearing
4 – Speech
5 – Mobility
6 – Mental
7 – Developmentally disabled
8 – Other Disability (not AOD)
99900 – Declined to state
99904 – Unable to answer. To use this code, the type of service must be detoxification (field must contain 3, 4, or 5); otherwise the record will be rejected.

6.16 Consent (CID-19)

This field was included in CalOMS prior to the decision to postpone post discharge follow-up. This field was intended for counties to indicate whether the program participant signed a consent form to participate in post-discharge follow-up. Since post discharge follow-up has been postponed, counties can default this field to “no.”

6.17 AOD Use Life Domains

The following sections gather information about two of the seven life domains (discussed in Section 3.2): alcohol use and drug use. By collecting this information, ADP, counties, and providers can identify trends in AOD use and evaluate the impact of treatment in reducing AOD use, which in turn can provide information about risk behaviors and age of onset of use. The following sections identify and define each of the data elements for the alcohol use and drug use life domains.

6.17.1 Primary Drug Code (ADU-1a)

Ask: *What is your primary alcohol or other drug problem?*

Information on AOD use is required for state and federal reporting. Each drug category and the drug codes are defined below. The same drug categories and drug codes for primary drug apply for secondary drug data collection. It should be noted that 0 (none) is not an allowable entry for primary drug unless it is an annual update (refer to Section 7.0) or a discharge (refer to Section 8.0). If "0" is entered in the primary drug field, an error will occur and the record will be rejected.

For drug responses for which there is not a code, enter 99903 (other) then type the name of the drug (up to 50 characters) in the primary drug name field. The name of the drug will also need to be specified in the primary drug name field when certain drug codes are entered, such as 11 (other hallucinogens) to specify the reported hallucinogen name. See Section 6.17.2 for further information

Each category of drug, common names for each drug within a given category, and routes of administration for each drug are discussed briefly below to assist in determining the appropriate code to enter for primary drug, primary drug route of administration, secondary drug, and secondary drug route of administration.

Full Listing of Drug Codes

0 – None (only allowable at discharge or for secondary drug)
1 – Heroin
2 – Alcohol
3 – Barbiturates
4 – Other Sedatives or Hypnotics
5 – Methamphetamine
6 – Other Amphetamines
7 – Other Stimulants
8 – Cocaine/Crack
9 – Marijuana/Hashish
10 – Phencyclidine (PCP)
11 – Other Hallucinogens
12 – Tranquilizers (Benzodiazepine)
13 – Other Tranquilizers
14 – Non-Prescription Methadone
15 – OxyContin/Oxycodone
16 – Other Opiates or Synthetics
17 – Inhalants
18 – Over-the-Counter
19 – Ecstasy
20 – Other Club Drugs
99901 – Not sure/don't know (only allowable for administrative discharge)
99903 – Other (specify)

Barbiturates (3)

This category includes drugs which depress the central nervous system and contain barbituric acid. Historically, drugs in this category have been used to treat insomnia and anxiety. For this reason, drugs in this category are often referred to as sleeping pills.

Barbiturates include:

Amyta (amobarbital)
Alurate (aprobarbital)
Brevital (methohexital)
Butisol (butabarbital)
Fiorina (butalbital)
Lotusate (talbutal)
Luminal (Phenobarbital)
Mebaral (mephobarbital)
Nembutal (pentobarbital)
Pentothal (thiopental)
Seconal (secobarbital)
Surital (thiamyl)
Tuinal (secobarbital & amobarbital

Street names for barbiturates include:

Barbs
blue heavens
butes
Christmas trees
yellow jackets
Downers
Nembies
Phennies
Rainbows
red birds
red devils
reds
seggies
tooies

Routes of administration for barbiturates include oral (swallowing pills) or injection. When an individual reports barbiturates as his/her primary or secondary drug enter 3.

Other Sedatives or Hypnotics (4)

This category is designated for those drugs that do not fit into other drug categories due to their effects. Drugs falling in this category, like barbiturates, are prescribed for insomnia. However, these drugs' effects are somewhat different from barbiturates.

Sedatives (non-barbiturate) include:

Doriden (glutehimide)
Equanil (meprobamate)
Flexeril (cyclobenzaprine hydro)
Levaquin (levofloxacin)
Lunesta (eszopicione)
Methaqualone
Miltown (meprobamate)
Relaxazone (carisoprodol)
Sandoz (fiorinal and codeine)
Skelaxin (carisoprodol)
Soma (carisoprodol)
Vanadom (carisoprodol)

Route of administration for these drugs is oral. Use the "other sedatives or hypnotics" code (4) for individuals reporting these sedatives as their primary or secondary drug then specify the name of the sedative/hypnotic in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Stimulants

Methamphetamine and Other Amphetamines

This category includes all drugs with an amphetamine base, one of which is methamphetamine. Due to the prevalence of methamphetamine use, however,

methamphetamine has its own code for CalOMS reporting. Amphetamines other than methamphetamine should be reported as “other amphetamines.”

Methamphetamine (5)

Street names for methamphetamine include:

Chalk	Crystal	Ice	Speed
Crank	Glass	Meth	Tweak
Cristy	Hawaiian salt	Quartz	

There are several different routes of administration for methamphetamine, depending on which form an individual uses. The routes of administration for methamphetamine are smoking (ice, quartz, glass), snorting, oral (eaten or swallowed), and injection. Injection is the most frequently used route of administration and is used most by long-term, heavy users.

Other Amphetamines (6)

This category includes all amphetamine-based drugs other than methamphetamine, including:

Adderall (amphetamine & dextroamphetamine)
Benzedrine (amphetamine)
Biphetamine (generic Adderall)
Desoxyn (methamphetamine hydrochloride)
Didrex (benzphetamine hydrochloride)
dexamphetamine sulphate
Dexedrine (dextroamphetamine)
Ferndex (dextroamphetamine)
Obetrol (dextroamphetamine)
Oxydess II (dextroamphetamine)
paramethoxyamphetamine (PMA)
Robese (dextroamphetamine)
Spancap #1 (dextroamphetamine).

Street names for amphetamines include:

Base	dex	poppers	whizz
Billy	P	sulph	
black beauties	pep pills	uppers	
crosses	phet	white crosses	

Many of the previously listed amphetamines are pills and can be taken orally. However, some individuals that abuse prescription amphetamines, particularly Adderall, either crush the pills and snort them or dissolve them in water and inject them. For those reporting the amphetamines listed above enter 6 then specify the name of the amphetamine in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Cocaine/Crack (8)

There are two forms of cocaine, powdered (hydrochloride salt cocaine), and crack (freebase). Hydrochloride salt cocaine is pure cocaine, though it is usually diluted with other substances for street sale. Crack is derived directly from powder cocaine by dissolving cocaine in a solution of baking soda and water, which is boiled until the crack solidifies (separates from the solution). The same code is used for both cocaine and crack (8).

Street names for cocaine include:

Bernice	Coke	Girl	Snow
Big C	Corine	Happy dust	Toot
Blow	Dust	Lady	
C	Flake	Nose candy	

Street names for crack include:

24-7	Beamers	Ice	Rooster
B.J.'s	Bolo	Jelly Beans	Space
Bedrock	Crank	Rock	

The routes of administration for cocaine are snorting and injection. The route of administration for crack is smoking.

Other Stimulants (7)

These are stimulants other than crack/cocaine and which do not have an amphetamine base. This category includes:

Adipex (phentermine)	Fastin (phentermine)	Preludin (phenmetrazine)
Arlidin (nylidrin)	Fenfluramine (fen-phen)	Ritalin (methylphenidate)***
Beecham Fastin (phentermine)	Ionamine (phentermine)	Sanorex (phentermine)
Benzylpiperazine	Khat (pronounced cot)**	Span R/D (phentermine)
Caffeine	Mazanor (mazindol)	Tenuate/Tenuate
Cathinone*	Methylin (methylphenidate)	Dospan (diethylpropion)
Concerta (methylphenidate)***	Oby-Trim (phentermine)	Teramine (phentermine)
Diethylpropion	Plegine (phendimetrazine)	Xenical (phentermine)
Ephedrine	Prelu (phendimetrazine)	

There are various street names and routes of administration for these stimulants.

*Street names for cathinone/methcathinone are:

Bathtub speed	Jeff	Meth's cat	Wannabe speed
Cat	Kitty	Meth's kitten	

Routes of administration for cathinone/methcathinone include smoking, snorting, injection, and oral.

**Street names for khat include:

African salad	Gat	Qat	Tschat
Bushman's tea	Kat	Tea	
Chat	Miraa	Tohai	

Routes of administration for Khat include oral (chewing the leaves of the plant or brewing a tea and drinking it) or smoking.

***Methylphenidate is most commonly known as Ritalin. Ritalin is widely used as a prescription to treat Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. However, Ritalin is also used illicitly. Routes of administration for Ritalin include oral (pill), snorting (ground up pills), or injection (dissolved in water).

Enter 7 for other stimulants then specify the name of the stimulant in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Marijuana/Hashish (9)

Street names for marijuana include:

Astro turf	Dank	Hash	Smoke
Bang	Dope	Hemp	Tea
Bush	Ganja	Herb	Weed
Bomb	Grass	Mary Jane	
Chronic	Green	Reefer	

Routes of administration for marijuana are smoking or oral. Enter 9 for individuals reporting marijuana as their primary or secondary drug.

Hallucinogens

PCP (10)

PCP is a dissociative anesthetic, which can have varying effects. For example, PCP acts as a hallucinogen, stimulant, depressant, and anesthetic. Therefore, PCP is distinguished from other hallucinogens in CalOMS in that it has a unique code: 10.

Street names for PCP include:

Ace	Dust	Jet fue	Supergrass
Angel dust	Elephant	Lovely	Tac
Crystal	Eembalming fluid	Monkey	Tic
Dead on arrival	Hog	Ozone	Trank
DOA		Rocket fuel	Wack

Routes of administration include: smoking (PCP is often added to marijuana joints or cigarettes), snorted, injected, or oral (swallow). For users reporting PCP as primary or secondary drug of abuse, enter 10.

Other Hallucinogens (11)

This code is designated for all other hallucinogens, such as lysergic acid diethylamide (LSD) and peyote. Brief descriptions of each of the other types of hallucinogens are in the following sections. Use 11 for those reporting any of the hallucinogens defined in the following sections then type the name of the reported hallucinogen in the primary and/or secondary drug name field.

LSD (11)

Street names for LSD include:

Acid	D	Paper acid	Ticket
Big D	Dose	Royal blue	Window pain
Blotter	Dot	Sid	
Blue heaven	L	Spots	
Cube	Microdot	Sunshine	

LSD is primarily ingested orally. Users place a “stamp,” which is a small square of blotter paper on which the LSD has been placed, on their tongue to absorb the LSD. Sometimes sugar cubes are used in a similar manner. Another route of administration for LSD, which is less common, is to place drops of LSD directly on the skin.

For individuals reporting LSD as their primary or secondary drug, use the other hallucinogens code (11) then specify LSD in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Peyote/Mescaline (11)

Street names for peyote include:

Buttons	Dry whiskey	Mascal	Topi
Cactus	Green whiskey	Mescaline	Tops
Cactus buttons	Hikuri	Mescalito	
Chief	Mesc	Peyote	

Peyote is administered orally (brewed as a tea or eaten). For individuals reporting peyote or mescaline as their primary or secondary drug, enter 11 then specify “peyote” or “mescaline” in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Psilocybin Mushrooms (11)

Street names for psilocybin mushrooms include:

Blue halo	Happy mushrooms	Shrooms
Food of the gods	Magic mushrooms	
Funny mushrooms	Sacred mushrooms	

Routes of administration are oral (eaten, brewed in tea, or pill form) and smoking (dried and smoked with tobacco or marijuana).

For individuals reporting mushrooms as their primary or secondary drug, use the other hallucinogens code (11) then specify psilocybin mushrooms in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name)

Additional Hallucinogens (11)

In addition to LSD, Peyote/Mescaline, and psilocybin mushrooms, the other hallucinogens category includes hallucinogens found in plants such as salvinorin A and atropine. These hallucinogens can be found in deadly nightshade, jimson weed, mandrake, or henbane. Another hallucinogen found in morning glories is LSA, which is similar to LSD.

Another hallucinogen is dimethoxytryptamine (DMT). DMT is a short-acting hallucinogen and can be smoked or injected. Some street names for DMT are DMT or Dimitri.

Another hallucinogen not contained in plants is 2,5-dimethoxy-4-methylamphetamine (DOM).

Use the other hallucinogens code (11) then specify whichever of these drugs applies in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Tranquilizers

Benzodiazepines (12)

This category of drugs includes drugs with effects similar to barbiturates. Benzodiazepines are prescribed to prevent seizures, relax muscles, or for sedation.

Some benzodiazepines include:

Ativan (lorzepam)
Barr (diazepam)
Centrax (prazepam)
Dalmane (flurazepam)
Doral (quazepam)
Halcion (triazolam)
Klonopin (diazepam)
Librium (chlordiazepoxide)
Lorazepam (generic Ativan)
Mogadon (nitrazepam)
Mylan (diazepam)
Novoflupam (flurazepam)
Novopoxide (chloriazepoxide)
Paxipam (halazepam)
ProSom (estazolam)
Restoril (temazepam)
Serax (oxazepam)
Somnol (flurazepam)
Tranxene (chlorazepate)
Valium (diazepam)
Versed (midazolam)
Vivol (diazepam)
Xanax (alprazolam)

Street names for these types of tranquilizers include:

Candy
Downers
Sleeping pills
Tranks
V's

The routes of administration are oral and injection. Enter 12 for persons reporting these drugs as their primary or secondary drug then specify the name of the tranquilizer in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Other Tranquilizers (13)

Other tranquilizers include Ambien (zolpidem), Librax (chlordiazepoxide and clidinium bromide), and Sonata (zalepon). Street names for this category include: candy, downers, or tranks.

Routes of administration are oral and injection. Use the other tranquilizers (13) code for individuals who report drugs in this category as their primary or secondary drug then specify the name of the tranquilizer (non-benzodiazepine) in the appropriate free-text field designated for other drug specification (primary drug name or secondary drug name).

Narcotics/Opiates and Opioids/Synthetics

Heroin (1)

Heroin is a derivative of morphine and varies in form and consistency from white powder (pure heroin) to other colors due to additives. In addition, there is black tar heroin, which is black or brown, thick, and sticky.

Street names for heroin include:

Antifreeze	Brown heroin	Garbage	Rufus
Big daddy	Brown sugar	Gum	Scag
Big H	China	H	Smack
Black tar	China man	Him	Stuff
Boy	Crap	Horse	White stuff
Brown	Dyno	Junk	Tar

Routes of administration include injection, smoking, or snorting. For individuals reporting heroin as their primary or secondary drug, enter 1.

Non-Prescription Methadone (14)

Use this code for individuals who report non-prescription methadone use as their primary or secondary drug problem. This category includes Dolphine and other forms of methadone.

Oxycodone/OxyContin (15)

Oxycodone is a prescription narcotic twice as potent as morphine. Oxycodone is often used illicitly as a substitute for heroin. There are a number of prescription forms of oxycodone including OxyContin, Percocet (acetaminophen and oxycodone), Percodan, and Tylox.

Street names for oxycodone include:

40	Hillbilly heroin
80	Kisker
Blue	OC’s

Routes of administration for oxycodone/OxyContin are oral, snorting, or injection. For individuals reporting oxycodone/OxyContin as their primary or secondary drug, enter 15.

Other Narcotics/Opiates or Opioids/Synthetics (16)

This category should be used to report all other narcotics/opiates or synthetics/opioids not included in the previously defined narcotic/opiate categories. Drugs included in this category are:

Actiq (fentanyl citrate)
Alfenta (alfentanil)
Codeine
Darvocet (propoxyphene, napsylate, & acitominophen)
Darvon (propoxyphene)
Demerol (meperidine)
Dilaudid (hydromorphone)
Hydrocodone
Lorcet (hydrocodone)
Lortab (hydrocodone)
Oramorph (Morphine)
Sufenta (sufentanil)
Tramadol hydrochloride
Talacen (pentazocine & acetaminophen)
Talwin (pentazocine)
Tussionex (chlorpehniramine & hydrocodone)
Wildnil (Carfentanil)
Wyeth (synalgos dc)

Routes of administration for drugs in this category include: oral, smoking, snorting, and injection. For individuals reporting one of the above listed drugs as their primary or secondary drug, enter 16 then specify the name of the opiate/narcotic or opioid/synthetic in the appropriate primary/secondary drug name field.

Inhalants (17)

Commonly abused inhalants include:

Air freshener
Airplane glue
Amyl nitrate
Analgesic sprays
Butane fuels
Butyl nitrate
Correction fluid
Cleaning fluid
Degreaser
Deodorant
Gasoline
Hair spray
Isobutyl nitrate
Lighter fluid
Nail polish remover
Nitrous oxide
Paint thinner
PVC cement
Rubber cement
Spot remover
Spray paint
Wax remover

Street names for inhalants include:

Air blast
Ames
Amys
Aroma of men
Bagging
Bolt
Boppers
Buzz bomb
Climax
Discorama
Hardware
Hippie crack
Honey oil
Huff
Kick
Laughing gas
Medusa
Moon gas
Oz
Pearls
Poppers
Quicksilver
Rush
Snappers
Thrust
Whippets
Whiteout

The only route of administration for inhalants is inhalation. For individuals reporting inhalants as their primary or secondary drug, enter 17 then specify the name of the inhalant in the appropriate free-text primary/secondary drug name field. If 17 is entered for inhalants, then 3 (inhalation) must be entered in the corresponding route of administration field. If 17 is entered for primary or secondary drug and 3 is not entered in the corresponding route of administration field an error will occur and the record will be rejected.

Over-the Counter (18)

This category speaks to non-prescription drugs that are used in a manner other than as directed. Included in this category is dextromethorphan (DXM). DXM is a cough suppressant found in a number of over-the-counter cold medications such as cough syrups, tablets, and throat lozenges, and more recently in powder form, which is sold over the internet.

Street names for DXM include:

C-C-C	Orange crush	Rojo
DXM	Red devils	Skittles
Dex	Robo	Triple C's

Routes of administration include oral, snorting, or injection. For individuals reporting DXM or other over-the-counter drugs as their primary or secondary drug, enter 18 then specify the name of the drug in the appropriate free-text primary/secondary drug name field.

Club Drugs

Ecstasy/3,4-Methylenedioxymethamphetamine (MDMA) (19)

This category includes drugs containing MDMA. Because MDMA is both a stimulant and hallucinogen it is often referred to as a "designer drug" or "club drug."

Street names for MDMA include:

Adam	Clarity	Essence	Scooby snacks
Batmans	Crystal	Eve	Wafers
Bean	Debs	Go	X
Bibs	Decadence	Happy pill	XTC
Blue kisses	Drivers	Hug drug	
Blue nile	E	Kleenex	
Charity	Ecstasy	Lover's speed	

Routes of administration for ecstasy include oral and snorting. For individuals reporting MDMA as their primary or secondary drug, enter 19.

It is likely some MDMA users have secondary drugs of abuse. This is because ecstasy is often used in combination with other drugs. In the event an individual reports use of MDMA with another drug, enter 19 for the primary drug and the appropriate code for the other drug used in combination with ecstasy for the secondary drug.

For example, if one reports use of MDMA with LSD (candy flipping), enter 19 in the primary drug field and 11 in the secondary drug field, then specify LSD in the secondary drug name field. This will enable identification of trends and determination of the extent to which MDMA is abused with other drugs and which drugs MDMA is most often used in combination with.

There are a number of terms for use of MDMA with some other drug, depending on the drug(s) used simultaneously with MDMA:

- P&P (party and play), which refers to use of meth, Viagra, and MDMA;
- Sextasy, which is use of Viagra and MDMA;
- Candy flipping or troll, which refer to use of MDMA and LSD;
- Super X, which is use of meth and MDMA;
- Bumping up, which is use of cocaine and MDMA;
- Elephant flipping, which is PCP used with MDMA;
- Flower flipping or hippie flipping, which refer to use of mushrooms with MDMA;
- Kitty flipping, which is use of MDMA and ketamine.

Other Club Drugs (20)

This category includes other drugs that may be associated with raves or underground parties and which have unique physiological effects. Drugs often categorized as club drugs are gamma-hydroxybutyrate (GHB) and its analogs, Ketamine, and Rohypnol. For individuals reporting these as their primary or secondary drug use the “other club drugs” code (20) then specify the name of the club drug in the appropriate free-text primary/secondary drug name field.

GHB & GHB Analogs (20)

One drug falling under the other club drugs category is GHB, a synthetic depressant. GHB is available on the internet along with GHB analogs such as gamma-butyrolactone (GBL) and 1,4-butanediol (BD).

Street names for GHB include:

G
Georgia home boy
Goop
Grievous bodily harm
Liquid X
Vita-G

The route of administration for GHB is oral.

Ketamine (20)

Ketamine is categorized as a dissociative anesthetic due to the feeling of detachment from the surrounding environment users feel. Ketamine is legal in the United States as it is used for veterinary medicine. Some of the brand names for ketamine include:

Ketalar (human use)
Ketaved (veterinary)
Keteset (veterinary)
Vetamine (veterinary)
Vetalar (veterinary)

Street names for ketamine include:

Animal tranquilizers
Cat valium
K
Ket
Kit kat
Special K
Super K
Vitamin K

Routes of administration for ketamine include: orally (pill or liquid), snorting, or injection.

Rohypnol (20)

Rohypnol (flunitrazepam hydrochloride) is another drug categorized as a club drug. Though rohypnol is a powerful benzodiazepine, it is most commonly categorized as a club drug because it is reportedly ten times more potent than Valium and is illegal in the United States.

Street names for rohypnol include:

Circles
Forget me drug
Forget me pill
La rocha
Mexican valium
Pingus
R-2
Reynolds
Rib
Roach-2
Roapies
Robutal
Roofies
Rope
Rophies
Row-shay
Ruffles
Wolfies

Routes of administration include: oral, snorting, or injection.

Unknown (99901)

This value is included for use in administrative discharge records ONLY. This value is only allowable for primary drug at discharge, when the discharge is an administrative discharge (discharge status = 4, 6, 7, or 8). This is **not** an allowable value for secondary drug at any data collection point. Use of 99901 under any other circumstances will result in rejection of the record.

Other (99903)

This category is intended to help capture and identify emerging drugs. When a program participant reports a drug not identified in any of the previous drug categories enter 99903 for “other” then type the drug name in the primary/secondary drug name field.

6.17.2 Primary Drug Name (ADU-1b)

As mentioned in Section 6.17.1, this is a free-text field designated for entering the name of an individual’s primary or secondary drug when certain drug codes have been entered for primary/secondary drug name. This field must contain a drug name (up to 50 characters in length) when the following codes are entered in the primary or secondary drug code fields: 3, 4, 6, 7, 11, 12, 13, 16, 17, 18, 20, or 99903. Refer to Section 6.17.1 for a list of primary drug codes.

In addition, some clients report to treatment due to criminal drug possession/sales charges, but state they do not have a primary or secondary drug problem. If such is the case, enter 99903 in the primary drug code field and type in “charged with possession of (drug name)” or “charged with selling (drug name).”

Please note this field is NOT to be used to enter such values as 99901, none, or unknown for admissions. The extent to which this occurs will be monitored on an ongoing basis. This field is intended to capture emerging drug trends, specific drug names, and the extent to which persons charged with possession/selling drugs enter programs though they do not report using AOD.

6.17.3 Primary Drug Frequency (ADU-2)

Ask: *How many days in the past 30 days have you used your primary drug of abuse?*

Once the drug code and, if applicable, drug name have been collected, the frequency of use information must be collected. This field fulfills TEDS reporting requirements as well as NOM requirements. At admission, each client must be asked how many days in the 30 days prior to the admission date s/he used the primary drug. The valid value for this field is a number between 0 and 30.

A specific number of days must be entered in this field. Incomplete entries, use of any of the five-digit alternative values, or blanks will result in an error and the record will be rejected.

6.17.4 Primary Drug Route of Administration (ADU-3)

Ask: *What route of administration do you use most often for your primary drug of abuse?*

This field fulfills federal TEDS reporting requirements. In addition, this data can be helpful in fulfilling NOM requirements by helping demonstrate changes in harmful behaviors, such as intravenous drug use. It is important to ensure the route of administration entered is consistent with the drug reported, as errors may result if the route of administration is inconsistent with the drug code/drug name entered.

For example, if 17 (inhalants) is entered in the primary drug code field and nitrous oxide is reported in the primary drug name field, then 3 (inhalation) must be entered in the route of administration field. If, for example, 2 (smoking) were entered for the route of administration when nitrous oxide has been entered for the primary drug, then an error would occur and the record would be rejected.

Similarly, if the primary drug is alcohol and the route of administration is not oral an error will occur and the record will be rejected. It should be noted that such inconsistencies with other types of drugs may not always result in an error; however, to ensure data quality, providers, counselors, etc. should ensure reported route of administration is consistent with the reported drug used. Refer to Section 6.17.1 for information on the routes of administration used with each type of drug.

There are six valid values for route of administration:

1 – Oral
2 – Smoking
3 – Inhalation
4 – Injection (IV or intramuscular)
99902 – None or not applicable. This is only allowable for primary drug at discharge, when primary drug code is 0 (none). This is allowable at both admission and discharge when secondary drug code is 0 (none). When 99902 is entered primary/secondary drug code must be 0 (none).
99903 – Other

Use of any five-digit alternative values other than 99902 or 99903 or use of any other codes not included in the list above will result in an error and the record will be rejected.

6.17.5 Primary Drug Age of First Use (ADU-4)

Ask: *At what age did you first use your primary drug of abuse?*

This element fulfills the TEDS reporting requirements to report on the age at which the primary and secondary drugs were first used. Ask program participants the age at which they first used/recall first using the primary drug reported and enter the two-digit code for the reported age.

The valid values for this field are:

- An age between 5 and 105. This is checked against the date of birth field to ensure accuracy. So, if a number inconsistent with the date of birth provided is entered an error will occur and the record will be rejected.

- 99904 – Unable to answer. This is only an allowable value if the type of service field contains 3, 4, or 5 (detoxification) or the disability field contains 7 (developmentally disabled). If 99904 is entered in this field under any other circumstances an error will occur and the record will be rejected.

6.17.6 Secondary Drug Code (ADU-5a)

Ask: *What is your secondary alcohol or other drug problem?*

Information on AOD use is required for TEDS and NOM reporting. In addition, the MTOQ includes questions pertaining to AOD use. The same rules, fields, and codes defined in Sections 6.17.1 through 6.17.5 apply to the secondary drug use fields (Sections 6.17.6 through 6.17.10). There are two exceptions to this: 1) Contrary to primary drug use, 0 (none) can be entered for “secondary drug code” at admission in the event an individual does not have a secondary drug problem; and 2) 99901 (Unknown) is not an allowable value for secondary drug code at any data collection point.

6.17.7 Secondary Drug Name (ADU-5b)

Refer to Section 6.17.2 for rules and valid values.

6.17.8 Secondary Drug Frequency (ADU-6)

Ask: *How many days in the past 30 days have you used your secondary drug of abuse?*

Refer to Section 6.17.3 for rules and valid values.

6.17.9 Secondary Drug Route of Administration (ADU-7)

Ask: *What route of administration do you use most often for your secondary drug of abuse?*

Refer to Section 6.17.4 for rules and valid values.

6.17.10 Secondary Drug Age of First Use (ADU-8)

Ask: *At what age did you first use your secondary drug of abuse?*

Refer to Section 6.17.5 for rules and valid values.

6.17.11 Alcohol Use Frequency (ADU-9)

Ask: *How many days in the past 30 days have you used alcohol?*

In addition to reporting information about primary and secondary drugs, data specific to alcohol use in addition to primary/secondary drug use is required. This is necessary to ensure information about alcohol use is collected on all persons entering treatment in order to measure the extent to which alcohol is used in addition to their primary/secondary drug problem.

For example, if an individual indicated his/her primary drug was heroin and his/her secondary drug was marijuana, there is not a mechanism for determining whether this individual uses alcohol in addition to these. Therefore, when a situation like this occurs, enter 1 in the primary drug field for heroin and enter 9 in the secondary drug field for marijuana. Then, ask the individual how many days in the past 30 days they have used alcohol and report the number provided in this field. When asking this question, clarify that the number of days provided should reflect alcohol use during the 30 days prior to the date the question is being asked. If the participant's primary or secondary drug problem is alcohol, enter 99902.

The valid values for this field are:

- A number between 0 and 30
- 99902 – Not applicable. This is to be used if the individual reported alcohol for primary or secondary drug.

Incomplete, invalid, blank entries, or entering any five-digit alternative value other than 99902 will result in an error and the record will be rejected.

6.17.12 Needle Use past 30 Days (ADU-10)

Ask: *How many days have you used needles to inject drugs in the past 30 days?*

Included in the CalOMS treatment data set are questions pertaining to needle use (intravenous or intramuscular) use. One example is primary/secondary drug route of administration, which facilitates tracking the number of individuals that primarily use injection as a route of administration. This information is necessary to enable ADP to measure the frequency with which needle use occurs. However, this data need is not adequately addressed simply by asking each individual admitted what the usual route of administration for their primary and secondary drug use is because the question implies the method most often used.

Therefore, a person who primarily smokes heroin, for example, would likely respond his/her usual route of administration is smoking because the question “what route of administration do you most often use…” implies the most frequently used method. However, it is possible the same individual also uses injection to administer heroin or other drugs. For this reason counties and providers are required to specifically ask each person seeking AOD services how often s/he used needles to inject drugs in the past 30 days.

In addition to fulfilling MTOQ requirements, this element can also help meet federal NOM reporting requirements. One of the NOM requirements is to demonstrate changes in harmful behavior, such as needle use. Further, needle use information is necessary for prioritization purposes.

The Substance Abuse Prevention and Treatment (SAPT) block grant via 45 CFR 96 requires the following method of prioritization for entry into treatment:

1. Pregnant needle users
2. Pregnant women
3. Needle users
4. All others

Collecting data on needle use enables ADP to ensure individuals seeking AOD services are prioritized according to SAPT rules. In addition, collecting information about needle use enables measurement of exposure to communicable diseases.

The valid values for this field are:

- A number between 0 and 30
- 99900 – Declined to state

- 99904 – Unable to respond. This is only an allowable value if the type of service field contains 3, 4, or 5 or the disability field contains 7. If 99904 is entered in this field under any other circumstances an error will occur and the record will be rejected.

6.17.13 Needle Use Past Twelve Months (ADU-11)

Ask: *Have you used needles in the past twelve months?*

This data element helps capture a broader range of needle users than do the route of administration or needle use past 30 days fields. The route of administration field speaks only to the most frequently used method of administration for an individual's primary and secondary drug use. Thus, if a person primarily smokes heroin, for example, s/he would likely respond his/her usual route of administration is smoking. However, it is possible the same individual also uses injection as an administration route.

Similarly, the needle use in the past 30 days field only captures those persons who used needles to administer drugs in the 30 days prior to the admission date. However, it is possible an individual did not use needles in that timeframe, but used needles to administer drugs within the 12 months prior to his/her entry into treatment. For these reasons counties and providers are required to specifically ask each person seeking AOD services how often they injected drugs in the past twelve months.

Further, needle use information is necessary for prioritization purposes. The SAPT block grant via 45 CFR 96 specifies specific prioritization requirements for entry into treatment programs. Refer to Section 6.17.12 for these prioritization requirements. Collecting data on needle use enables ADP to ensure individuals seeking AOD services are prioritized according to SAPT rules. In addition, collecting information about needle use enables measurement of exposure to communicable diseases. There are three valid values for use of needles in the past twelve months are:

1 – Yes
2 – No
99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.18 Employment/Education Life Domain

Changes in the employment/education life domain can be determined by collecting employment and education related information about each individual, such as whether they are in the labor force. The information collected via the elements described in the

following sections is valuable for helping ADP, counties, and providers evaluate whether treatment services provided positively influence those receiving them. The sections that follow describe each of the elements of the employment/education life domain and provide instructions for data collection on each of the employment/education data elements.

6.18.1 Employment Status (EMP-1)

Ask: *What is your current employment status?*

This information is valuable in helping ADP, counties, and providers evaluate whether treatment services provided positively influenced individuals. Asking about employment status at admission and discharge enables measurement of change in employment status between admission and discharge. For example, if a person was unemployed at admission and had become employed by his/her discharge date, one could infer treatment was a factor positively influencing this individual's employment life domain.

There are five valid values for employment status in CalOMS:

1 ***Employed full-time.*** Use this code for individuals who work for 35 or more hours per week. This should not include individuals who report volunteering for this many hours or more per week.
2 ***Employed part-time.*** Use this code for individuals who work for fewer than 35 hours per week. This should not include individuals reporting they volunteer this many hours per week.
3 ***Unemployed, looking for work.*** This should be used for individuals who report they were previously employed, but are not currently employed, who are looking for employment.
4 ***Unemployed, not in the labor force (not seeking work).*** This should be used for individuals who report they were previously employed but are not currently employed and are not looking for employment. Examples include retirees or individuals injured on the job who are unable to become employed again. This category may also include individuals who were previously employed and may work as a volunteer, but are not employed part time or full time.
5 ***Not in the labor force, not seeking (not previously employed, not seeking).*** This should be used for individuals reporting that they have not ever been employed and are not seeking work. Examples include persons who are disabled and have not been able to work due to disability or stay-home husbands or wives. This may also include individuals who have only done volunteer work.

One of the valid values listed above must be entered. Incomplete, invalid, or blank entries in this field will result in an error and the record will be rejected. In addition, this field relates to the date of birth field. This means if an individual is 14 years of age or younger, the employment status cannot be 1. Use of 1 in this field for persons aged 14 or younger will result in an error and the record will be rejected.

6.18.2 Days Paid for Working in Past 30 Days (EMP-2)

Ask: *How many days were you paid for working in the past 30 days?*

This provides further information on changes in employment between admission and discharge. With the employment status field changes in a person's employment status can be identified. This field, however, can enable identification of changes in employment behavior. For example, this will enable ADP, counties, and providers to see changes in an individuals work habits, such as whether the individual got paid for more work days at discharge than at admission.

The allowable values for this field are:

- A number between 0 and 30.
- 99900 – Declined to state
- 99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.18.3 Enrolled in School (EMP-3)

Ask: *Are you currently enrolled in school?*

Information collected in this field will enable ADP, counties, and providers to identify whether treatment positively impacts the employment/education life domain. For example, we will be able to see if an individual was not enrolled in school at admission and became enrolled in school by the time of discharge. Such information suggests that treatment positively impacted this individual's life by motivating or enabling him/her to return to school.

Examples of individuals for whom "yes" should be reported would be individuals enrolled in classes to obtain a high school diploma or high school equivalency diploma, or individuals taking college courses, whether to obtain a degree or not. There are four allowable values for enrollment in school:

1 – Yes
2 – No
99900 – Declined to state
99904 – Unable to answer. If this code is used type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.18.4 Enrolled in Job Training (EMP-4)

Ask: *Are you currently enrolled in a job training program?*

Information collected in this field will enable ADP, counties, and providers to identify whether treatment positively impacts the employment/education life domain. For example, we will be able to see if an individual was not enrolled in job training at admission and became enrolled in job training by the time of discharge. Such information suggests that treatment positively impacted this individual's life by motivating or enabling him/her to develop his/her skills for a particular field of work by becoming enrolled in a job training program.

Examples of individuals for whom a "yes" should be reported would be individuals who report they are participating in an internship, attending vocational schools or who are enrolled in vocational programs such as Job Core, or individuals attending some sort of trade school, such as a school that specializes in training people on a specific skill; e.g. bookkeeping or dental hygiene, etc.

There are four allowable values for this field:

1 – Yes
2 – No
99900 – Declined to state
99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.18.5 Highest School Grade Completed (EMP-5)

Ask: *What is the highest school grade you completed?*

Information collected in this field will enable ADP, counties, and providers to identify the education levels of individuals seeking treatment. Such information, in turn, could be used to help identify client needs and can be used to improve service delivery.

There are four allowable values for highest grade completed:

- A number between 0 and 30. For individuals that report they have a GED or other high school equivalency, enter 12, to indicate the equivalent of 12 years of education.
- 99900 – Declined to state

- 99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.19 Legal/Criminal Justice Life Domain

Changes in the legal/criminal justice life domain can be determined by collecting employment and education-related information about each individual, such as whether an individual's number of arrests decreases between admission and discharge. The sections that follow describe each of the elements of the legal/criminal justice life domain and provide instructions for data collection on each of these elements.

6.19.1 Criminal Justice Status (LEG-1)

Ask: *What is your criminal justice status?*

Data collection on criminal justice status is necessary to fulfill state reporting requirements. This provides information about the clients served through the AOD system of care and can be valuable in determining needs and improving service delivery. There are eight valid values for this data field:

1 – Not applicable
2 – Under parole supervision by California Department of Corrections and Rehabilitation (CDCR)
3 – On parole from other jurisdiction
4 – On probation from any federal, state, or local jurisdiction
5 – Admitted under other diversion from any court under California Penal Code, Section 1000
6 – Incarcerated
7 – Awaiting trial, charges, or sentencing
99904 – Unable to answer. If this code is used type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.19.2 CDCR Number (LEG-2)

Ask: *What is your CDCR number?*

The State has a number of data collection requirements to fulfill in relation to data on AOD service recipients' involvement with criminal justice systems. One of these

requirements is collection of each individual's CDCR number, if applicable, at admission. There are five allowable values for this field:

- A valid six-character, alpha-numeric CDCR number
- 99900 – Declined to state
- 99901 – Not sure/don't know
- 99902 – None or not applicable
- 99904 – Unable to answer. If this code is used type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

Incomplete, invalid, or blank entries in this field will result in an error and the record will be rejected.

This field relates to the Parolee Services Network (PSN) and Female Offender Treatment Program (FOTP) fields. If 1 (yes) was reported in the PSN field, then this field must contain a CDCR number. If 1 is entered in the PSN field and no CDCR number is provided in this field an error will occur and the record will be rejected. The same edit occurs in the FOTP field. If 1 is entered in the FOTP field and no CDCR number is provided in this field, an error will occur and the record will be rejected.

In addition, this field relates to the date of birth field to ensure persons less than 18 years of age are not reported as having CDCR numbers. If a CDCR number is reported and the individual the CDCR number is reported for is not at least 18 years of age, an error will occur and the record will be rejected.

6.19.3 Number of Arrests Past 30 Days (LEG-3)

Ask: *How many times have you been arrested in the past 30 days?*

This information is valuable in that it enables ADP, counties, and providers to determine the extent to which treatment influences individuals in the criminal justice life domain. For example, if an individual had ten arrests at admission and had zero arrests at discharge, it would demonstrate treatment may have had a positive impact on the individual by reducing the number of arrests s/he had.

The allowable values for reporting the number of arrests in the past thirty days are:

- A number between 0 and 30.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

6.19.4 Number of Jail Days Past 30 Days (LEG-4)

Ask: *How many days in the past 30 days were you in jail?*

This information enables ADP, counties, and providers to determine the extent to which treatment influences individuals in the criminal justice life domain. This can also provide information about clients entering treatment and can thus be useful for identifying treatment needs.

The allowable values for reporting the number of jail days in the past 30 days are:

- A number between 0 and 30.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

6.19.5 Number of Prison Days Past 30 Days (LEG-5)

Ask: *How many days in the past 30 days were you in prison?*

This information enables ADP, counties, and providers to determine the extent to which treatment influences individuals in the criminal justice life domain. This can also provide information about clients entering treatment and can thus be useful for identifying treatment needs.

The allowable values for reporting the number of prison days in the past thirty days are:

- A number between 0 and 30.
- 99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

6.19.6 PSN Parolee (LEG-6)

Ask: *Are you a parolee in the PSN program?*

Counties and providers are required to report all individuals entering treatment through the PSN. This is state-required information and is necessary for tracking and reporting on the number of PSN parolees in AOD treatment. The counties which have PSN services are Alameda, Contra Costa, Fresno, Kern, Los Angeles, Marin, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma.

There are three valid values for PSN:

1 – Yes
0 – No
99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

Only the above listed codes are allowable entries for this field; incomplete, invalid, or blank entries will cause the record to be rejected. This field also relates to the CDCR number field. If 1 is entered in this field, the CDCR number field must contain a valid CDCR number. If the CDCR number field does not contain a valid CDCR number and a 1 has been entered in the PSN field an error will occur and the record will be rejected.

6.19.7 FOTP Parolee (LEG-7)

Ask: *Are you a parolee in the FOTP?*

Counties and providers are required to collect data on FOTP parolees by asking each individual whether they are in the FOTP. This is state-required information and is necessary for tracking and reporting the number of FOTP parolees in AOD treatment. The counties in which these services are provided are Los Angeles, Orange, Riverside, and San Bernardino.

There are three valid values for the FOTP field:

1 – Yes
0 – No
99904 – Unable to answer. If this code is used, type of service must be detoxification (field must contain 3, 4, or 5) or disability must be developmentally disabled (field must contain 7). Use of this code when type of service is not detoxification or when the disability is not developmentally disabled will result in rejection of the record.

Only the above listed codes are allowable entries for this field; incomplete, invalid, or blank entries will cause the record to be rejected. This field also relates to the CDCR number field. If 1 is entered in this field, the CDCR number field must contain a valid CDCR number. If the CDCR number field does not contain a valid CDCR number and a 1 has been entered in the FOTP field an error will occur and the record will be rejected.

In addition, this field relates to the gender field. If a 1 is entered in the FOTP parolee field, then the gender must be female. If 1 is entered in this field and the gender is “male” an error will occur and the record will be rejected. This field also relates to the

FOTP priority status field; i.e. if the FOTP priority status is 1, 2, or 3, then the FOTP parolee field cannot be 0. If this occurs the record will be rejected.

6.19.8 FOTP Parolee Priority Status (LEG-8)

Ask: *What is your FOTP priority status?*

Counties and providers are required to collect data on FOTP parolees by asking each individual whether they are in the FOTP.

There are five valid values for FOTP priority status:

1 – Completed Forever Free and released and enrolled in treatment program
2 – Any woman paroling from the California Institute for Women (CIW)
3 – Completed Forever Free and goes directly to FOTP facility
99902 – None or not applicable (use if individual answered "no" to FOTP parolee)
99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

Only the above listed codes are allowable entries for this field; incomplete, invalid, or blank entries will cause the record to be rejected. This field relates to the FOTP parolee field; i.e. if 0 is entered in the FOTP parolee field, 1, 2, or 3 cannot be entered in this field. If this occurs the record will be rejected. If one of the three FOTP priority status codes is entered in this field, then the gender must be female, otherwise an error will occur and the record will be rejected. If one of the three FOTP priority status codes is entered, there must also be a valid CDCR number in the CDCR number field or the record will be rejected.

6.20 Medical/Physical Health Life Domain

Changes in the medical/physical health life domain can be determined by collecting medical and physical health related information about each individual, such as whether an individual had physical health problems prior to or during treatment. The sections that follow describe each of the elements of the medical/physical health life domain and provide instructions for data collection on each of these elements.

6.20.1 Medi-Cal Beneficiary (MED-1)

Ask: *Are you a Medi-Cal beneficiary?*

This field provides information on the number of Medi-Cal beneficiaries seeking AOD services. The allowable values for this field are:

1 – Yes
0 – No
99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

Only the codes listed above are allowable entries for this field; incomplete, invalid, or blank entries will cause the record to be rejected.

6.20.2 Emergency Room Past 30 Days (MED-2)

Ask: *How many times have you visited an emergency room in the past 30 days for physical health problems?*

This field meets MTOQ requirements and can provide information to help fill NOM reporting requirements. As an MTOQ this information enables ADP, counties, and providers to determine the impact of treatment on individuals in their medical life domain. For NOM reporting requirements, this information can help ADP demonstrate the extent to which treatment reduces harmful behavior.

For example, a reduction in emergency room visits between admission and discharge would indicate individuals may not participate in harmful behaviors that could result in physical injuries or health problems as often, if at all.

The allowable values for this field are:

- A number between 0 and 99.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

6.20.3 Overnight Hospital Stay Past 30 Days (MED-3)

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

This field meets MTOQ requirements and can provide information to help fill NOM reporting requirements. As an MTOQ this information enables ADP, counties, and providers to determine the impact of treatment on individuals in their medical life domain.

For NOM reporting requirements, this information can help ADP demonstrate the extent to which treatment reduces harmful behavior. For example, a reduction in hospital stays between admission and discharge would indicate individuals may not participate in

harmful behaviors that could result in physical injuries or health problems as often, if at all.

The allowable values for this field are:

- A number between 0 and 30.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

6.20.4 Medical Problems Past 30 Days (MED-4)

Ask: *How many days have you experienced physical health problems in the past 30 days?*

This field meets MTOQ requirements and informs about the impact of treatment on individuals in their medical life domain. For example, a reduction in medical problems between admission and discharge could indicate that individuals become more health conscious, or that their health is improving because they are no longer abusing AOD. In contrast, an increase in medical problems could be indicative that as a result of treatment, service recipients become more aware of medical problems of which they were unaware while using AOD.

The allowable values for this field are:

- A number between 0 and 30. Enter the number of days the individual reported s/he had physical health problems in the thirty days prior to the date the question is being asked.

- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

This field relates to the emergency room visit field and the overnight hospital stay field; if a value greater than 0 is entered in either of these fields, then the medical problems past 30 days field must contain a value greater than 0.

6.20.5 Pregnant at Admission (MED-5)/Pregnant at Any Time During Treatment (MED-6)

If admission, ask: *Are you pregnant?* If discharge or annual update, ask: *Were you pregnant at any time during treatment?*

This field meets state and federal reporting requirements. With this information ADP, counties, and providers will be able to identify treatment needs and work toward improving service delivery accordingly. Further, the SAPT block grant requires that pregnant women receive priority for entry into treatment programs and collecting this information can be helpful in ensuring this population receives priority. Refer to Section 6.17.12 for the SAPT prioritization requirements for entry into treatment.

If the participant is pregnant at admission (MED-5), enter the appropriate value based on her response. If the participant is pregnant at annual update or discharge (MED-6), enter the appropriate value based on her response.

The allowable values for pregnancy are:

1 – Yes
0 – No
99901 – Not sure/don't know

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected. This field also relates to the gender field; if 1 is entered in this field the gender of the individual cannot be male. If the gender of the individual is male and 1 is entered in this field an error will occur and the record will be rejected.

6.20.6 Medication Prescribed as Part of Treatment (MED-7)

Data collection on medications prescribed as part of treatment is required for state and federal reporting. This information should be provided by the treatment provider and should be limited to the medication prescribed by the provider for the individual's treatment. For example, some have asked if they should use "other" when an individual reports prescriptions for schizophrenia. This field is not intended to capture the individual's prescriptions for non-addiction treatment purposes, so providers should only report those medications prescribed by the provider for AOD treatment. There are six allowable values for this field:

1 – None
2 – Methadone
3 – LAAM
4 – Buprenorphine (Subutex)

5 – Buprenorphine (Suboxone)
99903 – Other (only for medications prescribed for AOD treatment; e.g. Antabuse)

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected. In addition, this field is checked against the Master Provider File (MPF). This is to ensure the services being reported are consistent with what the provider is certified or licensed to provide. For example, if a provider reports methadone in this field, but is not certified to provider methadone, the record will be rejected for inconsistency with the MPF.

6.20.7 Communicable Diseases: Tuberculosis (MED-8)

Ask: *Have you been diagnosed with Tuberculosis?*

This field is an MTOQ requirement to obtain information about individuals entering treatment with communicable diseases. This information, in turn, enables identification of need and health risks among AOD service recipients.
The four allowable values for Tuberculosis are:

1 – Yes
0 – No
99900 – Declined to state
99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.20.8 Communicable Diseases: Hepatitis C (MED-9)

Ask: *Have you been diagnosed with Hepatitis C?*

This field is an MTOQ requirement to obtain information about individuals entering treatment with communicable diseases. This information, in turn, enables identification of need and health risks among AOD service recipients.

There are four allowable values for diagnosis with Hepatitis C:

1 – Yes
0 – No
99900 – Declined to state

99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.20.9 Communicable Diseases: Sexually Transmitted Disease [STD (MED-10)]

Ask: *Have you been diagnosed with any sexually transmitted diseases?*

This field is an MTOQ requirement to obtain information about individuals entering treatment with communicable diseases. This information, in turn, enables identification of need and health risks among AOD service recipients. The four allowable values for STD are:

1 – Yes
0 – No
99900 – Declined to state
99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.20.10 HIV Tested (MED-11)

Ask: *Have you been tested for HIV/AIDS?*

In addition to the communicable diseases fields, there are questions pertaining to HIV testing. It is important to note these questions do not violate privacy or confidentiality laws or regulations as test result information is neither asked for nor is it reported.

This is the first of the two HIV test-related questions and enables ADP, counties, and providers to determine whether program participants get tested for HIV between admission and discharge. For example, if an individual had not been HIV tested at admission, but had been tested by discharge, it is possible treatment positively impacted him/her by raising awareness about health risks associated with AOD use. Further, this provides an opportunity for intake personnel, counselors, etc. to explain the availability of HIV-related services through AOD programs.

The four valid values are:

1 – Yes
0 – No
99900 – Declined to state
99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.20.11 HIV Test Results (MED-12)

Ask: *Did you receive the results of your HIV/AIDS test?*

In addition to the communicable diseases fields, there are questions pertaining to HIV testing. It is important to note these questions do not violate privacy or confidentiality laws or regulations as test result information is neither asked for nor is it reported.

As discussed in Section 6.20.10, asking participants if they have been tested for HIV/AIDS enables ADP, counties, and providers to determine change in the individual's concern with his/her risk of having contracted the HIV/AIDS virus. For example, if an individual had not been HIV tested at admission, but had been tested by discharge, it is possible treatment positively impacted him/her by raising awareness about health risks associated with AOD use.

This second HIV test-related question provides further information by inquiring as to whether program participants obtained the HIV test results. This is necessary because often AOD service recipients are tested for HIV/AIDS but do not get the test results. This may be due to the length of time it takes for test results to come back. There is a rapid, oral HIV test, OraSure, which some counties are using for HIV testing.

Further, this field can provide valuable outcome information on all program participants that report they have been HIV tested. By asking this question at admission and again at discharge we can see changes in responses. For example, an individual may report s/he was tested at admission but had not received the results. This same individual when asked if s/he had the HIV test results at discharge may report s/he did receive the test results. The change between admission and discharge indicates that treatment may have raised the individual's level of interest in his/her health.

The four valid values for this field are:

1 – Yes
2 – No
99900 – Declined to state
99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.21 Mental Health Life Domain

The questions in this life domain will provide valuable information about individuals who have co-occurring disorders (COD). Specifically, these questions will help ADP, counties, and providers identify COD-related needs in the state. Changes in the mental health life domain can be determined by collecting mental health-related information about each individual, such as whether an individual has been hospitalized for mental health-related problems prior to treatment. The sections that follow describe each of the elements of the mental health life domain and provide instructions for data collection on each of these elements.

6.21.1 Mental Illness Diagnosis (MHD-1)

Ask: *Have you ever been diagnosed with a mental illness?*

This field meets federal NOM reporting requirements, and state MTOQ reporting requirements. This field identifies whether the individual has ever been diagnosed with a mental illness.

There are three allowable values for mental illness diagnosis:

1 – Yes
0 – No
99901 – Not sure/don’t know

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.21.2 Emergency Room Use/Mental Health (MHD-2)

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

Collecting this information at admission and discharge provides valuable outcome information on AOD services. For example, this information will enable us to see whether use of such services has increased or decreased. The allowable values for emergency room visits for mental health are:

- A number between 0 and 99.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

6.21.3 Psychiatric Facility Use (MHD-3)

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

Asking this question at both admission and discharge will provide information on the mental health needs of AOD service recipients. Further, this information will enable use to see whether use of such services has increased or decreased.

The allowable values for psychiatric facility use are:

- A number between 0 and 30.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.21.4 Mental Health Medication (MHD-4)

Ask: *Have you taken prescribed medication for mental health needs in the past 30 days?*

Asking this at admission and discharge enables measurement of change in use of prescribed mental health medications. The allowable values for mental health medication are:

1 – Yes
0 – No
99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.22 Social/Family Life Domain

This series of questions is structured to measure changes in client functioning from admission to discharge in social interactions and family relations. Questions in this portion of the CalOMS data set collect information about living arrangements, family relationships, and children.

6.22.1 Social Support (SOC-1)

Ask: *How many days in the past 30 days have you participated in any social support recovery activities such as:*

12-step meetings;
Other self help meetings;
Religious/faith recovery or self-help meetings;
Meetings of organizations other then those previously listed;
Interactions with family members and/or friend support of recovery?

This field meets state MTOQ reporting requirements and federal NOM reporting requirements. This field informs on whether individuals participate in social support recovery activities. Collecting this information at admission and discharge facilitates measurement of change in a person's level of involvement in social support activities. For example, if someone did not participate in social support activities at admission, but reports participating in them at discharge, it would demonstrate a positive change in the individual's functioning in the social/family life domain.

The allowable value is a number between 0 and 30. Entry of any values other than a number between 0 and 30 or blank submissions for this field will result in an error and the record will be rejected.

6.22.2 Current Living Arrangements (SOC-2)

Ask: *What are your current living arrangements?*

This field is required for state and federal reporting. This field can provide valuable information about changes in clients' living status between admission and discharge. For example, this will enable ADP, counties, and providers to identify client need, the number of homeless individuals seeking services, and whether living arrangements improve after treatment. The three valid values for current living arrangements are:

1 ***Homeless***. This includes individuals who are living in shelters.

2 ***Dependent living***. This includes individuals who do not contribute to the cost of where they are living in any way. Examples are persons living in homes, persons living with a relative, who do not pay for room and board or otherwise contribute to the cost of their living, or incarcerated persons.

3 ***Independent living.*** This includes individuals who own their home, rent/live alone, live with roommates and pay rent or otherwise contribute financially to the cost of the home/apartment.

Entry of any values other than these, blank submissions for this field, or incomplete entries will result in an error and the record will be rejected.

6.22.3 Living with Someone (SOC-3)

Ask: *How many days in the past 30 days have you lived with someone who uses alcohol or other drugs?*

This is an MTOQ-required field and provides information about the environment in which an individual is living; e.g. are AOD users living with the individual in treatment. Client response to this question at admission and at discharge demonstrates change in a person's likelihood to interact with AOD users. For example, we can infer that a reduction in days living with AOD users reflects a particular individual is making more of an effort to avoid AOD after treatment.

The allowable values are:

- A number between 0 and 30.
- 99900 – Declined to state
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

6.22.4 Family Conflicts past 30 Days (SOC-4)

Ask: *How many days in the past 30 days have you had serious conflicts with members of your family?*

This is an MTOQ-required element and provides information about program participants' family relations; i.e. are AOD users having frequent conflicts with family members. Client responses to this question at admission and at discharge demonstrate change in the frequency of serious conflicts with family members. For example, at admission the individual may have had frequent conflicts with his/her family and at discharge may have had fewer conflicts with his/her family.

The allowable values for number of days with family conflicts are:

- A number between 0 and 30.
- 99900 – Declined to state
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

Entry of any values other than those listed above, blank submissions for this element, or incomplete entries will result in an error and the record will be rejected.

6.22.5 Number of Children (SOC-5)

Ask: *How many children do you have aged 17 or younger (birth or adopted) whether they live with you or not?*

This is an MTOQ-required element and provides information about program participants' children and can thus help identify need. For example, by asking this question we are able to estimate the number of children and teens impacted by parental AOD use and/or the number potentially entering treatment programs with their parent. Collection of this information also fulfills Legislative reporting requirements pertaining to perinatal services.

The allowable values for number of children aged 17 or younger are:

- A number between 0 and 30.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5 (detoxification), or if the disability field contains 7 (developmentally disabled). Use of this code under any other circumstances will result in an error and the record will be rejected.

6.22.6 Number of Children Aged Five Years or Younger (SOC-6)

Ask: *How many children do you have aged five or younger?*

This is an MTOQ-required element and provides information about program participants' children and can thus help identify need. For example, by asking how many children age five or younger a participant has we are able to estimate the number of children impacted by their parent's AOD use and/or the number of children entering treatment programs with their parent. Collection of this information also fulfills Legislative reporting requirements pertaining to perinatal services.

The allowable values for number of children are:

- A number between 0 and 30.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

6.22.7 Number of Children Living with Someone Else (SOC-7)

Ask: *How many of your children are living with someone else due to a child protection order?*

This provides information about program participants' children living elsewhere due to child protection court orders. By asking a participant how many of his/her children are living elsewhere due to court order we are able to identify the number of children impacted by AOD use and assess the extent to which AOD problems impact other systems. Collection of this information also fulfills Legislative reporting requirements pertaining to perinatal services.

The allowable values for this element are:

- A number between 0 and 30
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

This field relates to the number of children field in that the number entered in this field cannot be greater than the number entered in the number of children field. If the number entered in this field is greater than that entered in the number of children field an error will occur and the record will be rejected.

6.22.8 Number of Children Living with Someone Else and Parental Rights Terminated (SOC-8)

Ask: *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?*

This provides information about the impact of parents' AOD problems on children and teens. This element elaborates on the previous element (number of children living elsewhere due to court order) by asking a participant how many of his/her children are living elsewhere due to court order and for whom their parental rights have been terminated.

Collecting this information enables ADP, counties, and direct providers to identify the number of children impacted by AOD use and assess the extent to which AOD problems impact other systems. Collection of this information also fulfills Legislative reporting requirements pertaining to perinatal services.

The valid values for number of children for which parental rights have been terminated are:

- A number between 0 and 30.
- 99904 – Unable to answer. This is only allowable if the type of service field contains 3, 4, or 5, or if the disability field contains 7. Use of this code under any other circumstances will result in an error and the record will be rejected.

This field is related to the number of children living somewhere else due to a child protection court order field. This means that the number entered in this field must be equal to or less than the number provided in the number of children living somewhere else due to a child protection court order field. If a number greater than that entered in the number of children living somewhere else due to a child protection court order field an error will occur and the record will be rejected.

6.23 Admission Data Collection for Youth

This section pertains to admission data collection for youth (persons 17 years of age and younger) and individuals entering detoxification programs. A youth record is shorter than other CalOMS admission/discharge records in that only the fields specified as required for youth can be present in the record layout. For example, submitting fields additional to those listed in the table below for a youth record will cause the record to be rejected.

In addition to those fields that must be present in every record, such as type of form or form serial number, youth are only to be asked the questions listed in the table below. This does not mean, however, that counties and providers cannot collect additional

information from youth. Rather, youth records should be limited to these elements listed in the table below. Refer to the specified section for guidelines on collecting the information.

Number	Question	Section Number
TRN-1	Type of form	5.1
TRN-2	Transaction date/time	5.2
TRN-3	Form serial number	5.3
TRN-4	Provider ID	5.4
CID-2	Provider participant ID	6.10
CID-3	What is your gender?	6.11.1
CID-4	What is your date of birth?	6.11.2
CID-5	What is your current first name?	6.11.3
CID-6	What is your current last name?	6.11.4
CID-7	What is your social security number?	6.11.5
CID-8	What is the zip code at your current residence?	6.11.6
CID-9	What is your birth first name?	6.11.7
CID-10	What is your birth last name?	6.11.8
CID-11a	What county were you born in?	6.11.9
CID-11b	What state were you born in?	6.11.9
CID-12	What is your driver's license/state identification card number?	6.11.10
CID-13	What state is your driver's license/state identification card for?	6.11.11
CID-14	What is your mother's first name?	6.11.12
CID-15	What is your race?	6.12
CID-16	What is your ethnicity?	6.13
CID-17	Are you a U.S. veteran?	6.14
CID-18	What type of disability/disabilities do you have?	6.15
ADM-1	Admission date	6.1
ADM-4	Type of service	6.3
ADM-5	What is your principal source of referral?	6.4
ADM-6	How many days were you on a waiting list before you were admitted to this treatment program?	6.5
ADM-7	What is the number of prior episodes in any AOD treatment/recovery program in which you have participated?	6.7
ADM-8	Are you a CalWORKs recipient?	6.7.1
ADM-9	Are you receiving substance abuse treatment services under the CalWORKs welfare-to-work plan?	6.7.2
ADM-10	County Paying	6.8
ADM-11	Special Services Contract ID	6.9
ADU-1a	What is your primary alcohol or other drug problem?	6.17.1
ADU-1b	Primary drug name	6.17.2
ADU-2	How many days in the past 30 days have you used your primary drug of abuse?	6.17.3
ADU-3	What route of administration do you use most often for your primary drug of abuse?	6.17.4
ADU-4	At what age did you first use your primary drug of abuse?	6.17.5

ADU-5a	What is your secondary alcohol or drug problem	6.17.6
ADU-5b	Secondary drug name	6.17.7
ADU-6	How many days in the past 30 days have you used your primary drug of abuse?	6.17.8
ADU-7	What route of administration do you use most often for your secondary drug of abuse?	6.17.9
ADU-8	At what age did you first use your secondary drug of abuse?	6.17.10
ADU-9	How many days in the past 30 days have you used alcohol?	6.17.11
ADU-11	Have you used needles in the past twelve months?	6.17.13
EMP-1	What is your current employment status?	6.18.1
EMP-3	Are you currently enrolled in school?	6.18.3
EMP-5	What is the highest school grade you completed?	6.18.5
LEG-1	What is your criminal justice status?	6.19.1
LEG-3	How many times have you been arrested in the past 30 days?	6.19.3
MED-1	Are you a Medi-Cal beneficiary??	6.20.1
MED-5	Are you pregnant?	6.20.5
MED-7	Medication prescribed for treatment	6.20.6
MHD-1	Have you ever been diagnosed with a mental illness?	6.21.1
SOC-1	How many days in the past 30 days have you participated in a any social support activities?	6.22.1
SOC-2	What are your current living arrangements?	6.22.2

6.24 Admission Data Collection for Detoxification Patients

For detoxification patients, all CalOMS elements must have values entered and must be present in the record. However, the MTOQ portion of the CalOMS data set, as well as other specified fields, permit use of the 99904 alternative value (unable to answer) when the type of service is detoxification. This is because unstable detoxification patients will not be able to answer many of the admission questions.

For example, a person could be admitted to a treatment program and still be under the influence of AOD or experiencing withdrawal symptoms. Thus, admission data collection is inappropriate for detoxification patients who have been determined unstable because it prolongs the individual's discomfort and may result in collection of inaccurate data. Therefore, providers must determine whether a detoxification patient is stable enough to answer the full set of CalOMS treatment questions.

If an individual receiving detoxification services is determined unstable, counties and direct providers are required to collect a minimum set of CalOMS treatment data from these individuals. However, once an unstable detoxification patient has become stable and is deemed capable of completing the CalOMS treatment questions by the provider, the provider must finish collecting the remaining CalOMS treatment questions. This can be done in two different ways:

1. Collect the minimal required data for unstable detoxification patients, wait until the patient is stabilized, then complete the CalOMS treatment data collection for that person. Once the data collection is complete submit the record. This is the preferred method for those patients that remain in the detoxification program as advised by the provider because it ensures data accuracy. For example, if data is collected and submitted this way for the patient, all necessary corrections between when the record was started and when it is completed can be made in a timely manner.

2. Collect the minimal required elements for the unstable detoxification patient and enter 99904 for those fields where allowed, then submit the record to ADP. If the patient becomes stable, collect client-reported data for those fields in which 99904 was entered submit a resubmission of the patient's previous record. This method is preferable for situations where the patient began detoxification services but left the program prior to becoming stabilized or completing the service.

All CalOMS fields MUST be present in a detox admission record, because all these fields are required; they have the alternative value 99904 for use if the individual cannot respond to a particular item. For youth records, the non-required fields cannot be included in the record, because a youth record contains fewer fields.

7 Annual Update Data Collection

Annual updates are required for those program participants that are in treatment for a period of twelve months or more, continuously (no break in services exceeding 30 days). One example would be a participant in a narcotic treatment program, such as methadone maintenance, for twelve months or longer. For such individuals, providers must collect the CalOMS treatment data approximately one year from the day the individual was admitted to the program.

Annual updates are required for all treatment program participants. New admissions entered on or after January 1, 2006 will require an annual update on the admission anniversary date in 2007 and each year thereafter that the client is in the same program and modality continuously. Annual updates are also required for admissions dated before January 1, 2006. For such admissions, the first and all subsequent annual updates should be collected no later than the anniversary date of the admission.

A matching admission for the individual for whom the annual update is being submitted must exist in the CalOMS database. Annual update information can be collected earlier than twelve months, as early as 60 days prior to the individual's admission date anniversary as well. However, annual update data must be collected no later than twelve months from the program participant's admission anniversary date. For participants continuously participating in the same modality, in the same program for

more than one year, annual update data must be collected by the participant's subsequent admission anniversary date.

In the following sections, the annual update elements are identified and defined. Refer to Appendix G to determine which questions/elements collected for the matching admission can be used to prefill the annual update record. **Questions not included in Appendix G must be asked again at annual update.**

7.1 Annual Update Date (AUP-1)

This element is necessary to identify the date the annual update was performed for the program participant. This information is provided by the provider. The maximum length for this field is ten characters. Enter the two-digit month, two-digit day, and four-digit year of the annual update date.

In addition, this field relates to the admission date field. The date of the annual update must be after the initial admission date. For example, if the person was admitted on March 7, 2006 the annual update date cannot be February 1, 2006 because an error will occur and the record will be rejected.

Further, the annual update date can be no more than 60 days prior to the admission anniversary date. Annual updates must be collected by the admission anniversary date. However, it is important to note that the record will not be rejected if the annual update date is later than the admission anniversary date. This is a business rule that was established in order to ensure that clients' treatment outcome data is updated. All required CalOMS data is important as it affects the quality and utility of the data.

Therefore, annual updates dated later than the admission anniversary date will not be rejected. Because data quality can also be affected by the timeliness of collection and submission of CalOMS data, the flow of submissions will be monitored. Refer to the *CalOMS Treatment Data Quality Standards* for more information on standards for submission of CalOMS data.

7.2 Annual Update Number (AUP-2)

This field is necessary to determine which annual update is being reported; i.e. is this the first annual update or the second? This is necessary because some program participants, for example those in methadone maintenance, may be in treatment for several years. Under such circumstances an annual update would be reported for a person on the anniversary date of their initial admission each year.

The valid value for this field is a number between 1 and 99. Entry of any other values will result in an error and the record will be rejected.

7.3 Standard Annual Update Record

In addition to the fields discussed above, the following elements are required for an annual update record.

Element	Question	Section
TRN-1	Type of form	5.1
TRN-2	Transaction date & time	5.2
TRN-3	Form serial number	5.3
CID-2	Provider's participant ID	6.10
CID-3	What is your gender?	6.11.1
CID-4	What is your date of birth?	6.11.2
CID-5	What is your current first name?	6.11.3
CID-6	What is your current last name?	6.11.4
CID-7	What is your social security number?	6.11.5
CID-8	What is the zip code at your current residence?	6.11.6
CID-9	What is your birth first name?	6.11.7
CID-10	What is your birth last name?	6.11.8
CID-11a	What county were you born in?	6.11.9
CID-11b	What state were you born in?	6.11.9
CID-12	What is your driver's license/state identification card number?	6.11.10
CID-13	What state is your driver's license/state identification card for?	6.11.11
CID-14	What is your mother's first name?	6.11.12
CID-18	What type of disability/disabilities do you have?	6.15
CID-19	Consent	6.16
ADM-1	Admission Date	6.1
ADM-3	Provider ID	6.3
AUP-1	Annual update date	7.1
AUP-2	Annual update number	7.2
ADU-1a	What is your primary alcohol or other drug problem?	6.17.1
ADU-1b	Primary drug name	6.17.2
ADU-2	How many days in the past 30 days have you used your primary drug of abuse?	6.17.3
ADU-3	What route of administration do you use most often for your primary drug of abuse?	6.17.4
ADU-5a	What is your secondary alcohol or drug problem	6.17.6
ADU-5b	Secondary drug name	6.17.7
ADU-6	How many days in the past 30 days have you used your secondary drug of abuse?	6.17.8
ADU-7	What route of administration do you use most often for your secondary drug of abuse?	6.17.9
ADU-9	How many days in the past 30 days have you used alcohol?	6.17.11
ADU-10	How many days have you used needles to inject drugs in the past 30 days?	6.17.12
EMP-1	What is your current employment status?	6.18.1
EMP-2	How many days were you paid for working in the past 30 days?	6.18.2
EMP-3	Are you currently enrolled in school?	6.18.3

EMP-4	Are you currently enrolled in a job training program?	6.18.4
LEG-3	How many times have you been arrested in the past 30 days?	6.19.3
LEG-4	How many days were you in jail in the past 30 days?	6.19.4
LEG-5	How many days were you in prison in the past 30 days?	6.19.5
MED-2	How many times have you visited an ER in the past 30 days for physical health problems?	6.20.2
MED-3	How many days have you stayed overnight in a hospital for physical health problems in the past 30 days?	6.20.3
MED-4	How many days have you experienced physical health problems in the past 30 days?	6.20.4
MED-6	Were you pregnant at any time during treatment?	6.20.5
MED-7	Medication prescribed for treatment	6.20.6
MED-10	Have you been diagnosed with any sexually transmitted diseases?	6.20.9
MED-11	Have you been tested for HIV/AIDS?	6.20.10
MED-12	Did you receive the results of your HIV/AIDS test?	6.20.11
MHD-1	Have you ever been diagnosed with a mental illness?	6.21.1
MHD-2	How many times in the past 30 days have you received outpatient emergency services for mental health needs?	6.21.2
MHD-3	How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?	6.21.3
MHD-4	Have you taken prescribed medication for mental health needs in the past 30 days?	6.21.4
SOC-1	How many days in the past 30 days have you participated in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?	6.22.1
SOC-2	What are your current living arrangements?	6.22.2
SOC-3	How many days in the past 30 days have you lived with someone who uses alcohol or other drugs?	6.22.3
SOC-4	How many days in the past 30 days have you had serious conflicts with members of your family?	6.22.4
SOC-5	How many children do you have aged 17 or younger (birth or adopted) whether they live with you or not?	6.22.5
SOC-6	How many children do you have aged 5 or younger?	6.22.6
SOC-7	How many of your children are living with someone else due to a child protection court order?	6.22.7
SOC-8	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?	6.22.8

7.4 Youth Annual Update Record

Like admission records, youth annual updates records require fewer fields. Below the fields required for a youth annual update are listed.

Element	Question	Section
TRN-1	Type of form	5.1

TRN-2	Transaction date & time	5.2
TRN-3	Form serial number	5.3
CID-2	Provider's participant ID	6.10
CID-3	What is your gender?	6.11.1
CID-4	What is your date of birth?	6.11.2
CID-5	What is your current first name?	6.11.3
CID-6	What is your current last name?	6.11.4
CID-7	What is your social security number?	6.11.5
CID-8	What is the zip code at your current residence?	6.11.6
CID-9	What is your birth first name?	6.11.7
CID-10	What is your birth last name?	6.11.8
CID-11a	What county were you born in?	6.11.9
CID-11b	What state were you born in?	6.11.9
CID-12	What is your driver's license/state identification card number?	6.11.10
CID-13	What state is your driver's license/state identification card for?	6.11.11
CID-14	What is your mother's first name?	6.11.12
CID-18	What type of disability/disabilities do you have?	6.15
ADM-1	Admission Date	6.1
ADM-3	Provider ID	6.3
AUP-1	Discharge date	7.1
AUP-2	Discharge status	7.2
ADU-1a	What is your primary alcohol or other drug problem?	6.17.1
ADU-1b	Primary drug name	6.17.2
ADU-2	How many days in the past 30 days have you used your primary drug of abuse?	6.17.3
ADU-3	What route of administration do you use most often for your primary drug of abuse?	6.17.4
ADU-5a	What is your secondary alcohol or drug problem	6.17.6
ADU-5b	Secondary drug name	6.17.7
ADU-6	How many days in the past 30 days have you used your secondary drug of abuse?	6.17.8
ADU-7	What route of administration do you use most often for your secondary drug of abuse?	6.17.9
ADU-9	How many days in the past 30 days have you used alcohol?	6.17.11
EMP-1	What is your current employment status?	6.18.1
EMP-2	How many days were you paid for working in the past 30 days?	6.18.2
EMP-3	Are you currently enrolled in school?	6.18.3
LEG-3	How many times have you been arrested in the past 30 days?	6.19.3
MED-6	Were you pregnant at any time during treatment?	6.20.5
MED-7	Medication prescribed for treatment	6.20.6
MHD-1	Have you ever been diagnosed with a mental illness?	6.21.1
MHD-2	How many times in the past 30 days have you received outpatient emergency services for mental health needs?	6.21.2
SOC-1	How many days in the past 30 days have you participated in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?	6.22.1
SOC-2	What are your current living arrangements?	6.22.2

8 Discharge Data Collection

Discharge information must be collected for all service recipients regardless of the discharge status. There are several types of discharges to report in CalOMS. In order to report discharge data, a matching admission for the participant for which discharge data is being collected must be in the CalOMS database. *Discharges submitted without a matching admission will be rejected*.

However, because there are various circumstances under which program participants discharge it will not always be possible to collect all the required questions. For example, counties/providers may not be able to collect all the discharge information in the event of an administrative discharge, which is when a provider discharges a program participant because they did not complete the service set in which they were enrolled. Refer to Section 8.4 for further information on administrative discharges.

In the following sections, the required discharge elements are identified and defined. Section 8.4.3 lists all the required fields for administrative discharges, as there are fewer fields in an administrative discharge record. Refer to Appendix F to determine which questions/elements collected for the matching admission can be used to prefill the discharge record. **Questions not included in Appendix F must be asked again at discharge.**

8.1 Discharge Date (DIS-1)

This is provider-entered information and should be the date of the last face-to-face contact the provider had with an individual. For narcotic treatment program participants, enter date of the last oral medication the participant had. For standard discharges, enter the date of the exit interview. The discharge date must be after the date of admission and before the date the discharge data is being entered. For example, if a person was admitted on April 10, 2000, the discharge date cannot be March 30, 2000.

8.2 Discharge Status (DIS-2)

There are four discharge statuses (1, 2, 3, and 5) requiring discharge data collection on all discharge data elements (standard discharge). These types of discharge status and their valid values are:

1 ***Completed treatment/recovery plan, goals/referred***. This occurs when a program participant completes his/her treatment/recovery plan and is being referred to another treatment/recovery program. For example, the individual is moving from one modality or type of service to another within a treatment episode.
2 ***Completed treatment/recovery plan, goals/not referred.*** This occurs when a program participant completes his/her treatment/recovery plan and is not

referred. For example, the participant has successfully completed an entire treatment episode and therefore is not referred for further services.

3 ***Left before completion with satisfactory progress/referred.*** This occurs when a participant has made satisfactory progress in a program and was referred to a different program to continue with the services or to receive different services in a different program in the state.

4 ***Left before completion with satisfactory progress and was not referred.*** Refer to Section 8.3.2 for further information.

5 ***Left before completion with unsatisfactory progress/referred.*** This occurs when a participant is referred to another program or service modality because they are not making satisfactory progress in the service/program in which they are participating.

6 ***Left before completion with unsatisfactory progress and was not referred.*** Refer to Section 8.4.2 for further information.

7 ***Death.*** Refer to Section 8.4.2 for further information.

8 ***Incarceration.*** Refer to Section 8.4.2 for further information.

8.3 Standard Discharge Record

Below is a table of all discharge questions to be asked each program participant available for an exit interview. (Those persons whose discharge status is 1, 2, 3, or 5.)

Element	Question	Section
TRN-1	Type of form	5.1
TRN-2	Transaction date & time	5.2
TRN-3	Form serial number	5.3
CID-2	Provider's participant ID	6.10
CID-3	What is your gender?	6.11.1
CID-4	What is your date of birth?	6.11.2
CID-5	What is your current first name?	6.11.3
CID-6	What is your current last name?	6.11.4
CID-7	What is your social security number?	6.11.5
CID-8	What is the zip code at your current residence?	6.11.6
CID-9	What is your birth first name?	6.11.7
CID-10	What is your birth last name?	6.11.8
CID-11a	What county were you born in?	6.11.9
CID-11b	What state were you born in?	6.11.9
CID-12	What is your driver's license/state identification card number?	6.11.10
CID-13	What state is your driver's license/state identification card for?	6.11.11
CID-14	What is your mother's first name?	6.11.12
CID-18	What type of disability/disabilities do you have?	6.15
CID-19	Consent	6.16
ADM-1	Admission Date	6.1
ADM-3	Provider ID	6.3

ADM-4	Type of Service	6.3
DIS-1	Discharge date	8.1
DIS-2	Discharge status	8.2
ADU-1a	What is your primary alcohol or other drug problem?	6.17.1
ADU-1b	Primary drug name	6.17.2
ADU-2	How many days in the past 30 days have you used your primary drug of abuse?	6.17.3
ADU-3	What route of administration do you use most often for your primary drug of abuse?	6.17.4
ADU-5a	What is your secondary alcohol or drug problem	6.17.6
ADU-5b	Secondary drug name	6.17.7
ADU-6	How many days in the past 30 days have you used your secondary drug of abuse?	6.17.8
ADU-7	What route of administration do you use most often for your secondary drug of abuse?	6.17.9
ADU-9	How many days in the past 30 days have you used alcohol?	6.17.11
ADU-10	How many days have you used needles to inject drugs in the past 30 days?	6.17.12
EMP-1	What is your current employment status?	6.18.1
EMP-2	How many days were you paid for working in the past 30 days?	6.18.2
EMP-3	Are you currently enrolled in school?	6.18.3
EMP-4	Are you currently enrolled in a job training program?	6.18.4
LEG-3	How many times have you been arrested in the past 30 days?	6.19.3
LEG-4	How many days were you in jail in the past 30 days?	6.19.4
LEG-5	How many days were you in prison in the past 30 days?	6.19.5
MED-2	How many times have you visited an ER in the past 30 days for physical health problems?	6.20.2
MED-3	How many days have you stayed overnight in a hospital for physical health problems in the past 30 days?	6.20.3
MED-4	How many days have you experienced physical health problems in the past 30 days?	6.20.4
MED-6	Were you pregnant at any time during treatment?	6.20.5
MED-11	Have you been tested for HIV/AIDS?	6.20.10
MED-12	Did you receive the results of your HIV/AIDS test?	6.20.11
MHD-1	Have you ever been diagnosed with a mental illness?	6.21.1
MHD-2	How many times in the past 30 days have you received outpatient emergency services for mental health needs?	6.21.2
MHD-3	How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?	6.21.3
MHD-4	Have you taken prescribed medication for mental health needs in the past 30 days?	6.21.4
SOC-1	How many days in the past 30 days have you participated in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?	6.22.1
SOC-2	What are your current living arrangements?	6.22.2
SOC-3	How many days in the past 30 days have you lived with someone	6.22.3

	who uses alcohol or other drugs?	
SOC-4	How many days in the past 30 days have you had serious conflicts with members of your family?	6.22.4
SOC-5	How many children do you have aged 17 or younger (birth or adopted) whether they live with you or not?	6.22.5
SOC-6	How many children do you have aged 5 or younger?	6.22.6
SOC-7	How many of your children are living with someone else due to a child protection court order?	6.22.7
SOC-8	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?	6.22.8

8.4 Program Participants Administratively Discharged, Deceased, or Incarcerated

As discussed in Section 8, administrative discharge is essentially when a person stops appearing for treatment without notice. Administrative discharge is defined differently for each service modality. This also drives the discharge date. Below are definitions for when administrative discharge occurs according to modality.

Non-residential/outpatient programs: report an administrative discharge if s/he has not had at least one face to face visit with a treatment counselor in 30 consecutive days.

Residential or day-program: report an administrative discharge if s/he has been absent from the program without leave (from the program or treatment counselor) for seven consecutive days. If leave has been granted and the individual does not return by the date s/he is expected, begin counting from the day s/he was due back to the program.

Methadone detoxification: report an administrative discharge when the participant has missed his/her appointments for three or more consecutive days without notifying the program.

Methadone maintenance: report an administrative discharge if a participant has missed appointments for two weeks or more without notifying the program.

In the event a participant is unavailable to be interviewed for CalOMS discharge reporting due to administrative discharge, death, or incarceration, a minimum amount of information must be reported. The minimum information required under the aforementioned circumstances is identified in the following sections.

8.4.1 Discharge Date

For administrative discharges, the date of discharge depends on the modality. Refer to Section 8.4for guidelines on which date to use for administrative discharges. Regardless of modality, the date of discharge must be on or after the date of admission.

Once the date of the administrative discharge has been determined, enter the two-digit month, two-digit day, and four-digit year, not to exceed ten characters.

8.4.2 Discharge Status (Administrative Discharge Codes)

This field further elaborates on Section 8.4.1 by identifying and defining those codes which would require only the minimal elements for an administrative discharge. In addition, Section 8.4 provides guidelines for determining the appropriate discharge status for administrative discharges.

The following are considered administrative discharges:

- ***4*** ***Left before completion with satisfactory progress and was not referred.*** This may occur if the participant was doing well in his/her treatment and stopped coming in without notice for a period of time exceeding the amount defined for the service modality in which the participant was enrolled.
- ***6*** ***Left before completion with unsatisfactory progress and was not referred.*** This code is intended for those individuals who are expelled from treatment prior to completing their services, under circumstances in which no exit interview would be completed. An example of when this would apply is if an individual participating in the treatment program is found with drugs on the premises and is immediately expelled from the program.
- ***7*** ***Death.*** This should be used for individuals who die prior to completing the services in which they are participating.
- ***8*** ***Incarceration.*** This should be used for individuals who become incarcerated prior to completing the services in which they are participating.

8.4.3 Required Elements for Administrative Discharge

If 4, 6, 7, or 8 have been entered in the discharge status field, the following elements must be included in the record. As necessary, use the program participant's admission record to complete these fields.

Element	Question	Section
TRN-1	Type of form	5.1
TRN-2	Transaction date & time	5.2
TRN-3	Form serial number	5.3
ADM-4	Type of service	6.3
CID-2	Provider's participant ID	6.10
CID-3	What is your gender?	6.11.1
CID-4	What is your date of birth?	6.11.2
CID-5	What is your current first name?	6.11.3
CID-6	What is your current last name?	6.11.4

CID-7	What is your social security number?	6.11.5
CID-8	What is the zip code at your current residence?	6.11.6
CID-9	What is your birth first name?	6.11.7
CID-10	What is your birth last name?	6.11.8
CID-11a	What county were you born in?	6.11.9
CID-11b	What state were you born in?	6.11.9
CID-12	What is your driver's license/state identification card number?	6.11.10
CID-13	What state is your driver's license/state identification card for?	6.11.11
CID-14	What is your mother's first name?	6.11.12
ADM-1	Admission Date	6.1
ADM-3	Provider ID	6.3
DIS-1	Discharge date	8.1
DIS-2	Discharge status	8.2
ADU-1a	What is your primary alcohol or other drug problem?	6.17.1
ADU-1b	Primary drug name	6.17.2
MED-6	Were you pregnant at any time during treatment?	6.20.5

8.4.4 Required Elements for Youth Discharge

Like, admissions and annual updates, youth discharge records require fewer fields than standard admissions or annual updates.

Element	Question	Section
TRN-1	Type of form	5.1
TRN-2	Transaction date & time	5.2
TRN-3	Form serial number	5.3
CID-2	Provider's participant ID	6.10
CID-3	What is your gender?	6.11.1
CID-4	What is your date of birth?	6.11.2
CID-5	What is your current first name?	6.11.3
CID-6	What is your current last name?	6.11.4
CID-7	What is your social security number?	6.11.5
CID-8	What is the zip code at your current residence?	6.11.6
CID-9	What is your birth first name?	6.11.7
CID-10	What is your birth last name?	6.11.8
CID-11a	What county were you born in?	6.11.9
CID-11b	What state were you born in?	6.11.9
CID-12	What is your driver's license/state identification card number?	6.11.10
CID-13	What state is your driver's license/state identification card for?	6.11.11
CID-14	What is your mother's first name?	6.11.12
CID-18	What type of disability/disabilities do you have?	6.15
ADM-1	Admission Date	6.1
ADM-3	Provider ID	6.3
DIS-1	Discharge date	8.1
DIS-2	Discharge status	8.2

ADU-1a	What is your primary alcohol or other drug problem?	6.17.1
ADU-1b	Primary drug name	6.17.2
ADU-2	How many days in the past 30 days have you used your primary drug of abuse?	6.17.3
ADU-3	What route of administration do you use most often for your primary drug of abuse?	6.17.4
ADU-5a	What is your secondary alcohol or drug problem	6.17.6
ADU-5b	Secondary drug name	6.17.7
ADU-6	How many days in the past 30 days have you used your secondary drug of abuse?	6.17.8
ADU-7	What route of administration do you use most often for your secondary drug of abuse?	6.17.9
ADU-9	How many days in the past 30 days have you used alcohol?	6.17.11
EMP-1	What is your current employment status?	6.18.1
EMP-2	How many days were you paid for working in the past 30 days?	6.18.2
EMP-3	Are you currently enrolled in school?	6.18.3
LEG-3	How many times have you been arrested in the past 30 days?	6.19.3
MED-6	Were you pregnant at any time during treatment?	6.20.5
MED-7	Medication prescribed for treatment	6.20.6
MHD-1	Have you ever been diagnosed with a mental illness?	6.21.1
MHD-2	How many times in the past 30 days have you received outpatient emergency services for mental health needs?	6.21.2
SOC-1	How many days in the past 30 days have you participated in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?	6.22.1
SOC-2	What are your current living arrangements?	6.22.2

APPENDICES

ACRONYMS

ADP	Department of Alcohol and Drug Programs
AIDS	Acquired Immuno Deficiency Virus
AOD	Alcohol and Other Drug Problems\
CADDS	California Alcohol and Drug Data System
CalOMS	California Outcome Measurement System
CalWORKs	California Work Opportunity and Responsibility to Kids
CD	Communicable Diseases
CDC	California Department of Corrections
CFR	Code of Federal Regulations
COD	Co-Occurring Disorders
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
DMC	Drug Medi-Cal
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
FOTP	Female Offender Treatment Program
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immune Deficiency Virus
IV	Intravenous
IWG	Implementation Work Group
LSD	Lysergic Acid Diethylamide

MTOQ	Minimum Treatment Outcome Questions
NOM	National Outcomes Measures
PADS	Prevention Activities Data System
PCP	Phencyclidine
PPG	Performance Partnership Grant
PSN	Parolee Services Network
SACPA	Substance Abuse and Crime Prevention Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment (block grant)
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SSN	Social Security Number
STD	Sexually Transmitted Disease
TAP	Technical Assistance Publication
TB	Tuberculosis
TEDS	Treatment Episode Data Set
TIP	Treatment Improvement Protocol
UCI	Unique Client Identifier

County Codes

01 – Alameda
02 – Alpine
03 – Amador
04 – Butte
05 – Calaveras
06 – Colusa
07 – Contra Costa
08 – Del Norte
09 – El Dorado
10 – Fresno
11 – Glenn
12 – Humboldt
13 – Imperial
14 – Inyo
15 – Kern
16 – Kings
17 – Lake
18 – Lassen
19 – Los Angeles
20 – Madera
21 – Marin
22 – Mariposa
23 – Mendocino
24 – Merced
25 – Modoc
26 – Mono
27 – Monterey
28 – Napa
29 – Nevada
30 – Orange
31 – Placer
32 – Plumas
33 – Riverside
34 – Sacramento
35 – San Benito
36 – San Bernardino
37 – San Diego
38 – San Francisco
39 – San Joaquin
40 – San Luis Obispo
41 – San Mateo
42 – Santa Barbara
43 – Santa Clara
44 – Santa Cruz
45 – Shasta
46 – Sierra
47 – Siskiyou
48 – Solano
49 – Sonoma
50 – Stanislaus
51 – Sutter***
52 – Tehama
53 – Trinity
54 – Tulare
55 – Tuolumne
56 – Ventura
57 – Yolo
58 – Yuba/Sutter***

*** Use 58 for Sutter and Yuba Counties as they share a reporting code.

State Codes

AL – Alabama
AK – Alaska
AZ – Arizona
AR – Arkansas
CA – California
CO – Colorado
CT – Connecticut
DE – Delaware
DC – District of Columbia
FL – Florida
GA – Georgia
HI – Hawaii
ID – Idaho
IL – Illinois
IN – Indiana
IA – Iowa
KS – Kansas
KY – Kentucky
LA – Louisiana
ME – Maine
MD – Maryland
MA – Massachusetts
MI – Michigan
MN – Minnesota
MS – Mississippi
MO – Missouri
MT – Montana
NE – Nebraska
NV – Nevada
NH – New Hampshire
NJ – New Jersey
NM – New Mexico
NY – New York
NC – North Carolina
ND – North Dakota
OH – Ohio
OK – Oklahoma
OR – Oregon
PA – Pennsylvania
RI – Rhode Island
SC – South Carolina
SD – South Dakota
TN – Tennessee
TX – Texas
UT – Utah
VT – Vermont
VA – Virginia
WA – Washington
WV – West Virginia
WI – Wisconsin
WY – Wyoming

Required Data Groups Each CalOMS Element is From

This table shows which data group each data element comes from. For example, some elements may belong to more than one data group and others may belong to only one data group. The CalOMS treatment data set is comprised of each of these five data groups: CADDS, MTOQ, NOM, TEDS, and UCI.

Element Number	Data Element	Reporting Requirement **C**=CADDS ~ **M**=MTOQ **N**=NOM ~ **T**=TEDS ~ **U**=UCI				
		C	**M**	**N**	**T**	**U**
TRN-1	Type of form	X		X	X	
TRN-3	Form serial number	X				
CID-2	Provider's participant ID	X				
CID-3	Gender	X		X	X	X
CID-4	Date of birth	X		X	X	X
CID-5	Current first name	X				X
CID-6	Current last name	X				X
CID-7	SSN					X
CID-8	Zip code					X
CID-9	Birth first name					X
CID-10	Birth last name					X
CID-11a	Place of birth – county					X
CID-11b	Place of birth - state					X
CID-12	Driver's license number					X
CID-13	Driver's license state					X
CID-14	Mother's first name					X
CID-15	Race	X		X	X	
CID-16	Ethnicity	X		X	X	
CID-17	Veteran				X	
CID-18	Disability	X				
ADM-1	Admission date	X		X	X	
ADM-2	Admission transaction type	X		X	X	
ADM-3	Provider ID	X		X	X	
ADM-4	Type of service	X		X	X	
ADM-5	Source of referral	X		X	X	
ADM-6	Days waited to enter treatment				X	
ADM-7	Number of prior episodes	X		X	X	
ADM-8	CalWORKs recipient	X				
ADM-9	Treatment under CalWORKs	X				

Element Number	Data Element	Reporting Requirement **C**=CADDS ~ **M**=MTOQ **N**=NOM ~ **T**=TEDS ~ **U**=UCI				
		C	**M**	**N**	**T**	**U**
ADM-10	County paying for services	X				
ADM-11	Special services contract ID	X				
DIS-1	Discharge date	X		X	X	
DIS-2	Discharge status	X		X	X	
ADU-1a	Primary drug code	X	X	X	X	
ADU-1b	Primary drug name	X				
ADU-2	Primary drug frequency	X	X	X	X	
ADU-3	Primary drug route of administration	X		X	X	
ADU-4	Primary drug age of first use	X		X	X	
ADU-5a	Secondary drug code	X	X	X	X	
ADU-5b	Secondary drug name	X				
ADU-6	Secondary drug frequency	X	X	X	X	
ADU-7	Secondary drug route of administration	X		X	X	
ADU-8	Secondary drug age first use	X		X	X	
ADU-9	Alcohol frequency		X			
ADU-10	Needle use		X			
ADU-11	Needle use in past 12 months	X				
EMP-1	Employment status	X	X	X	X	
EMP-2	Work past 30 days		X			
EMP-3	School		X			
EMP-4	Job training		X			
EMP-5	Highest school grade completed	X		X	X	
LEG-1	Criminal justice status	X				
LEG-2	CDC number	X				
LEG-3	Number arrests past 30 days		X	X	X	
LEG-4	Number jail days past 30 days		X			
LEG-5	Number prison days past 30 days		X			
LEG-6	PSN	X				
LEG-7	FOTP parolee	X				
LEG-8	FOTP priority status	X				
MED-1	Medi-Cal beneficiary	X				
MED-2	ER past 30 days		X			
MED-3	Hospital overnight past 30 days		X			
MED-4	Medical problems past 30 days		X			
MED-5	Pregnant at admission	X			X	
MED-6	Pregnant during treatment	X				
MED-7	Medication prescribed as part of treatment	X		X	X	
MED-8	CD: TB		X			
MED-9	CD: HepC		X			

Element Number	Data Element	Reporting Requirement **C**=CADDS ~ **M**=MTOQ **N**=NOM ~ **T**=TEDS ~ **U**=UCI				
		C	**M**	**N**	**T**	**U**
MED-10	CD: STD		X			
MED-11	HIV Tested		X			
MED-12	HIV test results		X			
MHD-1	Mental illness	X		X	X	
MHD-2	ER use/mental health		X			
MHD-3	Psychiatric facility use		X			
MHD-4	Mental health medication		X			
SOC-1	Social support		X			
SOC-2	Current living arrangements	X	X	X	X	
SOC-3	Living w/someone		X			
SOC-4	Family conflict past 30 days		X			
SOC-5	Number of children		X			
SOC-6	Number children 5 or younger		X			
SOC-7	Number children living w/someone else		X			
SOC-8	Number children living w/someone else		X			

Table of CalOMS Data Elements and Data Collection Points

This table identifies each item number, data element, question to ask participants (if applicable), data collection point, and type of record. It is intended to show which data elements must be collected (the questions must be asked each participant) at each data collection point for each type of record. If a certain box is not checked for a particular item or element, it means that the data does not have to be collected from the participant.

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y	DL	S	Y	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
TRN-1	Type of form		X	X	X	X	X	X	X	X	X	X
TRN-2	Transaction date & time		X	X	X	X	X	X	X	X	X	X
TRN-3	Form serial number		X	X	X	X	X	X	X	X	X	X
CID-1	Unique participant ID											
CID-2	Provider's participant ID	.	X	X	X	X	X	X	X	X	X	X
CID-3	Gender	What is your gender?	X	X	X	X	X	X	X	X	X	X
CID-4	Date of birth	What is your date of birth?	X	X	X	X	X	X	X	X	X	X
CID-5	Current first name	What is your current first name?	X	X	X	X	X	X	X	X	X	X
CID-6	Current last name	What is your current last name?	X	X	X	X	X	X	X	X	X	X
CID-7	SSN	What is your social security number?	X	X	X	X	X	X	X	X	X	X
CID-8	Zip code	What is the zip code at your current residence?	X	X	X	X	X	X	X	X	X	X
CID-9	Birth first name	What is your birth first name?	X	X	X	X	X	X	X	X	X	X
CID-10	Birth last name	What is your birth last name?	X	X	X	X	X	X	X	X	X	X
CID-11a	Place of birth – county	What county were you born in?	X	X	X	X	X	X	X	X	X	X
CID-11b	Place of birth - state	What state were you born in?	X	X	X	X	X	X	X	X	X	X
CID-12	Driver's license number	What is your driver's license/state identification card number?	X	X	X	X	X	X	X	X	X	X
CID-13	Driver's license state	What state is your driver's license/state identification card for?	X	X	X	X	X	X	X	X	X	X
CID-14	Mother's first name	What is your mother's first name?	X	X	X	X	X	X	X	X	X	X
CID-15	Race	What is your race?	X	X								

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y	DL	S	Y	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
CID-16	Ethnicity	What is your ethnicity?	X	X								
CID-17	Veteran	Are you a U.S. veteran?	X	X								
CID-18	Disability	What type of disability/disabilities do you have?	X	X		X	X		X	X		
CID-19	Consent		X			X			X	X[1]		
ADM-1	Admission date		X	X	X	X	X		X	X	X	
ADM-2	Admission transaction type		X	X	X							
ADM-3	Provider ID		X	X	X	X	X	X	X	X	X	X
ADM-4	Type of service		X	X	X	X	X	X	X	X	X	
ADM-5	Source of referral	What is your principal source of referral?	X	X	X							
ADM-6	Days waited to enter treatment	How many days were you on a waiting list before you were admitted to this treatment program?	X	X								
ADM-7	Number of prior episodes	What is the number of prior episodes in any AOD treatment/recovery program in which you have participated?	X	X								
ADM-8	CalWORKs recipient	Are you a CalWORKs recipient?	X	X								
ADM-9	Substance Abuse Treatment under CalWORKs	Are you receiving substance abuse treatment services under the CalWORKs welfare-to-work plan?	X	X								
ADM-10	County paying for services		X	X								
ADM-11	Special services contract ID		X	X								
DIS-1	Discharge date								X	X	X	X
DIS-2	Discharge status								X	X	X	X
AUP-1	Annual update date					X	X	X				
AUP-2	Annual update number					X	X	X				
ADU-1a	Primary drug code	What is your primary alcohol or other drug problem?	X	X		X	X		X	X	X	

[1] The consent field is not required for youth records; it is only required for standard and detox.

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y	DL	S	Y	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
ADU-1b	Primary drug name		X	X		X	X		X	X	X	
ADU-2	Primary drug frequency	How many days in the past 30 days have you used your primary drug of abuse?	X	X		X	X		X	X		
ADU-3	Primary drug route of administration	What route of administration do you use most often for your primary drug of abuse?	X	X		X	X		X	X		
ADU-4	Primary drug age of first use	At what age did you first use your primary drug of abuse?	X	X								
ADU-5a	Secondary drug code	What is your secondary alcohol or drug problem	X	X		X	X		X	X		
ADU-5b	Secondary drug name		X	X		X	X		X	X		
ADU-6	Secondary drug frequency	How many days in the past 30 days have you used your secondary drug of abuse?	X	X		X	X		X	X		
ADU-7	Secondary drug route of administration	What route of administration do you use most often for your secondary drug of abuse?	X	X		X	X		X	X		
ADU-8	Secondary drug age first use	At what age did you first use your secondary drug of abuse?	X	X								
ADU-9	Alcohol frequency	How many days in the past 30 days have you used alcohol?	X	X		X	X		X	X		
ADU-10	Needle use	How many days have you used needles to inject drugs in the past 30 days?	X			X			X			
ADU-11	Needle use in past 12 months	Have you used needles in the past twelve months?	X	X								
EMP-1	Employment status	What is your current employment status?	X	X		X	X		X	X		
EMP-2	Work past 30 days	How many days were you paid for working in the past 30 days?	X			X			X			
EMP-3	School	Are you currently enrolled in school?	X	X		X	X		X	X		
EMP-4	Job training	Are you currently enrolled in a job training program?	X			X			X			
EMP-5	Highest school grade completed	What is the highest school grade you completed?	X	X								
LEG-1	Criminal justice status	What is your criminal justice status?	X	X								
LEG-2	CDCR number	What is your CDCR number?	X									

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y	DL	S	Y	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
LEG-3	Number arrests past 30 days	How many times have you been arrested in the past 30 days?	X	X		X	X		X	X		
LEG-4	Number jail days past 30 days	How many days were you in jail in the past 30 days?	X			X			X			
LEG-5	Number prison days past 30 days	How many days were you in prison in the past 30 days?	X			X			X			
LEG-6	PSN	Are you a parolee in the PSN program?	X									
LEG-7	FOTP parolee	Are you a parolee in the FOTP?	X									
LEG-8	FOTP priority status	What is your FOTP priority status?	X									
MED-1	Medi-Cal beneficiary	Are you a Medi-Cal beneficiary?	X	X								
MED-2	ER past 30 days	How many times have you visited an ER in the past 30 days for physical health problems?	X			X			X			
MED-3	Hospital overnight past 30 days	How many days have you stayed overnight in a hospital for physical health problems in the past 30 days?	X			X			X			
MED-4	Medical problems past 30 days	How many days have you experienced physical health problems in the past 30 days?	X			X			X			
MED-5	Pregnant at admission	Are you pregnant?	X	X								
MED-6	Pregnant during treatment	Were you pregnant at any time during treatment?				X	X		X	X	X	
MED-7	Medication prescribed as part of treatment		X	X								
MED-8	CD: TB	Have you been diagnosed with Tuberculosis?	X									
MED-9	CD: HepC	Have you been diagnosed with Hepatitis C?	X									
MED-10	CD: STD	Have you been diagnosed with any sexually transmitted diseases?	X									
MED-11	HIV Tested	Have you been tested for HIV/AIDS?	X			X			X			
MED-12	HIV test results	Did you receive the results of your HIV/AIDS test?	X			X			X			
MHD-1	Mental illness	Have you ever been diagnosed with a mental illness?	X	X		X	X		X	X		
MHD-2	ER use/mental health	How many times in the past 30 days have you received outpatient emergency services for mental health needs?	X			X			X			

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y	DL	S	Y	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
MHD-3	Psychiatric facility use	How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?	X			X			X			
MHD-4	Mental health medication	Have you taken prescribed medication for mental health needs in the past 30 days?	X			X			X			
SOC-1	Social support	How many days in the past 30 days have you participated in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?	X	X		X	X		X	X		
SOC-2	Current living arrangements	What are your current living arrangements?	X	X		X	X		X	X		
SOC-3	Living w/someone	How many days in the past 30 days have you lived with someone who uses alcohol or other drugs?	X			X			X			
SOC-4	Family conflict past 30 days	How many days in the past 30 days have you had serious conflicts with members of your family?	X			X			X			
SOC-5	Number of children	How many children do you have aged 17 or younger (birth or adopted) whether they live with you or not?	X			X			X			
SOC-6	Number children 5 or younger	How many children do you have aged 5 or younger?	X			X			X			
SOC-7	Number children living w/someone else	How many of your children are living with someone else due to a child protection court order?	X			X			X			
SOC-8	Number children living w/someone else and parental rights terminated	If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?	X			X			X			

CalOMS Data Elements that may be Pre-filled in Annual Update and Discharge Records

Item Number	Element	Question
TRN-1	Type of form	Type of Form
TRN-2	None	Transaction date and time
TRN-3	Form serial number	Form Serial Number
CID-1	Unique participant ID	Unique participant ID.
CID-2	Provider's participant ID	Provider's participant ID.
CID-3	Gender	What is your gender?
CID-4	Date of birth	What is your date of birth?
CID-5	Current first name	What is your current first name?
CID-6	Current last name	What is your current last name?
CID-7	SSN	What is your social security number?
CID-8	Zip code	What is your zip code at current residence?
CID-9	Birth first name	What is your birth first name?
CID-10	Birth last name	What is your birth last name?
CID-11a	Place of birth – county	If born in California, what is your county of birth?
CID-11b	Place of birth - state	If born in the U.S., what is your state of birth?
CID-12	Driver's license number	What is your driver's license number? If you do not have a driver's license, what is your state identification card number?
CID-13	Driver's license state	For which state do you have a valid driver's license or state identification card?
CID-14	Mother's first name	What is your mother's first name?
CID-15	Race	What is your race?
CID-16	Ethnicity	What is your ethnicity?
CID-17	Veteran	Are you a U.S. veteran?
ADM-1	Admission date	Date of admission
ADM-2	Admission transaction type	Transaction type
ADM-3	Provider ID	ADP issued Provider ID
AUP-1	Annual update date	Date annual update conducted.
AUP-2	Annual update number	Number of the annual update being reported.
ADU-4	Primary drug age of first use	What was your age the first time you used the primary drug?
ADU-8	Secondary drug age first use	What was your age the first time you used the secondary drug?
ADU-11	Needle use in past 12 months	Have you used needles during the past twelve months?
EMP-5	Highest school grade completed	What is your highest school grade completed?
LEG-1	Criminal justice status	What is your criminal justice status?
LEG-2	CDC number	What is your CA Department of Corrections (CDC) identification number?
LEG-6	PSN	Are you a parolee in the Parolee Services Network (PSN)?
LEG-7	FOTP parolee	Are you a parolee in the Female Offender Treatment Program (FOTP)?
LEG-8	FOTP priority status	What is your FOTP priority status?
SOC-5	Number of children	How many children do you have aged 17 or less (birth or adopted) whether they live with you or not?
SOC-6	Number children 5 or younger	How many children do you have aged 5 or younger?

Business Needs & Conceptual Framework for an Outcomes Measurement System

A first step in developing CalOMS was determining business needs for an outcomes measurement system. Five business needs identified are to:

1. Provide demographic information on AOD service recipients;
2. Provide information regarding trends in AOD risks and use;
3. Demonstrate treatment is effective;
4. Demonstrate treatment is cost effective; and
5. Provide information to support the continuous quality improvement of treatment services.

Nine high-level questions were identified that articulate the conceptual framework for CalOMS. These questions anticipate and respond to the needs and perspectives of ADP, funding entities, counties, providers, and other public agencies impacted by AOD abuse. In addition, addressing these conceptual questions via outcomes data collection facilitates realization of most of the goals and objectives identified in the ADP Strategic Plan and fulfills the aforementioned business needs. The nine conceptual questions are:

1. What is the purpose of treatment?

   It is necessary to demonstrate the value of AOD services to the public by collecting and reporting outcomes information. Collecting and reporting outcomes data enables ADP, counties, and providers to demonstrate AOD services have a positive impact on service recipients and the systems they interact with. Thus outcomes data can help reduce stigma related to AOD use/abuse.

2. Does treatment work?

   This conceptual question addresses a wide variety of opinions and definitions for whether treatment works. Demonstrating treatment works is not simple because of the diversity of opinion among various organizations interested in or that have invested in treatment. For example, a service recipient may feel treatment worked if s/he is able to reduce his/her AOD use while a person employed in the field of criminal justice may believe treatment has not worked unless abstinence from AOD use or a reduction in arrests is realized.

   Therefore, measuring and demonstrating treatment works in positively impacting the lives of service recipients must be done in a variety of ways. ADP must collect information demonstrating treatment works in a manner that addresses the differing views and definitions for whether treatment works. Such information includes, but is

not limited to, changes in frequency of AOD use, arrests, AOD-related hospital visits, and improvements in criminal behaviors between admission and discharge.

3. What are the State's treatment needs?

   Some examples of data that address this conceptual question include: identifying AOD use and abuse trends; racial, ethnic, and cultural populations; where each type of service is available; where each type of service is unavailable; and what barriers exist, where they exist, and which populations encounter them.

4. Does the State meet treatment needs?

   In order to ensure availability and continuous quality improvement of AOD services, the unique needs of communities must be determined and how well these needs are met must be evaluated. This can be achieved by collecting outcomes data as it will provide the information necessary to determine whether existing services are representative of the State's demographic diversity; whether services are coordinated, comprehensive, and appropriate for those they are provided to; which services are received by recipients and if they are appropriate; how AOD funds are prioritized and if this reflects community-level needs; and where gaps exist in the levels of care and service elements in the AOD service delivery system.

5. Is treatment using best practices?

   In TIP 14, CSAT encourages states and communities to find and establish best practices. This can be achieved by collecting data on the practices currently employed in AOD programs; for example, determining whether AOD treatment services are provided in tandem with other types of services, such as job training and/or mental health counseling. This information can in turn be used to determine which combinations of services are effective; where treatment capacity exceeds need and where greater capacity is needed; which types of services work well at positively impacting service recipients' lives; and where training or technical assistance is necessary.

6. What is successful treatment?

   A challenge to addressing this conceptual question is the diversity of opinion as to what successful treatment is among those who outcomes data is to be reported to. As is the case with question two (determining if treatment works), treatment success cannot be narrowly defined. For example, some may view positive changes in the individual, as measured across seven life domains (alcohol use, drug use, employment, legal, family/social, psychological, and medical), as most important while others may view changes at the community/state level, such as dramatic decreases in AOD-related arrests as more important.

These varying definitions for successful treatment are partly due to a lack of understanding across the state that AOD use/abuse is a chronic condition. Reporting outcomes data can help educate Californians that AOD treatment success must be measured in different ways because there is not a cure for AOD addiction and thus many factors must be taken into account in determining success.

7. Which treatment and recovery methods are successful?

   Outcomes data collection will enable ADP to identify methods currently employed by providers in the AOD system of care and the effect these methods have on service recipients. Such information is valuable as it will facilitate continuous quality improvement.

8. Is treatment cost effective?

   Due to the obligation and responsibility to inform stakeholders of the impact of treatment, ADP must be able to demonstrate public expenditures on AOD services are offset by savings in other social services. Outcomes data collection will enable ADP fulfill this obligation. For example, ADP will be able to use outcomes data to examine treatment costs by client type (e.g. pregnant women or dually diagnosed), the degree of difference in client functioning produced by variously priced modalities, and the types of services needed before and after relapse as well as the costs associated with these services.

9. Is the investment making a difference?

   This conceptual question addresses ADP's need to identify the extent to which AOD services provided in publicly funded programs results in positive change for individuals served, their families, and communities. Further, reporting positive outcomes such as reductions in AOD use, hospital visits for AOD-related injuries, or AOD-related arrests facilitates the elimination of stigma associated with AOD use/abuse and AOD treatment. Thus, as treatment outcomes are continually reported and as ADP and stakeholders continue to work to improve outcomes Californians will begin to understand addiction as a chronic condition with varying levels of success.

   In addition, ADP will be able to determine program appropriateness as related to desired outcomes and how programs try to achieve successful treatment. Upon making these determinations, ADP, counties, and providers can work to develop or strengthen partnerships to provide integrated responses to AOD-related need.