

# User Guide

## DATA COLLECTION

# LACPRS/CalOMS Tx

Los Angeles County Participant Reporting System,  
the local version of the Department of Health Care Services  
California Outcome Measurement System for Treatment

**Health Outcomes and Data Analytics**

February 2026

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# Section 1. Introduction

## 1.1. Purpose

This user's manual is intended to provide data collection rules and guidelines to Los Angeles County (LAC) provider staff who collect and report admission and discharge data on clients admitted to publicly funded substance use disorder (SUD) treatment programs for the California Outcomes Measurement Services (CalOMS)/Los Angeles County Participant Reporting System (LACPRS) via the Sage electronic health record system. It is a detailed guide that describes valid response options for each question, and how responses should be collected for each data element. CalOMS/LACPRS data is used to fulfill federal, state, and county reporting requirements for every admission, discharge, or annual update for each SUD treatment service recipient. The user's manual provides information about the rationale and business needs for data collection and the intended use of the collected data.

CalOMS/LACPRS includes data elements that gather information on client characteristics, social factors, physical and mental health, employment, and criminal justice information in addition to drug use and treatment. Importantly, CalOMS/LACPRS includes data elements that serve as SUD treatment and/or recovery outcomes measures, which are obtained by measuring changes in client responses at admission and discharge. A key premise underlying SUD treatment and/or recovery support services delivery is that SUD services have a positive influence on SUD users/abusers, as well as on the systems with which they interact, such as law enforcement or social welfare agencies. Outcome data is necessary in order to identify what is working well for SUD service recipients, and what is not. Therefore, collecting outcomes information facilitates improvement of service delivery.

## 1.2. Facilities Required to Report CalOMS/LACPRS Data

Community SUD treatment facilities required to report CalOMS/LACPRS data include:

- Facilities that provide SUD treatment services including outpatient at risk, outpatient, intensive outpatient, residential, withdrawal management, or opioid treatment services, as well as recovery support services.
- Facilities that receive funding from DHCS for the services listed above must report CalOMS/LACPRS data on all clients, regardless of the source of funding for individual clients. For example, if a provider receives DHCS funding, but provides services to a client using only County funds, or provides services to a private-pay client, the provider must still collect and submit CalOMS/LACPRS data for that client.

Facilities exempt from reporting CalOMS/LACPRS data include:

- Facilities that provide SUD education and prevention services
- Driving Under the Influence (DUI) / Driving While Intoxicated (DWI) programs
- Transitional or sober living centers such as Recovery Bridge Housing (RBH)

### 1.3. Individuals to Report CalOMS/LACPRS Data

All CalOMS/LACPRS data elements must be collected for all SUD service recipients by all providers that receive funding from DHCS, regardless of the type of admission or funds used for the service recipient.

Before CalOMS/LACPRS data are collected, a program participant must have:

- A SUD-related problem
- Given his/her consent to participate in treatment, if applicable
- Completed assessment and admission procedures
- An individual treatment or recovery plan
- Been formally admitted to a SUD program facility for treatment or recovery services (i.e., treatment or recovery support services must have commenced)

Do not report CalOMS/LACPRS data elements for individuals who:

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

### 1.4. Data Collection

All CalOMS/LACPRS data fields must be collected from each participant, unless the data field is system generated or auto filled or indicated as optional. Blank fields, incomplete entries, and invalid entries will result in rejection of the admission records. Records submitted cannot be “data duplicates” with the same values for Submitter, Date of Admission, Admission Transaction Type, Type of Treatment Service, Gender, Date of Birth, Birth First Name, Birth Last Name, and Mother’s First Name.

#### 1.4.1. Overview of Data Fields

Providers are required to collect data at admission from all SUD service recipients on the following:

- Identification
- Demographics
- Admission characteristics
- Participation in social programs
- Drug use
- Employment
- Criminal justice involvement
- Physical health
- Mental health, and family and social experiences at the time of admission

Providers are required to collect data at discharge for all SUD service recipients on the following:

- Discharge characteristics
- Referrals
- Case management
- Participation in social programs
- Drug use
- Employment
- Criminal justice involvement
- Physical health
- Mental health
- Family and social experiences

Data field descriptions, allowable values, and data entry instructions are provided for each data field. A large number of data fields collected for annual updates and at discharge are exactly the same as those collected at admission. Thus, detailed information for these repeated annual update and discharge data fields are not provided. Counselors, county/provider staff, and other data collectors can refer to the corresponding data fields in the admission data section (Section 2), as mapped in Sections 4, 5, and 6.

#### **1.4.2. Required Fields and Submission**

Data fields will be disabled or enabled according to the responses entered for previous data fields. Counselors, county/provider staff, and other data collectors are required to ask all clients all of the enabled CalOMS/LACPRS questions/data fields, and report accurate and valid responses for each enabled data field. Some data fields will be pre-populated from data entered in a previous form. Errors in entering data into the fields will result in an error message, and the record cannot be submitted until the errors are corrected.

All admission data must be gathered within 7 days of a person's entry into treatment, regardless of the circumstances for admission.

The minimum data set includes data elements on:

- Treatment location
- Level of Care
- Residence and living arrangements
- Recovery Bridge Housing
- Preferred language
- Source of Referral
- Medi-Cal eligibility
- Perception of personal responsibilities
- Primary and secondary drug use
- Alcohol Use
- Criminal Justice Status
- Physical and mental health
- Emergency Room Visits

- Psychiatric Facility Use
- Mental Health Medication Use
- Arrests and incarceration
- Social support

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

### **1.4.3. Alternative Values**

A normal, valid response may not be given for all questions in certain situations, which may result in errors that prevent the successful submission of the record. Complete data is important for quality and useful data. When a normal, valid response cannot be given, it is important to know why the question was not answered.

For some fields, alternative values may be entered in the case that the client declines to state an answer to the question; the client does not know the answer to the question, the question does not apply to the client; or the client is unable to answer the question due to a developmental disability, or the client is in a withdrawal management level of care (i.e. intoxicated or unstable). The alternative values are as follows:

- 99900 – Client declined to state
- 99901 – Don't know
- 99902 – Not applicable
- 99904 – Client may be unable to answer

### **1.4.4. Transfers or Changes in Service or Location**

If a client transfers from one level of care (LOC) to another (e.g., residential to outpatient) or from one location to another with no unplanned breaks in services exceeding 30 days, then “Transfer” must be selected for the “Transaction type” field.

Whenever a client transfers from one LOC to another, there must be a discharge from one LOC and a new admission to the next, even within the same facility/location. However, if a client transfers within 5 calendar days from one LOC to another within the same facility/location, then the discharge data from the first LOC can be used for the admission data in the next LOC. If a client transfers from one location to another, there must also be a discharge from the previous location and a new admission at the new location. This is because CalOMS/LACPRS 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 LOC or location to entry in the LOC or location they are transferred to.

Movement within the same residential facility/location from 3.1 to 3.3 to 3.5, or from 3.5 to 3.3 to 3.1) would not be considered a change in LOC. Thus a discharge from one residential LOC and a new admission to the next would not be required.

### **1.4.5. Withdrawal Management Clients**

All CalOMS/LACPRS fields are required in withdrawal management admission records. However, some clients in withdrawal management service may be unstable (e.g., under the influence of alcohol or other drugs or experiencing withdrawal symptoms) and unable to answer many of the admission questions. Thus, admission data collection is inappropriate for these clients because it prolongs the client's discomfort and may result in collection of inaccurate data.

If the provider determines that a withdrawal management client is too unstable to answer the full set of CalOMS/LACPRS questions, counties and direct providers are still required to collect a minimum data set from these individuals. Once an unstable withdrawal management patient has become stable and is deemed capable of completing the CalOMS/LACPRS questions by the provider, the provider must finish collecting the remaining CalOMS/LACPRS questions.

## **Section 2. CalOMS/LACPRS Admission Data Group**

CalOMS/LACPRS admission data fields collected at admission include those on client identification and demographics, transaction type, referral sources and participation in other public programs, drug use, employment, criminal justice involvement, physical and mental health, and family/social experiences.

Please note that many of the responses to the questions are listed in alphabetical order.

### **2.1. Client Identification and Demographics**

Personal information about clients is critical because it enables tracking of individual clients as they move through the system and levels of care. This information will be used to identify the treatment services an individual receives through the continuum of care.

Thus, it is critical to pay close attention when creating or identifying client profiles, and when collecting and entering client identification and demographic data. Errors in these fields should be corrected as soon as they are discovered.

## Question Field

**Cal OMS Submission Details**

**1.1. Admission Date \***      **Unique Participant ID:** HA1010105

**1.2. Location of Admission \***  **Flag for Cal-OMS Submission \***  Yes  No

**1.3. Level of Care Admitted**  **Flag for Resubmission ?**  Yes  No

**Cal-OMS Type of Service**

**1.4. Record to be Submitted \***    **Form Serial Number \***

**Client Identification**

**1.5. Birth Last Name** HODA **1.6. Birth First Name** ABC **1.7. Place of Birth - State \***   **1.8. Place of Birth - County \***

**1.9. Current Last Name \***  **1.10. Current First Name \***  **1.11. Driver's License State**   **1.12. Driver's License Number**

**1.13. Social Security Number \***  **1.14. Zip Code At Current Residence \***  **1.15. Mother's First Name \***

**Race**

**1.16. What is your race? \***

**1.16a. Race 1**

**1.16b. Race 2**

**1.16c. Race 3**

**1.16d. Race 4**

**1.16e. Race 5**

**1.16f. Other Race (Specify)**

**▼ Ethnicity**

1.17. Ethnicity \*  
 Select

South American (Specify)  
 \_\_\_\_\_

1.18. What is your marital status? \*  
 Select

1.19. What is the primary language you speak at home? \*  
 Select

Other Primary Language (Specify)  
 \_\_\_\_\_

1.20. How well do you speak English? \*  
 Select

1.21. Which language do you prefer to receive treatment services in? \*  
 Select

Other Preferred Language (Specify)  
 \_\_\_\_\_

---

**▼ Veteran Consent and Disability Data**

1.22. Veteran \*  
 No                       Yes  
 Client declined to state     Client unable to answer

1.23. Consent \*  
 No                                       Yes

1.24. Disability \*  
 None  
 Visual  
 Hearing  
 Speech  
 Mobility  
 Mental  
 Developmentally Disabled  
 Other  
 Client declined to state  
 Client unable to answer

---

**▼ Sexual History**

1.25. When you have sex, do you wear condoms?  
 Select



### 2.1.1. Admission Date

The admission date is used to indicate the date of the client’s admission to the provider’s treatment program.

Field	Admission Date	
<b>Allowable Values</b>		
MM/DD/YYYY (Date)	MM	Two-digit month
	DD	Two-digit day
	YYYY	Four-digit year
<b>Data Entry Instructions</b>		
1	The month, day, and year entered must be the day that the client’s treatment services began.	
2	Admission Date must be on or before Discharge Date.	
3	An individual cannot concurrently have two or more admissions for the same type of services.	

### 2.1.2. Location of Admission

This field indicates the service location or facility providing the treatment or recovery support services.

All service locations available for a providing agency are listed in the drop-down menu, and a specific service location that a client is receiving treatment or recovery support services should be selected.

Field	Location of Admission
<b>Allowable Values</b>	
A drop-down list of Agency - Facility location (address or site name)	

### 2.1.3. Level of Care Admitted

This field indicates the American Society of Addiction Medicine (ASAM) level of care under which the client was admitted. All ASAM designated levels of care for a selected location of admission are listed in the drop-down menu, and a specific level of care that a client is admitted to should be selected.

Field	Level of Care Admitted
<b>Allowable Values</b>	
ASAM 0.5 (Youth and Young Adults 12-20 Only)	
<del>ASAM 1.0 – Outpatient for At-Risk (Youth-a (do not choose this one))</del>	
Outpatient Services	
Intensive Outpatient	
Residential-3.1 (Clinically Managed Low Intensity Residential)	

Residential-3.3 (Clinically Managed Population-Specific High Intensity Residential)
Residential-3.5 (Clinically Managed High Intensity Residential)
Inpatient-3.7 (Medically Monitored Intensive Inpatient Services)
Inpatient-4.0 (Medically Managed Intensive Inpatient Service)
Opioid Treatment Program
Opioid Treatment Program - Detoxification
Withdrawal Management-1 (Ambulatory Withdrawal Management without Extended On-Site Monitoring)
Withdrawal Management-2 (Ambulatory Withdrawal Management with Extended On-Site Monitoring)
Withdrawal Management-3.2 (Clinically Managed Residential Withdrawal Management)
Inpatient Withdrawal Management-3.7 (Medically Monitored Inpatient Withdrawal Management)
Inpatient Withdrawal Management -4.0 (Medically Managed Inpatient Withdrawal Management)
Recovery Support Services
RBH (do not choose this one)
<del>Respite and Recovery-Sobering Center</del> (do not choose this one)
<b>Data Entry Instructions</b>
ASAM 0.5 – Outpatient for At-Risk is for youth (12-17 years) and young adults (18-20 years) only. Please do NOT select these options:
<ul style="list-style-type: none"> <li>• ASAM 1.0- Outpatient for At-Risk (Youth a</li> <li>• RBH</li> <li>• Respite and Recovery-Sobering Center</li> </ul>

### 2.1.4. Record to be Submitted

This data field describes the type of form or transaction being reported.

Field	Record to be Submitted
<b>Allowable Values</b>	
Admission	
<del>Admission delete</del> (do not select)	
<del>Admission update</del> (do not select)	
<del>Correction to admission</del> (do not select)	
<del>None</del> (do not select)	
<b>Data Entry Instructions</b>	
Please use only “Admission”	



### 2.1.5. Birth Last Name

This field is critical in allowing counties and providers to identify participants.

Field	Birth Last Name
<b>Allowable Values</b>	
Corrections should be made in the “Admission (Outpatient)” or “Update Client Data” forms in Sage	

### 2.1.6. Birth First Name

This field is critical in allowing counties and providers to identify participants.

Field	Birth First Name
<b>Allowable Values</b>	
Corrections should be made in the “Admission (Outpatient)” or “Update Client Data” forms in Sage	

### 2.1.7. Place of Birth – State

This item identifies the client’s state of birth.

Field	Place of Birth – State (What state were you born in?)
<b>Allowable Values</b>	
(Select a State name) OR CHOOSE: <ul style="list-style-type: none"><li>• Other (born outside of U.S.)</li></ul>	
<b>Data Entry Instructions</b>	
1	If “Place of Birth – State” is “Born outside of US”, then select “Other (born outside of CA)” in the “Place of Birth – County” field.
2	If the individual cannot remember or does not know what state s/he was born in, select the state in which the individual is living.

### 2.1.8 Place of Birth – County

This field indicates the client’s county of birth.

Field	Place of Birth – County (What county were you born in?)
<b>Allowable Values</b>	
(Write down a California county name) OR CHOOSE: <ul style="list-style-type: none"><li>• Other (born outside of CA)</li></ul>	
<b>Data Entry Instructions</b>	
1	If “Place of Birth – County” is a county within California, then California must be selected in the “Place of Birth – State” field.
2	If the individual cannot remember or does not know what county s/he was born in, enter the county in which the individual is living.



### 2.1.9. Current Last Name

This field indicates the client's current last name.

Field	Current Last Name
<b>Allowable Values</b>	
Alphabetic name containing at least two letters	
99904 (client unable to answer)	

### 2.1.10 Current First Name

This field indicates the client's current first name.

Field	Current First Name
<b>Allowable Values</b>	
Alphabetic name containing at least two letters	
99902 (not applicable)	
99904 (client unable to answer)	

### 2.1.11. Driver's License State

State for which the client has a valid driver's license or state identification (ID) card.

Field	Driver's License State (For which state is your driver's license/ID?)
<b>Allowable Values</b>	
(Select the state name) OR CHOOSE: <ul style="list-style-type: none"><li>• Client unable to answer</li><li>• Client declined to state</li><li>• None or not applicable</li></ul>	
<b>Data Entry Instructions</b>	
If a client does not have a valid driver's license or state ID card, then select 'None or not applicable'.	

### 2.1.12. Driver's License Number

This item identifies the client's driver's license number or state identification (ID) card number.

Field	Driver's License Number (What is your driver's license or state ID number?)
<b>Allowable Values</b>	
Alpha-numeric driver's license or state ID number, up to 13 characters	
99900 (client declines to state)	
99902 (not applicable)	

### 2.1.13. Social Security Number

This field indicates the client's social security number.

Field	Social Security Number
<b>Allowable Values</b>	
9-digit social security number, without dashes (e.g., 123456789)	
99900 (client declines to state)	
99902 (not applicable)	
99904 (client unable to answer)	

### 2.1.14. Zip Code at Current Residence

This field indicates the client's zip code of current residence. Zip code is used to identify the client's county, Service Planning Area, and Supervisorial District of residency.

Field	Zip Code at Current Residence
<b>Allowable Values</b>	
5-digit zip code of current residence	
00000 (homeless)	
XXXXX (client declines to state)	
ZZZZZ (client unable to answer)	
<b>Data Entry Instructions</b>	
1	If the client is homeless and/or lives in a shelter, enter "00000".
2	XXXXX and ZZZZZ are case sensitive.

### 2.1.15. Mother's First Name

This item identifies the first name of the client's mother, or the individual the client considers to be his/her mother (e.g. grandmother, adopted mother, etc.).

Field	Mother's first name
<b>Allowable Values</b>	
Alphabetic name containing at least two letters	
99904 (unable to answer)	
<b>Data Entry Instructions</b>	
1	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.

2	If a person is unable to provide a name or cannot recall his/her mother's name, enter "mother," "mom," or ask the person to provide a nickname s/he called their mother by.
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### 2.1.16. Race

This item identifies the client's race. Race information is necessary to meet federal TEDS reporting requirements. Collecting data on race also provides demographic information about individuals receiving SUD services, which can help identify ways to reduce racial disparities in service delivery, if any, and address specific racial needs in treatment services.

Field	What is your race?
<b>Allowable Values</b>	
Alaskan Native	Guamanian      Other Asian
American Indian	Hawaiian      Other Race (Specify)
Armenian	Iranian      Samoan
Asian Indian	Japanese      Thai
Black/African American	Korean      Vietnamese
Cambodian	Laotian      White/Caucasian
Chinese	Middle Eastern
Filipino	Mixed Race
<b>Data Entry Instructions</b>	
1	For clients of mixed race, select "Mixed Race" in the "Race" field, then specify the mixed races in the "Race (1)" to "Race (5)" fields. For example, if a client is of mixed White and Black/African race, select "Mixed Race" in the Race field, then select "White" for the "Race (1)" field and "Black/African" for the "Race (2)" field. Race (3) to Race (5) will not be answered.
2	If "Mixed Race" is selected, then Race (1) to Race (5) is enabled, and at least Race (1) and Race (2) must be answered. "Other Race (specify)" cannot be chosen as Race (1).

### 2.1.16a. Race 1

Field	Race 1
<b>Allowable Values</b>	
Alaskan Native	Guamanian <del>Other Race (Specify: _____)</del>
American Indian	Hawaiian      Samoan
Armenian	Iranian      Thai
Asian Indian	Japanese      Vietnamese
Black/African	Korean      White
Cambodian	Laotian



Chinese	Middle Eastern	
Filipino	Other Asian	
Data Entry Instructions		
1	Specify a race.	

### 2.1.16b. Race 2

Field	Race 2	
Allowable Values		
Alaskan Native	Guamanian	Other Race (Specify: _____)
American Indian	Hawaiian	Samoan
Armenian	Iranian	Thai
Asian Indian	Japanese	Vietnamese
Black/African	Korean	White
Cambodian	Laotian	
Chinese	Middle Eastern	
Filipino	Other Asian	
Data Entry Instructions		
1	Specify a race which are not chosen in the Race 1.	

### 2.1.16c. Race 3

Field	Race 3	
Allowable Values		
Alaskan Native	Guamanian	Other Race (Specify: _____)
American Indian	Hawaiian	Samoan
Armenian	Iranian	Thai
Asian Indian	Japanese	Vietnamese
Black/African	Korean	White
Cambodian	Laotian	
Chinese	Middle Eastern	
Filipino	Other Asian	
Data Entry Instructions		
1	Specify a race which are not chosen in the Race 1 or 2 if more than 2)	

### 2.1.16d. Race 4

Field	Race 4
-------	--------



Allowable Values		
Alaskan Native	Guamanian	Other Race (Specify:_____)
American Indian	Hawaiian	Samoan
Armenian	Iranian	Thai
Asian Indian	Japanese	Vietnamese
Black/African	Korean	White
Cambodian	Laotian	
Chinese	Middle Eastern	
Filipino	Other Asian	
Data Entry Instructions		
1	Specify a race which are not chosen in the Race 1 to 3 if more than 3)	

### 2.1.16e. Race 5

Field	Race 5	
Allowable Values		
Alaskan Native	Guamanian	Other Race (Specify:_____)
American Indian	Hawaiian	Samoan
Armenian	Iranian	Thai
Asian Indian	Japanese	Vietnamese
Black/African	Korean	White
Cambodian	Laotian	
Chinese	Middle Eastern	
Filipino	Other Asian	
Data Entry Instructions		
1	Specify a race which are not chosen in the Race 1 to 4 if more than 4)	

### 2.1.16f. Other Race (Specify)

This field specifies the client's race if it was not listed in the options for the "Race" field.

Field	Other Race (Specify)
Allowable Values	
A race not listed in the "Race" field options	

### 2.1.17. Ethnicity

This item identifies the client's ethnicity. Ethnic information is necessary to meet federal TEDS reporting requirements and provides demographic information about individuals receiving SUD

services, which can help identify ways to improve ethnic disparity in service delivery, if any, and address specific ethnic needs in treatment services.

Field	Ethnicity
<b>Allowable Values</b>	
Belizean	Nicaraguan
Costa Rican	Not Hispanic
Cuban	Other Hispanic/Latino
Dominican	Panamanian
Guatemalan	Puerto Rican
Honduran	Salvadoran
Mexican/Mexican American	South American (Specify)

### 2.1.17a. South American (Specify)

This field allows the client to specify his/her South American ethnicity.

Field	South American (Specify)
<b>Allowable Values</b>	
A South American ethnicity	

### 2.1.18. Marital Status

This field indicates the client's current marital status.

Field	What is your marital status?
<b>Allowable Values</b>	
Divorced	
Married	
Separated	
Single (Never Married)	
Widowed	

### 2.1.19. Primary Language at Home

This field indicates the language that the client primarily speaks at home. Knowing the number of primary languages spoken at home among SUD clients in Los Angeles County can help identify ways to improve service delivery by addressing specific language service needs.

Field	What is the primary language you speak at home?
<b>Allowable Values</b>	
Arabic	Korean
Armenian	Mandarin

Cantonese	Other primary language (Specify)
Chinese	Russian
English	Spanish
Farsi	Tagalog
Hmong	Vietnamese
Khmer	

### 2.1.19a. Other Primary Language (Specify)

This field specifies the client's primary language if it was not listed in the options for the "Primary Language at Home" field.

Field	Other Primary Language (Specify)
<b>Allowable Values</b>	
A primary language not listed in the "Primary Language at Home" field options	

### 2.1.20. English Proficiency

This field indicates the client's perception of his or her ability to speak English for those who indicate a primary spoken home language other than English.

Field	How well do you speak English?
<b>Allowable Values</b>	
1. Very Well	
2. Well	
3. Somewhat well	
4. Not well	
5. Not at all	

### 2.1.21. Preferred Treatment Language

This field indicates the language in which the client prefers to receive treatment.

Field	What language do you prefer to receive treatment services in?
<b>Allowable Values</b>	
Arabic	Korean
Armenian	Mandarin
Cantonese	Other primary language (Specify:)
Chinese	Russian
English	Spanish
Farsi	Tagalog

Hmong	Vietnamese
Khmer	

### 2.1.21a. Other Preferred Language (Specify)

This field specifies the client’s preferred language for treatment services if it was not listed in the options for the “Preferred Treatment Language” field.

Field	Other Preferred Language (Specify)
<b>Allowable Values</b>	
A language the clients prefers to receive treatment services in that was not listed as an option in the “Preferred Treatment Language” field.	

### 2.1.22. Veteran

This field identifies whether the client is a veteran. Collecting this information provides an estimate of the number of veterans seeking SUD services in California.

Field	Veteran
<b>Allowable Values</b>	
Client declined to state	
Client unable to answer	
No	
Yes	
<b>Data Entry Instructions</b>	
Client must be 17 or older.	

### 2.1.23. Consent

This item identifies whether a client has given consent to be contacted in the future following treatment discharge.

Field	Consent
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instructions</b>	
Set to “no” as default.	

### 2.1.24. Disability

This item identifies whether a client has a disability. Collection of data on disabilities enables counties to measure the number of persons with disabilities. This information is valuable for needs assessment and improvement of service delivery among persons with disability.



Field	Disability
<b>Allowable Values</b>	
None	Mental
Visual	Developmentally Disabled
Hearing	Other
Speech	Client declined to state
Mobility	Client unable to answer
<b>Data Entry Instructions</b>	
1	Choose all that apply. If “None” is selected, no other values can be selected
2	A client may have more than one disability.

### 2.1.25. Condom Use

This field indicates whether the youth client uses condoms when having sex.

Field	When you have sex, do you wear condom?
<b>Allowable Values</b>	
	Always
	Often
	Sometimes
	Rarely
	Never
	Client Declined to Answer
<b>Data Entry Instruction</b>	
	This question is for <b>youth only</b> .

## 2.2. Transaction Data

Transaction information describes the type of transaction being reported (initial admission vs transfer or change in service).

### Question Field

2.1. Admission Transaction Type

Initial Admission

Transfer or change in service

#### 2.2.1. Admission Transaction Type

Skip this question.

## 2.3. Admission Data

Admission data fields collect administrative information related to referral sources, Drug Medi-Cal eligibility, and participation in other funding programs. This information is critical to identify and verify funding sources applicable for a client (e.g., Drug Medi-Cal, My Health LA) and can help to determine other applicable funding programs (e.g., CalWORKs, AB 109) for the SUD treatment services.



## Question Field

**Admission Data**

3.1. Proposition 36 Participant? \*  
 Yes  No

3.2. What is your Principal Source of Referral? \*  
Select

3.3. Days Waited to Enter Treatment \*

3.4. Number of Prior Episodes \*

3.5. Is the client a Medi-Cal beneficiary (eligibility determined)? \*  
Select

3.6. CIN

**Funding Programs**

3.7. Other Funding Programs (Choose all that apply) \*  
All | Clear Search

- AB109
- Adult Drug Court
- CalWORKS (API)
- CalWORKS Detox
- CalWORKS Family Solution Center
- CalWORKS

3.8. CalWORKs Recipient \*  
 No  Yes  
 Not sure/Don't Know

3.9. Substance Abuse Treatment Under CalWORKs \*  
 No  Yes  
 Not sure/Don't Know

**RBH**

3.10. Is the client in or being admitted to Recovery Bridge Housing? \*  
Select

**Field Based Services**

3.11. Field Based Services? \*  
Select

3.12. Type of Field Based Services (check all that apply)  
All | Clear Search

- Alcohol Drug Testing
- Assessment (Triage, Continuum)
- Case Management
- Collateral Services
- Crisis Intervention

3.13. Field Based Services Location  
Select

Other Field Based Location (Specify)

3.14. JJCPA/Schiff-Cardenas  
 Yes  No

**Personal Responsibility Assessment**

3.15. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good) \*

### 2.3.1. Proposition 36

This field indicates whether the client is a Proposition 36 participant.

Field	Proposition 36 Participant?
<b>Allowable Values</b>	
	No
	Yes

### 2.3.2. Source of Referral

This field identifies how the client was referred to the program, or what the source of referral is.

Field	What is your Principal Source of Referral? (Choose one)
<b>Allowable Values</b>	
Value	Description
12 Step Mutual Aid	Includes programs such as Alcoholics Anonymous, or Al-Anon.
2 <sup>nd</sup> Chance Women's Reentry Court	Includes females over age 18 who are paroled from the California Department of Corrections and Rehabilitation that have re-offended with a non-violent, non-serious felony charge and are at high risk of returning to State prison.
Adult Felon Drug Court	Includes any Adult Drug Court client (older than 17) that is charged with, or convicted of a felony. Do not use this code for misdemeanants.
Alcohol/Drug Abuse Care Program (Including previous level of care)	Includes any program whose activities are primarily related to SUD prevention, education or recovery services. Includes previous level of care.
Child Protective Services	Any client referred into treatment by CPS, and is not referred into treatment by a Dependency Drug Court (Family Drug Court) Program.
Client Engagement Navigation Services (CENS)	Any client that is referred by CENS, which is operated by SUD assessors and navigators at co-located state, county, and city facilities. CENS targets populations who require face-to-face and higher touch interactions to access SUD treatment, and provides client engagement, SUD screening, provider matching, referral and linkage to providers, eligibility screening, and other resources as needed.
Co-occurring Drug Court	Includes any non-violent felony drug offenders who have both a severe chronic substance abuse disorder and a serious persistent mental illness, are homeless or at risk of homelessness, and had frequent contacts with the criminal justice system.
Community Collaborative Court	Includes at-risk and vulnerable populations (e.g., veterans, transition age youth, at risk youth) who present complex issues that require collaborative solutions. Addresses mental health, homelessness, and substance use disorders.
DCFS	Department of Child and Family Services

Dependency Drug Court	Includes any adult client that is involved with the Child Protection Services (CPS) and referred to treatment by a Dependency Drug Court (Family Drug Court) Program. If the client is referred to treatment without the involvement of a Dependency Drug Court (Family Drug Court), the referral should be coded as a CPS referral.
DMH	Department of Mental Health
DPSS	Department of Public and Social Services
DUI/DWI	Includes licensed programs that provide counseling, education, and referrals for ancillary services to individuals who have been sentenced to complete a driving-under-the-influence (DUI) program as a condition of probation for a DUI conviction and who are seeking to regain their driving privileges with the Department of Motor Vehicles.
Employer/EAP	Includes a supervisor, personnel officer, employee counselor, or an agent of an Employee Assistance Program (EAP).
Family Dependency Drug Court	Includes adult male/female parents age 18 and older with children under the supervision of DCFS. Candidates are identified and referred by the responsible DCFS office of the corresponding Service Planning Area, dependency attorneys for parents and children, County Counsel, and/or judicial officers. Treatment services are made available to parents with active cases with DCFS and the Juvenile Dependency Court along with efforts for foster family reunification. Parents enter the program on a voluntary basis and are under court supervision for the duration of treatment.
Harm Reduction Agency/Syringe Services	Harm reduction syringe services programs provide access to naloxone, safer injection and smoking supplies, and education
Individual includes self-referral	Includes self-referral, family member or friend. If a client reports “self-referred” but they have been referred by another agency, use the client’s administrative paperwork as the referral source.
Misdemeanor Drug Treatment Program	Includes misdemeanor drug defendants sentenced under Proposition 47 who are referred by the Los Angeles Superior Court for substance use treatment.
Non-SACPA court/Criminal Justice	Includes adult defendants who meet all of the following criteria: 1) Arrested in, or are residents of Los Angeles County; 2) Non-violent misdemeanor or felony drug offenders who use or possess a small amount of illegal drugs for personal use; and 3) Pled guilty and are sentenced contingent upon completion of an approved DPH–SAPC–contracted SUD treatment program. Defendants who accept a drug treatment sentence will be ordered to complete a screening at a CENS or an assessment at a SUD treatment provider and return to Court with proof of enrollment in a SUD treatment program.
Other Community Referral	Includes community and religious organizations or any agency that provides services in areas such as poverty relief, unemployment, shelter, or social welfare. Defense attorneys are included in this category.



Other Health Care Provider	Includes physicians, psychiatrists or other licensed health care or mental health professionals, general hospitals, psychiatric hospitals, mental health programs and nursing homes (e.g. LAC+USC Medical Center; Harbor-UCLA Medical Center; High Desert Medical Ambulatory Center; Olive View Medical Center; Other county health care facility; FQHC non-HWLA or non-LA Care; Health Way LA provider; LA Care provider, Community health clinic or free clinic)
PC1210	Includes adult offenders who were arrested in Los Angeles County or are residents of Los Angeles County with a first or second time non-violent offense of using, possessing, or transporting a small amount of illegal drugs for personal use. Client must be referred from the Courts whom pled guilty and have a suspended sentence contingent upon program completion.
Post-release Community Supervision (AB 109)	Refers to the realignment of Criminal Justice and Rehabilitation programs from the State to the counties. If this option is selected, then must select Post-release community supervision (AB109), or probation from any federal, state, or local jurisdiction for the Criminal Justice Status field.
SACPA/Prop 36/OTP/Probation or Parole	Any person that is sentenced under the law and is sent to treatment as a condition of probation or parole.
School/Educational	Includes school principals, counselors, teachers, a student assistance program or any other educational agency.
Sentence Offender Drug Court	Includes any high risk adult post-plea felony offenders who have extensive drug and alcohol histories, as well as extensive criminal histories. Offenders voluntarily enter treatment in lieu of incarceration, and criminal charges are dismissed upon successful program completion.
Substance Abuse Service Helpline (SASH)	Any client referred by SASH, which is a toll-free call line that performs initial screening and helps connect individuals seeking specialty SUD services to appropriate SUD providers in Los Angeles County.
Superior Court	Any client referred by Los Angeles Superior Court (LASC). Often referred to as “Court” or “Courts.”
Title IV-E Substance Abuse Demonstration Project	Title IV-E Youth Project is aimed at providing dedicated outpatient SUD treatment slots for probation involved youth at risk of entering foster care and youth transitioning from group homes to community placement in Service Planning Areas (SPA) 4, 6, 7, and 8. It targets individuals who are at imminent risk of removal from their home or are transitioning from a group home to community placement.
Whole Person Care (WPC)	The WPC’s Substance Use Disorder Engagement, Navigation and Support (SUD-ENS) Program is a two-month navigation program for high-risk individuals with SUD that helps them engage in treatment, accompany them to provider visits, address other social needs, and assist in transitioning between levels of care.



### 2.3.3. Days Waited to Enter Treatment

This field identifies the total number of days that the client was on a waiting list before being admitted into the treatment program due to limited program capacity. By gathering information about the length of time individuals seeking SUD services have to wait to receive services, counties and providers will be able to identify the areas and type of services in high demand and reallocate resources to those areas or services.

<b>Field</b>	<b>Days Waited to Enter Treatment</b> (How many days were you on the waiting list before you were admitted to the treatment program?)
<b>Allowable Values</b>	
A numeric value from 0 to 999	
<b>Data Entry Instructions</b>	
1	Days waited to enter treatment should only include days waited due to an unavailability of slots in a particular program or level of care, not days waited due to other circumstances unique to the individual's life (e.g., incarceration).
2	In some cases, it is the provider rather than the program participant that may have this information. In such case, it is acceptable for the provider to enter the number of days the individual was on the waiting list.
3	99901: Not sure/don't know

### 2.3.4. Number of Prior Episodes

This field identifies the total number of treatment episodes the client has participated in as a primary client.

<b>Field</b>	<b>Number of prior episodes</b>
<b>Allowable Values</b>	
A numeric value from 0 to 999	
<b>Data Entry Instructions</b>	
1	Only treatment episodes that the client has participated in as a primary client should be included in the count. Treatment episodes the client has participated as a co-dependent in any alcohol or drug treatment/recovery program should not be included.
2	99901: Not sure/don't know

### 2.3.5. Medi-Cal Eligibility

This field indicates if a client is a Medi-Cal beneficiary. After the launch of the DMC-ODS on July 1, 2017, Drug Medi-Cal (DMC) became the primary funding source for clients in LAC. Thus, it is important to determine whether the client is currently a Medi-Cal beneficiary, and to help the client enroll in Medi-Cal if he or she is eligible but not currently enrolled.

<b>Field</b>	<b>Is the client a Medi-Cal beneficiary (eligibility determined)?</b>
<b>Allowable Values</b>	

No	
Pending	
Yes	
Data Entry Instructions	
1	“Yes” is applicable for clients who have a CIN number, and Medi-Cal eligibility has been determined and verified through the Medicaid Eligibility Data System (MEDS). If this is chosen, collect CIN numbers.
2	“Pending” is applicable for clients who submitted a Medi-Cal application and received a CIN number at the time of admission, but Medi-Cal eligibility is still pending (i.e., not in MEDS yet). If this is chosen, collect application submission date and CIN number.
3	“No” is applicable for clients who did not submit the Medi-Cal application at the time of admission. If the clients are deemed eligible based on the eligibility verification form (e.g., income), providers can take active steps to ensure clients submit applications to DPSS during their intake process. Also, if clients meet medical necessity, providers should select either MHLA or other Non-DMC funding programs if applicable for “Other Funding Programs” field.

### 2.3.6. CIN

A Medi-Cal client identification number (CIN) is assigned when a Medi-Cal application is submitted. CIN will be used to verify a client’s Medi-Cal eligibility and enrollment. More information about CIN can be found at [https://files.medi-cal.ca.gov/pubsdoco/hfc\\_faq.asp](https://files.medi-cal.ca.gov/pubsdoco/hfc_faq.asp)

Field	CIN
Allowable Values	
Alpha-numeric Medi-Cal client identification number	
Data Entry Instructions	
1	If the CIN cannot be provided by the client at the time of interview during admission, contact the program eligibility worker or case manager to get the case number.
2	When the application was submitted, but the CIN was not received, then temporarily place “Pending.” Update this field as soon as the CIN is assigned.
3	Write Pending if Q.3 was answered “Pending”

### 2.3.7. Other Funding Programs

DMC is the primary funding source for clients in LAC. However, in the event that a client is not eligible for DMC, and/or DMC cannot cover the costs of treatment (e.g., room and board), other specified funding programs can be used if the client is eligible.

This field enables counties and providers to identify clients seeking and receiving SUD treatment services who are involved with other funding programs (e.g., General Relief, Drug Courts, AB109). Case numbers or other identifiers for the clients who participate or are deemed eligible for other funding programs must be collected within 7 days for billing purposes.

Field	Other Funding Programs (Choose all that apply)
-------	--



Allowable Values	
AB109	
Adult Drug Court	
CalWORKs	
CalWORKs (API)	
CalWORKs Detox	
CalWORKs Family Solution Center	
Client Ineligible for Federal Programs	
DCFS-PSSF (TLFR)	
Family Dependency Drug Court	
General Relief	
Juvenile In-custody Probation Camp	
None	
Perinatal Service	
Private Pay	
Probation / Day Reporting Center	
Probation JJCPA	
Probation Title IV E	
Prop 47	
Prop 57	
Women Children's Residential Treatment	
Data Entry Instructions	
1	If "Adult Drug Court", "Family Dependency Drug Court", "AB 109", "Prop 47", "Prop 57", "Juvenile In-custody Probation Camp", "Probation/Day reporting center", "probation JJCPA", or "Probation Title IV E" is selected, then "No Criminal Involvement" cannot be selected for the "Criminal Justice Status" field.
2	Choose all programs that apply and answer their linked questions. If "None", go to Q3.22. After answering this question and the linked questions, go to Q3.22
3	When clients are determined to be eligible for "Client Ineligible for Federal Programs" or "CIFP" status, please do the following to ensure services are supported by the appropriate funding streams, to track CIFP service utilization, and to ensure CIFP data is managed properly and securely.  Identify CIFP clients in CalOMS as follows: <ul style="list-style-type: none"> <li>a. Under "Is the client a Medi-Cal beneficiary (eligibility determined)?", select "NO"</li> <li>b. Under "Other funding programs," select "Client Ineligible for Federal Programs"</li> </ul>



	<p>When the Medi-Cal status changes for any clients and the client is eligible for “Client Ineligible for Federal Programs”, please follow the steps outlined below:</p> <ol style="list-style-type: none"> <li>2. Discharge from the current and existing CalOMS using the appropriate CalOMS Discharge forms and the “Medi-Cal” end date as the Discharge Date</li> <li>3. Open a new CalOMS Admission using the next date as the Admission Date <ol style="list-style-type: none"> <li>a. Under “Is the client a Medi-Cal beneficiary (eligibility determined)?”, select “NO”</li> <li>b. Under “Other funding programs,” select “Client Ineligible for Federal Programs”</li> </ol> </li> </ol>
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### 2.3.8. CalWORKs Recipient

This field indicates whether the client is a CalWORKs recipient.

<b>Field</b>	<b>CalWORKs Recipient</b>
<b>Allowable Values</b>	
(System provides default answer based on response to Q3.8)	

### 2.3.9. Substance Abuse Treatment Under CalWORKs

This field identifies whether the adult client is undergoing substance abuse treatment under CalWORKs. This field enables counties and providers to track the number of individuals receiving SUD services through CalWORKs.

<b>Field</b>	<b>Are you under CalWORKs recipient's welfare-to-work plan?</b>
<b>Allowable Values</b>	
(System provides default answer based on response to Q3.8)	

### 2.3.10. Recovery Bridge Housing

Recovery Bridge Housing (RBH) is a type of abstinence-based, peer supported housing that combines a subsidy for recovery residences with concurrent treatment in outpatient (OP), intensive outpatient (IOP), Opioid Treatment Program (OTP), or outpatient withdrawal management (OP-WM) settings. The services provided in RBH vary, and include peer support, group and house meetings, self-help, and life skills development, among other recovery-oriented services. Treatment services cannot be provided in RBH.

<b>Field</b>	<b>Is the client in or being admitted to Recovery Bridge Housing?</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instructions</b>	



Recovery Bridge Housing participants must be concurrently enrolled in outpatient, intensive outpatient, OTP, or WM1 services.

### 2.3.11. Field Based Services

Field based services (FBS) is a method of service delivery for Outpatient Services, Intensive Outpatient Services, and Recovery Support Services for patients with established medical necessity. FBS address the barriers to accessing traditional treatment settings by allowing services to be provided in a variety of settings outside of a DMC-certified site, at designated SAPC-approved sites that is contracted with a DMC-certified contractor site. It is intended to serve clients that have been historically difficult to reach, such as those with physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders).

<b>Field</b>	<b>Field Based Services</b> (“Yes” is only for Outpatient, Intensive Outpatient, and Recovery Support Service; and can only be delivered in designated and SAPC approved sites).
<b>Allowable Values</b>	
No	
Yes	

### 2.3.12. Type of Field Based Service

This field specifies the type of field based services that a client will receive.

<b>Field</b>	<b>Type of Field Based Services (choose all that apply)</b>
<b>Allowable Values</b>	
Alcohol Drug Testing	Group counseling
Assessment (Triage, Continuum)	Individual counseling
Case Management	Medication services
Collateral Services	Patient education
Crisis Intervention	Physical exam
Discharge services	Treatment plan
Family Therapy	

### 2.3.13. Field Based Service Locations

This field indicates where the client is receiving field based treatment.

<b>Field</b>	<b>Field Based Services Location, please specify:</b>
<b>Allowable Values</b>	
Enter Agency – Facility	
<b>Data Entry Instructions</b>	

Each outpatient/intensive outpatient/recovery support service facility can have one or more field based locations.

### 2.3.13a. Other Field Based Location (Specify)

This field specifies the client’s location for field-based services if it was not listed in the options for the “Field Based Location” field.

Field	Other Field Based Location (Specify)
<b>Allowable Values</b>	
Location of field based treatment not listed as an option in the “Field Based Location” field	

### 2.3.14. JJCPA/Schiff-Cardenas

This field indicates whether the youth client participated in the Juvenile Justice Crime Prevention Act (JJCPA), which was formerly referred to as Schiff Cardenas.

Field	JJCPA/Schiff-Cardenas?
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instruction</b>	
This question is for <b>youth only</b> .	

### 2.3.15. Personal Responsibilities

This field is used to measure on a scale of 1 to 10 the treatment effects on ability to take care of personal responsibilities. This field assesses one’s ability to take care of personal responsibilities such as paying bills, following through on personal or professional commitments, securing housing/living conditions, employment, and other relationships, in addition to improvements in their substance abuse and dependence. By collecting this information at admission and discharge, counties and providers can evaluate the impact of treatment in a client’s perceived ability to take care of personal responsibilities.

Field	How good are you in taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 => not good at all to 10 => very good)									
<b>Allowable Values</b>										
	1	2	3	4	5	6	7	8	9	10
Not good at all										Very good
<b>Data Entry Instructions</b>										
Ask clients to rate their ability to take care of personal responsibilities from 1=not good at all to 10=very good.										



## 2.4. Drug Use Data

The following sections gather information about two of the seven life domains (discussed in Section 3.2): alcohol use and drug use. By collecting this information, counties and providers can identify trends in SUD use and evaluate the impact of treatment in reducing SUD use, which in turn can provide information about risk behaviors and age of onset of use. Data field descriptions, allowable values, and data entry instructions are provided for each of the alcohol use and drug use data elements.

### Question Field

**Primary and Secondary Drug Use**

4.1. Primary Drug (Code) *	4.6. Secondary Drug (Code) *
Select	Select
4.2. Primary Drug Name	4.7. Secondary Drug Name
4.3. Days of Primary Drug Use In The Last 30 Days *	4.8. Days of Secondary Drug Use In The Last 30 Days *
4.4. Primary Drug Route of Administration *	4.9. Secondary Drug Route of Administration *
Select	Select
4.5. Primary Drug Age of First Use *	4.10. Secondary Drug Age of First Use *

**Additional Alcohol and Drug Use**

4.11. Days of Alcohol Use In The Last 30 Days \*

4.12. Days of IV Use (Needle Use) In The Last 30 Days \*

4.13. Needle Use in the Last 12 Months \*

No  Yes  
 Client unable to answer

4.14. In addition to your primary and secondary drugs, did you use any of the following drugs in the last 30 days? (check all that apply) \*

All | Clear Search

- Alcohol
- Barbiturates
- Cocaine /Crack
- Ecstasy
- Heroin
- Inhalants

4.14a. Other Drugs (Specify)

Personal Drug and Alcohol Assessment

4.15. How many of your friends use alcohol and/or drugs? \*

Select

4.16. If I wanted to, I could easily reduce my substance use. It is up to me whether I reduce my substance use \*

Select

4.17. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --> not good at all to 10 --> very good) \*

4.18. Codependent/Significant Other \*

Yes

No



### 2.4.1. Primary Drug (Code)

Information on SUD use is required for state and federal reporting. Knowing the primary drug problem is important for clients' treatment plan development as well as tracking admission trends of primary drug problem.

Field	Primary Drug (Code)
Allowable Values	
Value	Description
Alcohol	
Barbiturates	<p>Drugs in this category are often referred to as sleeping pills.</p> <p><u>Barbiturates include:</u>            Amytal (amobarbital), Alurate (aprobarbital), Brevital (methohexital), Butisol (butobarbital), Fiorinal (butalbital), Lotusate (talbutal), Luminal (Phenobarbital), Mebaral (mephobarbital), Nembutal (pentobarbital), Pentothal (thiopental), Seconal (secobarbital), Surital (thiamyl), Tuinal (secobarbital &amp; amobarbital).</p> <p><u>Street names for barbiturates include:</u>            Barbs, blue heavens, butes, Christmas trees, Downers Nembies, Phennies, Rainbows, red birds, red devils, reds Seggies, tooies, yellow jackets.</p>
Cocaine / Crack	<p><u>There are two forms of cocaine, powdered (hydrochloride salt cocaine), and crack (freebase).</u> 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.</p> <p><u>Street names for cocaine include:</u>            Bernice, Big C, Blow, C, Coke, Corine, Dust, Flake, Girl, Happy dust Lady, Nose candy, Snow, Toot</p> <p><u>Street names for crack include:</u>            24-7, B.J.'s, Bedrock, Beamers, Bolo, Crank, Ice, Jelly Beans, Rock.</p>
Ecstasy	<p>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."</p> <p><u>Street names for MDMA include:</u>            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, XTC.</p>
Heroin	<p><u>Street names for heroin include:</u>            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, Tar.</p>
Inhalants	<p><u>Commonly abused inhalants include:</u>            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,</p>

	<p>PVC cement, Rubber cement, Spot remover, Spray paint, Wax remover.</p> <p><u>Street names for inhalants include:</u> Air blast, Ames, Amys, Aroma of men, Bagging, Bolt, Boppers, Buzz bomb, Climax, Discorama, Hardware, Hippie crack, Honey oil, Huff, Kick, Laughing gas, Medusa, Moon gas, Oz, Pearls, Poppers, Quicksilver, Rush, Snappers, Thrust, Whippets, Whiteout.</p>
Marijuana/ Hashish	<p><u>Street names for marijuana include:</u> Astro turf, Bang, Bush, Bomb, Chronic, Dank, Dope, Ganja, Grass Green, Hash, Hemp, Herb, Mary Jane, Reefer.</p>
Methamphetamine	<p><u>Street names for methamphetamine include:</u> Chalk, Crank, Cristy, Crystal, Glass, Hawaiian salt, Ice, Meth, Quartz</p>
Non-Prescription Methadone	<p><u>This category includes:</u> Dolphine and other forms of methadone.</p>
Other (Specify)	<p>This category is intended to help capture and identify emerging drugs.</p>
Other Amphetamines	<p>Amphetamines other than methamphetamine should be reported as “other amphetamines.”</p> <p><u>This category includes all amphetamine-based drugs other than methamphetamine, including:</u> Adderall (amphetamine &amp; dextroamphetamine), Benzedrine (amphetamine), Biphetamine (generic Adderall), Desoxyn (methamphetamine hydrochloride), Didrex (benzphetamine hydrochloride), dexamphetamine sulphate, Dexedrine (dextroamphetamine), Ferndex (dextroamphetamine), Obetrol (dextroamphetamine), Oxydess II (dextroamphetamine), paramethoxyamphetamine (PMA), Robese (dextroamphetamine) Spancap 1 (dextroamphetamine).</p> <p><u>Street names for amphetamines include:</u> Base, Billy, black beauties, crosses, dex, P, pep pills, phet, poppers Sulph, uppers, white crosses.</p>
Other Club Drugs	<p>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.</p> <p><u>GHB &amp; GHB Analogs:</u> 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).</p> <p><u>Street names for GHB include:</u> G, Georgia home boy, Goop, Grievous bodily harm, Liquid X, Vita-G,</p> <p><u>Ketamine:</u> Ketamine is categorized as a dissociative anesthetic due to the feeling of detachment from the surrounding environment users feel. Ketamine is legal in the United States as it is used for veterinary medicine.</p> <p><u>Some of the brand names for ketamine include:</u> Ketalar (human use), Ketaved (veterinary), Keteset (veterinary), Vetamine (veterinary), Vetalar (veterinary)</p> <p><u>Street names for ketamine include:</u> Animal tranquilizers, Cat valium, K, Ket, Kit kat, Special K, Super K, Vitamin K</p>



	<p><u>Rohypnol:</u> Rohypnol (flunitrazepam hydrochloride) is another drug categorized as a club drug. Though rohypnol is a powerful benzodiazepine, it is most commonly categorized as a club drug because it is reportedly ten times more potent than Valium and is illegal in the United States.</p> <p><u>Street names for rohypnol include:</u> Circles, Forget me drug, Forget me pill, La rocha, Mexican valium Pingus, R-2, Reynolds, Rib, Roach-2, Rpapies, Robutal, Roofies, Rope, Rophies, Row-shay, Ruffles, Wolfies</p>
Other Hallucinogens	<p>This is for all other hallucinogens, such as lysergic acid diethylamide (LSD) and peyote, psilocybin mushrooms, and other hallucinogens .</p> <p><u>Street names for LSD include:</u> Acid, Big D, Blotter, Blue heaven, Cube, D, Dose, Dot, L, Microdot, Paper acid, Royal blue, Sid, Spots, Sunshine.</p> <p><u>Street names for PEYOTE/MESCALINE include:</u> Buttons, Cactus, Cactus buttons, Chief, Dry whiskey, Green whiskey, Hikuri, Mesc, Mascal, Mescaline, Mescalito Peyote.</p> <p><u>Street names for PSILOCYBIN/MUSHROOMS include:</u> Blue halo, Food of the gods, Funny mushrooms, Happy mushrooms, Magic mushrooms, Sacred mushrooms, Shrooms.</p> <p><u>Additional Hallucinogens:</u> In addition to LSD, Peyote/Mescaline, and psilocybin mushrooms, the other hallucinogens category includes hallucinogens found in plants such as salvinorin A and atropine. These hallucinogens can be found in deadly nightshade, jimson weed, mandrake, or henbane. Another hallucinogen found in morning glories is LSA, which is similar to LSD. Another hallucinogen is dimethoxytryptamine (DMT). DMT is a short-acting hallucinogen and can be smoked or injected. Some street names for DMT are DMT or Dimitri. Another hallucinogen not contained in plants is 2,5-dimethoxy-4-methylamphetamine (DOM).</p>
Other Opiates and Synthetics	<p>This category should be used to report all other narcotics/opiates or synthetics/opioids not included in the previously defined narcotic/opiate categories.</p> <p><u>Drugs included in this category are:</u> Actiq (fentanyl citrate), Alfenta (alfentanil), Codeine, Darvocet (propoxyphene, napsylate, &amp; acetaminophen), Darvon (propoxyphene), Demerol (meperidine), Dilaudid (hydromorphone), Hydrocodone, Lorcet (hydrocodone), Lortab (hydrocodone), Oramorph (Morphine), Sufenta (sufentanil), Tramadol hydrochloride, Talacen (pentazocine &amp; acetaminophen), Talwin (pentazocine), Tussionex (chlorpheniramine &amp; hydrocodone), Wildnil (Carfentanil), Wyeth (synalgos dc).</p>
Other Sedatives or Hypnotics	<p>Drugs falling in this category, like barbiturates, are prescribed for insomnia. However, these drugs' effects are somewhat different from barbiturates.</p> <p><u>Sedatives (non-barbiturate) include:</u> Doriden (glutethimide), Equanil (meprobamate), Flexeril (cyclobenzaprine hydro), Levaquin (levofloxacin), Lunesta (eszopicione), Methaqualone, Miltown (meprobamate), Relaxazone (carisoprodol), Sandoz (fiorinal and codeine), Skelaxin (carisoprodol), Soma (carisoprodol), Vanadom (carisoprodol).</p>



Other Stimulants	<p>These are stimulants other than crack/cocaine and which do not have an amphetamine base.</p> <p><u>This category includes:</u>          Adipex (phentermine), Arlidin (nylidrin), Beecham Fastin (phentermine), Benzylpiperazine, Caffeine, Cathinone, Concerta (methylphenidate), Diethylpropion, Ephedrine, Fastin (phentermine), Fenfluramine (fenphen), 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), Xenical (phentermine).</p> <p><u>Street names for cathinone/methcathinone are:</u>          Bathtub speed, Cat, Jeff, Kitty, Meth's cat, Meth's kitten.</p> <p><u>Street names for khat include:</u>          African salad, Bushman's tea, Chat, Gat, Kat, Miraa Qat, Tea Tohai</p> <p><u>Methylphenidate is most commonly known as Ritalin.</u> Ritalin is widely used as a prescription to treat Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). However, Ritalin is also used illicitly.</p>
Other Tranquilizers	<p><u>Other tranquilizers include:</u>          Ambien (zolpidem), Librax (chlordiazepoxide and clidinium bromide), and Sonata (zalepon).</p> <p><u>Street names for this category include:</u>          candy, downers, or tranks.</p>
Over-the-Counter	<p>This category speaks to non-prescription drugs that are used in a manner other than as directed.</p> <p><u>Included in this category is dextromethorphan (DXM).</u> 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.</p> <p><u>Street names for DXM include:</u>          C-C-C, DXM, Dex, Orange crush, Red devils, Robo, Rojo, Skittles, Triple C's.</p>
OxyCodone / OxyContin	<p>Oxycodone is a prescription narcotic twice as potent as morphine. Oxycodone is often used illicitly as a substitute for heroin.</p> <p><u>A number of prescription forms of oxycodone include:</u>          OxyContin, Percocet (acetaminophen and oxycodone), Percodan, and Tylox.</p> <p><u>Street names for oxycodone include:</u>          40, 80, Blue, Hillbilly heroin, Kisker, OC's.</p>
PCP	<p>PCP is a dissociative anesthetic, which can have varying effects. For example, PCP acts as a hallucinogen, stimulant, depressant, and anesthetic.</p> <p><u>Street names for PCP include:</u>          Ace, Angel dust, Crystal, Dead on arrival, DOA, Dust, Elephant, Embalming fluid, Hog, Jet fue, Lovely, Monkey, Ozone, Rocket fuel Supergrass, Tac, Tic, Trank, Wack.</p>



Tranquilizers (Benzodiazepine)	<p>This category of drugs includes drugs with effects similar to barbiturates. Benzodiazepines are prescribed to prevent seizures, relax muscles, or for sedation.</p> <p><u>Some benzodiazepines include:</u>            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), Xanax (alprazolam).</p> <p><u>Street names for these types of tranquilizers include:</u>            Candy, Downers, Sleeping pills, Tranks, V's.</p>
<b>Data Entry Instructions</b>	
1	Amphetamines other than methamphetamine should be reported as "other amphetamines."
2	In the event an individual reports use of multiple drugs, choose the most frequently used drug for the primary drug and the appropriate code for the other drug as the secondary drug.
3	Clarify slang drug names with clients before selecting the primary drug code.

### 2.4.2. Primary Drug Name

This field is intended to capture specific drug names, emerging drug trends, and the extent to which persons charged with possession/selling drugs enter programs though they do not report using alcohol or other drugs.

Field	Primary Drug Name
<b>Allowable Values</b>	
A specific drug name for the primary drug (code) category.	
<b>Data Entry Instruction</b>	
1	A value must be provided if Primary Drug Code is Barbiturates, Other Sedatives or Hypnotics, Other Amphetamines, Other Stimulants, Other Hallucinogens, Tranquilizers, Other Tranquilizers, Other Opiates or Synthetics, Inhalants, Over-the-Counter, Other Club Drugs, or Other.
2	Enter 999 if client does not know the primary drug name.

### 2.4.3. Primary Drug Frequency

This field fulfills required federal reporting requirements. A reduction in days of primary drug use from admission to discharge indicates positive changes in drug using behavior due to SUD treatment services.

Field	Days of Primary Drug Use in the Last 30 days
<b>Allowable Values</b>	
A number from 0 through 30.	
<b>Data Entry Instruction</b>	
1	If a client has been in a controlled environment such as jail or a residential facility for 30 days before entering treatment and reports no drug use in those 30 days, then 0 (zero) must be reported.
2	If “None” is selected for primary drug code at <b>discharge</b> , primary drug frequency must be 0.

#### 2.4.4. Primary Drug Route of Administration

This field identifies routes of primary drug administration and fulfills federal reporting requirements. In addition, this data can be helpful in demonstrating changes in harmful behaviors, such as intravenous drug use.

Field	Primary drug route of administration
<b>Allowable Values</b>	
Oral – ingested by mouth	
Smoking	
Inhalation	
Injection	
Vaping	
None or not applicable	
Other	
<b>Data Entry Instruction</b>	
1	If Primary Drug is inhalant, the value selected must be Inhalation.
2	If Primary Drug is Alcohol, the value selected must be Oral.
3	None or not applicable is only allowed when Primary Drug Code is None.

#### 2.4.5. Primary Drug Age of First Use

This field indicates a client’s age of first using the reported primary drug.

Field	Primary drug age of first use
<b>Allowable Values</b>	
A number from 5 to 105.	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Recall or best knowledge of the age of first using the reported primary drug.	

### 2.4.6. Secondary Drug (Code)

This field indicates the code for the client’s secondary drug problem.

Field	Secondary Drug (Code)	
<b>Allowable Values</b>		
Alcohol	Barbiturates	Cocaine / Crack
Ecstasy	Heroin	Inhalants
Marijuana / Hashish	Methamphetamine	None
Non-Prescription Methadone	Other (Specify _____)	Other Amphetamines
Other Club Drugs	Other Hallucinogens	Other Opiates and Synthetics
Other Sedatives or Hypnotics	Other Stimulants	Other Tranquilizers
Over-the-Counter	OxyCodone / OxyContin	PCP
Tranquilizers (Benzodiazepine)	Unknown	
<b>Data Entry Instruction</b>		
1	In the event an individual does not have a secondary drug problem, “none” can be entered at admission.	
2	Refer to 2.4.1 (Primary Drug Code) for additional data instructions.	

### 2.4.7. Secondary Drug Name

This field indicates the client’s secondary drug problem.

Field	Secondary Drug Name
<b>Allowable Values</b>	
A drug name for some of the secondary drug (code) categories.	
<b>Data Entry Instruction</b>	
1	Amphetamines other than methamphetamine should be reported as “other amphetamines.”
2	In the event an individual reports poly-drug use, choose the most frequently used drug for the primary drug and the appropriate code for the other drug as the secondary drug.
3	Enter 000 if you don’t know the name.

### 2.4.8. Secondary Drug Frequency

This field indicates the number of days the client used their secondary drug in the past 30 days.

Field	Days of secondary drug Use in the last 30 days
<b>Allowable Values</b>	
A number from 0 through 30.	

<b>Data Entry Instruction</b>
Please refer to 2.4.3 (Primary Drug Frequency) for additional data instructions.

### 2.4.9. Secondary Drug Route of Administration

This field indicates the route of drug administration of the client's secondary drug.

<b>Field</b>	<b>Secondary drug route of administration</b> (What usual route of administration do you use most often for your secondary drug of abuse?)
<b>Allowable Values</b>	
Please refer to 2.4.4 (Primary Drug Route of Administration) for data values and meanings.	
<b>Data Entry Instruction</b>	
Please refer to 2.4.4 (Primary Drug Route of Administration) for additional data instructions.	

### 2.4.10. Secondary Drug Age of First Use

<b>Field</b>	<b>Secondary drug age of first use</b>
<b>Allowable Values</b>	
A number from 5 to 105.	
<b>Data Entry Instruction</b>	
Recall or best knowledge of the age of first using the reported secondary drug.	

### 2.4.11. Alcohol Frequency

This field is necessary to ensure information about alcohol use is collected on all persons entering treatment in order to measure the extent to which alcohol is used in addition to their primary/secondary drug problem.

<b>Field</b>	<b>Days of alcohol use in the last 30 days</b> (If primary or secondary drug is "Alcohol," skip this question)
<b>Allowable Values</b>	
A number from 0 through 30.	
99902 – Not applicable	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
1	If primary or secondary drug is "Alcohol," skip this question.
2	99902 is the default value when the primary drug or secondary drug is alcohol.

### 2.4.12. Needle Use Last 30 Days

This information is necessary to measure the frequency with which needle use occurs. Information collected in this field is necessary for prioritization purposes and enables

measurement of exposure to communicable diseases. A reduction in days of needle use from admission to discharge indicate positive change in harmful behavior due to SUD treatment services.

<b>Field</b>	<b>Days of IV use (needle use) in the last 30 days</b>
<b>Allowable Values</b>	
A value from 0 through 30 days.	
99904 – Client unable to answer	
99900 - Client declined to state	
<b>Data Entry Instruction</b>	
Needle use in the last 30 days for primary drug, secondary drug, or any other drug use.	

### 2.4.13. Needle Use Last 12 Months

This data element helps capture a broader range of needle users than do the “Route of administration” or “Needle use last 30 days” fields. Information collected in this field is necessary for prioritization purposes and enables measurement of exposure to communicable diseases.

<b>Field</b>	<b>Needle use in the last 12 months</b>
<b>Allowable Values</b>	
Client unable to answer	
No	
Yes	
<b>Data Entry Instruction</b>	
Needle use in the last 12 months for primary drug, secondary drug, and all other drugs use.	

### 2.4.14. Other Drug Use

This field is used to measure the extent to which alcohol and other drugs were used in addition to the reported primary/secondary drug.

<b>Field</b>	<b>In addition to your primary and secondary drugs, did you use any of the following drugs in the last 30 days (check all drugs that are not selected as primary or secondary drug)?</b>
<b>Allowable Values</b>	
Alcohol	
Barbiturates	
Cocaine/Crack	
Ecstasy	
Heroin	
Inhalants	

Marijuana/Hashish	
Methamphetamines	
Non-Prescription Methadone	
None	
Other (Specify)	
Other Amphetamines	
Other Club Drugs	
Other Hallucinogens	
Other Opiates and Synthetics	
Other Sedatives or Hypnotics	
Other Stimulants	
Other Tranquilizers	
Over-the-Counter	
Oxycodone/OxyContin	
PCP	
Tranquilizers (Benzodiazepine)	
<b>Data Entry Instruction</b>	
1	Check all of the drugs that client used in last 30 days in addition to primary/secondary drug reported
2	Cannot be the same as primary/secondary drug reported above.
3	The option "None" can't be selected along with any other drugs.

#### 2.4.14a. Other Drugs (Specify)

This field allows the client to specify other drugs they used within the "Other (specify)", "Other Amphetamines", "Other Club Drugs", "Other Hallucinogens", "Other Opiates and Synthetics", "Other Sedatives or Hypnotics", "Other Stimulants", "Other Tranquilizers", "Over-the-Counter", "Tranquilizers (Benzodiazepine)" category.

Field	Other Drugs (Specify)
<b>Allowable Values</b>	
A specific drug(s) not listed in the "Other Drug Use" field option.	

#### 2.4.15. Drug Use – Friends

This field is used to measure the degree of peer pressure on drug use that the youth experienced.

Field	How many of your friend's use alcohol and/or drugs? (Youth only)
<b>Allowable Values</b>	

0. None
1. A Few of them
2. Some of them
3. Most of them
4. All of them
<b>Data Entry Instruction</b>
This question is for <b>youth only</b> .

#### 2.4.16. Abstinence Self-Efficacy

This field is used to assess client’s perceived self-efficacy regarding alcohol and drug abstinence. Self-efficacy is the belief that one has the ability to execute the behaviors needed to produce a desired outcome. Self-efficacy expectations are thought to mediate behavior change and moderate effort and effective action. For example, those with high self-efficacy may be better able to successfully resist situations of high-risk for drinking or drug use, and regard slips as a temporary setback instead of a relapse

<b>Field</b>	<b>If I wanted to, I could easily reduce my substance use. It is up to me whether I reduce my substance use (Youth only)</b>
<b>Allowable Values</b>	
Strongly Agree	
Somewhat Agree	
Neither Agree or disagree	
Somewhat Disagree	
Strongly Disagree	
<b>Data Entry Instruction</b>	
This question is for <b>youth only</b> .	

#### 2.4.17. Perceived AOD Use

This field is used to measure treatment effects on alcohol and drug use behaviors on a scale of 1 to 10. This field assesses one’s ability to reduce and eliminate substance use frequencies and amounts, to reduce cravings for drugs or time spent trying to get drugs, or changes in other drug-related behaviors. By collecting this information at admission and discharge, counties and providers can evaluate the impact of treatment in a client’s perceived alcohol and drug use behaviors.

<b>Field</b>	<b>How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc?) (from 1 → not good at all to 10 → very good)</b>
<b>Allowable Values</b>	



1	2	3	4	5	6	7	8	9	10
Not good at all									Very good
<b>Data Entry Instruction</b>									
Ask clients to rate their ability to deal with drug and alcohol use from 1=not good at all to 10=very good.									

#### **2.4.18. Codependent/Significant Other**

<b>Field</b>	<b>Codependent/Significant Other</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instruction</b>	
Choose "No" as default.	



## 2.5. Employment Data

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 data fields described in the following sections is valuable for helping counties and providers evaluate whether treatment services positively influence those receiving them. This section includes data field descriptions, available value options, data entry instructions on each of the employment/education data elements.

### Question Field

Education Data

5.1. Enrolled in School \*

No  Yes  
 Client declined to state  Client unable to answer

5.2. Highest School Grade Completed \*

Select

5.3. Type of school enrollment

Select

Other (Specify)

Employment Data

5.4. Employment Status \*

Employed Full Time (35 hrs or more)  
 Employed Part Time (less than 35 hrs)  
 Unemployed Looking For Work  
 Unemployed - (Not seeking)  
 Not in the labor force (Not seeking)

5.5. Days of Paid Work In The Last 30 Days \*

5.6. Enrolled in Job Training \*

No  Yes  
 Client declined to state  Client unable to answer

### 2.5.1. Enrolled in School

This field collects information on whether the client is enrolled in school at time of interview. A change in school enrollment status from “No” at admission to “Yes” at discharge may indicate that SUD treatment services resulted in a positive life change (i.e., motivation to return to school).

Field	Enrolled in school
<b>Allowable Values</b>	
Client declined to state	
Client unable to answer	
No	
Yes	
<b>Data Entry Instruction</b>	
Examples of individuals for whom “Yes” should be reported would be individuals enrolled in classes to obtain a high school diploma or high school equivalency diploma, or individuals taking college courses, whether to obtain a degree or not.	

### 2.5.2. Highest School Grade Completed

This field collects information on the education levels of clients seeking treatment. Such information could be used to help identify client needs and can be used to improve service delivery.

Field	Highest school grade completed
<b>Allowable Values</b>	
Specify a number from 0 to 30 or 30+	
Client declined to state	
Client unable to answer	
<b>Data Entry Instruction</b>	
For individuals that report they have a GED or other high school equivalency, enter 12 to indicate the equivalent of 12 years of education.	

### 2.5.3. Type of School Enrollment

This field collects information on the type of school that clients are attending if they reported that they are currently enrolled in school.

Field	Type of school enrollment
<b>Allowable Values</b>	
Alternative /Continuation School	
Home-schooled	
Mainstream school	
Other (Specify)	

### 2.5.3a. Other School (Specify)

This field indicates the type of school the client was currently enrolled in.

Field	Other (Specify)
<b>Allowable Values</b>	
A school type not listed in the “Type of School Enrollment” field option.	

### 2.5.4. Employment Status

This field collects information on employment status measured at admission and discharge and helps counties and providers evaluate the impact of SUD treatment services on employment.

Field	Employment Status
<b>Allowable Values</b>	
Value	Description
Employed full-time (35 or more hours per week)	The client is legally employed; includes those who are self-employed and active members of the armed services. This individual regularly works 35 or more hours per week. This should not include individuals who report volunteering for this many hours or more per week.
Employed part-time (less than 35 hours per week).	The client is legally employed; includes those who are self-employed and regularly works up to 35 hours per week. This should not include individuals reporting they volunteer this many hours per week.
Not in the labor force (not seeking)	This category includes clients who are unemployable and are not considered part of the labor force. This includes those who do not work due to a disability.
Unemployed (not seeking work)	The client is not employed and has not been seeking work in the last 30 days. This should be used for individuals who report they were previously employed but are not currently employed and are not looking for employment. Examples include students, homemakers, retirees or individuals injured on the job. This category may also include individuals who were previously employed and may work as a volunteer, but are not employed part time or full time.
Unemployed, looking for work	The client is not employed and has been actively seeking employment in the past 30 days. This includes those who are on temporary layoff and those who are waiting the starting date of a new job. A person must be available for work in order to be considered unemployed, but looking for work.
<b>Data Entry Instruction</b>	
If an individual is 14 years of age or younger, the employment status cannot be “Employed full-time”.	

### 2.5.5. Legal Work

This field collects information on the number of days that the client worked legally for profit. An increase in paid working days from admission to discharge may indicate a positive change in lifestyle, income, and employment due to SUD treatment services.

Field	Days of paid work in the last 30 days
-------	---------------------------------------

<b>Allowable Values</b>
A number from 0 through 30.
99900 – Client declined to state
99904 – Client unable to answer
<b>Data Entry Instruction</b>
Number of days that the client worked legally.

### **2.5.6. Enrolled in Job Training**

This field collects information on whether the client is enrolled in job training at the time of the interview. A change in job training status from “No” at admission to “Yes” at discharge may indicate a positive life change associated with the development of skills for a particular field or work due to SUD treatment services.

<b>Field</b>	<b>Enrolled in job training</b>
<b>Allowable Values</b>	
Client declined to state	
Client unable to answer	
No	
Yes	
<b>Data Entry Instruction</b>	
Examples of individuals for whom a “yes” should be reported would be individuals who report they are participating in an internship; attending vocational schools or who are enrolled in vocational programs such as Job Core; or individuals attending some sort of trade school, such as a school that specializes in training people on a specific skill (e.g. bookkeeping or dental hygiene, etc).	



## 2.6. Criminal Justice Data

Changes in the legal/criminal justice life domain can be determined by collecting a client's criminal justice involvement information at admission and discharge. The sections that follow describe each data field, available value options, and data entry instruction for each data field.

### Question Field

▼ Criminal Justice Data

**6.1. Criminal Justice Status \***

- No criminal justice involvement
- Under parole supervision by CDC
- On parole from any other jurisdiction
- Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction
- Admitted under diversion from any court under CA Penal Code Section 1000
- Incarcerated
- Awaiting trial, charges, or sentencing
- Client unable to answer

**6.2. Number of Arrests Last 30 Days \***

**6.3. Number of Jail Days Last 30 Days \***

**6.4. Number of Prison Days Last 30 Days \***

**6.5. Parolee Services Network (PSN) \***

- No
- Client unable to answer
- Yes

**6.6. FOTP Parolee \***

- No
- Client unable to answer
- Yes

**6.7. FOTP Priority Status \***

- Completed Forever Free and released and enrolled in treatment program
- Any woman paroling from CIW
- Completed Forever Free and goes direct to FOTP facility
- None or Not Applicable
- Client unable to answer

**6.8. CDC Identification Number \***

### 2.6.1. Criminal Justice Status

This field collects information on client's criminal justice status at time of interview. Data collection on criminal justice status is necessary to fulfill state reporting requirements.

Field	Criminal Justice Status
<b>Allowable Values</b>	
Admitted under other diversion from any court under California Penal Code, Section 1000	
Awaiting trial, charges, or sentencing	
Client unable to answer	
Incarcerated	
No criminal justice involvement	
On parole from any other jurisdiction	
Post-release community supervision (AB109) or on probation from any federal, state, or local jurisdiction	
Under parole supervision by California Department of Corrections and Rehabilitation (CDC)	
<b>Data Entry Instruction</b>	
Examples of Criminal Justice Status include: probation or parole, drug court, DUI/DWI, AB109, Prop47, Probation Title IV E, etc.	

### 2.6.2. Arrests

This field collects information on the number of times the client was arrested during last 30 days. A reduction in arrest days from admission to discharge may indicate changes in criminal justice involvement due to SUD treatment services.

Field	Number of Arrests Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
An arrest happens when a person is taken into police custody. Simply being put in the back of the police car will not be counted as an arrest.	

### 2.6.3. Jail

This field collects information on the number of days the client spent in jail in the last 30 days. A reduction in days spent in jail from admission to discharge may indicate changes in criminal justice involvement due to SUD treatment services.

Field	Number of Jail Days Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	

<b>Data Entry Instruction</b>
Jails are usually run by local law enforcement and/or local government agencies, and are designed to hold inmates awaiting trial or serving a short sentence.

**2.6.4. Prison**

This field collects information on the number of prison days in the last 30 days. A reduction in prison days from admission to discharge may indicate changes in criminal justice involvement due to SUD treatment services.

<b>Field</b>	<b>Number of Prison Days Last 30 Days</b>
<b>Allowable Values</b>	
A number from 0 through 30.	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Prisons are designed to hold individuals convicted of more serious crimes, typically any felony.	

**2.6.5. Parolee Service Network**

This field collects information on whether the client is part of the Parolee Service Network. This information is state-required and is necessary for tracking and reporting on the number of PSN parolees in SUD treatment.

<b>Field</b>	<b>Parolee Services Network (PSN)</b>
<b>Allowable Values</b>	
Client unable to answer	
No	
Yes	
<b>Data Entry Instruction</b>	
If “Yes”, a valid CDC number must be provided.	

**2.6.6. FOTP Parolee**

This field collects information on whether the client is in the Female Offender Treatment Program (FOTP). This is state-required information and is necessary for tracking and reporting the number of FOTP parolees in SUD treatment.

<b>Field</b>	<b>FOTP Parolee</b>
<b>Allowable Values</b>	
No	
Yes	
Client unable to answer	
<b>Data Entry Instruction</b>	



“No” must be selected for male clients.

### 2.6.7. FOTP Priority Status

This field collects information on client’s FOTP priority status if clients is a FOTP parolee. This is state-required information and is necessary for tracking and reporting the FOTP parolees’ priority status.

Field	FOTP priority status
<b>Allowable Values</b>	
Any woman paroling from California Institute for Women (CIW)	
Client unable to answer	
Completed “Forever Free” and goes direct to FOTP facility	
Completed “Forever Free” and released and enrolled in treatment program	
None or not applicable	

### 2.6.8. CDC Identification Number

This field is used to record the adult client’s California Department of Corrections and Rehabilitation (CDCR) identification number.

Field	CDC Identification Number ( <i>For clients “under parole supervision by CDC”</i> )
<b>Allowable Values</b>	
A valid six-character text of capital alpha (A-Z) and numeric (0-9) value.	
<b>Data Entry Instruction</b>	
This question is for clients ages 18 and older with criminal justice involvement.	

## 2.7. Medical/Physical Health Data

This section describes each of the data fields for the medical/physical health life domain, and provides instructions for data collection. These fields meet Minimum Treatment Outcome Questions (MTOQ) requirements and can provide information to help fill National Outcome Measures (NOM) reporting requirements. This information enables counties and providers to determine the impact of treatment on individuals in their medical life domain. Changes from admission to discharge may indicate treatment participation is associated with an individual's increased attention to his/her health.

### Question Field

Medical and Physical Health Data

7.1. Number of Emergency Room Visits In The Last 30 Days \*

7.2. Days of Hospital Overnight Stay In The Last 30 Days \*

7.3. Days With Medical Problems In The Last 30 Days \*

7.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 --> not good at all to 10 --> very good) \*

Medi-Cal Beneficiary

No  Yes

Client unable to answer

7.5. Are you currently pregnant? \*

No  Yes

Not Sure/Don't Know

Medication Information

7.6. Which of the following medication is prescribed as part of treatment? \*

Select

Other medications for SUD treatment (Specify)

7.7. Have you ever received education about Naloxone use for drug overdose? \*

Select

7.8. Have you ever used Naloxone for drug overdose reversal for yourself or others? \*

Select

Communicable Diseases

7.9. Communicable Diseases: Tuberculosis \*

No  Yes

Client declined to state  Client unable to answer

7.10. Communicable Diseases: Hepatitis C \*

No  Yes

Client declined to state  Client unable to answer

7.11. Communicable Diseases: Sexually Transmitted Diseases \*

No  Yes

Client declined to state  Client unable to answer

7.12. If yes, which of the following STDs?

Chlamydia  Gonorrhea  Herpes

Syphilis  Other

7.13. Have you been diagnosed with any other communicable diseases? \*

Yes  No

7.14. HIV Tested \*

No  Yes

Client declined to state  Client unable to answer

7.15. HIV Test Results \*

No  Yes

Client declined to state  Client unable to answer

### 2.7.1. Emergency Room Visits – Physical

This information can help demonstrate the extent to which treatment reduces emergency room visits. For example, a reduction in emergency room visits from admission and discharge may indicate an individuals' engagement in fewer harmful behaviors, resulting in fewer physical injuries or health problems.

Field	Number of Emergency Room Visits in the Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 99	
99904 – Client unable to answer	

### 2.7.2. Hospital Stay

A reduction in days spent in a hospital from admission to discharge may indicate individuals are experiencing fewer health problems or physical injuries.

Field	Days of Overnight Hospital Stays in the Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	

### 2.7.3. Medical Problems

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 alcohol and other drugs.

Field	Days with Medical Problems in the Last 30 days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
1	If the emergency room Last 30 Days field or Hospital Overnight Last 30 Days are greater than 0, then the Medical Problems Last 30 Days must contain a value greater than 0.
2	Enter the number of days the individual reported s/he had physical health problems in the thirty days prior to the interview.

### 2.7.4. Perceived Health Condition

This field is used to measure treatment effects on physical health and/or health behaviors. This field assesses one's ability to overcome or manage health conditions or symptoms, for example, abstaining from substance use and making informed, healthy choices that support physical well-being.

<b>Field</b>	<b>How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 =&gt; not good at all to 10 =&gt; very good)</b>								
<b>Allowable Values</b>									
1	2	3	4	5	6	7	8	9	10
Not good at all									Very good
<b>Data Entry Instructions</b>									
Ask clients to rate their physical health condition from 1 being not good at all to 10 being very good.									

### **Medi-Cal Beneficiary**

System provides default answer based on response to Section 2.3.5.

#### **2.7.5. Pregnancy**

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

<b>Field</b>	<b>Are you currently pregnant?</b>
<b>Allowable Values</b>	
Not sure/Don't know	
No	
Yes	
<b>Data Entry Instruction</b>	
Ask this question if the client is female. "No" must be selected for male clients.	
At discharge, ask: Are you currently pregnant or were you pregnant any time during treatment?	

#### **2.7.6. Medication-Assisted Treatment (MAT)**

Data collection on medications prescribed as part of SUD treatment is required for local, state, and federal reporting. This field is not intended to capture the individual's prescriptions for non-addiction treatment purposes.

<b>Field</b>	<b>Which of the following medication is prescribed as part of treatment? (choose all that apply)</b>
<b>Allowable Values</b>	
Acamprosate (Campral)	
Buprenorphine (Subutex)	
Buprenorphine (Suboxone)	
Disulfiram (Antabuse)	



LAAM	
Methadone	
Naloxone	
Naltrexone (Injectable)	
Naltrexone (Oral)	
None	
Other medications for SUD treatment (Specify)	
Data Entry Instruction	
1	Response cannot be “None” for Opioid Treatment Programs. If “None” is selected for a client in OTP, an error message will pop up saying that medication prescribed cannot be “None” for clients in Opioid Treatment Programs.
2	This field is applicable to all level of care. Select medications prescribed either by your agency or by others (e.g., an OTP clinic, primary care provider) for the individual’s treatment. You can bypass the system ‘pop-up’ message by clicking “continue filing.”
3	If “Other medications for SUD treatment (Specify)” is selected, the “Other Medications for MAT (Specify)” field will be enabled to allow the client to provide a medication not listed as an option.
4	Do not use “other” when an individual reports taking medication for other health conditions.

### 2.7.6a. Other Medications for MAT (Specify)

This field indicates medications for MAT not listed in the “Medication-Assisted Treatment (MAT)” field.

Field	Other Medications for SUD treatment (Specify)
Allowable Values	
A medication not listed in the “MAT” field options	

### 2.7.7. Naloxone Education

This field will provide information on the extent of naloxone education received among SUD clients before and after treatment.

Field	Have you ever received education about Naloxone use for drug overdose?
Allowable Values	
Declined to state	
No	
Yes	



### 2.7.8. Naloxone Use

This field will provide information on the extent of naloxone use among SUD clients before and after treatment.

Field	Have you ever used Naloxone for drug overdose reversal for yourself or others?
Allowable Values	
Declined to state	
No	
Yes	

### 2.7.9. Tuberculosis

The communicable disease fields are MTOQ requirements necessary to obtain information about individuals entering treatment with communicable diseases. This information enables identification of need and health risks among SUD service recipients.

Field	Communicable Diseases: Tuberculosis
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	

### 2.7.10. Hepatitis C

The communicable disease fields are MTOQ requirements necessary to obtain information about individuals entering treatment with communicable diseases. This information enables identification of need and health risks among SUD service recipients.

Field	Communicable Diseases: Hepatitis C
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	

### 2.7.11. Sexually Transmitted Disease

The communicable disease fields are MTOQ requirements necessary to obtain information about individuals entering treatment with communicable diseases. This information enables identification of need and health risks among SUD service recipients.

Field	Communicable Diseases: Sexually Transmitted Disease
-------	---

Allowable Values
Client declined to state
Client unable to answer
No
Yes
Data Entry Instruction
If “Yes” is selected, the “Specify Sexually Transmitted Disease” field will be enabled.

### 2.7.12. Sexually Transmitted Disease (Specify)

This field indicates which sexually transmitted disease (STD) the client has.

Field	If yes, which of the following STDs? (choose all that apply)
Allowable Values	
	Chlamydia
	Gonorrhea
	Herpes
	Syphilis
	Other
Data Entry Instruction	
Hold Ctrl and click each of the applicable responses to choose multiple responses.	

### 2.7.13. Other Communicable Disease

The communicable disease fields are MTOQ requirements necessary to obtain information about individuals entering treatment with communicable diseases. This information enables identification of need and health risks among SUD service recipients.

Field	Have you been diagnosed with any other communicable diseases?
Allowable Values	
	No
	Yes

### 2.7.14. HIV Tested

This field collects information on whether the client was tested for HIV. Changes from “No” at admission to “Yes” at discharge could indicate that the client became more aware of the risk behaviors of substance use and its impact on acquiring HIV, and are more engaged in the health care system, due to SUD treatment. HIV questions do not violate privacy or confidentiality laws or regulations, as test results are neither asked for nor is it reported. This provides an opportunity for intake personnel, counselors, etc. to explain the availability of HIV-related services through SUD programs.

Field	HIV Tested
-------	------------

<b>Allowable Values</b>
Client declined to state
Client unable to answer
No
Yes
<b>Data Entry Instruction</b>
If “Yes” is selected, the “HIV Test Results” field will be enabled.

### **2.7.15. HIV Test Results**

This field collects information on whether the client has HIV test results. This can be used to determine the prevalence of clients that know their HIV status. Changes from “No” at admission to “Yes” at discharge could indicate that the client is more engaged in the health care system, and that the client may have behavioral changes since knowing their HIV status (e.g., stop sharing injection equipment, use condoms during sex, reduce number of sexual partners) as a result of SUD treatment.

<b>Field</b>	<b>HIV Test Results</b>
<b>Allowable Values</b>	
	Client declined to state
	Client unable to answer
	No
	Yes



## 2.8. Mental Health Data

The questions in this life domain will provide valuable information about individuals who have co-occurring disorders (COD). Specifically, these questions will help 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, and assessing the differences in the client responses at admission and discharge. 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.

### Question Field

8.1. Have you ever been diagnosed with a mental illness? \*

No  Yes

Not Sure/Don't Know

8.2. Mental Health Medication In The Last 30 Days \*

No  Yes

Client unable to answer

8.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health) \*

8.4. Days of Psychiatric Facility Use In The Last 30 Days \*

8.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good) \*

### 2.8.1. Mental Illness

This field meets federal NOM reporting requirements, and state MTOQ reporting requirements.

Field	Have you ever been diagnosed with a mental illness?
Allowable Values	
No	
Not sure / don't know	
Yes	

### 2.8.2. Mental Health Medication

This field indicates whether the client has taken medication for mental health disorders in the past 30 days. Asking this at admission and discharge enables measurement of change in use of prescribed mental health medications.

Field	Mental Health Medication in the Last 30 days
Allowable Values	
Client unable to answer	
No	
Yes	

### 2.8.3. Emergency Room Visits - Mental

Collecting this information at admission and discharge provides valuable outcome information on SUD services. For example, this information will enable us to see whether use of such services has increased or decreased due to SUD services.

Field	Number of emergency room visits in the last 30 days (Mental Health)
Allowable Values	
A number from 0 through 99	
99904 – Client unable to answer	

### 2.8.4. Psychiatric Facility

Asking this question at both admission and discharge will provide information on the mental health needs of SUD clients. Further, this information will enable counties and providers to see whether use of such services has increased or decreased due to SUD services.

Field	Days of Psychiatric Facility Use in the Last 30 days
Allowable Values	
A number from 0 through 30	
99904 – Client unable to answer	
Data Entry Instruction	

Enter the number of days the individual reported s/he stay in a hospital or psychiatric facility for mental health needs in the thirty days prior to the interview date.

### 2.8.5. Perceived Mental Health Status

This field is used to measure treatment effects on mental health. The client’s ability to overcome or manage mental health conditions or symptoms is assessed (e.g., Abstaining from substance use and making informed, healthy choices that support emotional well-being).

<b>Field</b>	<b>How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 =&gt; not good at all to 10 =&gt; very good)</b>								
<b>Allowable Values</b>									
1	2	3	4	5	6	7	8	9	10
Not good at all									Very good
<b>Data Entry Instructions</b>									
Ask clients to rate their mental health condition from 1=not good at all to 10=very good.									



## 2.9. Family/Social Data

Questions in this portion of the CalOMS/LACPRS data set collect information about living arrangements, family relationships, and children. Changes from admission to discharge may indicate treatment participation is associated with an individual's improved family relations and social interactions.

### Question Field

▼ Social Support

**9.1. How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery? \***

**9.2. Are any family members or guardians included as part of the treatment/recovery plan?**

Select

▼ Living Arrangements

**9.3. Current Living Arrangements \***

Select

**9.4. What is your current dependent living arrangement?**

Select

**Other dependent living (Specify)**

**9.5. What is your current independent living arrangement?**

Select

**Other independent living (Specify)**

**Is this participant homeless?**

Yes
  No

**9.6. Current homeless living arrangement?**

Select

**Specify Other Homeless Living Arrangement**

**9.7. How long have you been homeless?**

Select

**9.8. Are you interested in improving your current living situation? \***

Select

**9.9. Are you exiting institution (e.g., hospital, residential treatment, jail/prison)? \***

Select

▼ Family and Social

**9.10. Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or drug user? \***

Select

**9.11. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days \***

**9.12. Days With Family Conflict In The Last 30 Days \***

**9.13. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --> not good at all to 10 --> very good) \***

**9.14. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? \***

**9.15. Number Of Children Aged 5 Years Or Younger \***

**9.16. How many children are living with someone else because of a child protection court order? \***

**9.17. 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? \***

▼ Abuse


**9.18. Have you been physically abused during the past 30 days? \***


Client Declined to Answer  
 Yes  
 No

**9.19. Have you been sexually abused during the past 30 days? \***

Client Declined to Answer  
 Yes  
 No

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### 2.9.1. Social Support Recovery Activity

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.

<b>Field</b>	<b>How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings other self-help meetings, religious/faith recovery or self-help meetings, Meetings of organizations other than those listed above, Interactions with family members and/or friend support of recovery?</b>
<b>Allowable Values</b>	
A number from 0 through 30	
<b>Data Entry Instruction</b>	
Enter the number of days the individual reported s/he engaged in social support recovery activities in the thirty days prior to the treatment admission date.	

### 2.9.2. Family Involvement in Treatment Plan

This field indicates whether the client's family is involved in their treatment. Involving family members may help to establish therapeutic alliance and provide motivation for the client to continue in treatment. Family involvement is assessed at admission and discharge.

<b>Field</b>	<b>Are any family members or guardians included as part of the treatment/recovery plan?</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instruction</b>	
This question is for <b>youth only</b> .	

### 2.9.3. Current Living Arrangements

This field indicates the client's current living arrangements. Asking this at admission and discharge enables documentation of changes in housing status.

<b>Field</b>	<b>Current Living Arrangements</b>
<b>Allowable Values</b>	
At imminent risk of being homeless (losing housing within 14 days)	
Dependent living / Supervised setting	
Homeless	
Independent living (Own or rent a home alone or with roommates with no supervision)	
<b>Data Entry Instructions</b>	

1	<i>Homeless</i> : This includes clients with no permanent residence (e.g., living in shelters, motels, or in a vehicle).
2	If “Homeless” is selected, “00000” will be automatically filled in the zip code field.
3	<i>Dependent living</i> : Clients living in a supervised setting such as residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care.
4	<i>Independent living</i> : This includes individuals who own their home, rent/live alone, live with roommates and do not require supervision. These individuals pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
5	Please answer any linked questions when applicable

### 2.9.4. Dependent Living Arrangement

This field indicates the living arrangement of a client who currently lives in a dependent living arrangement.

Field	What is your current dependent living arrangement?
<b>Allowable Values</b>	
Halfway house or group home (sober living / alcohol and drug-free living centers)	
Other dependent living (Specify)	
Prison or jail	
Recovery Bridging Housing	
Youth living in group home or in foster care	
Youth living with parents, relatives, legal or non-legal guardians	
<b>Data Instruction</b>	
Answer this question only if Current Living Arrangement (2.9.3) is “Dependent living / Supervised setting”.	

#### 2.9.4a. Other Dependent Living Arrangement (Specify)

This field specifies the living arrangement not listed in the “Dependent living arrangement” field for clients who currently live in a dependent living arrangement.

Field	Other dependent living arrangement (Specify)
<b>Allowable Values</b>	
A dependent living arrangement not listed in the “Dependent Living Status” field options.	

### 2.9.5. Independent Living Arrangement

This field indicates the living arrangement of a client who currently lives in an independent living arrangement.

Field	What is your current independent living arrangement?
-------	--

Allowable Values
Adult child living with parents
Other independent living(Specify)
Own a home alone or with roommates
Rent alone or with roommates
Data Instruction
Answer this question only if Current Living Arrangement (2.9.4) is “Independent living (Own or rent a home alone or with roommates with no supervision)”.

### **2.9.5a. Other Independent Living Arrangement (Specify)**

This field specifies the living arrangement not listed in the “Independent living arrangement” field for clients who currently live in an independent living arrangement.

Field	Other independent living arrangement (Specify)
Allowable Values	
An independent living arrangement not listed in the “Independent Living Status” field options.	

### **Is this participant homeless?**

The system provides a default answer based on the response to Section 2.9.3.

### **2.9.6. Current Homeless Living Arrangement**

This field specifies the type of living arrangement among clients who are homeless.

Field	Current homeless living arrangement?
Allowable Values	
Doubling up or living with others temporarily	
Hotel/motel voucher	
Living outside (sleeping outdoors)	
Motels due to lack of alternative	
Other: (Specify)	
Prefer not to answer	
Sleeping in car/van	
Staying at a shelter	
Staying with family/friends (‘couch moving/surfing’)	
Temporary indoor situation (like abandoned building) with additional services	

### **2.9.6a. Other Homeless Living Arrangement (Specify)**

This field specifies the living arrangements among clients who were homeless at admission.

<b>Field</b>	<b>Specify Other Homeless Living Arrangement</b>
<b>Allowable Values</b>	
A homeless living arrangement not listed in the “Current Homeless Living Arrangement” field options.	

### 2.9.7. Homeless Duration

This field specifies how long the client has been homeless. The extent/chronicity of homelessness may affect intensity of services needed.

<b>Field</b>	<b>How long have you been homeless?</b>
<b>Allowable Values</b>	
1- Less than a month	
2- 1-3 months	
3- 4-6 months	
4- 7-12 months	
5- 1-2 years	
6- 3-5 years	
7- More than 5 years	
8- Homeless on at least 4 occasions in the last 3 years totaling more than 12 months	

### 2.9.8. Homeless Housing Assistance

This field indicates whether the homeless client would like assistance in obtaining stable housing.

<b>Field</b>	<b>Are you interested in improving your current living situation?</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Instruction</b>	
Answer this question only if the client is “Homeless”.	

### 2.9.9. Exiting an institution

This field indicates whether the client is exiting an institution (e.g., jail, prison, hospital, urgent care center, SUD residential treatment, mental health treatment facility, foster care, probation camps). Clients coming from institutions may be accustomed to a strict schedule or regiment, which can impact how they respond to treatment, which may not have a strict schedule or regiment.

<b>Field</b>	<b>Are you exiting an institution (e.g., hospital, residential treatment, jail/prison)?</b>
<b>Allowable Values</b>	

No
Yes
<b>Data Instruction</b>
Answer this question only if the client is “Homeless”.

### 2.9.10. Lived with Substance User

This field indicates whether the client had lived with someone who abused substances as a child, which could influence their use of substances later in life.

<b>Field</b>	<b>Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or drug user?</b>
<b>Allowable Values</b>	
No	
Yes	

### 2.9.11. Living with AOD Users

This is an MTOQ-required field and provides information about the individual’s living environment, which can influence their AOD use and recovery.

<b>Field</b>	<b>Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days</b>
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	

### 2.9.12. Family Conflict Last 30 Days

This is an MTOQ-required element and provides information about program participants’ family relations.

<b>Field</b>	<b>Days With Family Conflict In The Last 30 Days</b>
<b>Allowable Values</b>	
A number from 0 through 30	
99900 – Client declined to state	
99904 – Client unable to answer	

### 2.9.13. Perceived Community Membership

This field is used to measure treatment effects on community membership. For example, does the client’s actions have positive or negative impacts on other people; does the client have relationships and social networks that provide support, friendship, love, and hope; and does the client have resources to participate in society?

<b>Field</b>	<b>How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others)?</b>								
<b>Allowable Values</b>									
1	2	3	4	5	6	7	8	9	10
Not good at all									Very good
<b>Data Entry Instructions</b>									
Ask clients to rate how good they are as a citizen/community member from 1=not good at all to 10=very good.									

### 2.9.14. Children Under Age 17

This field specifies how many children the client has that are under the age of 17. This can help estimate the number of children and teens impacted by parental SUD use. Collection of this information also fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	<b>How many children do you have aged 17 or less (birth or adopted) – whether they live with you or not?</b>
<b>Allowable Values</b>	
A number from 0 through 30	
99900 – Client declines to state	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Count only the children that are related to the client through birth or adoption. This does not include step-children, nieces, nephews, cousins, or children from previous relationships, unless they were adopted.	

### 2.9.15. Children Under Age 5

This is an MTOQ-required element and provides information about the client’s birth or adopted children, and can thus help identify the need for services among the children impacted by their parent’s SUD. Collection of this information also fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	<b>Number of Children Aged 5 Years or Younger</b>
<b>Allowable Values</b>	
A number from 0 through 30, and is less than or equal to number of children age 5 or younger	
99900 – Client declines to state	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Count only the children that are related to the client through birth or adoption. This does not include step-children, nieces, nephews, cousins and children from previous relationships, unless they were adopted.	

### 2.9.16. Number of Children with Someone Else (Court Order)

This question is about the client’s birth or adopted children. Responses to this question provide information on the number of children impacted by SUD, and the impact of SUD on other systems. Collection of this information fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	<b>How many children are living with someone else because of a child protection court order?</b>
<b>Allowable Values</b>	
A number from 0 through 30, and is less than or equal to number of children age 17 or younger	
99900 – Client declined to state	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Ask this question if the number of children age 17 or younger is greater than 0.	

### 2.9.17. Number of Children Living with Someone Else (Court Order) and Parental Rights Terminated

This field is about the client’s birth or adopted children. Responses to this question provide information on the number of children impacted by SUD, and the impact of SUD on other systems. Collection of this information fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	<b>If you have children living with someone else because of a child protection court order, for how many of them were your parental rights terminated?</b>
<b>Allowable Values</b>	
A number less than or equal to the number of children living with someone else	
<b>Data Entry Instruction</b>	
Ask this question if the number of children living with someone else is greater than 0.	

### 2.9.18. Physical Abuse History

This field indicates whether the client has experienced physical abuse. Trauma such as physical abuse can influence a client’s substance use, treatment, and recovery. Knowing a client has experienced trauma can inform client care.

<b>Field</b>	<b>Have you ever been physically abused?</b>
<b>Allowable Values</b>	
No	
Yes	
Client Declined to Answer	



### 2.9.19. Sexual Abuse History

This field indicates whether the client has experienced sexual abuse. Trauma such as sexual abuse can influence a client's substance use, treatment, and recovery. Knowing a client has experienced trauma can inform client care.

Field	Have you ever been sexually abused?
Allowable Values	
No	
Yes	
Client Declined to Answer	



2.1. Primary Drug (Code)  x v

2.2. Primary Drug Name

2.3. Primary Drug Route of Administration  x v

2.4. Days of Primary Drug Use Last 30 Days

2.5. Secondary Drug (Code)  x v

2.6. Secondary Drug Name

2.7. Secondary Drug Route of Administration  x v

2.8. Days of Secondary Drug Use Last 30 Days

2.9. Days of Alcohol Use Last 30 Days

2.10. Days of IV Use (Needle Use) Last 30 Days

3.1. Employment Status

Employed Full Time (35 hrs or more)

Employed Part Time (less than 35 hrs)

Unemployed Looking For Work

Unemployed - (Not seeking)

Not in the labor force (Not seeking)

3.2. Work Past 30 Days

3.3. If the participant is not in the labor force, which of the following describes this participant?

Homemaker  Enrolled in school

Job Training Program  Other

3.4. Enrolled in School

No  Yes

Client declined to state  Client unable to answer

3.5. Enrolled in Job Training

No  Yes

Client declined to state  Client unable to answer

3.6. Highest School Grade Completed  x v

4.1. Number of Arrests Last 30 Days

4.2. Number of Jail Days Last 30 Days

4.3. Number of Prison Days Last 30 Days

5.1. Number of Emergency Room Visits Last 30 Days

5.2. Days of Hospital Overnight Stay Last 30 Days

5.3. Days with Medical Problems Last 30 Days

5.4. Pregnant At Any Time During Treatment \*

No

Not Sure/Don't Know

Yes

5.5. HIV Tested

No  Yes

Client declined to state  Client unable to answer

5.6. HIV Test Results

No  Yes

Client declined to state  Client unable to answer



6.1. Mental Illness

No  
 Yes  
 Not Sure/Don't Know

6.2. Mental Health Medication

No  
 Client declined to state

Yes  
 Client unable to answer

6.3. Number of Emergency Room Visits Last 30 Days/Mental Health

6.4. Days of Psychiatric Facility Use Last 30 Days

▼ Social Support

7.1. How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?

▼ Living Arrangements

7.2. Current Living Arrangements

Select

7.3. Is this participant homeless?

Yes  No

7.4. Current homeless living arrangement?

Select

7.5. Specify Other Homeless Living Arrangement

7.6. Has the client been linked to a stable/permanent housing during treatment?

Select

7.6a. If yes, what is the permanent housing arrangement?

Rental by client, no ongoing housing subsidy  
 Rental by client, with ongoing housing subsidy  
 Staying or living with family, permanent tenure  
 Staying or living with friends, permanent tenure  
 Other: specify

7.6b. Specify 'Other' Permanent Housing

7.6c. What is the zip code of the permanent housing

7.6d. If no, explain

▼ Children

7.7. Days with Family Conflict Last 30 Days

7.8. Days Living with Someone Who Uses Alcohol or Drugs Last 30 days

7.9. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not?

7.10. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?

7.11. How many children are living with someone else because of a child protection court order?

7.12. 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?

### 3.1.1. Associated Level of Care

This field indicates the Admission Date and Level of Care (LOC) of the available CalOMS Admissions to connect to the CalOMS Annual Update. A matching admission for the individual for whom the annual update is being submitted must exist in the CalOMS/LACPRS database.

All available CalOMS Admissions are listed in the drop-down menu, and it is important to select the correct CalOMS Admission. Failure to do so will lead to unsuccessful submission.

Field	Location of Admission
<b>Allowable Values</b>	
otA drop-down list of CalOMS Admissions by Admission Date and Level of Care	

### 3.3.3 Not In Labor Force

This field collects information on the status of those who are not in the labor force.

Field	If the participant is not in the labor force, which of the following describes the participant?
<b>Allowable Values</b>	
Enrolled in school	
Homemaker	
Job Training Program	
Other	
<b>Data Entry Instruction</b>	
Answer this question when Employment Status is “Unemployed, not in the labor force (not seeking work)” or “Not in the labor force, not seeking (not previously employed, not seeking)”.	

### 3.7.3 Homelessness

This field is required for county, 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 counties and providers to identify client need, the number of homeless individuals seeking services, and whether living arrangements improve after treatment.

Field	Is this participant homeless?
<b>Allowable Values</b>	
No	
Yes	

Please use the information provided in the following table to complete the “Annual Update Data” discharge fields in this subsection.

<b>Field Number</b>	<b>Field</b>	<b>Refer to</b>
<b>Client Identification and Demographics Data Group</b>		
3.1.2	Annual Update Date	2.1.1
3.1.3	Current Last Name	2.1.9
3.1.4	Current First Name	2.1.10
3.1.5	Social Security Number	2.1.13
3.1.6	Zip Code at Current Residence	2.1.14
3.1.7	Consent	2.1.23
3.1.8	Record to Be Submitted	2.1.4
3.1.9	Disability	2.1.24
<b>Alcohol and Drug Use Data Group</b>		
3.2.1	Primary Drug (Code)	2.4.1
3.2.2	Primary Drug Name	2.4.2
3.2.3	Primary Drug Route of Administration	2.4.4
3.2.4	Primary Drug Frequency	2.4.3
3.2.5	Secondary Drug (Code)	2.4.6
3.2.6	Secondary Drug Name	2.4.7
3.2.7	Secondary Drug Route of Administration	2.4.9
3.2.8	Secondary Drug Frequency	2.4.8
3.2.9	Alcohol Frequency	2.4.11
3.2.10	Needle Use Last 30 Days	2.4.12

Cont.

Field Number	Field	Refer to
<b>Employment Data Group</b>		
3.3.1	Employment Status	2.5.4
3.3.2	Work Past 30 Days	2.5.5
3.3.3	Non-Labor Force Status	
3.3.4	Enrolled in School	2.5.1
3.3.5	Enrolled in Job Training	2.5.6
3.3.6	Highest School Grade Completed	2.5.2
<b>Criminal Justice Data Group</b>		
3.4.1	Number of Arrests Last 30 Days	2.6.2
3.4.2	Number of Jail Days Last 30 Days	2.6.3
3.4.3	Number of Prison Days Last 30 Days	2.6.4
<b>Medical/Physical Health Data Group</b>		
3.5.1	Emergency Room Last 30 Days	2.7.1
3.5.2	Hospital Overnight Last 30 Days	2.7.2
3.5.3	Medical Problems Last 30 Days	2.7.3
3.5.4	Pregnant at Any Time During Treatment	2.7.5
3.5.5	HIV Tested	2.7.14
3.5.6	HIV Test Results	2.7.15
<b>Mental Health Data Group</b>		
3.6.1	Mental Illness	2.8.1
3.6.2	Mental Health Medication	2.8.4
3.6.3	Emergency Room Use / Mental Health	2.8.2
3.6.4	Psychiatric Facility Use	2.8.3
<b>Family/Social Data Group</b>		
3.7.1	Social Support	2.9.1
3.7.2	Current Living Arrangements	2.9.3
3.7.3	Homelessness	
3.7.4	Current Homeless Living Arrangement	2.9.6
3.7.5	Other Homeless Living Arrangement (Specify)	2.9.6a
3.7.6	Stable Housing Assistance	4.7.6
3.7.6a	Stable Housing Assistance (Yes - Specify)	4.7.6a
3.7.6b	Other Permanent Housing (Specify)	4.7.6c
3.7.6c	Zip Code of Permanent Housing	4.7.6b
3.7.6d	Stable Housing Assistance (No - Explain)	4.7.6d

3.7.7	Family Conflict Last 30 Days	2.9.12
3.7.8	Living with AOD Users	2.9.11
3.7.9	Number of Children Age 5 or Younger	2.9.15
3.7.10	Number of Children Age 17 or Younger	2.9.14
3.7.11	Number of Children Living with Someone Else (Court Order)	2.9.16
3.7.12	Number of Children Living with Someone Else (Court Order) and Parental Rights Terminated	2.9.17



## **Section 4. CalOMS/LACPRS Discharge Data Group**

Discharge records must have a corresponding admission record. Discharge information must be collected for all service recipients regardless of the discharge status. Accurate and complete discharge data is essential to document client outcomes and demonstrate the benefits and efficacy of treatment services.

Discharge data is important because it allows for measurement of treatment outcomes. Clients may experience changes in their substance use, health, lifestyle, and community engagement as they go through SUD treatment and recovery, and these changes can be in part attributed to SUD treatment. Thus, these improvements may be reflected in the differences in the responses to the same or similar questions that clients give at admission and discharge (e.g., homeless at admission but not homeless at discharge; arrested 3 times within 30 days before admission and arrested 1 time within the 30 days before discharge).

SUD treatment providers must schedule and conduct a discharge interview with every client. A discharge interview can be conducted either in person (face-to-face) or via telephone. Treatment providers are advised to include a date in each client's treatment plan to conduct a discharge interview. This date may be scheduled prior to or on the client's planned last date of service, but may not be more than two weeks prior to the client's planned date of last service. During the discharge interview, providers must collect all enabled discharge data fields.

This section contains the data fields providers are required to collect at discharge. The data field descriptions, allowable values, and data entry instructions are described below.

Please note that many of the responses to the questions are listed in alphabetical order.

# 4.1. General Discharge Data

## Question Field

1.1. Discharge Date \*

1.2. Discharge Process Date \*

1.3. Record to be Submitted \*

1.4. Discharge Status \*

1.5. Level of Care Admitted

1.6. Which SUD level of care was the client referred/transferred to? \*

1.7. Reason client was not referred to another SUD level of care \*

1.8. Other reason (Specify) \*

1.9. What other services was the client referred to? \*

1.10. Other service (Specify) \*

1.11. Did you have a care manager? \*

1.12. What kind of care coordination services did the client receive during the treatment? \*

1.13. Other service (Specify) \*

1.14. My care manager helped me find services I needed \*

1.15. Was the client in Recovery Bridge Housing during treatment? \*

1.16. If yes, has the client been discharged from Recovery Bridge Housing? \*

1.17. Did you receive field based services? \*

1.18. Type of field based services received (check all that apply) \*



Client Details

1.19. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good) \*

1.20. Consent \*

No  Yes

1.21. Disability (check all that apply) \*

- None
- Speech
- Developmentally Disabled
- Client unable to answer
- Visual
- Mobility
- Other
- Hearing
- Mental
- Client declined to state

1.22. Was the client available for an exit interview? \*

Yes  No

1.23. Were the treatment services provided in your preferred language? \*

Select

1.24. Current Last Name

1.25. Current First Name

1.26. Social Security Number

1.27. Zip Code At Current Residence \*

Form Serial Number



### 4.1.1. Discharge Date

This field indicates the date the client is discharged from treatment.

Field	Discharge Date	
<b>Allowable Values</b>		
MM/DD/YYYY (Date)	MM	Two-digit month
	DD	Two-digit day
	YYYY	Four-digit year
<b>Data Entry Instructions</b>		
1	Enter the date of the patient's last face-to-face or telehealth treatment session.	
2	The discharge date must be on or before the date the discharge data is being entered into the database.	
3	For Opioid Treatment Program (OTP) participants, enter date of the last oral medication the participant had.	

### 4.1.2. Discharge Process Date

This question specifies the discharge process date.

Field	Discharge Process Date	
<b>Allowable Values</b>		
MM/DD/YYYY (Date)	MM	Two-digit month
	DD	Two-digit day
	YYYY	Four-digit year
<b>Data Entry Instructions</b>		
1	Enter the actual date of discharge submission.	

### 4.1.3. Record to Be Submitted

This field indicates what records are to be submitted.

Field	Record to be submitted
<b>Allowable Values</b>	
<del>Correction to discharge (do not select)</del>	
Discharge	
<del>Discharge-Delete (do not select)</del>	
<del>Discharge-Update (do not select)</del>	
<del>None (do not select)</del>	
<b>Data Entry Instructions</b>	
Please use only "Discharge"	

#### 4.1.4. Discharge Status

This field indicates the client's discharge status.

Field	Discharge Status
<b>Allowable Values</b>	
Value	Description
Completed Treatment / Recovery Plan Goals (Referred or transferred)	A standard discharge. This is considered a treatment completion status. This status should be used for a client who completed a SUD treatment service and is being referred to another SUD treatment service (this includes clients referred to further SUD treatment that do not accept the referral). The client is available to complete the discharge interview either in person as planned, or by contacting the client by telephone.
Completed Treatment / Recovery Plan goals (Not Referred or transferred)	A standard discharge. This is considered a treatment completion status. It should be used for a client who completed a SUD treatment service, who is not being referred to another SUD treatment service and for a client who is finishing the last treatment service program in a treatment episode (a series of planned consecutive admissions and discharges from various treatment programs). The client is available to complete the discharge interview either in person as planned, or by contacting the client by telephone.
Left Before completing treatment/recovery plan goals w/ Satisfactory Progress (referred or transferred)	This should be selected for standard discharges and a full data set should be collected. This status should be used for a client who is referred to another treatment program to complete either the service they have been receiving or to begin a different level of treatment. The client is available to complete the discharge interview either in person as planned, or by contacting the client by phone.
Left Before completing treatment/recovery plan goals w/ unsatisfactory progress (referred or transferred)	This is considered a standard discharge status and a full data set should be collected. This status should be used for a client who is referred to another treatment program to complete either the service they have been receiving or to begin a different level of treatment. The client is available to complete the discharge interview either in person as planned or by contacting the client by phone.
<b>Data Entry Instruction</b>	
If Discharge Status is "Left Before completing treatment/recovery plan goals w/ Satisfactory Progress (not referred or transferred)", "Left Before completing treatment/recovery plan goals w / Unsatisfactory Progress (not referred or transferred)", "Death", or "Incarceration", then the client is administratively discharged. Please refer to "Section 5. CalOMS/LACPRS Administrative Discharge" for further instructions.	

#### 4.1.5. Level of Care (LOC) Admitted

Skip this question.

#### 4.1.6. LOC Referred/Transferred

This field specifies the level of care to which the client was referred/transferred. Referrals occur when a client is discharged from SUD treatment programs. Referrals occur when a client in a

SUD treatment program is referred to a different SUD level of care within the same provider or to a different provider.

A client does not have to accept the treatment provider’s referral in order for it to be reported as a referral on the discharge form.

Transfer occurs when a client that has already been admitted to one program location or level of care and is transferring to a different location or level of care within the same provider or to a different provider.

Field	Which SUD level of care was the client referred/transferred to?
<b>Allowable Values</b>	
	ASAM 0.5 (Youth and Young Adults 12-20 Only)
	<del>ASAM 1.0 – Outpatient for At-Risk (Youth a (Do not select))</del>
	Inpatient Withdrawal Management-3.7 (Medically Monitored Inpatient Withdrawal Management)
	Inpatient Withdrawal Management -4.0 (Medically Managed Inpatient Withdrawal Management)
	Inpatient Withdrawal Management-3.7 (Medically Monitored Inpatient Withdrawal Management)
	Inpatient Withdrawal Management -4.0 (Medically Managed Inpatient Withdrawal Management)
	Intensive Outpatient
	Opioid Treatment Program
	Outpatient Services
	<del>RBH</del> (Do not select)
	Recovery Support Services
	Residential-3.1 (Clinically Managed Low Intensity Residential)
	Residential-3.3 (Clinically Managed Population-Specific High Intensity Residential)
	Residential-3.5 (Clinically Managed High Intensity Residential)
	<del>Respite and Recovery Sobering Center</del> (Do not select)
	Withdrawal Management-1 (Ambulatory Withdrawal Management without Extended On-Site Monitoring)
	Withdrawal Management-2 (Ambulatory Withdrawal Management with Extended On-Site Monitoring)
	Withdrawal Managment-3.2 (Clinically Managed Residential Withdrawal Management)
<b>Data Entry Instructions</b>	
	ASAM 0.5 – Outpatient for At-Risk is for youth (12-17 years) and young adults (18-20 years) only. Please do NOT select these options:
	<ul style="list-style-type: none"> <li>• RBH</li> <li>• ASAM 1.0- Outpatient for At-Risk (Youth a</li> <li>• Respite and Recovery-Sobering Center</li> </ul>



#### 4.1.7. Reason for Non-Referral

This field indicates the reason the client was not referred to another level of care.

Field	Reason client was not referred to another SUD level of care:
<b>Allowable Values</b>	
1. Client does not want further treatment	
2. Other reason (Specify)	

#### 4.1.8. Reason for Non-Referral (Other, Specify)

This field specifies the reason the client was not referred to another level of care.

Field	Other reason (Specify)
<b>Allowable Values</b>	
Reason not listed in “Non-Referral” field option	

#### 4.1.9. Other Services Referral

This field indicates other services the client was referred to.

Field	What other services was the client referred to?
<b>Allowable Values</b>	
Emergency Department	
Housing Assistance	
Medical Services	
Mental Health Services	
Other Services (Specify)	
Recovery Bridge Housing	
Social Services	
None	
<b>Data Entry Instruction</b>	
Press Ctrl+click to choose multiple responses.	

#### 4.1.10. Other Service Referral (Specify)

This field specifies other services the client was referred to.

Field	Other service (Specify)
<b>Allowable Values</b>	
Service referral not listed in “Other Services Referral” field option	

#### 4.1.11. Care Manager

This field indicates whether the client has a care manager assigned. Care managers facilitate linkages between relevant entities and resources, and may help the client manage issues in other life domains in addition to issues with substance abuse.

Field	Did you have a care manager?
<b>Allowable Values</b>	
	No
	Yes

#### 4.1.12. Care Coordination Services

This field indicates the types of care coordination services the client received during treatment.

Field	What kind of care coordination services did the client receive during the treatment? (Check all that apply)
<b>Allowable Values</b>	
	Basic Needs
	Child Care
	Educational/Vocational
	Employment
	Family/Social
	Housing
	Legal services
	Life Skills
	Mental Health
	Other Service (Specify)
	Physical Health
	Transportation
<b>Data Entry Instruction</b>	
Press Ctrl+click to choose multiple responses.	

#### 4.1.13. Other Care Coordination Services (Specify)

This field specifies the types of care coordination services the client received during treatment.

Field	Other services (Specify)
<b>Allowable Values</b>	
	Care coordination services not listed in the “Care Coordination Services” field options

#### 4.1.14. Care Coordination Satisfaction

This field indicates the client’s level of satisfaction with the care coordination services the client received during treatment.

<b>Field</b>	<b>My care manager helped me find services I needed</b>
<b>Allowable Values</b>	
Strongly Agree	
Agree	
Not Sure	
Disagree	
Strongly Disagree	

#### 4.1.15. Recovery Bridge Housing During Treatment

This field indicates whether the client lived in Recovery Bridge Housing during treatment.

<b>Field</b>	<b>Was the client in Recovery Bridge Housing during treatment?</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instruction</b>	
Recovery Bridge Housing participants must be concurrently enrolled in outpatient services/ intensive outpatient/OTP/WM1 services. Recovery Bridge Housing participants must be concurrently enrolled in outpatient/ intensive outpatient/OTP/ Withdrawal Management-1 services.	

#### 4.1.16. Discharge from Recovery Bridge Housing

This field indicates whether the client was discharged from Recovery Bridge Housing. Clients can only live in RBH while participating in treatment, and must be discharged from RBH upon discharge from treatment. A “No” answer needs to be addressed immediately

<b>Field</b>	<b>If yes, has the client been discharged from Recovery Bridge Housing?</b>
<b>Allowable Values</b>	
No	
Yes	

#### 4.1.17. Field Based Services

This field indicates whether the client participated in field-based services as a treatment delivery method.

<b>Field</b>	<b>Did you receive field based services?</b>
--------------	--



Allowable Values
No
Yes
Data Entry Instruction
“Yes” is only for Outpatient, Intensive Outpatient, and Recovery Support Service; and can only be delivered in designated and SAPC approved sites. If yes, enter “Type of field based services received”

#### 4.1.18. Field Based Services Received

This field indicates the field-based services the client received.

Field	Type of field based services received (check all that apply):
	<b>Allowable Values</b>
	Alcohol Drug Testing
	Assessment (Triage, Continuum)
	Case Management
	Collateral Services
	Crisis Intervention
	Discharge services
	Family Therapy
	Group counselling
	Individual counselling
	Medication services
	Patient Education
	Physical exam
	Treatment plan
	<b>Data Entry Instruction</b>
	Press Ctrl+click to choose multiple items.

#### 4.1.19. Personal Responsibilities

This field is used to measure on a scale of 1 to 10 the treatment effects on ability to take care of personal responsibilities. This field assesses one’s ability to take care of personal responsibilities such as paying bills, following through on personal or professional commitments, securing housing/living conditions, employment, and other relationships, in addition to improvements in their substance abuse and dependence. By collecting this information at admission and discharge, counties and providers can evaluate the impact of treatment in a client’s perceived ability to take care of personal responsibilities.



<b>Field</b>	<b>How good are you in taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 =&gt; not good at all to 10 =&gt; very good)</b>									
<b>Allowable Values</b>										
1	2	3	4	5	6	7	8	9	10	
Not good at all									Very good	
<b>Data Entry Instructions</b>										
Ask clients to rate their ability to take care of personal responsibilities from 1=not good at all to 10=very good.										

#### 4.1.20. Consent

This item identifies whether a client has given consent to be contacted in the future following treatment discharge.

<b>Field</b>	<b>Consent (Default: No)</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instructions</b>	
Set to “no” as default.	

#### 4.1.21. Disability

This item identifies whether a client has a disability. Collection of data on disabilities enables counties to measure the number of persons with disabilities. This information is valuable for needs assessment and improvement of service delivery among persons with disability.

<b>Field</b>	<b>Disability</b>
<b>Allowable Values</b>	
None	
Visual	
Hearing	
Speech	
Mobility	
Mental	
Developmentally Disabled	
Other	
Client declined to state	
Client unable to answer	
<b>Data Entry Instructions</b>	



1	Choose all that apply. If “None” is selected, no other values can be selected
2	A client may have more than one disability.

#### 4.1.22. Exit Interview

This field indicates whether the client was available for an exit interview. Providers should report an administrative discharge for clients not available for an exit interview. A discharge interview should be conducted for each client. If a client is lost to follow up, multiple attempts to contact clients lost to follow up must be documented in the client’s file.

<b>Field</b>	<b>Was the client available for an exit interview?</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instruction</b>	
If No, this is an administrative discharge.	

#### 4.1.23. Treatment services in Preferred Language

This field indicates whether the client was able to receive treatment in their preferred language. Understanding the extent to which treatment is provided in clients’ preferred languages in Los Angeles County provides valuable information to policymakers, planners and researchers.

<b>Field</b>	<b>Were the treatment services provided in your preferred language?</b>
<b>Allowable Values</b>	
No	
Yes	

#### 4.1.24. Current Last Name

This field indicates the client’s current last name.

<b>Field</b>	<b>Current Last Name</b>
<b>Allowable Values</b>	
Alphabetic name containing at least two letters	
99904 (client unable to answer)	

#### 4.1.25. Current First Name

This field indicates the client’s current first name.

<b>Field</b>	<b>Current First Name</b>
<b>Allowable Values</b>	
Alphabetic name containing at least two letters	

99902 (not applicable)
99904 (client unable to answer)

#### 4.1.26. Social Security Number

This field indicates the client’s social security number, inputted in CalOMS Admission.

#### 4.1.27. Zip Code at Current Residence

This field indicates the client’s zip code of current residence. Zip code is used to identify the client’s county, Service Planning Area, and Supervisorial District of residency.

Field	Zip Code at Current Residence
<b>Allowable Values</b>	
5-digit zip code of current residence	
00000 (homeless)	
XXXXX (client declines to state)	
ZZZZZ (client unable to answer)	
<b>Data Entry Instructions</b>	
1	If the client is homeless and/or lives in a shelter, enter “00000”.
2	XXXXX and ZZZZZ are case sensitive.



## 4.2. Alcohol and Drug Use Data

### Question Field

Primary and Secondary Drug Use	
2.1. Primary Drug (Code) *	2.5. Secondary Drug (Code) *
<input type="text" value="Select"/>	<input type="text" value="Select"/>
2.2. Primary Drug Name	2.6. Secondary Drug Name
<input type="text"/>	<input type="text"/>
2.3. Days of Primary Drug Use In The Last 30 Days *	2.7. Days of Secondary Drug Use In The Last 30 Days *
<input type="text"/>	<input type="text"/>
2.4. Primary Drug Route of Administration *	2.8. Secondary Drug Route of Administration *
<input type="text" value="Select"/>	<input type="text" value="Select"/>

Additional Alcohol and Drug Use	
2.9. Days of Alcohol Use In The Last 30 Days *	2.11. Is this participant sober/abstinent? *
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
2.10. Days of IV Use (Needle Use) In The Last 30 Days *	2.12. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --> not good at all to 10 --> very good) *
<input type="text"/>	<input type="text"/>



#### 4.2.1. Primary Drug (Code)

This field indicates the code for the client’s primary drug problem.

Field	Primary Drug (Code)	
<b>Allowable Values</b>		
Alcohol	Barbiturates	Cocaine / Crack
Ecstasy	Heroin	Inhalants
Marijuana / Hashish	Methamphetamines	Non-Prescription Methadone
None	Other (specify)	Other Amphetamines
Other Club Drugs	Other Hallucinogens	Other Opiates and Synthetics
Other Sedatives or Hypnotics	Other Stimulants	Other Tranquilizers
Over-the-Counter	OxyCodone / OxyContin	PCP
Tranquilizers (Benzodiazepine)	Unknown	
<b>Data Entry Instruction</b>		
1	Choose “None” if the client doesn’t have any primary drug problem.	
2	Refer to 2.4.1 (Primary Drug Code) for drug descriptions and extra data entry instructions.	

#### 4.2.2. Primary Drug Name

This field is intended to capture specific drug names, emerging drug trends, and the extent to which persons charged with possession/selling drugs enter programs though they do not report using alcohol or other drugs.

Field	Primary Drug Name	
<b>Allowable Values</b>		
A specific drug name for the primary drug (code) category.		
<b>Data Entry Instruction</b>		
1	A value must be provided if Primary Drug Code is Barbiturates, Other Sedatives or Hypnotics, Other Amphetamines, Other Stimulants, Other Hallucinogens, Tranquilizers, Other Tranquilizers, Other Opiates or Synthetics, Inhalants, Over-the-Counter, Other Club Drugs, or Other.	
2	Enter 999 if client does not know the primary drug name.	

#### 4.2.3. Primary Drug Frequency

This field fulfills required federal reporting requirements. A reduction in days of primary drug use from admission to discharge indicates positive changes in drug using behavior due to SUD treatment services.

Field	Days of Primary Drug Use in the Last 30 days
-------	--

Allowable Values	
A number from 0 through 30.	
Data Entry Instruction	
1	If a client has been in a controlled environment such as jail or a residential facility for 30 days before entering treatment and reports no drug use in those 30 days, then 0 (zero) must be reported.
2	If “None” is selected for primary drug code at <b>discharge</b> , primary drug frequency must be 0.

#### 4.2.4. Primary Drug Route of Administration

This field identifies routes of primary drug administration and fulfills federal reporting requirements. In addition, this data can be helpful in demonstrating changes in harmful behaviors, such as intravenous drug use.

Field	Primary drug route of administration
Allowable Values	
Oral – ingested by mouth	
Smoking	
Inhalation	
Injection	
Vaping	
None or not applicable	
Other	
Data Entry Instruction	
1	If Primary Drug is inhalant, the value selected must be Inhalation.
2	If Primary Drug is Alcohol, the value selected must be Oral.
3	None or not applicable is only allowed when Primary Drug Code is None.

#### 4.2.5. Secondary Drug (Code)

This field indicates the code for the client’s secondary drug problem.

Field	Secondary Drug (Code)	
Allowable Values		
Alcohol	Barbiturates	Cocaine / Crack
Ecstasy	Heroin	Inhalants
Marijuana / Hashish	Methamphetamine	None
Non-Prescription Methadone	Other (specify )	Other Amphetamines

Other Club Drugs	Other Hallucinogens	Other Opiates or Synthetics
Other Sedatives or Hypnotics	Other Stimulants	Other Tranquilizers
Over-the-Counter	OxyCodone / OxyContin	PCP
Tranquilizers (Benzodiazepine)	Unknown	
<b>Data Entry Instruction</b>		
1	Choose “None” if the client doesn’t have any primary drug problem.	
2	Refer to 2.4.1 (Primary Drug Code) for drug descriptions and extra data entry instructions.	

#### 4.2.6. Secondary Drug Name

This field indicates the client’s secondary drug problem.

<b>Field</b>	<b>Secondary Drug Name</b>
<b>Allowable Values</b>	
A drug name for some of the secondary drug (code) categories.	
<b>Data Entry Instruction</b>	
1	Amphetamines other than methamphetamine should be reported as “other amphetamines.”
2	In the event an individual reports poly-drug use, choose the most frequently used drug for the primary drug and the appropriate code for the other drug as the secondary drug.
3	Enter 000 if you don’t know the name.

#### 4.2.7. Secondary Drug Frequency

This field indicates the number of days the client used their secondary drug in the past 30 days.

<b>Field</b>	<b>Days of secondary drug Use in the last 30 days</b>
<b>Allowable Values</b>	
A number from 0 through 30.	
<b>Data Entry Instruction</b>	
Please refer to 2.4.3 (Primary Drug Frequency) for additional data instructions.	

#### 4.2.8. Secondary Drug Route of Administration

This field indicates the route of drug administration of the client’s secondary drug.

<b>Field</b>	<b>Secondary drug route of administration</b> (What usual route of administration do you use most often for your secondary drug of abuse?)
<b>Allowable Values</b>	
Please refer to 2.4.4 (Primary Drug Route of Administration) for data values and meanings.	

<b>Data Entry Instruction</b>	
Please refer to 2.4.4 (Primary Drug Route of Administration) for additional data instructions.	

#### 4.2.9. Alcohol Frequency

This field is necessary to ensure information about alcohol use is collected on all persons entering treatment in order to measure the extent to which alcohol is used in addition to their primary/secondary drug problem.

Field	<b>Days of alcohol use in the last 30 days</b> (If primary or secondary drug is "Alcohol," skip this question)
<b>Allowable Values</b>	
A number from 0 through 30.	
99902 – Not applicable	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
1	If primary or secondary drug is "Alcohol," skip this question.
2	99902 is the default value when the primary drug or secondary drug is alcohol.

#### 4.2.10. Needle Use Last 30 Days

This information is necessary to measure the frequency with which needle use occurs. Information collected in this field is necessary for prioritization purposes and enables measurement of exposure to communicable diseases. A reduction in days of needle use from admission to discharge indicate positive change in harmful behavior due to SUD treatment services.

Field	<b>Days of IV use (needle use) in the last 30 days</b>
<b>Allowable Values</b>	
A value from 0 through 30 days.	
99904 – Client unable to answer	
99900 - Client declined to state	
<b>Data Entry Instruction</b>	
Needle use in the last 30 days for primary drug, secondary drug, or any other drug use.	

#### 4.2.11. Abstinent at Discharge

This field captures the client's abstinence status at discharge. This is one of the indicators that can be used to assess the treatment effects.

Field	<b>Is this participant sober/abstinent?</b>
<b>Allowable Values</b>	
No	
Yes	

<b>Data Entry Instruction</b>
Answer this question based on the observation of the client's responses.

**4.2.12. Perceived AOD Use**

This field is used to measure treatment effects on alcohol and drug use behaviors on a scale of 1 to 10. This field assesses one's ability to reduce and eliminate substance use frequencies and amounts, to reduce cravings for drugs or time spent trying to get drugs, or changes in other drug-related behaviors. By collecting this information at admission and discharge, counties and providers can evaluate the impact of treatment in a client's perceived alcohol and drug use behaviors.

<b>Field</b>	<b>How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc)? (from 1 → not good at all to 10 → very good)</b>									
<b>Allowable Values</b>										
1	2	3	4	5	6	7	8	9	10	
Not good at all									Very good	
<b>Data Entry Instruction</b>										
Ask clients to rate their ability to deal with drug and alcohol use from 1=not good at all to 10=very good.										



## 4.3. Employment Data

### Question Field

**3.1. Employment Status \***

Employed Full Time (35 hrs or more)  
 Employed Part Time (less than 35 hrs)  
 Unemployed Looking For Work  
 Unemployed - (Not seeking)  
 Not in the labor force (Not seeking)

**3.4. Enrolled in School \***

No  Yes  
 Client declined to state  Client unable to answer

**3.2. Days of Paid Work In The Last 30 Days \***

**3.3. Enrolled in Job Training \***

No  Yes  
 Client declined to state  Client unable to answer

**3.5. Highest School Grade Completed \***

### 4.3.1. Employment Status

This field collects information on employment status measured at admission and discharge and helps counties and providers evaluate the impact of SUD treatment services on employment.

Field	Employment Status
<b>Allowable Values</b>	
Value	Description
Employed full-time (35 or more hours per week)	The client is legally employed; includes those who are self-employed and active members of the armed services. This individual regularly works 35 or more hours per week. This should not include individuals who report volunteering for this many hours or more per week.
Employed part-time (less than 35 hours per week).	The client is legally employed; includes those who are self-employed and regularly works up to 35 hours per week. This should not include individuals reporting they volunteer this many hours per week.
Not in the labor force (not seeking)	This category includes clients who are unemployable and are not considered part of the labor force. This includes those who do not work due to a disability.
Unemployed (not seeking work)	The client is not employed and has not been seeking work in the last 30 days. This should be used for individuals who report they were previously employed but are not currently employed and are not looking for employment. Examples include students, homemakers, retirees or individuals injured on the job. This category may also include individuals who were previously employed and may work as a volunteer, but are not employed part time or full time.
Unemployed, looking for work	The client is not employed and has been actively seeking employment in the past 30 days. This includes those who are on temporary layoff and those who are waiting the starting date of a new job. A person must be available for work in order to be considered unemployed, but looking for work.
<b>Data Entry Instruction</b>	

If an individual is 14 years of age or younger, the employment status cannot be “Employed full-time”.

#### 4.3.2. Legal Work

This field collects information on the number of days that the client worked legally for profit. An increase in paid working days from admission to discharge may indicate a positive change in lifestyle, income, and employment due to SUD treatment services.

Field	Days of paid work in the last 30 days
<b>Allowable Values</b>	
A number from 0 through 30.	
99900 – Client declined to state	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Number of days that the client worked legally.	

#### 4.3.3. Enrolled in Job Training

This field collects information on whether the client is enrolled in job training at the time of interview. A change in job training status from “No” at admission to “Yes” at discharge may indicate a positive life change associated with the development of skills for a particular field or work due to SUD treatment services.

Field	Enrolled in job training
<b>Allowable Values</b>	
Client declined to state	
Client unable to answer	
No	
Yes	
<b>Data Entry Instruction</b>	
Examples of individuals for whom a “yes” should be reported would be individuals who report they are participating in an internship; attending vocational schools or who are enrolled in vocational programs such as Job Core; or individuals attending some sort of trade school, such as a school that specializes in training people on a specific skill (e.g. bookkeeping or dental hygiene, etc).	

#### 4.3.4. Enrolled in School

This field collects information on whether the client is enrolled in school at time of interview. A change in school enrollment status from “No” at admission to “Yes” at discharge may indicate that SUD treatment services resulted in a positive life change (i.e., motivation to return to school).

Field	Enrolled in school
-------	--------------------

<b>Allowable Values</b>
Client declined to state
Client unable to answer
No
Yes
<b>Data Entry Instruction</b>
Examples of individuals for whom “Yes” should be reported would be individuals enrolled in classes to obtain a high school diploma or high school equivalency diploma, or individuals taking college courses, whether to obtain a degree or not.

#### **4.3.5. Highest School Grade Completed**

This field collects information on the education levels of clients seeking treatment. Such information could be used to help identify client needs and can be used to improve service delivery.

<b>Field</b>	<b>Highest school grade completed</b>
<b>Allowable Values</b>	
Specify a number from 0 to 30 or 30+	
Client declined to state	
Client unable to answer	
<b>Data Entry Instruction</b>	
For individuals that report they have a GED or other high school equivalency, enter 12 to indicate the equivalent of 12 years of education.	



## 4.4. Criminal Justice Data

### Question Field

4.1. Number of Arrests Last 30 Days \*

4.2. Number of Jail Days Last 30 Days \*

4.3. Number of Prison Days Last 30 Days \*

#### 4.4.1. Arrests

This field collects information on the number of times the client was arrested during last 30 days. A reduction in arrest days from admission to discharge may indicate changes in criminal justice involvement due to SUD treatment services.

Field	Number of Arrests Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
An arrest happens when a person is taken into police custody. Simply being put in the back of the police car will not be counted as an arrest.	

#### 4.4.2. Jail

This field collects information on the number of days the client spent in jail in the last 30 days. A reduction in days spent in jail from admission to discharge may indicate changes in criminal justice involvement due to SUD treatment services.

Field	Number of Jail Days Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Jails are usually run by local law enforcement and/or local government agencies, and are designed to hold inmates awaiting trial or serving a short sentence.	

#### 4.4.3. Prison

This field collects information on the number of prison days in the last 30 days. A reduction in prison days from admission to discharge may indicate changes in criminal justice involvement due to SUD treatment services.

Field	Number of Prison Days Last 30 Days
-------	------------------------------------

<b>Allowable Values</b>
A number from 0 through 30.
99904 – Client unable to answer
<b>Data Entry Instruction</b>
Prisons are designed to hold individuals convicted of more serious crimes, typically any felony.



## 4.5. Medical/Physical Health Data

### Question Field

**Medical and Physical Health Data**

5.1. Number of Emergency Room Visits In The Last 30 Days \*

5.2. Days of Hospital Overnight Stay In The Last 30 Days \*

5.3. Days With Medical Problems In The Last 30 Days \*

5.4. How good is your physical health? (e.g., are you eating and sleeping properly, exercising, and taking care of health or dental problems) (from 1 --> Not good at all to 10 --> Very good) \*

5.5. Pregnant At Any Time During Treatment \*

No  Yes  
 Not Sure/Don't Know

**Medication Information**

5.6. Which of the following medications did you take as part of treatment? \*

All | Clear Search

- Acamprosate (Campral)
- Buprenorphine (Suboxone)
- Buprenorphine (Subutex)
- Disulfiram (Antabuse)
- LAAM

5.7. Other medications for SUD treatment (Specify) \*

5.8. Have you received education about Naloxone use for drug overdose during treatment? \*

Select

5.9. Have you used Naloxone for drug overdose reversal for yourself during treatment? \*

Select

**Communicable Diseases**

5.10. Since Admission, have you been diagnosed with tuberculosis? \*

Yes  No

5.11. Since Admission, have you been diagnosed with Hepatitis C? \*

Yes  No

5.12. Since Admission, have you been diagnosed with a sexually transmitted disease (STD)? \*

Yes  No

5.13. If yes, which of the following STDs? \*

Chlamydia  Gonorrhea  Herpes  
 Syphilis  Other

5.14. Since admission, have you been diagnosed with any other communicable diseases? \*

Yes  No

5.15. HIV Tested \*

No  Yes  
 Client declined to state  Client unable to answer

5.16. HIV Test Results \*

No  Yes  
 Client declined to state  Client unable to answer

#### 4.5.1. Emergency Room Visits – Physical

This information can help demonstrate the extent to which treatment reduces emergency room visits. For example, a reduction in emergency room visits from admission and discharge may indicate an individuals’ engagement in fewer harmful behaviors, resulting in fewer physical injuries or health problems.

Field	Number of Emergency Room Visits in the Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 99	
99904 – Client unable to answer	

#### 4.5.2. Hospital Stay

A reduction in days spent in a hospital from admission to discharge may indicate individuals are experiencing fewer health problems or physical injuries.

Field	Days of Overnight Hospital Stays in the Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	

#### 4.5.3. Medical Problems

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 alcohol and other drugs.

Field	Days with Medical Problems in the Last 30 days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
1	If the emergency room Last 30 Days field or Hospital Overnight Last 30 Days are greater than 0, then the Medical Problems Last 30 Days must contain a value greater than 0.
2	Enter the number of days the individual reported s/he had physical health problems in the thirty days prior to the interview.

#### 4.5.4. Perceived Health Condition

This field is used to measure treatment effects on physical health and/or health behaviors. This field assesses one’s ability to overcome or manage health conditions or symptoms, for example, abstaining from substance use and making informed, healthy choices that support physical well-being.

<b>Field</b>	<b>How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 =&gt; not good at all to 10 =&gt; very good)</b>									
<b>Allowable Values</b>										
1	2	3	4	5	6	7	8	9	10	
Not good at all									Very good	
<b>Data Entry Instructions</b>										
Ask clients to rate their physical health condition from 1 being not good at all to 10 being very good.										

#### 4.5.5. Pregnancy

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

<b>Field</b>	<b>Are you currently pregnant?</b>
<b>Allowable Values</b>	
Not sure/Don't know	
No	
Yes	
<b>Data Entry Instruction</b>	
Ask this question if the client is female. "No" must be selected for male clients.	
At discharge, ask: Are you currently pregnant or were you pregnant any time during treatment?	

#### 4.5.6. Medication-Assisted Treatment (MAT)

Data collection on medications prescribed as part of SUD treatment is required for state and federal reporting. This field is not intended to capture the individual's prescriptions for non-addiction treatment purposes.

<b>Field</b>	<b>Which of the following medication is prescribed as part of treatment? (choose all that apply)</b>
<b>Allowable Values</b>	
Acamprosate (Campral)	
Buprenorphine (Subutex)	
Buprenorphine (Suboxone)	
Disulfiram (Antabuse)	
LAAM	
Methadone	



Naloxone	
Naltrexone (Injectable)	
Naltrexone (Oral)	
None	
Other medications for SUD treatment (Specify)	
Data Entry Instruction	
1	Response cannot be “None” for Opioid Treatment Programs. If “None” is selected for a client in OTP, an error message will pop up saying that medication prescribed cannot be “None” for clients in Opioid Treatment Programs.
2	This information should be limited to the medication prescribed by the provider for the individual’s treatment.
3	This field is checked against the Master Provider File (MPF) to ensure services are consistent with what the provider is certified or licensed to provide. The record will be rejected if inconsistent with the MPF.
4	If “Other medications for SUD treatment (Specify)” is selected, the “Other Medications for MAT (Specify)” field will be enabled to allow the client to provide a medication not listed as an option.
5	Do not use “other” when an individual reports taking medication for other health conditions.

#### 4.5.7. Other Medications for MAT (Specify)

This field indicates medications for MAT not listed in the “Medication-Assisted Treatment (MAT)” field.

Field	Other Medications for SUD treatment (Specify)
Allowable Values	
A medication not listed in the “MAT” field options	

#### 4.5.8. Naloxone Education

This field will provide information on the extent of naloxone education received among SUD clients before and after treatment.

Field	Have you ever received education about Naloxone use for drug overdose?
Allowable Values	
Declined to state	
No	
Yes	



#### 4.5.9. Naloxone Use

This field will provide information on the extent of naloxone use among SUD clients before and after treatment.

<b>Field</b>	<b>Have you ever used Naloxone for drug overdose reversal for yourself or others?</b>
<b>Allowable Values</b>	
Declined to state	
No	
Yes	

#### 4.5.10. Communicable Diseases: Tuberculosis

The following Communicable Disease fields are MTOQ requirements necessary to obtain information about individuals entering treatment with communicable diseases. This information enables identification of need and health risks among SUD service recipients.

<b>Field</b>	<b>Since Admission, have you been diagnosed with tuberculosis?</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instruction</b>	
It is for the period during treatment only.	

#### 4.5.11. Communicable Diseases: Hepatitis C

This field indicates whether the client has been diagnosed with Hepatitis C after they were admitted to treatment.

<b>Field</b>	<b>Since Admission, have you been diagnosed with Hepatitis C?</b>
<b>Allowable Values</b>	
No	
Yes	
<b>Data Entry Instruction</b>	
It is for the period during treatment only.	

#### 4.5.12. Communicable Diseases: Sexually Transmitted Disease

This field indicates whether the client has been diagnosed with a sexually transmitted disease after they were admitted to treatment

<b>Field</b>	<b>Since Admission, have you been diagnosed with a sexually transmitted disease (STD)?</b>
<b>Allowable Values</b>	

No
Yes
<b>Data Entry Instruction</b>
It is for the period during treatment only.

#### 4.5.13 Communicable Diseases: Sexually Transmitted Diseases - If yes, select

This field specifies which sexually transmitted disease(s) the client was diagnosed with after they were admitted to treatment

Field	If yes, which of the following STDs? (check all that apply):	
Allowable Values		
Chlamydia	Gonorrhea	Herpes
Syphilis	Other	

#### 4.5.14. Communicable Diseases: Other

This field indicates whether the client has been diagnosed with any other communicable disease after they were admitted to treatment.

Field	Since admission, have you been diagnosed with any other communicable diseases?
Allowable Values	
No	
Yes	
Data Entry Instruction	
It is for the period during treatment only.	

#### 4.5.15. HIV Tested

This field collects information on whether the client was tested for HIV. Changes from “No” at admission to “Yes” at discharge could indicate that the client became more aware of the risk behaviors of substance use and its impact on acquiring HIV, and are more engaged in the health care system, due to SUD treatment. HIV questions do not violate privacy or confidentiality laws or regulations, as test results are neither asked for nor is it reported. This provides an opportunity for intake personnel, counselors, etc. to explain the availability of HIV-related services through SUD programs.

Field	HIV Tested
Allowable Values	
Client declined to state	
Client unable to answer	
No	

Yes
<b>Data Entry Instruction</b>
If “Yes” is selected, the “HIV Test Results” field will be enabled.

#### 4.5.16. HIV Test Results

This field collects information on whether the client has HIV test results. This can be used to determine the prevalence of clients that know their HIV status. Changes from “No” at admission to “Yes” at discharge could indicate that the client is more engaged in the health care system, and that the client may have behavioral changes since knowing their HIV status (e.g., stop sharing injection equipment, use condoms during sex, reduce number of sexual partners) as a result of SUD treatment.

Field	HIV Test Results
<b>Allowable Values</b>	
	Client declined to state
	Client unable to answer
	No
	Yes



## 4.6. Mental Health Data

### Question Field

▼ Mental Illness

**6.1. Mental Illness \***

No
  Yes

Not Sure/Don't Know

**6.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health) \***

**6.2. Mental Health Medication In The Last 30 Days \***

No
  Yes

Client declined to state
  Client unable to answer

**6.4. Days of Psychiatric Facility Use In The Last 30 Days \***

**6.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --> not good at all to 10 --> very good) \***

#### 4.6.1. Mental Illness

This field meets federal NOM reporting requirements, and state MTOQ reporting requirements.

Field	Have you ever been diagnosed with a mental illness?
<b>Allowable Values</b>	
	No
	Not sure / don't know
	Yes

#### 4.6.2. Mental Health Medication

This field indicates whether the client has taken medication for mental health disorders in the past 30 days. Asking this at admission and discharge enables measurement of change in use of prescribed mental health medications.

Field	Mental Health Medication in the Last 30 days
<b>Allowable Values</b>	
	Client unable to answer
	No
	Yes

#### 4.6.3. Emergency Room Visits - Mental

Collecting this information at admission and discharge provides valuable outcome information on SUD services. For example, this information will enable us to see whether use of such services has increased or decreased due to SUD services.

Field	Number of emergency room visits in the last 30 days (Mental Health)
<b>Allowable Values</b>	
	A number from 0 through 99
	99904 – Client unable to answer

#### 4.6.4. Psychiatric Facility

Asking this question at both admission and discharge will provide information on the mental health needs of SUD clients. Further, this information will enable counties and providers to see whether use of such services has increased or decreased due to SUD services.

<b>Field</b>	<b>Days of Psychiatric Facility Use in the Last 30 days</b>
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Enter the number of days the individual reported s/he stay in a hospital or psychiatric facility for mental health needs in the thirty days prior to the interview date.	

#### 4.6.5. Perceived Mental Health Status

This field is used to measure treatment effects on mental health. The client's ability to overcome or manage mental health conditions or symptoms is assessed (e.g., Abstaining from substance use and making informed, healthy choices that support emotional well-being).

<b>Field</b>	<b>How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 =&gt; not good at all to 10 =&gt; very good)</b>									
<b>Allowable Values</b>										
1	2	3	4	5	6	7	8	9	10	
Not good at all										Very good
<b>Data Entry Instructions</b>										
Ask clients to rate their mental health condition from 1=not good at all to 10=very good.										

## 4.7. Family/Social Data

### Question Field

#### Social Support

7.1. How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery? \*

7.2. Were any of your family members / significant others actively involved during your treatment/recovery? \*

#### Living Arrangements

7.3. Current Living Arrangements \*

Is this participant homeless?

Yes

No

7.4. Current homeless living arrangement? \*

7.5. Specify Other Homeless Living Arrangement \*

7.6. Has the client been linked to a stable/permanent housing during treatment? \*

7.6a. If yes, what is the permanent housing arrangement? \*

- Rental by client, no ongoing housing subsidy  
 Rental by client, with ongoing housing subsidy  
 Staying or living with family, permanent tenure  
 Staying or living with friends, permanent tenure  
 Other: specify

7.6b. What is the zip code of the permanent housing? \*

7.6c. Specify 'Other' Permanent Housing \*

7.6d. If no, explain \*

#### Family and Social

7.7. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days \*

7.8. Days With Family Conflict In The Last 30 Days \*

7.9. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --> Not good at all to 10 --> Very good) \*

7.10. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? \*

7.11. How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not? \*

7.12. How many children are living with someone else because of a child protection court order? \*

7.13. 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? \*

#### Abuse

7.14. Have you been physically abused during the past 30 days? \*

- Client Declined to Answer  
 Yes  
 No

7.15. Have you been sexually abused during the past 30 days? \*

- Client Declined to Answer  
 Yes  
 No

#### 4.7.1. Social Support Recovery Activity

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.

<b>Field</b>	<b>How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings other self-help meetings, religious/faith recovery or self-help meetings, Meetings of organizations other than those listed above, Interactions with family members and/or friend support of recovery?</b>
<b>Allowable Values</b>	
A number from 0 through 30	
<b>Data Entry Instruction</b>	
Enter the number of days the individual reported s/he engaged in social support recovery activities in the thirty days prior to the treatment admission date.	

#### 4.7.2. Family Involvement in Treatment Plan

This field indicates whether the client's family is involved in their treatment. Involving family members may help to establish therapeutic alliance and provide motivation for the client to continue in treatment. Family involvement is assessed at admission and discharge.

<b>Field</b>	<b>Were any of your family members/significant others actively involved during your treatment/recovery?</b>
<b>Allowable Values</b>	
No	
Yes	

#### 4.7.3. Current Living Arrangements

This field indicates the client's current living arrangements. Asking this at admission and discharge enables documentation of changes in housing status.

<b>Field</b>	<b>Current Living Arrangements</b>
<b>Allowable Values</b>	
At imminent risk of being homeless (losing housing within 14 days)	
Dependent living / Supervised setting	
Homeless	
Independent living (Own or rent a home alone or with roommates with no supervision)	
<b>Data Entry Instructions</b>	
1	<i>Homeless:</i> This includes clients with no permanent residence (e.g., living in shelters, motels, or in a vehicle).

2	If “Homeless” is selected, “00000” will be automatically filled in the zip code field.
3	<i>Dependent living:</i> Clients living in a supervised setting such as residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care.
4	<i>Independent living:</i> This includes individuals who own their home, rent/live alone, live with roommates and do not require supervision. These individuals pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
5	Please answer any linked questions when applicable

#### 4.7.4. Current Homeless Living Arrangement

This field specifies the type of living arrangement among clients who are homeless.

Field	Current homeless living arrangement?
<b>Allowable Values</b>	
Doubling up or living with others temporarily	
Hotel/motel voucher	
Living outside (sleeping outdoors)	
Motels due to lack of alternative	
Other: (Specify)	
Prefer not to answer	
Sleeping in car/van	
Staying at a shelter	
Staying with family/friends ('couch moving/surfing')	
Temporary indoor situation (like abandoned building) with additional services	

#### 4.7.5. Other Homeless Living Arrangement (Specify)

This field specifies the living arrangements among clients who were homeless at admission.

Field	Specify Other Homeless Living Arrangement
<b>Allowable Values</b>	
A homeless living arrangement not listed in the “Current Homeless Living Arrangement” field options.	

#### 4.7.6. Stable Housing Assistance

This field determines whether those clients who were homeless at admission were linked to stable housing during treatment as part of case management.

Field	Has the client been linked to a stable/permanent housing during treatment?
-------	--

Allowable Values
No
Yes

#### 4.7.6a. Stable Housing Assistance (Yes - Specify)

Field	If yes, what is the permanent housing agreement?
<b>Allowable Values</b>	
Rental by client, no ongoing housing subsidy	
Rental by client, with ongoing housing subsidy	
Staying or living with family, permanent tenure	
Staying or living with friends, permanent tenure	
Other: specify	

#### 4.7.6b. Zip Code of Permanent Housing

This field is for the zip code of client's permanent housing.

Field	What is the zip code of the permanent housing
<b>Allowable Values</b>	
5-digit zip code of permanent housing	
XXXXX (client declines to state)	
ZZZZZ (client unable to answer)	
<b>Data Entry Instructions</b>	
1	XXXXX and ZZZZZ are case sensitive.

#### 4.7.6c. Other Permanent Housing

<< insert other types of permanent housing that do not qualify as choices..>>

Field	Has the client been linked to a stable/permanent housing during treatment?
<b>Allowable Values</b>	
Explain 'other' permanent housing	

#### 4.7.6d. Stable Housing Assistance (No - Specify)

Field	If no, explain
<b>Allowable Values</b>	
Explain why client was not linked to stable housing	



#### 4.7.7. Living with AOD Users

This is an MTOQ-required field and provides information about the individual's living environment, which can influence their AOD use and recovery.

<b>Field</b>	Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99904 – Client unable to answer	

#### 4.7.8. Family Conflict Last 30 Days

This is an MTOQ-required element and provides information about program participants' family relations.

<b>Field</b>	Days With Family Conflict In The Last 30 Days
<b>Allowable Values</b>	
A number from 0 through 30	
99900 – Client declined to state	
99904 – Client unable to answer	

#### 4.7.9. Perceived Community Membership

This field is used to measure treatment effects on community membership. For example, does the client's actions have positive or negative impacts on other people; does the client have relationships and social networks that provide support, friendship, love, and hope; and does the client have resources to participate in society?

<b>Field</b>	How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others)?									
<b>Allowable Values</b>										
1	2	3	4	5	6	7	8	9	10	
Not good at all									Very good	
<b>Data Entry Instructions</b>										
Ask clients to rate how good they are as a citizen/community member from 1=not good at all to 10=very good.										

#### 4.7.10. Children Under Age 17

This field specifies how many children the client has that are under the age of 17. This can help estimate the number of children and teens impacted by parental SUD use. Collection of this information also fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	How many children do you have aged 17 or less (birth or adopted) – whether they live with you or not?
--------------	---

<b>Allowable Values</b>
A number from 0 through 30
99900 – Client declines to state
99904 – Client unable to answer
<b>Data Entry Instruction</b>
Count only the children that are related to the client through birth or adoption. This does not include step-children, nieces, nephews, cousins, or children from previous relationships, unless they were adopted.

#### **4.7.11. Children Under Age 5**

This is an MTOQ-required element and provides information about the client’s birth or adopted children, and can thus help identify the need for services among the children impacted by their parent’s SUD. Collection of this information also fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	<b>How many children do you have aged 5 or less (birth or adopted) - whether they live with you or not?</b>
<b>Allowable Values</b>	
A number from 0 through 30, and is less than or equal to number of children age 5 or younger	
99900 – Client declines to state	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Count only the children that are related to the client through birth or adoption. This does not include step-children, nieces, nephews, cousins and children from previous relationships, unless they were adopted.	

#### **4.7.12. Number of Children with Someone Else (Court Order)**

This question is about the client’s birth or adopted children. Responses to this question provide information on the number of children impacted by SUD, and the impact of SUD on other systems. Collection of this information fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	<b>How many children are living with someone else because of a child protection court order?</b>
<b>Allowable Values</b>	
A number from 0 through 30, and is less than or equal to number of children age 17 or younger	
99900 – Client declined to state	
99904 – Client unable to answer	
<b>Data Entry Instruction</b>	
Ask this question if the number of children age 17 or younger is greater than 0.	



#### 4.7.13. Number of Children Living with Someone Else (Court Order) and Parental Rights Terminated

This field is about the client’s birth or adopted children. Responses to this question provide information on the number of children impacted by SUD, and the impact of SUD on other systems. Collection of this information fulfills legislative reporting requirements pertaining to perinatal services.

<b>Field</b>	<b>If you have children living with someone else because of a child protection court order, for how many of them were your parental rights terminated?</b>
<b>Allowable Values</b>	
A number less than or equal to the number of children living with someone else	
<b>Data Entry Instruction</b>	
Ask this question if the number of children living with someone else is greater than 0.	

#### 4.7.14. Physical Abuse History

This field indicates whether the client has experienced physical abuse. Trauma such as physical abuse can influence a client’s substance use, treatment, and recovery. Knowing a client has experienced trauma can inform client care.

<b>Field</b>	<b>Have you been physically abused during the past 30 days?</b>
<b>Allowable Values</b>	
No	
Yes	
Client Declined to Answer	

#### 4.7.15. Sexual Abuse History

This field indicates whether the client has experienced sexual abuse. Trauma such as sexual abuse can influence a client’s substance use, treatment, and recovery. Knowing a client has experienced trauma can inform client care.

<b>Field</b>	<b>Have you been sexually abused during the past 30 days?</b>
<b>Allowable Values</b>	
No	
Yes	
Client Declined to Answer	

## Section 5. CalOMS/LACPRS Administrative Discharge Data Group

Administrative discharges should only be reported in the event that, prior to completing the services in which they are participating, the client is deceased, incarcerated, cannot be located, or when there are no service activities reported for the client for 14/30 days (Detailed CalOMS/LACPRS Data Submission and AWOL policy can be found on Page 35 of the [SAPC Provider Manual, Version 10.0](#)). This applies to clients who stop coming in without notice for a period of time exceeding the amount defined for the level of care in which the participant was enrolled, and to clients 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.

A discharge interview should be conducted for each client. If a client is lost to follow-up, multiple attempts to contact the client must be documented in the client's file. Many data fields intended to be collected at discharge cannot be collected when a client is unavailable for an exit interview. Thus, a minimal set of discharge data should be collected for those administratively discharged.

Please note that many of the responses to the questions are listed in alphabetical order.

## Question Field

1.0. Level of Care Admitted  
Intensive Outpatient

1.1. Discharge Date \*  
[Date Picker] [T] [Y]

1.2. Discharge Process Date \*  
[Date Picker] [T] [Y]

1.3. Discharge Status \*  
Select

1.4. Zip Code At Current Residence \*  
91803

1.5. Record to be Submitted \*  
 Discharge  Discharge Update  
 Discharge Delete  None

Flag for Resubmission ?  
 Yes  No

1.6. Current First Name  
ABC

1.7. Current Last Name  
HODA

1.8. Primary Drug (Code) \*  
Select

1.9. Primary Drug Name  
[Redacted]

1.10. Days of Primary Drug Use Last 30 Days \*  
[Text Field]

1.11. Primary Drug Route of Administration \*  
 Oral - ingested by mouth  
 Smoking  
 Inhalation  
 None or Not Applicable  
 Injection  
 Other

1.12. Pregnant At Any Time During Treatment \*  
 No  
 Not Sure/Don't Know  
 Yes

1.13. Disability (check all that apply): \*  
 None  
 Hearing  
 Visual  
 Speech  
 Mobility  
 Mental  
 Developmentally Disabled  
 Client declined to state  
 Client unable to answer  
 Other

Form Serial Number

### 5.1.3. Discharge Status

This field indicates the client's discharge status.

Field	Discharge Status
<b>Allowable Values</b>	
Value	Description
Left Before completing treatment/recovery plan goals w/ Satisfactory Progress (not referred or transferred)	This is considered an administrative discharge status and only the minimum data set should be collected. This should be used for a client who was doing well in their treatment and stopped coming in without notice for a period of time, and therefore did not complete the treatment service as planned. The client is unavailable to be referred for other SUD treatment or to complete the discharge interview in person or by telephone.
Left Before completing treatment/recovery plan goals w / Unsatisfactory Progress (not referred or transferred)	This is considered an administrative discharge status and only the minimum data set should be collected. This should be used for a client who made unsatisfactory progress in the treatment service in which they were enrolled and who did not complete the treatment service as planned. The client is unavailable to be referred for other SUD treatment or to complete the discharge interview in person or by telephone.
Discharged by agency for cause (e.g., non-compliance with agency rules)	This is an administrative discharge status. This should be used when the client is terminated by the provider for non-compliance with the agency's rules or policies.
Death	This is an administrative discharge status. This should be used for a client who dies while enrolled in a treatment program. Because the client cannot be asked the CaIOMS/LACPRS standard discharge questions, the treatment counselor follows the same procedures used to complete an administrative discharge for clients who leave the program prior to finishing their treatment.
Incarceration	This is an administrative discharge status. This should be used for a client who becomes incarcerated while enrolled in a treatment program. Because the client cannot be asked the CaIOMS/LACPRS standard discharge questions, the treatment counselor follows the same procedures used to complete an administrative discharge for clients who leave the program prior to finishing their treatment.
<b>Data Entry Instruction</b>	
If Discharge Status is "Completed Treatment / Recovery Plan Goals (Referred or transferred)", "Completed Treatment / Recovery Plan goals (Not Referred or transferred)", "Left Before completing treatment/recovery plan goals w/ Satisfactory Progress (referred or transferred)," or "Left Before completing treatment/recovery plan goals w/ unsatisfactory progress (referred or transferred)", then the client is discharged, using the standard discharge form. Please refer to "Section 4. CaIOMS/LACPRS Discharge" for further instructions.	

Please use the information provided in the following table to complete the “Administrative Discharge Data” fields in this subsection.

Field Number	Field	Refer to
<b>General Administrative Discharge Data Group</b>		
5.1.1	Discharge Date	4.1.1
5.1.2	Discharge Process Date	4.1.2
5.1.3	Discharge Status	4.1.4
5.1.4	Zip Code at Current Residence	2.1.14
5.1.5	Record to be Submitted	4.1.3
5.1.6	Current First Name	2.1.10
5.1.7	Current Last Name	2.1.9
5.1.8	Primary Drug (Code)	2.4.1
5.1.9	Primary Drug Name	2.4.2
5.1.10	Primary Drug Frequency	2.4.3
5.1.11	Primary Drug Route of Administration	2.4.4
5.1.12	Pregnant at Any Time During Treatment	2.7.5
5.1.13	Disability	2.1.24

## **Section 6. CalOMS/LACPRS Youth/Detox Discharge Data Group**

Youth/Detox discharges should be used for clients who are youth at discharge or who are discharged from a Detox level of care.

A discharge interview should be conducted for each client. If a client is lost to follow up, multiple attempts to contact clients lost to follow up must be documented in the client's file. Many data fields intended to be collected at discharge cannot be collected when a client is unavailable for an exit interview.

Please note that many of the responses to the questions are listed in alphabetical order.

## Question Field

1.1. Discharge Date \*

1.2. Discharge Process Date \*

1.3. Record to be Submitted \*

1.4. Discharge Status \*

1.5. Level of Care Admitted

1.6. Which SUD level of care was the client referred/transferred to? \*

1.7. Reason client was not referred to another SUD level of care \*

1.9. What other services was the client referred to? \*

1.8. Other reason (Specify) \*

1.10. Other service (Specify) \*

1.11. Current First Name

1.12. Current Last Name

1.13. Zip Code At Current Residence \*

1.14. Consent \*

1.16. Disability (check all that apply): \*

2.1. Primary Drug (Code) \*

2.5. Secondary Drug (Code) \*

2.2. Primary Drug Name

2.3. Days of Primary Drug Use Last 30 Days \*

2.6. Secondary Drug Name

2.7. Days of Secondary Drug Use Last 30 Days \*

2.4. Primary Drug Route of Administration \*

2.8. Secondary Drug Route of Administration \*

2.9. Days of Alcohol Use Last 30 Days \*

3.1. Employment Status \*

- Employed Full Time (35 hrs or more)
- Employed Part Time (less than 35 hrs)
- Unemployed - (Not seeking)
- Unemployed Looking For Work
- Not in the labor force (Not seeking)

3.2. Enrolled in School \*

- No
- Client declined to state
- Yes
- Client unable to answer

3.3. Number of Arrests Last 30 Days \*

3.4. Pregnant At Any Time During Treatment \*

- No
- Not Sure/Don't Know
- Yes

3.6. Which of the following medications did you take as part of treatment? \*

3.7. Other medications for SUD treatment (Specify) \*

3.8. Have you received education about Naloxone use for drug overdose during treatment? \*

3.9. Have you used Naloxone for drug overdose reversal for yourself during treatment? \*

3.10. Mental Illness \*

- No
- Not Sure/Don't Know
- Yes

3.12. Current Living Arrangements \* ?

- Homeless
- Independent Living
- Dependent Living

3.14. Social Support: How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery? \*

Form Serial Number



Please use the information provided in the following table to complete the “Youth/Detox Discharge Data” fields in this subsection.

Field Number	Field	Refer to
<b>General Youth/Detox Discharge Data Group</b>		
6.1.1	Discharge Date	4.1.1
6.1.2	Discharge Process Date	4.1.2
6.1.3	Record to be Submitted	4.1.3
6.1.4	Discharge Status	4.1.4
6.1.6	Which SUD level of care was the client referred/transferred?	4.1.6
6.1.7	Reason client was not referred to another SUD level of care	4.1.7
6.1.8	Other reason (Specify)	4.1.8
6.1.9	What other services was the client referred to	4.1.9
6.1.10	Other service (Specify)	4.1.10
6.1.11	Current First Name	2.1.10
6.1.12	Current Last Name	2.1.9
6.1.13	Zip Code at Current Residence	2.1.14
6.1.14	Consent	2.1.23
6.1.16	Disability	2.1.24
6.2.1	Primary Drug (Code)	2.4.1
6.2.2	Primary Drug Name	2.4.2
6.2.3	Primary Drug Frequency	2.4.3
6.2.4	Primary Drug Route of Administration	2.4.4
6.2.5	Secondary Drug (Code)	2.4.6
6.2.6	Secondary Drug Name	2.4.7
6.2.7	Secondary Drug Route of Administration	2.4.9
6.2.8	Secondary Drug Frequency	2.4.8
6.2.9	Alcohol Frequency	2.4.11
6.3.1	Employment Status	2.5.4
6.3.2	Enrolled in School	2.5.1
6.3.3	Number of Arrests Last 30 Days	2.6.2
6.3.4	Pregnant at Any Time During Treatment	2.7.5
6.3.6	Which of the following medications did you take as part of treatment	2.7.6
6.3.7	Other Medications for SUD treatment (Specify)	2.7.6a

6.3.8	Have you received education about Naloxone use for drug overdose during treatment?	2.7.7
6.3.9	Have you used Naloxone for drug overdose reversal for yourself during treatment?	2.7.8
6.3.10	Mental Illness	2.8.1
6.3.12	Current Living Arrangements	2.9.3
6.3.14	Social Support	2.9.1

