

Department of Alcohol and Drug Programs

California Outcomes Measurement System Treatment Data Collection Guide

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Introduction

This data collection guide is for county and direct provider staff reporting information to the Department of Alcohol and Drug Programs (ADP) through the California Outcome Measurement System (CalOMS). Information about CalOMS business needs and step by step instructions for how to complete, update, and submit CalOMS data to ADP is provided in this guide.

Executive Summary

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.

In 2001, ADP developed a three-year strategic plan for 2002-2005 in which 13 goals were identified and the objectives for obtaining them discussed. Goal Eight is to "implement a statewide treatment and prevention outcomes measurement system that provides information for administering and improving prevention and treatment programs." Goal Two is to "maximize the use of resources to ensure the availability and continuous quality improvement of prevention and treatment programs and services." Development and implementation of an outcomes measurement system for AOD services is a critical tool in realizing these as well as many other goals identified in the ADP 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.

1.0 Introduction to CalOMS

Having identified the business needs and conceptual framework for CalOMS, ADP began collaborative work with 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 data collection, 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 a different implementation date and approach 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.

1.1 Scope of CalOMS Phase One

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 daily, once a week, etc. during a given report month. Data submitted to ADP will be used to update the CalOMS database and counties and direct providers will be able to extract their data and reports from the CalOMS database.

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, the provider must still collect and submit CalOMS treatment data for that individual.

One exception to this is providers offering Substance Abuse and Crime Prevention Act (SACPA) services. For example, if a provider receives SACPA funds only (i.e. no other AOD funds are received from ADP via the county) and is not a narcotic treatment provider, then the provider is only required to report on those individuals served using SACPA funds.

The services that must be reported in CalOMS for all recipients are listed below.

- Non-residential/outpatient services:
 - Treatment/recovery
 - Day program intensive
 - Detoxification
 - Narcotic treatment – maintenance
 - Narcotic treatment – detoxification
- Residential services:
 - Hospital detoxification
 - Detoxification (non-hospital)
 - Treatment/recovery (30 days or less)
 - Treatment/recovery (30 days or more)

Driving Under the Influence (DUI) programs and Screening, Brief Intervention, and Referral to Treatment (SBIRT) services, however, will not be reported in CalOMS.

1.2 The CalOMS Data Sets

1.2.1 The CalOMS Prevention Data Set

As mentioned above, two different data sets were formed for prevention data collection and 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. The CalOMS Prevention data set is comprised of an individual outcome measurement instrument, a community-level outcome measurement instrument, the CSAP NOM elements, and the current Prevention Activities Data System (PADS) elements.

Prevention data will be collected as part of CalOMS Phase 1 by a third party vendor (KIT Solutions, Inc.). All data will be submitted via the web by preauthorized county and

provider staff. The CalOMS prevention data collection service will accommodate real-time data entry and county review and approval of provider data.

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.

1.2.2 The CalOMS Treatment Data Set

The CalOMS treatment data set consists of five smaller sets of data elements:

1. 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 system of care. This information will be used to identify the collection of treatment services an individual receives during a treatment episode.
2. 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.
3. California Alcohol and Drug Data Set (CADDSS): This is the system ADP built in 1991 to collect TEDS required data. The elements of the CADDSS data set include all the required TEDS elements, optional TEDS elements used for state reporting, and state required data elements. The CADDSS/TEDS questions have been included in the CalOMS data set to continue collecting required data and because CalOMS will ultimately replace the CADDSS system.
4. National Outcome Measures (NOM): The NOM data set 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. However, 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. These elements 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. Some of these domains are still being defined by CSAT. Therefore, not all the proposed measures and domains will be collected in CalOMS Phase 1.

5. 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 4.0](#).

There are two appendices in the back related to the CalOMS treatment data set:

1. [Appendix C](#), which lists each data element and the requirements it fulfills, such as NOM; and
2. [Appendix D](#), 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).

1.3 Privacy and Security and CalOMS Data Collection

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. Because some of the information collected in CalOMS is personal, ADP's CalOMS system includes a number of features and controls to ensure program participants' privacy is protected. CalOMS has been designed to comply with all relevant state and federal statutes and regulations pertinent to patient privacy, including requirements of 42 and 45 Code of Federal Regulations (CFR) and the Health Insurance Portability and Accountability Act (HIPAA).

1.4 CalOMS Data Collection Points

As discussed in [Section 1.2.2](#), the CalOMS data set, which consists of the five smaller data sets listed above, will be collected from each AOD service recipient at three different data collection points: admission, annual update, and discharge.

A fourth data collection point, six-month, post-discharge follow-up, will be included at a later phase of the CalOMS project. Follow-up data will 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 fourth 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.

2.0 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 higher standards for data

quality than other ADP data collection systems, such as CADDs. 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 erroneous fields 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 82 data elements are required. ADP acknowledges it may not always be possible to obtain answers to each of the 82 CalOMS treatment questions. For this reason many of the questions have 5-digit codes that serve as alternative entries. 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 not preclude providers, counselors, etc. from asking each and every question in the CalOMS data set and attempting to obtain an answer consistent with the non-alternative, allowable values. Rather, these five-digit codes serve only 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 showing up 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, for example, at discharge and thus would enter 99901 in that field in an administrative discharge record.

Another circumstance where the 99901 code may be necessary is on those 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, driver's license/state identification number. If the individual does not have an identification card or driver's license the 99902 code would be appropriate to enter.

99903 – Other: This value is to be used when the participant's answer is not among the specified values for a particular question. In some cases, such as primary drug, it may require specification. 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 the system would prompt the individual entering the data to specify the name of the drug 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). However, if the provider, counselor, etc. determines the participant is unable to answer due their level of stabilization (detoxification participant) or developmental disability, then the 99904 code should be entered.

3.0 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 and the required data for each transaction type is identified.

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 Data Dictionary* for further information on this.

The following sections provide guidelines for reporting transaction information.

3.1 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:

The allowable values for type of form are:

- 1 – Admission
- 2 – Resubmission of admission
- 3 – Deletion of admission
- 4 – Discharge
- 5 – Resubmission of Discharge
- 6 – Deletion of discharge
- 7 – Annual Update
- 8 – Resubmission of annual update
- 9 – Deletion of annual update

3.2 Transaction Date and Time (TRN-2)

This information is generated by the county/direct provider's system automatically. These data elements shows 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.

3.3 Form Serial Number (TRN-3)

Form serial numbers can be 15 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, client counts, etc.

3.4 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.

4.0 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 82 questions by the detoxification provider). Standard admission data collection excludes youth (persons 17 years of age or younger) and unstable detoxification patients. For youth and unstable detoxification patients, a minimal set of information is required. Refer to [Section 4.22](#) 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 82 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 in any of the CalOMS treatment data fields will result in rejection of the admission record.

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 within the same provider, 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.

4.1 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, 1999 (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 the matching discharge.

Finally, unlike the data collection rules for CADDs, 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.

4.2 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).

4.3 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.

4.3.1 Non-Residential Outpatient

1. Treatment/recovery. This type of service is designed to promote and maintain recovery from AOD problems. These services include: outpatient drug free, methadone maintenance, individual and group sessions, educational services, recovery planning, counseling or psychotherapy, health screening, medical services, social and recreational activities, and information about and referral to community services.
2. Day program intensive. These are services provided under the Drug Medi-Cal day care rehabilitative category. 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. This type of service is 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 and it includes methadone detoxification.

4.3.2 Residential

4. Hospital detoxification services. These services are provided in a licensed hospital where participants are hospitalized for medical support during the planned AOD withdrawal period.
5. Non-hospital detoxification services. Non-hospital detoxification services are provided in a residential facility and support and assist the participant during a planned AOD withdrawal period. Medication may or may not be administered.
6. Treatment/recovery services lasting 30 days or less. These services are provided in a residential facility whose program is designed for participation periods of 30 days or less.
7. Treatment/recovery services extending beyond 30 days. These services are provided in residential facilities designed for participation exceeding 30 days.

4.4 Source of Referral (ADM-5)

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

Source of referral information is required for state and federal reporting. Further, this information is valuable as it provides 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 correlations between source of referral and admission into 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/Driving While Intoxicated (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.

4.5 Days Waited to Enter Treatment (ADM-6)

Ask: How many days were you on a waiting list before being 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.

Entries for responses to this data element must be greater than or equal to 0 and less than 1,000. The valid values for this field 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.

4.6 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 and reducing stigma by enabling ADP to demonstrate AOD use/abuse as a chronic condition.

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 an unstable detoxification program patient 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).

4.7 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. Therefore, counties and providers are required to report on CalWORKs.

4.7.1 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

4.7.2 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.

4.8 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 another county, for any services provided to the referred person.

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 enables ADP to monitor the extent to which this occurs and can 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 D](#) for a list of county codes.

4.9 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 referred for residential services.

Often, under such circumstances as above, special services contracts exist between counties to fund referred individuals' treatment 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 identification 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 4.8](#)). 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.

4.10 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 system used to generate this number is governed by the provider and thus the provider identification number may be alphabetic, numeric, or alpha-numeric. Entries in this field cannot exceed ten characters and can contain dashes, but no other non-alphabetic or non-numeric characters. A valid participant identification number must be provided for each individual. If an invalid participant identification number is entered or this field is blank, an error will occur and the record will be rejected.

4.11 UCI

The UCI is a set of elements unique to each program participant (e.g. current first name, birth first name, or zip code). These elements are necessary to enable ADP to track program participants as they move through the AOD system of care.

The main uses for the UCI are to:

1. Develop and maintain individual treatment history so that a client can be tracked across the treatment episode and between episodes.
2. Facilitate the linkage of data from AOD clients with information maintained in other health, social service, and criminal justice systems databases for follow-up assessment and cost analysis.
3. All the identified elements of the UCI are necessary for federal reporting requirements as well. The State must be able to determine when individuals are simultaneously enrolled in more than one program or service type. In addition, the State must be able to track clients across the state; e.g. if a person begins services in San Francisco and moves and becomes enrolled in a program in Santa Cruz.

The UCI is composed of the following elements, each of which is to be asked or confirmed at each data collection point (admission, annual update, and discharge):

- Gender
- Date of Birth
- Current first name
- Current last name
- Social Security Number (SSN)
- Zip code at current residence
- Birth first name
- Birth last name
- Place of birth
- Driver's license number
- Driver's license state
- Mother's first name

Below, each of the UCI elements required for CalOMS and their codes are defined.

4.11.1 Gender (CID-3)

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.

4.11.2 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.

4.11.3 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.

4.11.4 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.

4.11.5 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.

4.11.6. 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 a number of unique alternative values for this field.

The valid values for zip code at current residence are:

- A five-digit zip code.
- 00000 – homeless
- XXXXX – Decline 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.

4.11.7. 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.

4.11.8. 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.

4.11.9. 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 D](#) for a list of county codes. If the individual states s/he was not born in California, enter 99903 (other).

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 F](#) for a list of state codes. If the individual was born outside of the U.S., enter 99903 (other).

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.

4.11.10 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 – Decline 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.

4.11.11. 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 entry 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 F](#) for a list of state codes). The valid values of driver's license/state identification card number are:

- A valid state code
- 99900 – Decline 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.

4.11.12. 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 the participant's mother's first name using alphabetic characters. The maximum length is 20 characters. 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.

4.12 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 | 10 – Hawaiian |
| 02 – Black/African American | 11 – Japanese |
| 03 – American Indian | 12 – Korean |
| 04 – Alaskan Native | 13 – Laotian |
| 05 – Asian Indian | 14 – Samoan |
| 06 – Cambodian | 15 – Vietnamese |
| 07 – Chinese | 16 – Other Asian |
| 08 – Filipino | 17 – Other Race |
| 09 – Guamanian | 18 – Mixed Race |

4.13 Ethnicity (CID-16)

Ask: *What is your ethnicity?*

Ethnic information is necessary to meet federal TEDS reporting requirements. Collecting data on ethnicity also provides demographic information about individuals receiving AOD services, which can help identify ways to improve service delivery and address specific cultural needs. There are five valid values for ethnicity. Only the specified ethnicity codes may be used; alternative values are not allowed and will result in a rejection of the record if used.

Enter one of the following ethnicity codes:

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

4.14 Veteran Status (CID-17)

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

Veteran status information 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 data on veterans enables measurement of the number of veterans seeking AOD services in California. As discussed in ADP Bulletin 04-16, the VA offers an array of AOD treatment services. Therefore, counties and providers are required to ask individuals entering treatment whether they are a veteran at admission.

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). 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.

4.15 Disability

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 would enable ADP to monitor counties' and providers' ability to serve anyone seeking AOD services regardless of whether they are disabled. Further, this information is valuable for needs assessment and improvement of service delivery. More than one entry may be provided for each participant.

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. 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.

4.16 Alcohol and Other Drug (AOD) Use Life Domains

The following sections gather information about two of the seven life domains (discussed in [Section 1.2.2](#)): 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.

4.16.1 Primary Drug Code (ADU-1a)

Ask: *What is your primary 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 5.0](#)) or a discharge (refer to [Section 6.0](#)). If "0" is entered in the primary drug field, an error will occur and the record will be rejected.

For drug responses not included in the categories defined below or which do not have a code, enter 99903 (other) then type the name of the drug (up to 50 characters) indicated as the primary drug of use/abuse 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 4.16.2](#) 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) | 12 – Tranquilizers (Benzodiazepine) |
| 1 – Heroin | 13 – Other Tranquilizers |
| 2 – Alcohol | 14 – Non-Prescription Methadone |
| 3 – Barbiturates | 15 – OxyContin/Oxycodone |
| 4 – Other Sedatives or Hypnotics | 16 – Other Opiates or Synthetics |
| 5 – Methamphetamine | 17 – Inhalants |
| 6 – Other Amphetamines | 18 – Over-the-Counter |
| 7 – Other Stimulants | 19 – Ecstasy |
| 8 – Cocaine/Crack | 20 – Other Club Drugs |
| 9 – Marijuana/Hashish | 99901 – Not sure/don't know (only allowable for administrative discharge) |
| 10 – Phencyclidine (PCP) | 99903 – Other (specify) |
| 11 – Other Hallucinogens | |

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), and Tuinal (secobarbital with amobarbital).

Street names for barbiturates include: barbs, blue heavens, butes, Christmas trees, downers, nembies, phennies, rainbows, red birds, red devils, reds, seggies, tooies, and yellow jackets.

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.

Three commonly prescribed sedatives (non-barbiturate) are: Doriden (glutethimide), Equanil (meprobamate), Flexeril (cyclobenzaprine hydro), Levaquin (levofloxacin), Lunesta (eszopiclone), methaqualone, Miltown (meprobamate), Relaxzone (carisoprodol), Sandoz (fiorinal and codeine), Skelaxin (carisoprodol), Soma (carisoprodol), and 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)

There are several street names for methamphetamine, including chalk, crank, Cristy, crystal, glass, Hawaiian salt, ice, meth, quartz, speed, and tweak.

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. Prescription amphetamines include: Adderall (amphetamine and dextroamphetamine), Bensedrine (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), and Spancap #1 (dextroamphetamine).

Street names for amphetamines include: base, Billy, black beauties, crosses, dex, P, pep pills, phet, poppers, sulph, uppers, white crosses, and whizz.

Many of the amphetamines listed above are pills and thus 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, big C, blow, C, coke, Corine, dust, flake, girl, happy dust, lady, nose candy, snow, and toot. The routes of administration for cocaine are snorting and injection.

Street names for crack include: 24-7, B.J.'s, badrock, beamers, bolo, crank, ice, jelly beans, rock, rooster, and space. 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), Arlidin (nylidrin), Beecham Fastin (phentermine), benzylpiperazine, caffeine, cathinone, Concerta (methylphenidate), diethylpropion, ephedrine, Fastin (phentermine), Fenfluramine (fen-phen), Ionamine (phentermine), Khat (pronounced cot), Mazanor (mazindol), Methylin (methylphenidate), Oby-Trim (phentermine), Plegine (phendimetrazine), Prelu (phendimetrazine), Preludin (phenmetrazine), Ritalin (methylphenidate), Sanorex (phentermine), Span R/D (phentermine), Tenuate/Tenuate Dospan (diethylpropion), Teramine (phentermine), and Xenical (phentermine). There are various street names and routes of administration for these stimulants.

Street names for cathinone/methcathinone are: bathtub speed, cat, Jeff, kitty, meth's cat, meth's kitten, and wannabe speed. Routes of administration for methcathinone include smoking, snorting, injection, and oral.

Street names for khat include: African salad, bushman's tea, chat, gat, kat, miraa, qat, tea, tohai, and tschat. 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, bang, bush, bomb, cannabis, chronic, dank, dope, ganja, grass, green, hash, hemp, herb, Mary Jane, reefer, smoke, tea, THC, and weed. 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, angel dust, animal tranquilizer, crystal, dead on arrival, DOA, dust, elephant, embalming fluid, hog, jet fuel, lovely, monkey, ozone, rocket fuel, supergrass, tac, tic, trunk, and 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, big D, blotter, blotter acid, blue heaven, California sunshine, cube, D, dose, dot, L, microdot, paper acid, royal blue, sid, spots, sunshine, ticket, and window pain.

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, cactus, cactus buttons, chief, dry whiskey, green whiskey, hikuri, mesc, mascal, maescaline, mescalito, peyote, topi, and tops. 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, food of the gods, funny mushrooms, happy mushrooms, magic mushrooms, sacred mushrooms, and shrooms. 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 plants is LSA, which is similar to LSD and is found in morning glories.

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 (lorazepam), 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), and Xanax (alprazolam).

Street names for these types of tranquilizers include: candy, downers, sleeping pills, tranks, and 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, big daddy, big H, black tar, boy, brown, brown heroin, brown sugar, China,

China man, crap, dyno, garbage, gum, H, him, horse, junk, rufus, scag, smack, stuff, white stuff, and 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)

This category is designated to report those individuals who report non-prescription methadone use as their primary or secondary drug problem. This category includes Dolphine and other forms of methadone. Enter 14 for individuals reporting non-prescription 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, 80, blue, hillbilly heroin, kisker, and 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, and acetaminophen), Darvon (propoxyphene), Demerol (meperidine), Dilaudid (hydromorphone), Hydrocodone, Lorcet (hydrocodone), Lortab (hydrocodone), Oramorph (Morphine), Sufenta (sufentanil), tramadol hydrochloride, Talacen (pentazocine and acetaminophen), Talwin (pentazocine), Tussionex (chlorpheniramine and hydrocodone), Wildnil (Carfentanil), and 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 free-text field designated for other drug specification (primary drug name or secondary drug name).

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, and 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, and 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 field designated for other drug specification (primary drug name or secondary drug name). If 17 is entered for inhalants, then 3 (inhalation) must be entered in the 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, DXM, dex, orange crush, red devils, robo, rojo, skittles, and triple C's. Routes of administration include oral (primarily drinking cough syrup or taking pills), 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 field designated for other drug specification (primary drug name or secondary drug name).

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, batmans, bean, bibs, blue kisses, blue Nile, charity, clarity, crystal, debs, decadence, drivers, E, ecstasy, essence, Eve, go, happy pill, hug drug, Kleenex, lover's speed, Scooby snacks, wafers, X, and XTC. 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. These terms include: 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; and 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 field designated for other drug specification (primary drug name or secondary drug name).

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). GHB, GBL, and BD are used as date rape drugs as well as recreationally.

Street names for GHB include: cap, G, Georgia home boy, goop, grievous bodily harm, liquid X, salty water, scoop, and vita-G. The route of administration for GHB is oral.

Ketamine (20)

Ketamine is 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), and Vetalar (veterinary).

Street names for ketamine include: animal tranquilizers, cat valium, K, ket, kit kat, special K, super K, and 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. Like, GHB, rohypnol is also associated with drug induced sexual assaults, but is also used recreationally. 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, roopies, robutal, roofies, rope, rophies, row-shay, ruffles, and wolfies. Routes of administration include: oral, snorting, or injection.

Other (99903)

This category is intended to help capture and identify emerging drugs. When a program participant reports a drug that does not fit or is not identified in any of the previous categories for his/her primary or secondary drug use, the 99903 code for “other” then type in the drug name provided by the program participant in the primary drug name or secondary drug name field, whichever applies.

4.16.2 Primary Drug Name (ADU-1b)

As mentioned in [Section 4.16.1](#), 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 or secondary drug. 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 4.16.1](#) for a list of primary drug codes.

4.16.3 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.

4.16.4 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) should 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 4.16.1](#) for information on the routes of administration used with each type of drug.

There are five valid values for route of administration:

- 1** – Oral
- 2** – Smoking
- 3** – Inhalation
- 4** – Injection (IV or intramuscular)
- 99903** – Other

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

4.16.5 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.

4.16.6. Secondary Drug Code (ADU-5a)

Ask: *What is your secondary 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 4.16.1 through 4.16.5 apply to the secondary drug use fields (Sections 5.16.7 through 5.16.10). However, contrary to primary drug use, 0 or “none” can be entered for “secondary drug code” in the event an individual does not have a secondary drug problem.

4.16.7. Secondary Drug Name (ADU-5b)

Refer to [Section 4.16.2](#) for rules and valid values.

4.16.8. 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 4.16.3](#) for rules and valid values.

4.16.9. 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 4.16.4](#) for rules and valid values.

4.16.10. Secondary Drug Age of First Use (ADU-8)

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

Refer to [Section 4.16.5](#) for rules and valid values.

4.16.11. 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, the NOM requires data specific to alcohol be collected. 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 by individuals.

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 or the extent to which s/he uses alcohol. Thus, asking this question if the primary and secondary drugs reported are not alcohol enables ADP to measure the extent to which alcohol is used.

When asking this question, clarify that the number of days provided should reflect alcohol use during the 30 days preceding the date the question is being asked. This question should only be asked if the individual did not report alcohol as his/her primary or secondary drug.

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.

4.16.12. Intravenous (IV) Use past 30 Days (ADU-10)

Ask: How many days have you injected drugs in the past 30 days?

Included in the CalOMS treatment data set are questions pertaining to IV 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 IV drug 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 IV drug 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 IV users
2. Pregnant women
3. IV 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 IV 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.

4.16.13. Needle Use Last Twelve Months (ADU-11)

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

This data element helps capture a broader range of IV users than do the route of administration or IV 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 IV use in the past 30 days field only captures those persons who used needles to administer drugs in the 30 days preceding the admission date. However, it is quite possible that an individual reported no IV use in that timeframe, yet still may have used needles to administer drugs within the 12 months preceding his/her entry into treatment. For these reasons counties and providers are required to specifically ask

each person seeking AOD services how often s/he 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 4.16.12](#) 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 IV use enables measurement of exposure to communicable diseases.

There are three valid values for use of needles in the last 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.

4.17 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 life domain elements.

4.17.1 Employment Status (EMP-1)

Ask: What is your employment status?

Employment status information is required for state and federal reporting. Each individual admitted to treatment must be asked his/her employment status at admission. 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 positively influenced this individual's employment life domain.

There are five valid values for employment status in CalOMS:

- 1 – Employed full-time (35 hours or more per week)
- 2 – Employed part-time (less than 35 hours per week)
- 3 – Unemployed, looking for work
- 4 – Unemployed, not in the labor force (not seeking work)
- 5 – Not in the labor force, not seeking (not previously employed, not seeking)

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.

4.17.2 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 individual's 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.

4.17.3 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.

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.

4.17.4 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.

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.

4.17.5 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.
- 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.

4.18 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.

4.18.1 Criminal Justice Status (LEG-1)

Ask: *What is your criminal justice status?*

Data collection on criminal justice status is necessary to fulfill state and federal 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 (CDC)
- 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.

4.18.2 CDC Number (LEG-2)

Ask: *What is your CDC 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 CDC number, if applicable, at admission.

There are five allowable values for this field:

- A valid six-character, alpha-numeric CDC number
- 99900 – Decline to state
- 99901 – Don't know/not sure
- 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 other criminal justice fields, such as Parolee Services Network (PSN) and Female Offender Treatment Program (FOTP). If 1 (yes) was reported in the [PSN field](#), then this field must contain a CDC number. If 1 is entered in the PSN field and no CDC 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 CDC 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 CDC numbers. If a CDC number is reported and the individual the CDC number is reported for is not at least 18 years of age, an error will occur and the record will be rejected.

4.18.3 Number of Arrests Last 30 Days (LEG-3)

Ask: *How many times have you been arrested in the last 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 last 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.

4.18.4 Number of Jail Days Last 30 Days (LEG-4)

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

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. 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 last 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.

4.18.5 Number of Prison Days Last 30 Days (LEG-5)

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

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. 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 last 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.

4.18.6 PSN Parolee (LEG-6)

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

Counties and providers are required to collect data on PSN parolees by asking each individual whether they are a PSN parolee. This is state-required information and is necessary for tracking and reporting on the number of PSN parolees in AOD treatment.

There are three valid values for PSN:

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.

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 [CDC number](#) field. If 1 is entered in this field, the CDC number field must contain a valid CDC number. If the CDC number field does not contain a valid CDC number and a 1 has been entered in the PSN field an error will occur and the record will be rejected.

4.18.7 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 on the number of FOTP parolees in AOD treatment.

There are three valid values for the FOTP field:

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.

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 [CDC number](#) field. If 1 is entered in this field, the CDC number field must contain a valid CDC

number. If the CDC number field does not contain a valid CDC number and a 1 has been entered in the PSN 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 a 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.

4.18.8 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 [CDC number](#) in the CDC number field or the record will be rejected.

4.19 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.

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

4.19.2 Emergency Room Last 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.

4.19.3 Overnight Hospital Stay Last 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.

4.19.4 Medical Problems Last 30 Days (MED-4)

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

This field meets MTOQ requirements by providing information that will enable ADP, counties, and providers to determine 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 last 30 days field must contain a value greater than 0.

4.19.5 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 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 4.16.12](#) 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.

4.19.6 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.

There are six allowable values for this field:

1 – None

2 – Methadone

3 – LAAM

4 – Buprenorphine (Subutex)

5 – Buprenorphine (Suboxone)

99903 – Other

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.

4.19.7 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 – Decline 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.

4.19.8 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 – Decline 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.

4.19.9 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.

There four allowable values for STD are:

1 – Yes

0 – No

99900 – Decline 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.

4.19.10 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 – Decline 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.

4.19.11 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 4.19.10](#), 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 possibly 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.

Recently, SAMHSA introduced OraSure, a rapid, oral HIV test, which some counties are using for HIV testing. Therefore, collecting information about HIV test results can inform as to whether AOD service recipients who are tested for HIV with a rapid test are more likely to receive the test results.

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 whether HIV test results were obtained 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.

4.20 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.

4.20.1 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.

4.20.2 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?

Asking this question at both at admission and discharge enables ADP, counties, and providers to obtain 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.

4.20.3 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 at admission and discharge enables ADP, counties, and providers to obtain valuable outcome information on AOD services. In addition, this 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.

4.20.4 Mental Health Medication (MHD-4)

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

Asking this question at both at admission and discharge enables ADP, counties, and providers to obtain valuable outcome information on AOD services. For example, this information will enable use to see changes 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.

4.21 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.

4.21.1 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 than 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 collects information 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.

4.21.2 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
- 2 – Dependent living (living with room mates, family, etc.)
- 3 – Independent living (living alone)

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.

4.21.3 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; i.e. are AOD users living with the individual. 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 – Decline 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.

4.21.4 Family Conflicts last 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.

4.21.5 Number of Children (SOC-5)

Ask: How many children do you have aged 17 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 this question we are able to identify the number of children and teens impacted by 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.

4.21.6 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 identify the number of children impacted by 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.

4.21.7 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.

4.21.8 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 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.

4.22 Admission Data Collection for Youth and Detoxification Patients

This section pertains to admission data collection for youth (persons 17 years of age and younger) and individuals entering detoxification programs. The MTOQ portion of the CalOMS questions will not be collected for youth; all other data items, however, must be collected for youth. The MTOQ portion of the CalOMS treatment questions is not required for detoxification patients determined unstable. 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 submit the record to ADP. If the patient becomes stable, complete collection of the remaining CalOMS treatment elements and 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.

The required CalOMS treatment questions/data elements for youth and detoxification patients determined unstable are:

4.23 Required Elements for Youth and Detoxification Admissions

- [Type of Form \(TRN-1\)](#)
- [Transaction Date and Time \(TRN-2\)](#)
- [Form Serial Number \(TRN-3\)](#)
- [Admission Date \(ADM-1\)](#)
- [Admission Transaction Type \(ADM-2\)](#)
- [Provider ID \(ADM-3\)](#)
- [Type of Service \(ADM-4\)](#)
- [Source of Referral \(ADM-5\)](#)
- [Days Waited to Enter Treatment \(ADM-6\)](#)
- [Number of Prior Episodes \(ADM-7\)](#)
- [CalWORKs Recipient \(ADM-8\)](#)
- [Receipt of Substance Abuse Treatment Under CalWORKs \(ADM-9\)](#)
- [County Paying for Services \(ADM-10\)](#)
- [Special Services Contract Identification Number \(ADM-11\)](#)
- [Provider's Participant Identification Number \(CID-2\)](#)
- [Gender \(CID-3\)](#)
- [Date of Birth \(CID-4\)](#)
- Current Name [first [\(CID-5\)](#) and last [\(CID-6\)](#)]
- [Social Security Number \(CID-7\)](#)
- [Zip Code at Current Residence \(CID-8\)](#)
- Birth Name [first [\(CID-9\)](#) and last [\(CID-10\)](#)]
- Place of Birth (CID-11; county [[\(CID-11a\)](#)] or state [\(CID-11b\)](#)]
- Driver's License/State Identification Card [number [\(CID-12\)](#) and state [\(CID-13\)](#)]
- [Mother's First Name \(CID-14\)](#)
- [Race \(CID-15\)](#)
- [Ethnicity \(CID-16\)](#)
- [Veteran Status \(CID-17\)](#)
- [Disability \(CID-18\)](#)
- Primary/Secondary Drug Information
 - Code ([ADU-1a](#)/ADU-5a)

- Name ([ADU1b](#)/ADU5b (if applicable))
- Frequency of Use ([ADU-2](#)/ADU-6)
- Route of Administration ([ADU-3](#)/ADU-7)
- Age First Used ([ADU-4](#)/ADU-8)
- [Alcohol Frequency \(ADU-9\)](#)
- [Needle use Last 12 Months \(ADU-11\)](#)
- [Employment Status \(EMP-1\)](#)
- [Enrollment in School \(EMP-3\)](#)
- [Highest School Grade Completed \(EMP-5\)](#)
- [Criminal Justice Status \(LEG-1\)](#)
- [Number of Arrests Past 30 Days \(LEG-3\)](#)
- [Medi-Cal Beneficiary \(MED-1\)](#)
- [Pregnant at Admission \(MED-5\)](#)
- [Medication Prescribed for Treatment \(MED-7\)](#)
- [Diagnosed with Mental Illness \(MHD-1\)](#)
- [Participation in Social Support Activities \(SOC-1\)](#)
- [Current Living Arrangements \(SOC-2\)](#)

5.0 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 update information can be collected earlier than twelve months, as early as 90 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 required annual update elements are identified and defined. [Section 5.3](#) lists all the required elements for standard annual updates and [Section 5.4](#) lists all the required elements for youth/detoxification annual updates. However, this does not mean all of the questions for these elements will need to be asked again since some of the information will have been collected at admission and is constant, such as race or ethnicity. Refer to [Appendix G](#) to determine which questions/elements collected for the matching admission can be used to prefill the discharge record. **Questions not included in Appendix G must be asked again at discharge.**

5.1 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.

This field relates to the type of form field in that the type of form field must contain a 7, 8, or 9. 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 June 7, 2002 the annual update date cannot be May 28, 2002 because an error will occur and the record will be rejected. Further, the annual update date can be no more than 90 days prior to the admission anniversary date and cannot be any later than the admission anniversary date.

5.2 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 is a number between 1 and 99. Entry of any other values will result in an error and the record will be rejected.

5.3 Required Elements for Standard Annual Updates (Participants Aged 18 Years or Older)

- [Type of Form \(TRN-1\)](#)
- [Transaction Date and Time \(TRN-2\)](#)
- [Form Serial Number \(TRN-3\)](#)
- [Admission Date \(ADM-1\)](#)
- [Annual Update Date \(AUP-1\)](#)
- [Annual Update Number \(AUP-2\)](#)
- [Admission Date \(ADM-1\)](#)
- [Provider ID \(ADM-3\)](#)
- [Gender \(CID-3\)](#)
- [Date of Birth \(CID-4\)](#)
- Current Name [first [\(CID-5\)](#) and last [\(CID-6\)](#)]
- [Social Security Number \(CID-7\)](#)
- [Zip Code at Current Residence \(CID-8\)](#)
- Birth Name [first [\(CID-9\)](#) and last [\(CID-10\)](#)]
- Place of Birth [county [\(CID-11a\)](#) or state [\(CID-11b\)](#)]
- Driver's License/State Identification Card [number [\(CID-12\)](#) and state [\(CID-13\)](#)]
- [Mother's First Name \(CID-14\)](#)

- [Disability \(CID-18\)](#)
- Primary/Secondary Drug Information
 - Code ([ADU-1a/ADU-5a](#))
 - Name ([ADU1b/ADU5b](#))
 - Frequency of Use ([ADU-2/ADU-6](#))
 - Route of Administration ([ADU-3/ADU-7](#))
- [Alcohol Frequency \(ADU-9\)](#)
- [IV Use \(ADU-10\)](#)
- [Employment Status \(EMP-1\)](#)
- [Work Past 30 Days \(EMP-2\)](#)
- [Enrollment in School \(EMP-3\)](#)
- [Enrollment in Job Training \(EMP-4\)](#)
- [Number of Arrests Last 30 Days \(LEG-3\)](#)
- [Number of Jail Days Last 30 Days \(LEG-4\)](#)
- [Number of Prison Days Last 30 Days \(LEG-5\)](#)
- [Emergency Room Last 30 Days \(MED-2\)](#)
- [Hospital Overnight Last 30 Days \(MED-3\)](#)
- [Medical Problems Last 30 Days \(MED-4\)](#)
- [Pregnant at Any Time During Treatment \(MED-6\)](#)
- [HIV Tested \(MED-11\)](#)
- [HIV Test Results \(MED-12\)](#)
- [Diagnosed with Mental Illness \(MHD-1\)](#)
- [Emergency Room Use for Mental Health Problems \(MHD-2\)](#)
- [Psychiatric Facility Use \(MHD-3\)](#)
- [Mental Health Medication \(MHD-4\)](#)
- [Participation in Social Support Activities \(SOC-1\)](#)
- [Current Living Arrangements \(SOC-2\)](#)
- [Living with Someone \(SOC-3\)](#)
- [Family Conflict Last 30 Days \(SOC-4\)](#)
- [Number of Children \(SOC-5\)](#)
- [Number of Children Age 5 Years or Younger \(SOC-6\)](#)
- [Number of Children Living with Someone Else \(SOC-7\)](#)
- [Number of Children Living with Someone Else and Parental Rights Terminated \(SOC-8\)](#)

5.4 Required Elements for Youth Annual Updates (Participants Aged 17 Years or Younger)

Like admission and discharge, a minimal set of data is required for youth at annual update.

- [Type of Form \(TRN-1\)](#)
- [Transaction Date and Time \(TRN-2\)](#)
- [Form Serial Number \(TRN-3\)](#)

- [Annual Update Date \(AUP-1\)](#)
- [Annual Update Number \(AUP-2\)](#)
- [Admission Date \(ADM-1\)](#)
- [Provider ID \(ADM-3\)](#)
- [Provider's Participant ID \(CID-2\)](#)
- [Gender \(CID-3\)](#)
- [Date of Birth \(CID-4\)](#)
- Current Name [first [\(CID-5\)](#) and last [\(CID-6\)](#)]
- [Social Security Number \(CID-7\)](#)
- [Zip Code at Current Residence \(CID-8\)](#)
- Birth Name [first [\(CID-9\)](#) and last [\(CID-10\)](#)]
- Place of Birth [county [[\(CID-11a\)](#)] or state [\(CID-11b\)](#)]
- Driver's License/State Identification Card [number [\(CID-12\)](#) and state [\(CID-13\)](#)]
- [Mother's First Name \(CID-14\)](#)
- [Disability \(CID-18\)](#)
- Primary/Secondary Drug Information
 - Code ([ADU-1a/ADU-5a](#))
 - Name [[ADU1b/ADU5b](#) (if applicable)]
 - Frequency of Use ([ADU-2/ADU-6](#))
 - Route of Administration ([ADU-3/ADU-7](#))
- [Alcohol Frequency \(ADU-9\)](#)
- [Employment Status \(EMP-1\)](#)
- [Enrollment in School \(EMP-3\)](#)
- [Number of Arrests Last 30 Days \(LEG-3\)](#)
- [Pregnant at Any Time During Treatment \(MED-6\)](#)
- [Diagnosed with Mental Illness \(MHD-1\)](#)
- [Participation in Social Support Activities \(SOC-1\)](#)
- [Current living arrangements \(SOC-2\)](#)

6.0 Discharge Data Collection

Discharge information must be collected for all service recipients regardless of the discharge status. Discharge will be collected differently, however, for narcotic treatment service recipients. Because participants in narcotic treatment programs tend to stay in such programs longer than one year, discharge information must be collected twelve months from the service recipient's anniversary date. Refer to [Section 5.0](#) for further information on annual updates. In the event the individual discharges prior to his/her annual anniversary date, then discharge data must be collected at that time.

There are several types of discharges to report in CalOMS and discharge data must be reported. 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. Refer to [Section 6.4](#) for further information on administrative discharges.

In the following sections, the required discharge elements are identified and defined. [Section 6.3](#) lists all the required fields for standard discharges, [Section 6.4.3](#) lists all the required fields for administrative discharges, and [Section 6.5](#) lists all the required fields for youth/detoxification discharges. However, this does not mean all of the questions for these fields will need to be asked again since some of the information will have been collected at admission and is constant, such as race. Refer to [Appendix G](#) to determine which questions/elements collected for the matching admission can be used to prefill the discharge record. **Questions not included in Appendix G must be asked again at discharge.**

6.1 Discharge Date (DIS-1)

This is provider-entered information and should be the date of the participant's last face-to-face contact the provider had with an individual; for narcotic treatment program participants, the last oral medication the participant had; or the date of a participant's 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.

6.2 Discharge Status (DIS-2)

There are four types of discharge status 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 6.4.2](#) 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 6.4.2](#) for further information.
7. Death. Refer to [Section 6.4.2](#) for further information.
8. Incarceration. Refer to [Section 6.4.2](#) for further information.

6.3 Required Elements for Standard Discharge

When 1, 2, 3, or 5 have been entered in the discharge status field, all the following elements must be completed.

- [Type of Form \(TRN-1\)](#)
- [Transaction Date and Time \(TRN-2\)](#)
- [Form Serial Number \(TRN-3\)](#)
- [Discharge Date \(DIS-1\)](#)
- [Discharge Status \(DIS-2\)](#)
- [Admission Date \(ADM-1\)](#)
- [Provider ID \(ADM-3\)](#)
- [Type of Service \(ADM-4\)](#)
- [Provider's Participant Identification Number \(CID-2\)](#)
- [Gender \(CID-3\)](#)
- [Date of Birth \(CID-4\)](#)
- Current Name [first [\(CID-5\)](#) and last [\(CID-6\)](#)]
- [Social Security Number \(CID-7\)](#)
- [Zip Code at Current Residence \(CID-8\)](#)
- Birth Name [first [\(CID-9\)](#) and last [\(CID-10\)](#)]
- Place of Birth[(county [\(CID-11a\)](#) or state [\(CID-11b\)](#)]
- Driver's License/State Identification Card [number [\(CID-12\)](#) and state [\(CID-13\)](#)]
- [Mother's First Name \(CID-14\)](#)
- Primary/Secondary Drug Information
 - Code ([ADU-1a/ADU-5a](#))
 - Name ([ADU1b/ADU5b](#))
 - Frequency of Use ([ADU-2/ADU-6](#))
 - Route of Administration ([ADU-3/ADU-7](#))
- [Alcohol Frequency \(ADU-9\)](#)
- [IV Use \(ADU-10\)](#)
- [Employment Status \(EMP-1\)](#)

- [Work Past 30 Days \(EMP-2\)](#)
- [Enrollment in School \(EMP-3\)](#)
- [Enrollment in Job Training \(EMP-4\)](#)
- [Number of Arrests Last 30 Days \(LEG-3\)](#)
- [Number of Jail Days Last 30 Days \(LEG-4\)](#)
- [Number of Prison Days Last 30 Days \(LEG-5\)](#)
- [Emergency Room Last 30 Days \(MED-2\)](#)
- [Hospital Overnight Last 30 Days \(MED-3\)](#)
- [Medical Problems Last 30 Days \(MED-4\)](#)
- [Pregnant at Any Time During Treatment \(MED-6\)](#)
- [HIV Tested \(MED-11\)](#)
- [HIV Test Results \(MED-12\)](#)
- [Diagnosed with Mental Illness \(MHD-1\)](#)
- [Emergency Room Use for Mental Health Problems \(MHD-2\)](#)
- [Psychiatric Facility Use \(MHD-3\)](#)
- [Mental Health Medication \(MHD-4\)](#)
- [Participation in Social Support Activities \(SOC-1\)](#)
- [Current Living Arrangements \(SOC-2\)](#)
- [Living with Someone \(SOC-3\)](#)
- [Family Conflict Last 30 Days \(SOC-4\)](#)
- [Number of Children \(SOC-5\)](#)
- [Number of Children Age 5 Years or Younger \(SOC-6\)](#)
- [Number of Children Living with Someone Else \(SOC-7\)](#)
- [Number of Children Living with Someone Else and Parental Rights Terminated \(SOC-8\)](#)

6.4 Program Participants Administratively Discharged, Deceased, or Incarcerated

As discussed in [Section 6.0](#), 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 for seven consecutive days.
- [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.

6.4.1 Discharge Date

For administrative discharges, the date of discharge depends on the modality. Refer to [Section 6.4](#) for guidelines on which date to use for administrative discharges. Regardless of modality, the date of discharge must be after the date of admission. For example, if the person was admitted on April 10, 2000, the administrative discharge date could not be March 30, 2000.

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.

6.4.2 Discharge Status (Administrative Codes)

This field further elaborates on [Section 6.4.1](#) by identifying and defining those codes which would require only the minimal elements for an administrative discharge. In addition, [Section 6.4](#) provides guidelines for determining the appropriate discharge status for administrative discharges. The following discharge statuses 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.

6.4.3 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. Failure to complete the full set of required discharge elements when any other values have been entered in the discharge status field will result in a rejection of the record.

Use the program participant's admission record to complete required administrative discharge elements as necessary.

The following are the required elements for administrative discharge:

- [Type of Form \(TRN-1\)](#)
- [Transaction Date and Time \(TRN-2\)](#)
- [Form Serial Number \(TRN-3\)](#)
- [Discharge Date \(DIS-1\)](#)
- [Discharge Status \(DIS-2\)](#)
- [Admission Date \(ADM-1\)](#)
- [Provider ID \(ADM-3\)](#)
- [Type of Service \(ADM-4\)](#)
- [Provider's Participant ID \(CID-2\)](#)
- [Gender \(CID-3\)](#)
- [Date of Birth \(CID-4\)](#)
- Current Name [first [\(CID-5\)](#) and last [\(CID-6\)](#)]
- [Social Security Number \(CID-7\)](#)
- [Zip Code at Current Residence \(CID-8\)](#)
- Birth Name [first [\(CID-9\)](#) and last [\(CID-10\)](#)]
- Place of Birth [CID-11; county [\(CID-11a\)](#) or state [\(CID-11b\)](#)]
- Driver's License/State Identification [number [\(CID-12\)](#) and state [\(CID-13\)](#)]
- [Mother's First Name \(CID-14\)](#)
- [Disability \(CID-18\)](#)
- [Primary Drug Code \(ADU-1a\)](#)
- [Primary Drug Name \(ADU-1b\)](#)
- [Pregnant at time During Treatment \(MED-6\)](#)

6.5 Minimum Required Elements for Youth and Detoxification Patient Discharges

As is the case for admission records for individuals aged 17 or younger and detoxification patients determined unstable, a limited set of information is required for this population at discharge. Listed below the required discharge elements for youth and detoxification patients are:

- [Type of Form \(TRN-1\)](#)
- [Transaction Date and Time \(TRN-2\)](#)

- [Form Serial Number \(TRN-3\)](#)
- [Admission Date \(ADM-1\)](#)
- [Discharge Date \(DIS-1\)](#)
- [Discharge Status \(DIS-2\)](#)
- [Provider ID \(ADM-3\)](#)
- [Type of Service \(ADM-4\)](#)
- [Provider's Participant Identification Number \(CID-2\)](#)
- [Gender \(CID-3\)](#)
- [Date of Birth \(CID-4\)](#)
- Current Name [first [\(CID-5\)](#) and last [\(CID-6\)](#)]
- [Social Security Number \(CID-7\)](#)
- [Zip Code at Current Residence \(CID-8\)](#)
- Birth Name [first [\(CID-9\)](#) and last [\(CID-10\)](#)]
- Place of Birth [county [\(CID-11a\)](#) or state [\(CID-11b\)](#)]
- Driver's License/State Identification Card [number [\(CID-12\)](#) and state [\(CID-13\)](#)]
- [Mother's First Name \(CID-14\)](#)
- [Disability \(CID-18\)](#)
- Primary/Secondary Drug Information
 - Code ([ADU-1a/ADU-5a](#))
 - Name ([ADU1b/ADU5b](#))
 - Frequency of Use ([ADU-2/ADU-6](#))
 - Route of Administration ([ADU-3/ADU-7](#))
- [Alcohol Frequency \(ADU-9\)](#)
- [Employment Status \(EMP-1\)](#)
- [Enrollment in School \(EMP-3\)](#)
- [Number of Arrests Last 30 Days \(LEG-3\)](#)
- [Pregnant at Any Time During Treatment \(MED-6\)](#)
- [Diagnosed with Mental Illness \(MHD-1\)](#)
- [Participation in Social Support Activities \(SOC-1\)](#)
- [Current Living Arrangements \(SOC-2\)](#)

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

Acronyms

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

Business Needs & Conceptual Framework for an Outcomes Measurement System

Since the adoption of the ADP Strategic Plan, ADP has been working with stakeholders to realize its goal to implement an outcomes measurement system for AOD prevention and treatment services. This work has resulted in the development of CalOMS.

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

Business Needs & Conceptual Framework for an Outcomes Measurement System

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

Business Needs & Conceptual Framework for an Outcomes Measurement System

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.

Reporting Requirements Each Data Element Fulfills

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	
TRN-3	Form serial number	X				
CID-2	Provider's participant ID	X				
CID-3	Gender	X			X	X
CID-4	Date of birth	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	
CID-16	Ethnicity	X			X	
CID-17	Veteran				X	
CID-18	Disability	X				
ADM-1	Admission date	X			X	
ADM-2	Admission transaction type	X			X	
ADM-3	Provider ID	X			X	
ADM-4	Type of service	X			X	
ADM-5	Source of referral	X			X	
ADM-6	Days waited to enter treatment				X	
ADM-7	Number of prior episodes	X			X	
ADM-8	CalWORKs recipient	X				
ADM-9	Treatment under CalWORKs	X				
ADM-10	County paying for services	X				
ADM-11	Special services contract ID	X				
DIS-1	Discharge date	X			X	
DIS-2	Discharge status	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	

Reporting Requirements Each Data Element Fulfills

Element Number	Data Element	Reporting Requirement				
		C	M	N	T	U
ADU-3	Primary drug route of administration	X			X	
ADU-4	Primary drug age of first use	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	
ADU-8	Secondary drug age first use	X			X	
ADU-9	Alcohol frequency		X	X		
ADU-10	IV use		X			
ADU-11	Needle use in last 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	
LEG-1	Criminal justice status	X			X	
LEG-2	CDC number	X				
LEG-3	Number arrests last 30 days		X	X		
LEG-4	Number jail days last 30 days		X			
LEG-5	Number prison days last 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 last 30 days		X			
MED-3	Hospital overnight last 30 days		X			
MED-4	Medical problems last 30 days		X			
MED-5	Pregnant at admission	X		X	X	
MED-6	Pregnant during treatment	X				
MED-7	Medication prescribed as part of treatment	X			X	
MED-8	CD: TB		X			
MED-9	CD: HepC		X			
MED-10	CD: STD		X			
MED-11	HIV Tested		X			
MED-12	HIV test results		X			
MHD-1	Mental illness	X		X	X	

Reporting Requirements Each Data Element Fulfills

Element Number	Data Element	Reporting Requirement				
		C=CADDS ~ M=MTOQ N=NOM ~ T=TEDS ~ U=UCI				
		C	M	N	T	U
MHD-2	ER use/mental health		X			
MHD-3	Psychiatric facility use		X			
MHD-4	Mental health medication		X			
SOC-1	Social support		X	X		
SOC-2	Current living arrangements	X	X	X	X	
SOC-3	Living w/someone		X			
SOC-4	Family conflict last 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

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y D	DL	S	Y D	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
TRN-1	Type of form	Type of Form	X	X	X	X	X	X	X	X	X	X
TRN-2	None	Transaction date and time	X	X	X	X	X	X	X	X	X	X
TRN-3	Form serial number	Form Serial Number	X	X	X	X	X	X	X	X	X	X
CID-1	Unique participant ID	Unique participant ID.	X	X	X	X	X	X	X	X	X	X
CID-2	Provider's participant ID	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 your zip code at 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	If born in California, what is your county of birth?	X	X	X	X	X	X	X	X	X	X
CID-11b	Place of birth - state	If born in the U.S., what is your state of birth?	X	X	X	X	X	X	X	X	X	X
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?	X	X	X	X	X	X	X	X	X	X
CID-13	Driver's license state	For which state do you have a valid driver's license or state identification card?	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								
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 do you have, if any?	X	X								

Table of CalOMS Data Elements and Data Collection Points

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

Table of CalOMS Data Elements and Data Collection Points

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y D	DL	S	Y D	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
ADU-3	Primary drug route of administration	What is your usual route of administration for the primary drug?	X	X		X	X		X	X		
ADU-4	Primary drug age of first use	What was your age the first time you used the primary drug?	X	X		X	X		X	X		
ADU-5a	Secondary drug code	What is your secondary alcohol or drug problem	X	X		X	X		X	X		
ADU-5b	Secondary drug name	What is your secondary alcohol or drug problem?	X	X		X	X		X	X		
ADU-6	Secondary drug frequency	How many days in the past 30 days have you used the secondary drug?	X	X		X	X		X	X		
ADU-7	Secondary drug route of administration	What is your usual route of administration for the secondary drug?	X	X		X	X		X	X		
ADU-8	Secondary drug age first use	What was your age the first time you used the secondary drug?	X	X		X	X		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	IV use	Have you used needles to inject in the last 30 days?	X			X			X			
ADU-11	Needle use in last 12 months	Have you used needles during 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 your highest school grade completed?	X	X								
LEG-1	Criminal justice status	What is your criminal justice status?	X	X								

Table of CalOMS Data Elements and Data Collection Points

Item Number	Element	Question	Admission			Annual Update			Discharge				
			S	Y D	DL	S	Y D	DL	S	Y D	A	DL	
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative										
LEG-2	CDC number	What is your CA Department of Corrections (CDC) identification number?	X										
LEG-3	Number arrests last 30 days	How many times have you been arrested in the past 30 days?	X	X									
LEG-4	Number jail days last 30 days	How many days have you been in jail in the last 30 days?	X			X			X				
LEG-5	Number prison days last 30 days	How many days have you been in prison in the last 30 days?	X			X			X				
LEG-6	PSN	Are you a parolee in the Parolee Services Network (PSN)?	X										
LEG-7	FOTP parolee	Are you a parolee in the Female Offender Treatment Program (FOTP)?	X										
LEG-8	FOTP priority status	What is your FOTP priority status?	X										
MED-1	Medi-Cal beneficiary	Are you a Medi-Cal beneficiary?	X	X									
MED-2	ER last 30 days	How many times have you visited an ER in the last 30 days for physical health problems?	X			X			X				
MED-3	Hospital overnight last 30 days	How many days have you stayed overnight in a hospital for physical health problems in the last 30 days?	X			X			X				
MED-4	Medical problems last 30 days	How many days have you experienced physical health problems in the last 30 days?	X			X			X				
MED-5	Pregnant at admission	Are you pregnant?	X	X									
MED-6	Pregnant during treatment	Were you pregnant at any time during treatment?				X	X		X	X			
MED-7	Medication prescribed as part of treatment	Medication prescribed as part of treatment.	X	X									
MED-8	CD: TB	Have you been diagnosed with Tuberculosis?	X										
MED-9	CD: HepC	Have you been diagnosed with Hepatitis C?	X										

Table of CalOMS Data Elements and Data Collection Points

Item Number	Element	Question	Admission			Annual Update			Discharge				
			S	Y D	DL	S	Y D	DL	S	Y D	A	DL	
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative										
MED-10	CD: STD	Have you been diagnosed with a sexually transmitted disease?	X										
MED-11	HIV Tested	Have you been tested for HIV/AIDS?	X			X			X				
MED-12	HIV test results	Do you have the results of the HIV/AIDS test?	X			X			X				
MHD-1	Mental illness	Have you ever been diagnosed with a mental illness?	X	X		X	X		X	X			
MHD-2	ER use/mental health	How many times in the past 30 days have you received outpatient emergency services for mental health needs?	X			X			X				
MHD-3	Psychiatric facility use	How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?	X			X			X				
MHD-4	Mental health medication	In the past 30 days, have you taken prescribed medication for mental health needs?	X			X			X				
SOC-1	Social support	How many days in the last 30 days have you participate in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, attending meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?	X	X		X	X		X	X			
SOC-2	Current living arrangements	What are your current living arrangements?	X	X		X	X		X	X			
SOC-3	Living w/someone	How many days in the past 30 days have you lived with someone who uses AOD?	X			X			X				
SOC-4	Family conflict last 30 days	How many days in the past 30 days have you had serious conflicts with your family?	X			X			X				
SOC-5	Number of children	How many children do you have aged 17 or less (birth or adopted) whether they live with you or not?	X			X			X				

Table of CalOMS Data Elements and Data Collection Points

Item Number	Element	Question	Admission			Annual Update			Discharge			
			S	Y D	DL	S	Y D	DL	S	Y D	A	DL
			S=Standard; Y/D=Youth/Detox; DL=Deletion; A=Administrative									
SOC-6	Number children 5 or younger	How many children do you have aged 5 or younger?	X			X			X			
SOC-7	Number children living w/someone else	How many of your children are living with someone else because of a child protection court order	X			X			X			
SOC-8	Number children living w/someone else	If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?	X			X			X			

County Codes

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

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

State Codes

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

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
ADM-4	Type of service	Type of service
ADM-5	Source of referral	What is your principal source of referral?
ADM-6	Days waited to enter treatment	How many days were you on a waiting list before you were admitted to this treatment program?
ADM-7	Number of prior episodes	What is the number of prior episodes in any AOD treatment/recovery program in which you have participated?
ADM-8	CalWORKs recipient	Are you a CalWORKs recipient?
ADM-9	Treatment under CalWORKs	Are you a substance abuse treatment client under CalWORKs recipient's welfare-to-work plan?
ADM-10	County paying for services	What is the code of the county paying for the services/for which the services are being delivered?
ADM-11	Special services contract ID	What is the special services contract ID number under which the services were performed?
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 last 12 months	Have you used needles during the past twelve months?
EMP-5	Highest school grade completed	What is your highest school grade completed?

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

Item Number	Element	Question
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?
MED-1	Medi-Cal beneficiary	Are you a Medi-Cal beneficiary?
MED-5	Pregnant at admission	Are you pregnant?
MED-7	Medication prescribed as part of treatment	Medication prescribed as part of treatment.
MED-8	CD: TB	Have you been diagnosed with Tuberculosis?
MED-9	CD: HepC	Have you been diagnosed with Hepatitis C?
MED-10	CD: STD	Have you been diagnosed with a sexually transmitted disease?
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?