

**SUBSTANCE USE DISORDER
TREATMENT SERVICES
PROVIDER MANUAL
ADDENDUM**

*Sage – The Patient Information
Management System: Services,
Data, and Claims*



System Transformation to Advance Recovery and
Treatment, Los Angeles County's Substance Use
Disorder Organized Delivery System

DATA COLLECTION USER GUIDE

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

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(* Indicates field required within 7 days)

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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

Cal-OMS/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, Cal-OMS/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 Cal-OMS/LACPRS Data

Community SUD treatment facilities required to report Cal-OMS/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 Cal-OMS/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 Cal-OMS/LACPRS data for that client.

Facilities exempt from reporting Cal-OMS/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 Cal-OMS/LACPRS Data

All Cal-OMS/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 Cal-OMS/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 Cal-OMS/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 Cal-OMS/LACPRS data fields must be collected from each participant, unless the data field is system generated or provider-supplied information, 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 Cal-OMS/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 (*DHCS CalOMS Tx Data Collection Guide, released 2014, page 14*). All enabled admission data fields must be collected and submitted via Sage within 30 days of a client’s entry into treatment, except for those data fields marked as “(optional)”. A minimum set of data fields must be submitted within 7 days of a client’s entry into treatment. These data fields must be submitted in a timely manner because they are crucial in determining the services, funding sources, referrals, and key behavioral changes the client will need for the current treatment episode. The minimum set of data fields are indicated by an asterisk (*).

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

Clients with no activity for 45 days are subject to administrative discharge by Sage.

1.4.3. 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 Cal-OMS/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.

1.4.4. Withdrawal Management Clients

All Cal-OMS/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 Cal-OMS/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 Cal-OMS/LACPRS questions by the provider, the provider must finish collecting the remaining Cal-OMS/LACPRS questions.

Section 2. Cal-OMS/LACPRS Admission Data Group

Cal-OMS/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

Client Identification and Demographics Data	
Date of Admission <input type="text"/>	Location of Admission -Please Choose One-
Level Of Care Admitted -Please Choose One-	Cal-OMS Type of Service <input type="text"/>
Record to be Submitted -Please Choose One-	Flag for Cal-OMS Submission -Please Choose One-
Flag for Resubmission -Please Choose One-	
Birth First Name <input type="text"/>	Birth Last Name <input type="text"/>
Current First Name <input type="text"/>	Current Last Name <input type="text"/>
Social Security Number <input type="text"/>	Zip Code At Current Residence <input type="text"/>
Place of Birth - State -Please Choose One-	Place of Birth - County -Please Choose One-
Driver's License Number <input type="text"/>	Driver's License State -Please Choose One-
Mother's First Name <input type="text"/>	What is your race? -Please Choose One-
Race 1 -Please Choose One-	Race 2 -Please Choose One-
Race 3 -Please Choose One-	Race 4 -Please Choose One-
Race 5 -Please Choose One-	Other Race (Specify) <input type="text"/>
Ethnicity -Please Choose One-	South American (Specify) <input type="text"/>
What is your marital status? -Please Choose One-	What is the primary language you speak at home? -Please Choose One-
Other Primary Language (Specify) <input type="text"/>	How well do you speak English? -Please Choose One-

<p>What language do you prefer to receive treatment services in?</p> <p>-Please Choose One-</p>	<p>Other Preferred Language (Specify)</p> <p></p>
<p>Veteran</p> <p>-Please Choose One-</p>	<p>Disability</p> <p>None</p> <p>Visual</p> <p>Hearing</p> <p>Speech</p> <p>Ctrl+click to choose multiple items</p>
<p>Consent</p> <p>No</p>	<p>In the past year (12 months), have you had sex with a male?</p> <p>-Please Choose One-</p>
<p>In the past year, have you had sex with a female?</p> <p>-Please Choose One-</p>	<p>In the past year, have you had sex with a transgender/transsexual?</p> <p>-Please Choose One-</p>
<p>In the past year, have you used methamphetamines?</p> <p>-Please Choose One-</p>	<p>If yes, did you use methamphetamines before or during sex?</p> <p>-Please Choose One-</p>
<p>How many sexual partners have you had in the past year?</p> <p></p>	<p>When you have sex, do you wear condoms?</p> <p>-Please Choose One-</p>

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	Date of Admission	
Allowable Values		
MM/DD/YYYY (Date)	MM	Two-digit month
	DD	Two-digit day
	YYYY	Four-digit year
Data Entry Instructions		
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 be concurrently enrolled in two or more levels of care (except OTP) or be enrolled by more than one contractor at a time (except OTP, RBH).	

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
Allowable Values	
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
Allowable Values	
ASAM 1.0-Outpatient for At-Risk (Youth and Young Adults 12-20 Only)	
Inpatient Withdrawal Management-3.7 (Medically Monitored Inpatient Withdrawal Management)	
Inpatient Withdrawal Management -4.0 (Medically Managed Inpatient Withdrawal Management)	

Inpatient-3.7 (Medically Monitored Intensive Inpatient Services)
Inpatient-4.0 (Medically Managed Intensive Inpatient Service)
Intensive Outpatient
Opioid Treatment Program
Outpatient Services
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)
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)
Data Entry Instructions
ASAM 1.0 – Outpatient for At-Risk is for youth (12-17 years) and young adults (12-20 years) only.

2.1.4. Record to be Submitted

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

Field	Record to be Submitted
Allowable Values	
	Admission
	Admission delete
	Admission update
	Correction to admission
	None

2.1.5. Birth First Name

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

Field	Birth First Name
Allowable Values	
	Alphabetic name containing at least one character

2.1.6. Birth Last Name

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

Field	Birth Last Name
Allowable Values	
Alphabetic name containing at least one character	

2.1.7. Current First Name

This field indicates the client's current first name.

Field	Current First Name
Allowable Values	
Alphabetic name containing at least one character	

2.1.8. Current Last Name

This field indicates the client's current last name.

Field	Current Last Name
Allowable Values	
Alphabetic name containing at least one character	

2.1.9. Social Security Number

This field indicates the client's social security number.

Field	Social Security Number
Allowable Values	
9-digit social security number, without dashes (e.g., 123456789)	

2.1.10. Zip Code*

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
Allowable Values	
5-digit zip code of current residence	

Data Entry Instructions
If the client is homeless and/or lives in a shelter, enter “00000”.

2.1.11. Place of Birth – State

This item identifies the client’s state of birth.

Field	Place of Birth – State (What state were you born in?)		
Allowable Values			
Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Pennsylvania
Delaware	Maryland	North Carolina	Vermont
District of Columbia	Massachusetts	North Dakota	Virginia
Florida	Michigan	Ohio	Washington
Georgia	Minnesota	Oklahoma	West Virginia
Hawaii	Mississippi	Oregon	Wisconsin
Idaho	Missouri	Other (born outside of U.S.)	Wyoming
Data Entry Instructions			
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 “Place of Birth – County” is “Born outside of US”, then select “Born outside of US” in the “Place of Birth – State” field.		
3	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.		

2.1.12. Place of Birth – County

This field indicates the client’s county of birth.

Field	Place of Birth – County (What county were you born in?)		
Allowable Values			
Alameda	Kings	Other (born outside of CA)	Shasta
Alpine	Lake	Placer	Sierra
Amador	Lassen	Plumas	Siskiyou

Butte	Los Angeles	Riverside	Solano
Calaveras	Madera	Sacramento	Stanislaus
Colusa	Marin	San Benito	Sutter
Contra Costa	Mariposa	San Bernardino	Tehama
Del Norte	Mendocino	San Diego	Trinity
El Dorado	Merced	San Francisco	Tulare
Fresno	Modoc	San Joaquin	Tuolumne
Glenn	Mono	San Luis Obispo	Ventura
Humboldt	Monterey	San Mateo	Yolo
Imperial	Napa	Santa Barbara	Yuba
Inyo	Nevada	Santa Clara	
Kern	Orange	Santa Cruz	
Data Entry Instructions			
1	If “Place of Birth – State” is “Born outside of US”, then select “Born outside of US” in the “Place of Birth – County” field.		
2	If the individual cannot remember or does not know what county s/he was born in, enter the county code of the county in which the individual is living.		

2.1.13. 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?)
Allowable Values	
Alpha-numeric driver’s license or state ID number, up to 13 characters	

2.1.14. 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 valid driver’s license/ID?)		
Allowable Values			
Alabama	Idaho	Montana	Rhode Island
Alaska	Illinois	Nebraska	South Carolina
Arizona	Indiana	Nevada	South Dakota
Arkansas	Iowa	New Hampshire	Tennessee
Client declined to state	Kansas	New Jersey	Texas
Client unable to answer	Kentucky	New Mexico	Utah
California	Louisiana	New York	Vermont

Colorado	Maine	None or not applicable	Virginia
Connecticut	Maryland	North Carolina	Washington
Delaware	Massachusetts	North Dakota	West Virginia
District of Columbia	Michigan	Ohio	Wisconsin
Florida	Minnesota	Oklahoma	Wyoming
Georgia	Mississippi	Oregon	
Hawaii	Missouri	Pennsylvania	
Data Entry Instructions			
If a client does not have a valid driver's license or state ID card, then select 'None or not applicable'.			

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
Allowable Values	
Alphabetic name containing at least one character	
Data Entry Instructions	
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.

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?	
Allowable Values		
Alaskan Native	Guamanian	Other Asian
American Indian	Hawaiian	Other Race (specify:_____)
Armenian	Iranian	Samoan

Asian Indian	Japanese	Thai
Black/African	Korean	Vietnamese
Cambodian	Laotian	White
Chinese	Middle Eastern	
Filipino	Mixed Race	
Data Entry Instructions		
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	

Field	Race (1)	
Allowable Values		
Alaskan Native	Filipino	Other Asian
American Indian	Guamanian	Other Race (specify:_____)
Armenian	Hawaiian	Samoan
Asian Indian	Iranian	Thai
Black/African	Japanese	Vietnamese
Cambodian	Korean	White
Chinese	Laotian	
Client declined to state	Middle Eastern	

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	

Field	Race (3)
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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	

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	

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	

2.1.17. 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

2.1.18. 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
Allowable Values	
Belizean	Nicaraguan
Costa Rican	Not Hispanic
Cuban	Other Hispanic/Latino
Dominican	Panamanian
Guatemalan	Puerto Rican
Honduran	Salvadoran
Mexican/Mexican American	South American (specify: _____)

2.1.19. South American (Specify)

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

Field	South American (Specify)
Allowable Values	
A South American ethnicity	

2.1.20. Marital Status

This field indicates the client’s current marital status.

Field	What is your marital status?
Allowable Values	
Divorced	
Married	
Separated	
Single (“Never married”)	
Widowed	

2.1.21. 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?
Allowable Values	
Arabic	Korean
Armenian	Mandarin
Cantonese	Other primary language (Specify: _____)
Chinese	Russian
English	Spanish
Farsi	Tagalog
Hmong	Vietnamese
Khmer	

2.1.22. 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)
Allowable Values	
A primary language not listed in the "Primary Language at Home" field options	

2.1.23. English Proficiency (optional)

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?
Allowable Values	
1. Very Well	
2. Well	
3. Somewhat well	
4. Not well	
5. Not at all	

2.1.24. 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?
Allowable Values	
Arabic	Korean
Armenian	Mandarin
Cantonese	Other primary language (Specify: _____)
Chinese	Russian
English	Spanish
Farsi	Tagalog
Hmong	Vietnamese
Khmer	

2.1.25. 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)
Allowable Values	
A language the clients prefers to receive treatment services in that was not listed as an option in the "Preferred Treatment Language" field.	

2.1.26. 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 (Are you a veteran?)
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	
Data Entry Instructions	
Client must be 17 or older.	

2.1.27. 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
-------	------------

	(What type of disability do you have, if any? Choose all that apply)
Allowable Values	
	None
	Visual
	Hearing
	Speech
	Mobility
	Mental
	Developmentally Disabled
	Other
	Client declined to state
	Client unable to answer
Data Entry Instructions	
	A client may have more than one disability.

2.1.28. Consent

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

Field	Consent (Has the participant given valid, written consent to be contacted for follow up interview?)
Allowable Values	
	No
	Yes
Data Entry Instructions	
	“Yes” means a signed consent form allowing future possible contact is on file within the agency.

2.1.29. Sex with Male (optional)

This field indicates whether the client had sex with a male in the past 12 months.

Field	In the past year (12 months), have you had sex with a male?
Allowable Values	
	Yes
	No
	Don't know
	Refused

2.1.30. Sex with Female (optional)

This field indicates whether the client had sex with a female in the past 12 months.

Field	In the past year (12 months), have you had sex with a female?
Allowable Values	
	Yes
	No
	Don't know
	Refused

2.1.31. Sex with Transsexual (optional)

This field indicates whether the client had sex with a transgender male or female in the past 12 months.

Field	In the past year (12 months), have you had sex with a transgender/transsexual?
Allowable Values	
	Yes
	No
	Don't know
	Refused

2.1.32. Methamphetamine Use in Past Year (optional)

This field indicates whether the client has used methamphetamine in the past 12 months.

Field	In the past year, have you used methamphetamines?
Allowable Values	
	Yes
	No
	Don't know
	Refused

2.1.33. Methamphetamine Use during Sex (optional)

This field indicates whether the client has used methamphetamine during sex in the past 12 months.

Field	If yes, did you use methamphetamine before or during sex?
Allowable Values	

Yes
No
Don't know
Refused

2.1.34. Sexual Partners (optional)

This field indicates the number of sexual partners the youth client had in the past year.

Field	How many sexual partners have you had in the past year?
Allowable Values	
A numeric value from 0-99	

2.1.35. Condom Use

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

Field	When you have sex, do you wear condom?
Allowable Values	
Always	
Often	
Sometimes	
Rarely	
Never	
Data Entry Instruction	
This question is for youth only.	

2.2. Transaction Data

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

Question Field

Transaction Data	
Admission Transaction Type	
Initial Admission	

2.2.1. Admission Transaction Type

This automatically filled field is used for reporting the client’s movement within a treatment episode. A treatment episode is a planned series of treatment service types occurring consecutively (e.g., admission to and discharge from withdrawal management, followed by admission to and discharge from outpatient services). Treatment episodes may include different types of services/levels of care and providers, as well as planned breaks, such as waiting for a slot to open prior to beginning a new service type. A treatment episode may also be a single treatment service (e.g., admission to and discharge from outpatient treatment) with no further SUD treatment services planned for the client.

Field	Transaction type
Allowable Values	
Value	Description
Initial admission	The first admission in a treatment episode, which is a continuous period of planned treatment with no unplanned breaks in services exceeding 30 days. The client has never been in treatment, or it has been more than 30 days since the client was in treatment at the time of admission to the current treatment program.
Transfer or change in service	Each subsequent treatment service admission following the initial admission in a treatment episode. A transfer occurs when a client moves from one program location to another for the same level of care, within the same provider or between different providers. For example, an individual is admitted to an outpatient program and begins receiving services. After some time, the individual informs the provider s/he is no longer able to make it to the program location due to transportation problems. The client is discharged from the program facility in which s/he was participating (e.g. Agency A), and is transferred to a different location (e.g. Agency B) which s/he is better able to get to. A new admission is opened for the client in the Agency B program and “Transfer or change in service” should be selected. A change in service occurs when a client is continuing his/her treatment episode, but has had a change in services or level of care. For example, an individual is admitted to a withdrawal management program. After several days, s/he completes the withdrawal management services, and as part of his/her treatment plan, is ready to move onto outpatient services. The individual is discharged from the withdrawal management program and a discharge record is submitted. A new admission is opened for the individual

	in the outpatient program, and “Transfer or change in service” is selected for “Transaction type”.
Data Entry Instructions	
1	“Initial admission” should be reported for clients who will only be receiving one treatment service and will not be referred to another SUD treatment program or treatment service.
2	If there is a break of more than 30 days between discharge from one service and admission to the next treatment service, a new episode begins and must be indicated as an “Initial admission”.
3	If a client transfers within 5 calendar days from one LOC to another within the same provider, then use the discharge data from the first LOC for the admission data in the next LOC and select “Transfer or change in level of care”.
4	If a client transfers from one location to another for the same LOC but to a different provider, new Cal-OMS/LACPRS admission data must be collected and select “Transfer or change in service”.

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	
Proposition 36 Participant? <input type="text" value="-Please Choose One-"/>	Source of Referral <input type="text" value="-Please Choose One-"/>
Days Waited to Enter Treatment <input type="text"/>	Number of Prior Episodes <input type="text"/>
Is the client a Medi-Cal beneficiary (eligibility determined)? <input type="text" value="-Please Choose One-"/>	Application Submit Date <input type="text"/>
CIN <input type="text"/>	Other Funding Programs (Choose all that apply) AB109 Adult Drug Court CalWORKS CalWORKS (API) CalWORKS Detox CalWORKS Family Solution Center DCFS-PSSF (TLFRG) Family Dependency Drug Court General Relief Juvenile In Custody Probation Camp <small>Ctrl+click to choose multiple items If Medi-Cal beneficiary is "Yes" or "Pending", My Health LA cannot be selected</small>
Probation PDJ Number <input type="text"/>	CalWorks Case Number <input type="text"/>
Please select camp: <input type="text" value="-Please Choose One-"/>	Other Camp (Specify): <input type="text"/>
General Relief Case Number <input type="text"/>	DCFS Case Number <input type="text"/>
Drug Court Case Number <input type="text"/>	AB 109 Case Number <input type="text"/>
AB 109 PB Number <input type="text"/>	CalWORKs Recipient <input type="text" value="No"/>
Substance Abuse Treatment Under CalWORKs <input type="text" value="No"/>	What is your My Health LA Participant ID (13 digits)? <input type="text"/>
Please select MHLA medical home provider/clinic: <input type="text" value="-Please Choose One-"/>	Is the client in or being admitted to Recovery Bridge Housing? <input type="text" value="-Please Choose One-"/>

Field Based Services <input type="text" value="-Please Choose One-"/>	Type of Field Based Service <input type="text" value="Alcohol Drug Testing"/> <input type="text" value="Assessment (Triage, Continuum)"/> <input type="text" value="Case Management"/> <input type="text" value="Collateral Services"/> <input type="text" value="Crisis Intervention"/> <input type="text" value="Discharge services"/> <input type="text" value="Family Therapy"/> <input type="text" value="Group counseling"/> <input type="text" value="Individual counseling"/> <input type="text" value="Medication services"/> <small>Ctrl+click to choose multiple items</small>
Field Based Service Location <input type="text" value="-Please Choose One-"/>	Other Field Based Location (Specify) <input type="text"/>
Special Services Contract <input type="text" value="-Please Choose One-"/>	Special Services Contract County Code <input type="text" value="-Please Choose One-"/>
County Paying for Services <input type="text" value="-Please Choose One-"/>	Special Services Contract ID <input type="text"/>
JCPA/Schiff-Cardenas? <input type="text" value="-Please Choose One-"/>	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) <input type="text"/>

2.3.1. Proposition 36

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

Field	Proposition 36 Participant?
Allowable Values	
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	Source of Referral (What is your Principal Source of Referral?)
Allowable Values	
Value	Description
12 Step Mutual Aid	Includes programs such as Alcoholics Anonymous, or Al-Anon.
2nd 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 (Older than 17) Felon Drug Court	Includes any Adult Drug Court client 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.
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.
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.
My Health LA	Includes clients referred by My Health LA clinics. My Health LA is a no-cost health care program for people who live in Los Angeles County. It is for people who are age 19 and older who do not have and cannot get health insurance.
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.

Field	Days Waited to Enter Treatment (How many days were you on the waiting list before you were admitted to the treatment program?)
Allowable Values	
A numeric value from 0 to 99999	
Data Entry Instructions	
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.

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.

Field	Number of prior episodes
Allowable Values	
A numeric value from 0 to 99999	
Data Entry Instructions	
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.	

2.3.5. 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.

Field	Is the client a Medi-Cal beneficiary (eligibility determined)?
Allowable Values	
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: 1) 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). 2) Are deemed eligible based on the eligibility verification form (e.g., income), but have not submitted Medi-Cal applications at the time of admission. Providers must document active steps to ensure clients submit applications to DPSS during their intake process. If this is chosen, collect application submission date and CIN number.
3	“No” is applicable for clients who clearly do not qualify for Medi-Cal at the time of admission. 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. Application Submit Date*

This field indicates the date in which the client’s Medi-Cal application was submitted.

Field	Application Submit Date (When was your Medi-Cal application submitted?)	
Allowable Values		
MM/DD/YYYY (Date)	MM	Two-digit month
	DD	Two-digit day
	YYYY	Four-digit year

2.3.7. 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.

Field	CIN (What is your Medi-Cal client identification number?)
Allowable Values	
Alpha-numeric Medi-Cal client identification number	
Data Entry Instructions	
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.	

2.3.8. 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
	DCFS-PSSF (TLFR)
	Family Dependency Drug Court
	General Relief
	Juvenile In-custody Probation Camp
	My Health LA
	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	"My Health LA" cannot be selected if "Yes" or "Pending" was selected for the "Medi-Cal beneficiary" field.

2.3.9. Probation PDJ Number*

Information on the PDJ number is enabled when Probation JJCPA is selected in "Other Funding Programs" field.

Field	Probation PDJ Number
Allowable Values	
Alpha and/or numeric case number	
Data Entry Instructions	
1	This field is only applicable to clients younger than 18.
2	If the PDJ number cannot be provided by the client at the time of interview during admission, contact the program eligibility worker or case manager to get the PDJ number.

2.3.10. CalWORKs Case Number*

This field is enabled when “CalWORKs” and other CalWORKs funding programs are selected in “Other Funding Programs” field.

Field	CalWORKs Case Number
Allowable Values	
Alpha and/or numeric case number	
Data Entry Instructions	
If the case number 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.	

2.3.11. Juvenile Camp*

This field is enabled when Probation “Juvenile In-Custody Probation Camp” is selected in “Other Funding Programs” field.

Field	Please select camp: (Please select juvenile in-custody probation camp)
Allowable Values	
Jarvis	
McNair	
Mendenhall	
Munz	
Other (Specify:_____)	
Field	Please select camp: (Please select juvenile in-custody probation camp)
Allowable Values	
Jarvis	
McNair	
Mendenhall	
Munz	
Other (Specify:_____)	

2.3.12. Other Juvenile Camp (Specify)

This field specifies a juvenile in-custody probation camp if it was not listed in the options for the “Juvenile Camp” field.

Field	Other Juvenile Camp (Specify)
Allowable Values	
A Juvenile Camp not listed in the “Juvenile Camp” field options	

2.3.13. General Relief Case Number*

This field is enabled when “General Relief” is selected in “Other Funding Programs” field.

Field	General Relief case number
Allowable Values	
Alpha and/or numeric case number	
Data Entry Instructions	
1	This field is only applicable to adults (18+).
2	If the case number 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.

2.3.14. DCFS Case Number*

This field is enabled when “DCFS” is selected in “Other Funding Programs” field

Field	DCFS Case Number
Allowable Values	
Alpha and/or numeric case number	
Data Entry Instructions	
If the case number 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.	

2.3.15. Drug Court Case Number*

This field is enabled when “Adult Drug Court or Family dependency drug court” is selected in “Other Funding Programs” field.

Field	Drug Court Case Number
Allowable Values	
Alpha and/or numeric case number	
Data Entry Instructions	
If the case number 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.	

2.3.16. AB 109 Case Number*

This field is enabled when “AB 109” is selected in “Other Funding Programs” field.

Field	AB 109 Case Number
Allowable Values	
Alpha and/or case number	
Data Entry Instructions	
If the case number 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.	

2.3.17. AB 109 PB Number*

This field indicates the client’s Probation identification number.

Field	AB 109 PB Number
Allowable Values	
Alpha and/or numeric case number	
Data Entry Instructions	
If the PB number cannot be provided by the client at the time of interview during admission, contact the program eligibility worker or case manager to get the PB number.	

2.3.18. CalWORKs Recipient

This field indicates whether the client is a CalWORKs recipient.

Field	CalWORKs Recipient (Is the client a CalWORKs recipient?)
Allowable Values	
No	
Not sure/Don’t Know	
Yes	

2.3.19. 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.

Field	Are you under CalWORKs recipient's welfare-to-work plan?
Allowable Values	
No	
Not sure/Don’t Know	
Yes	

Data Entry Instructions	
1	For adults (18+) only.
2	If “Yes” is entered in this field, then the CalWORKs Recipient field must also be “Yes”.

2.3.20. My Health LA ID*

This field is enabled when “My Health LA” is selected in “Other Funding Programs” field and identifies the client’s My Health LA ID number.

Field	What is Your My Health LA participant ID (13 digits)?
Allowable Values	
13-digit alpha numeric case number	

2.3.21. My Health LA Medical Home*

This field identifies the client’s My Health LA Medical Home.

Field	Please select MHLA medical home provider/Clinic:
Allowable Values	
Drop-down list for Provider – Clinic	
Data Entry Instructions	
If the MHLA medical home cannot be provided by the client at the time of interview during admission, contact the program eligibility worker or case manager to get the medical home information.	

2.3.22. 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.

Field	Is the client in or being admitted to Recovery Bridge Housing?
Allowable Values	
No	
Yes	
Data Entry Instructions	
Recovery Bridge Housing participants must be concurrently enrolled in outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1), OTP, or WM1 services.	

2.3.23. 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).

Field	Field based services
Allowable Values	
No	
Yes	

2.3.24. Type of Field Based Service

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

Field	Field based services
Allowable Values	
Alcohol Drug Testing	
Assessment (Triage, Continuum)	
Case Management	
Collateral Services	
Crisis Intervention	
Discharge services	
Family Therapy	
Group counseling	
Individual counseling	
Medication services	
Patient Education	
Physical exam	
Treatment plan	

2.3.25. Field Based Service Locations

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

Field	Field based location number
Allowable Values	

Drop-down menu for Agency – Facility
Data Entry Instructions
Each outpatient/intensive outpatient/recovery support service facility can have one or more field based locations.

2.3.26. 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)
Allowable Values	
Location of field based treatment not listed as an option in the “Field Based Location” field	

2.3.27. Special Services Contract

This field indicates whether the client is provided treatment through a special services contract. However, under DMC-ODS, payment is based on a client’s county of residence, not based on the county of service. Los Angeles County will pay for SUD services provided to eligible County residents who are served in County contracted facilities.

Field	Special Services Contract
Allowable Values	
No	
Yes	
Data Entry Instruction	
Select “No” since special services contracts no longer exist under DMC-ODS.	

2.3.28. Special Services Contract County

This field indicates the county code for the special services contract used by the client.

Field	Special Services Contract County Code		
Allowable Values			
Alameda	Kings	Orange	Shasta

Alpine	Lake	Placer	Sierra
Amador	Lassen	Plumas	Siskiyou
Butte	Los Angeles	Riverside	Solano
Calaveras	Madera	Sacramento	Stanislaus
Colusa	Marin	San Benito	Sutter
Contra Costa	Mariposa	San Bernardino	Tehama
Del Norte	Mendocino	San Diego	Trinity
El Dorado	Merced	San Francisco	Tulare
Fresno	Modoc	San Joaquin	Tuolumne
Glenn	Mono	San Luis Obispo	Ventura
Humboldt	Monterey	San Mateo	Yolo
Imperial	Napa	Santa Barbara	Yuba
Inyo	Nevada	Santa Clara	
Kern	None or Not Applicable	Santa Cruz	

2.3.29. County Paying for Services

This is a provider-supplied field that identifies the county that is paying for the client’s treatment services when the paying county is not the county in which the provider’s facility is located.

However, under DMC-ODS, payment is based on a client’s county of residence, not based on the county of service. Los Angeles County will pay for SUD services provided to eligible County residents who are served in County contracted facilities.

Field	County paying for services		
Allowable Values			
Alameda	Kings	Orange	Shasta
Alpine	Lake	Placer	Sierra
Amador	Lassen	Plumas	Siskiyou
Butte	Los Angeles	Riverside	Solano
Calaveras	Madera	Sacramento	Stanislaus
Colusa	Marin	San Benito	Sutter
Contra Costa	Mariposa	San Bernardino	Tehama
Del Norte	Mendocino	San Diego	Trinity
El Dorado	Merced	San Francisco	Tulare
Fresno	Modoc	San Joaquin	Tuolumne
Glenn	Mono	San Luis Obispo	Ventura
Humboldt	Monterey	San Mateo	Yolo
Imperial	Napa	Santa Barbara	Yuba

Inyo	Nevada	Santa Clara	
Kern	None or Not Applicable	Santa Cruz	
Data Entry Instructions			
Select “Los Angeles” since Los Angeles County will pay for SUD services provided to eligible County residents who are served in County contracted facilities under DMC-ODS.			

2.3.30. Special Services Contract ID

This is a provider-supplied field that identifies the county that is paying for the client’s treatment services when the paying county is not the county in which the provider’s facility is located.

However, under DMC-ODS, payment is based on the client’s county of residence, not based on the county of service. Thus, special services contracts between counties will no longer exist. Los Angeles County will pay for SUD services provided to eligible County residents who are served in County contracted facilities.

Field	Special Services Contract ID
Allowable Values	
An ID number from 0000 through 9999	

2.3.31. 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? (Are you a participant of Schiff Cardenas, or the Juvenile Crime Prevention Act?)
Allowable Values	
No	
Yes	

2.3.32. 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)
Allowable Values	

1	2	3	4	5	6	7	8	9	10
Not good at all									Very good
Data Entry Instructions									
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

Alcohol And Drug Use	
Primary Drug (Code) <input type="text" value="-Please Choose One-"/>	Primary Drug Name <input type="text"/> <small>Enter 999 if you don't know the name</small>
Days of Primary Drug Use Last 30 Days <input type="text"/>	Primary Drug Route of Administration <input type="text" value="-Please Choose One-"/>
Primary Drug Age of First Use <input type="text"/>	
Secondary Drug (Code) <input type="text" value="-Please Choose One-"/>	Secondary Drug Name <input type="text"/> <small>Enter 000 if you don't know the name</small>
Days of Secondary Drug Use Last 30 Days <input type="text"/>	Secondary Drug Route of Administration <input type="text" value="-Please Choose One-"/>
Secondary Drug Age of First Use <input type="text"/>	Days of Alcohol Use Last 30 Days <input type="text" value="99902"/>
Days of IV Use (Needle Use) Last 30 Days <input type="text"/>	Needle Use in the Last 12 Months <input type="text" value="-Please Choose One-"/>
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): <div style="border: 1px solid gray; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Barbiturates <input type="checkbox"/> Cocaine /Crack <input type="checkbox"/> Ecstasy <input type="checkbox"/> Heroin <input type="checkbox"/> Inhalants <input type="checkbox"/> Marijuana/Hashish <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Non-Prescription Methadone <input type="checkbox"/> None </div> <small>Ctrl+click to choose multiple items</small>	Other Drugs (Specify) <input type="text"/>
How many of your friends use alcohol and/or drugs? <input type="text" value="-Please Choose One-"/>	How good are you 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"/>
If I wanted to, I could easily reduce my substance use. It is up to me whether I reduce my substance use: <input type="text" value="-Please Choose One-"/>	Codependent/Significant Other <input type="text" value="-Please Choose One-"/>

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) (What is your primary alcohol or other drug problem?)
Allowable Values	
Value	Description
None	A value only available at discharge
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 (butabarbital), Fiorinal (butalbital), Lotusate (talbutal), Luminal (Phenobarbital), Mebaral (mephobarbital), Nembutal (pentobarbital), Pentothal (thiopental), Seconal (secobarbital), Surital (thiamyl), Tuinal (secobarbital & 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, 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,</p>

	Laughing gas, Medusa, Moon gas, Oz, Pearls, Poppers, Quicksilver, Rush, Snappers, Thrust, Whippets, Whiteout.
Marijuana/ Hashish	<u>Street names for marijuana include:</u> Astro turf, Bang, Bush, Bomb, Chronic, Dank, Dope, Ganja, Grass Green, Hash, Hemp, Herb, Mary Jane, Reefer.
Methamphetamine	<u>Street names for methamphetamine include:</u> Chalk, Crank, Cristy, Crystal, Glass, Hawaiian salt, Ice, Meth, Quartz
Non-Prescription Methadone	<u>This category includes:</u> Dolphine and other forms of methadone.
Other (specify)	This category is intended to help capture and identify emerging drugs.
Other Amphetamines	Amphetamines other than methamphetamine should be reported as "other amphetamines." <u>This category includes all amphetamine-based drugs other than methamphetamine, including:</u> Adderall (amphetamine & dextroamphetamine), Benzedrine (amphetamine), Biphetamine (generic Adderall), Desoxyn (methamphetamine hydrochloride), Didrex (benzphetamine hydrochloride), dexamphetamine sulphate, Dexedrine (dextroamphetamine), Ferndex (dextroamphetamine), Obetrol (dextroamphetamine), Oxydess II (dextroamphetamine), paramethoxyamphetamine (PMA), Robese (dextroamphetamine) Spancap 1 (dextroamphetamine). <u>Street names for amphetamines include:</u> Base, Billy, black beauties, crosses, dex, P, pep pills, phet, poppers Sulph, uppers, white crosses.
Other Club Drugs	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. <u>GHB & 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). <u>Street names for GHB include:</u> G, Georgia home boy, Goop, Grievous bodily harm, Liquid X, Vita-G, <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. <u>Some of the brand names for ketamine include:</u> Ketalar (human use), Ketaved (veterinary), Keteset (veterinary), Vetamine (veterinary), Vetalar (veterinary) <u>Street names for ketamine include:</u> Animal tranquilizers, Cat valium, K, Ket, Kit kat, Special K, Super K, Vitamin K <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><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 . <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. <u>Street names for PEYOTE/MESCALINE include:</u> Buttons, Cactus, Cactus buttons, Chief, Dry whiskey, Green whiskey, Hikuri, Mesc, Mascal, Mescaline, Mescalito Peyote. <u>Street names for PSILOCYBIN/MUSHROOMS include:</u> Blue halo, Food of the gods, Funny mushrooms, Happy mushrooms, Magic mushrooms, Sacred mushrooms, Shrooms. <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. <u>Drugs included in this category are:</u> Actiq (fentanyl citrate), Alfenta (alfentanil), Codeine, Darvocet (propoxyphene, napsylate, & acetaminophen), Darvon (propoxyphene), Demerol (meperidine), Dilaudid (hydromorphone), Hydrocodone, Lorcet (hydrocodone), Lortab (hydrocodone), Oramorph (Morphine), Sufenta (sufentanil), Tramadol hydrochloride, Talacen (pentazocine & acetaminophen), Talwin (pentazocine), Tussionex (chlorpehniramine & hydrocodone), Wildnil (Carfentanil), Wyeth (synalgos dc).</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. <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. <u>This category includes:</u> Adipex (phentermine), Arlidin (nylidrin), Beecham Fastin (phentermine), Benzylpiperazine, Caffeine, Cathinone*, Concerta (methylphenidate)***,</p>

	<p>Diethylpropion, Ephedrine, Fastin (phentermine), Fenfluramine (fen-phen), Ionamine (phentermine) Khat (pronounced cot)**, Mazanor (mazindol), Methylin (methylphenidate), Oby-Trim (phentermine), Plegine (phendimetrazine), Prelu (phendimetrazine), Preludin (phenmetrazine), Ritalin (methylphenidate)***, Sanorex (phentermine), Span R/D (phentermine), Tenuate/Tenuate Dospan (diethylpropion), Teramine (phentermine), 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 fuel, 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</p>

	(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). <u>Street names for these types of tranquilizers include:</u> Candy, Downers, Sleeping pills, Tranks, V's.
Unknown	Primary drug name not known.
Data Entry Instructions	
1	Amphetamines other than methamphetamine should be reported as "other amphetamines."
2	In the event an individual reports use of polydrugs, choose the most frequently used drug for the primary drug and the appropriate code for the other drug as the secondary drug.

2.4.2. Primary Drug Name

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

Field	Primary Drug Name
Allowable Values	
A drug name for some of the primary drug (code) categories.	
Data Entry Instruction	
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 last 30 days (How many days in the past 30 days have you used your primary drug of abuse?)
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 discharge, 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 (What usual route of administration do you use most often for your primary drug of abuse?)
Allowable Values	
Oral – ingested by mouth	
Smoking	
Inhalation	
Injection (IV or intramuscular)	
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.

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 (At what age did you first use your primary drug of abuse?)
Allowable Values	
A number from 5 to 105.	
Data Entry Instruction	
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.

	Secondary Drug (Code)
--	------------------------------

Field	(What is your secondary alcohol or other drug problem?)	
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 and Synthetics
Other Sedatives or Hypnotics	Other Stimulants	Other Tranquilizers
Over-the-Counter	OxyCodone / OxyContin	PCP
Tranquilizers (Benzodiazepine)	Unknown	
Data Entry Instruction		
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
Allowable Values	
A drug name for some of the secondary drug (code) categories.	
Data Entry Instruction	
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.

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 last 30 days (How many days in the past 30 days have you used your secondary drug of abuse?)
Allowable Values	
A number from 0 through 30.	
Data Entry Instruction	
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.

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

2.4.10. Secondary Drug Age of First Use

Field	Secondary drug age of first use (At what age did you first use your secondary drug of abuse?)
Allowable Values	
A number from 5 to 105.	
Data Entry Instruction	
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.

Field	Days of alcohol use in last 30 days (How many days in the past 30 days have you used alcohol?)
Allowable Values	
A number from 0 through 30.	

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.

Field	Days of IV use (needle use) last 30 days (How many days have you used needles to inject drugs in the past 30 days?)
Allowable Values	
A value from 0 through 30 days.	
Data Entry Instruction	

Needle use in the last 30 days for primary drug, secondary drug, and all other drugs 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.

Field	Needle use in last 12 months (Have you used needles to inject drugs in the past twelve months?)
Allowable Values	
Client unable to answer	
No	
Yes	
Data Entry Instruction	
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.

Field	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)?
Allowable Values	
Alcohol	
Barbiturates	
Cocaine/Crack	
Ecstasy	
Heroin	
Inhalant	
Marijuana/Hashish	
Methamphetamine	
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)	
Data Entry Instruction	
1	Check all of the drugs that client used in last 30 days in addition to primary/secondary drug reported; cannot be the same as primary/secondary drug reported above.
2	The option “None” can’t be selected along with any other drugs.

2.4.15. Other Drug Use (Specify)

This field allows the client to specify other drugs they used that was not listed in the “Other drug use” field.

Field	Other Drug (Specify)
Allowable Values	
A drug not listed in the “Other Drug Use” field option.	

2.4.16. 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?
Allowable Values	
0. None	
1. A Few of them	
2. Some of them	
3. Most of them	
4. All of them	
Data Entry Instruction	
This question is for youth only.	

2.4.17. Perceived AOD Use (optional)

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.

Field	How good are you 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)									
Allowable Values										
1	2	3	4	5	6	7	8	9	10	
Not good at all									Very good	
Data Entry Instruction										
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. 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

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

2.4.19. Codependent/Significant Other

Field	Codependent/Significant Other									
Allowable Values										
No										
Yes										
Data Entry Instruction										
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

Employment Data	
Enrolled in School <input type="text" value="-Please Choose One-"/>	Type of School Enrollment <input type="text" value="-Please Choose One-"/>
Other (Specify) <input type="text"/>	Highest School Grade Completed <input type="text" value="-Please Choose One-"/>
Employment Status <input type="text" value="-Please Choose One-"/>	If the participant is not in the labor force, which of the following describes this participant? <input type="text" value="-Please Choose One-"/>
Enrolled in Job Training <input type="text" value="-Please Choose One-"/>	Days paid for working in the past 30 days <input type="text"/>
In the past 30 days, how much money did you earn for legal work? <input type="text"/>	In the past 30 days, how many days have you engaged in illegal activities for profit? <input type="text"/>

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 (Are you currently enrolled in school?)
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	
Data Entry Instruction	
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. 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 (What type of school are you enrolled in?)
Allowable Values	
Alternative /Continuation School	
Home-schooled	
Mainstream school	
Other (Specify)	

2.5.3. Other School (Specify)

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

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

2.5.4. 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 (What is the highest school grade you completed?)
Allowable Values	
A drop-down list of 0 to 30+.	
Client declined to state	
Client unable to answer	
Data Entry Instruction	
For individuals that report they have a GED or other high school equivalency, enter 12 to indicate the equivalent of 12 years of education.	

2.5.5. 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 (What is your current employment status?)
Allowable Values	
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 (fewer 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 (not previously employed, 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.
Data Entry Instruction	
If an individual is 14 years of age or younger, the employment status cannot be “Employed full-time”.	

2.5.6. Non-Labor Force Status

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? (Check all that apply)
Allowable Values	
Enrolled in school	
Homemaker	
Job Training Program	
Other	
Data Entry Instruction	
Answer this question only if 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)”.	

2.5.7. 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 (Are you currently enrolled in a job training program?)
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	
Data Entry Instruction	
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.	

2.5.8. 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 paid for working last 30 days (How many days were you paid for legal work in the past 30 days?)
Allowable Values	
A number from 0 through 30.	
Data Entry Instruction	
Number of days that the client worked legally.	

2.5.9. Legal Money Earned (optional)

This field collects information on the amount of money the client earned from legal work. An increase in money earned for legal work from admission to discharge may indicate a positive change in life due to SUD treatment services.

Field	In the past 30 days, how much money did you earn for legal work?
Allowable Values	
A number from 0 through 9999.	
Data Entry Instruction	
Money earned only through legal work. Do not included the money earned through illegal work.	

2.5.10. Illegal Work Past 30 Days (optional)

This field collects information on the number of days that the client worked illegally for profit. Changes in the number of days the client worked illegally from admission to discharge may indicate lifestyle changes.

Field	In the past 30 days, how many days have you engaged in illegal activities for profit?
Allowable Values	
A number from 0 through 30.	
Data Entry Instruction	
Number of days that client worked illegally.	

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	
Criminal Justice Status -Please Choose One-	Do you currently have a Probation Officer? -Please Choose One-
Number of Arrests Last 30 Days <input type="text"/>	Number of Jail Days Last 30 Days <input type="text"/>
Number of Prison Days Last 30 Days <input type="text"/>	Parolee Services Network (PSN) No
FOTP Parolee -Please Choose One- Note: "No" must be selected for male clients.	FOTP Priority Status -Please Choose One-
CDC Identification Number <input type="text"/>	Juvenile Crossover Youth Project - 241.1 Multidisciplinary Team (MDT) Youth? -Please Choose One-
Dependent youth substance abuse treatment project referral? -Please Choose One-	Court Department Number <input type="text"/>
Youth Court Case Number <input type="text"/>	

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 (What is your criminal justice status?)
Allowable Values	
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 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)	
Data Entry Instruction	
Examples of Criminal Justice Status include: probation or parole, drug court, DUI/DWI, AB109, Prop47, Probation Title IV E, etc.	

2.6.2. Current Probation Officer

This field collects information on whether the client currently has a probation officer.

Field	Do you currently have a Probation Officer?
Allowable Values	
Don't know	
No	
Yes	

2.6.3. 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 (How many times have you been arrested in the past 30 days?)
Allowable Values	
A number from 0 through 30	
Data Entry Instruction	
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.	

2.6.4. 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 (How many days in the past 30 days were you in jail?)
Allowable Values	
A number from 0 through 30	
Data Entry Instruction	
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.	

2.6.5. 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 (How many days has the client been in prison in the past 30 days?)
Allowable Values	
A number from 0 through 30.	
Data Entry Instruction	
Prisons are designed to hold individuals convicted of more serious crimes, typically any felony.	

2.6.6. 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.

Field	Parolee Services Network (PSN) (Are you a parolee in the PSN program?)
Allowable Values	
Client unable to answer	
No	
Yes	
Data Entry Instruction	
If "Yes", a valid CDC number must be provided.	

2.6.7. 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.

Field	FOTP Parolee (Are you a parolee in the Female Offender Treatment Program (FOTP)?)
Allowable Values	
No	
Yes	

2.6.8. 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 (What is your Female Offender Treatment Program (FOTP) status?)
Allowable Values	
Any woman paroling from 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	

2.6.9. CDC Number

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

Field	CDCR Identification Number
Allowable Values	
A valid six-character text of capital alpha (A-Z) and numeric (0-9) value.	
Data Entry Instruction	
This question is for clients ages 18 and older with criminal justice involvement.	

2.6.10. Juvenile Crossover Youth Project

This field collects information on youth clients who are involved in both the child welfare and juvenile justice system.

Field	Juvenile Crossover Youth Project - 241.1 Multidisciplinary Team (MDT) youth
Allowable Values	
No	
Yes	
Data Entry Instruction	
This question is for youth involved with criminal justice.	

2.6.11. *Dependent Youth SUD referral*

This field collects information on whether the youth is a Dependent Youth Substance Abuse Treatment project referral. The Dependent Youth Substance Abuse Treatment Project is a collaborative project of the Los Angeles County Dependency Court, the Department of Children and Family Services, and SAPC's Youth Services Contractors that identifies dependent youth 12 years of age and older with possible substance abuse issues, and provides a systematic process for referral, assessment, and treatment services.

Field	Dependent youth substance abuse treatment project referral
Allowable Values	
No	
Yes	
Data Entry Instruction	
This question is only for youth (ages 12-17) involved with criminal justice.	

2.6.12. *Court Department Number*

This field collects the court department number if client is involved with a drug court.

Field	Court department number (What is your court department number?)
Allowable Values	
An alpha-numeric case court department number	
Data Entry Instruction	
Ask the court number if the client is referred by a drug court.	

2.6.13. *Youth Court Case Number*

This field collects information on the youth court case number if the youth clients is associated with a drug court.

Field	Youth court case number (What is your Youth Court case number?)
Allowable Values	
An alpha-numeric youth court case court number	
Data Entry Instruction	
Ask the court number if the client is referred by a youth court.	

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/Physical Health Data	
Medi-Cal Beneficiary <input type="text" value="No"/>	Number of Emergency Room Visits Last 30 Days <input type="text"/>
Days of Hospital Overnight Stay Last 30 Days <input type="text"/>	Days with Medical Problems Last 30 Days <input type="text"/>
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) <input type="text"/>	Are you currently pregnant? <input type="text" value="-Please Choose One-"/> Note: "No" must be selected for male clients.
Which of the following medication is prescribed as part of treatment? <input type="text" value="-Please Choose One-"/>	Other medications for SUD treatment (Specify) <input type="text"/>
Have you ever received education about Naloxone use for drug overdose? <input type="text" value="-Please Choose One-"/>	Have you ever used Naloxone for drug overdose reversal for yourself or others? <input type="text" value="-Please Choose One-"/>
Communicable Diseases: Tuberculosis <input type="text" value="-Please Choose One-"/>	Communicable Diseases: Hepatitis C <input type="text" value="-Please Choose One-"/>
Communicable Diseases: Sexually Transmitted Diseases <input type="text" value="-Please Choose One-"/>	If yes, which of the following STDs? <input type="text" value="Chlamydia"/> <input type="text" value="Gonorrhea"/> <input type="text" value="Herpes"/> <input type="text" value="Other"/> <input type="text" value="Syphilis"/> Ctrl+click to choose multiple items
Have you been diagnosed with any other communicable diseases? <input type="text" value="-Please Choose One-"/>	HIV Tested <input type="text" value="-Please Choose One-"/>
HIV Test Results <input type="text" value="-Please Choose One-"/>	

2.7.0. Medi-Cal Beneficiary

This field will be automatically filled in according to Section 2.3.5 (Medi-Cal Eligibility)

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 Last 30 Days (How many times have you visited an emergency room in the past 30 days for physical health problems?)
Allowable Values	
A number from 0 through 99	

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 Last 30 Days (How many days have you stayed overnight in a hospital in the last 30 days for physical health problems?)
Allowable Values	
A number from 0 through 30	

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 Last 30 days (How many days in the past 30 days have you experienced physical health problems?)
Allowable Values	
A number from 0 through 30	
Data Entry Instruction	
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.

Field	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) *								
Allowable Values									
1	2	3	4	5	6	7	8	9	10
Not good at all									Very good
Data Entry Instructions									
Ask clients to rate their physical health condition from 1=not good at all to 10=very good.									

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.

Field	Are you currently pregnant?
Allowable Values	
Not sure/Don’t know	
No	
Yes	
Data Entry Instruction	
Ask this question if the client is not male.	

2.7.6. 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.

Field	Which of the following medication is prescribed as part of treatment? (choose all that apply)
Allowable Values	
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.

2.7.7. 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	

2.7.8. 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	
Decline to state	
No	
Yes	

2.7.9. Naloxone Use (optional)

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	
Decline to state	
No	
Yes	

2.7.10. 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 (Have you been diagnosed with Tuberculosis?)
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	

2.7.11. 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 (Have you been diagnosed with Hepatitis C?)
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	

2.7.12. 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
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	(Have you been diagnosed with a sexually transmitted disease (STD)?)
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.	

2.7.13. Sexually Transmitted Disease (Specify)

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

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

2.7.14. 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 disease?
Allowable Values	
No	
Yes	

2.7.15. 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 (Have you been tested for HIV/AIDS?)
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	
Data Entry Instruction	
If “Yes” is selected, the “HIV Test Results” field will be enabled.	

2.7.16. 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 (Did you receive the results of your HIV/AIDS test?)
Allowable Values	
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

Mental Illness	
Have you ever been diagnosed with a mental illness? <input type="text" value="-Please Choose One-"/>	Number of Emergency Room Visits Last 30 Days/Mental Health <input type="text"/>
Days of Psychiatric Facility Use Last 30 Days <input type="text"/>	Mental Health Medication Last 30 Days <input type="text" value="-Please Choose One-"/>
How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 => not good at all to 10 => very good) <input type="text"/>	

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. 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 last 30 days/Mental Health (How many times have you received outpatient emergency services for mental health needs in the past 30 days?)
Allowable Values	
A number from 0 through 30	

2.8.3. 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 last 30 days (How many days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs in the past 30 days?)
Allowable Values	
A number from 0 through 30	
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.	

2.8.4. 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 last 30 days (Have you taken prescribed medication for mental health needs in the past 30 days?)
Allowable Values	
Client declined to state	
Client unable to answer	
No	
Yes	

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).

Field	How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 => not good at all to 10 => very good)									
Allowable Values										
1	2	3	4	5	6	7	8	9	10	
Not good at all										Very good
Data Entry Instructions										
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 Cal-OMS/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

Family/Social Data	
<p>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?</p> <input type="text"/>	<p>Are any family members or guardians included as part of the treatment/recovery plan?</p> <input type="text" value="-Please Choose One-"/>
<p>Current Living Arrangements</p> <input type="text" value="-Please Choose One-"/>	<p>Is this participant homeless?</p> <input type="text" value="-Please Choose One-"/>
<p>How long have you been homeless?</p> <input type="text" value="-Please Choose One-"/>	<p>Current homeless living arrangement?</p> <input type="text" value="-Please Choose One-"/>
<p>Other homeless living arrangement (Specify)</p> <input type="text"/>	<p>Are you exiting institution (e.g., hospital, residential treatment, jail/prison)?</p> <input type="text" value="-Please Choose One-"/>
<p>Are you interested in improving your current living situation?</p> <input type="text" value="-Please Choose One-"/>	<p>What is your current dependent living arrangement?</p> <input type="text" value="-Please Choose One-"/>
<p>Other dependent living (Specify)</p> <input type="text"/>	<p>What is your current independent living arrangement?</p> <input type="text" value="-Please Choose One-"/>
<p>Other independent living (Specify)</p> <input type="text"/>	<p>Days Living with Someone Who Uses Alcohol or Drugs Last 30 days</p> <input type="text"/>
<p>Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or drug user?</p> <input type="text" value="-Please Choose One-"/>	<p>Days with Family Conflict Last 30 Days</p> <input type="text"/>
<p>How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?</p> <input type="text"/>	<p>Number of Children Age 5 or Younger</p> <input type="text"/>

Number of Children Living with Someone Else <input type="text"/>	Number of Children Living with Someone Else and Parental Rights Terminated <input type="text"/>
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) <input type="text"/>	Do you currently have a DCFS social worker? <input type="text" value="-Please Choose One-"/>
How many children spent the majority of their time living with you in the past 6 months? <input type="text"/>	How many children spent the majority of their time living with you in the past 30 days? <input type="text"/>
How many children are enrolling in treatment services with the participant? (Perinatal/Women Programs Only) <input type="text"/>	Does the participant have an open case with Child Protective Services? <input type="text" value="-Please Choose One-"/>
How many children are living with someone else because of a child protection court order? <input type="text"/>	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? <input type="text"/>
Have you ever been physically abused? <input type="text" value="-Please Choose One-"/>	Have you ever been sexually abused? <input type="text" value="-Please Choose One-"/>

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.

Field	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?
Allowable Values	
A number from 0 through 30	
Data Entry Instruction	
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.

Field	Are any family members or guardian(s) included as part of the treatment/recovery plan?
Allowable Values	
No	
Yes	
Data Entry Instruction	
This question is for youth only.	

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.

Field	Current Living Arrangements (What is your current living arrangement?)
Allowable Values	
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)	
Prefer not to answer	
Data Entry Instructions	

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.

2.9.4. 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?
Allowable Values	
No	
Yes	
Data Entry Instructions	
This is an auto filled question. Please skip this question.	

2.9.5. Homeless Duration*

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

Field	How long have you been homeless?
Allowable Values	
Less than a month	
1-3 months	
4-6 months	
7-11 months	
1-2 years	
3-5 years	
More than 5 years	
Homeless on at least 4 occasions in the last 3 years totaling more than 12 months	

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 (What is your 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) without additional services	

2.9.7. Other Homeless Living Arrangement (Specify) *

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

Field	Other homeless living arrangement (Specify)
Allowable Values	
A homeless living arrangement not listed in the “Current Homeless Living Arrangement” field options.	

2.9.8. 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 used to a strict schedule or regiment, which can impact how they respond to treatment.

Field	Are you exiting an institution (e.g., hospital, residential treatment, jail/prison)?
Allowable Values	
No	
Yes	
Data Instruction	
Answer this question only if the client is “Homeless”.	

2.9.9. Homeless Housing Assistance

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

Field	Are you interested in improving your current living situation?
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Allowable Values
No
Yes
Data Instruction
Answer this question only if the client is "Homeless".

2.9.10. 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?
Allowable Values	
Halfway house or group home	
Other dependent living, please specify _____	
Prison or jail	
Recovery Bridge Housing	
Youth living in group home or in foster care	
Youth living with parents, relatives, legal or non-legal guardians	
Data Instruction	
Answer this question only if Current Living Arrangement (2.9.4) is “Dependent living / Supervised setting”.	

2.9.11. 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)
Allowable Values	
A dependent living arrangement not listed in the “Dependent Living Status” field options.	

2.9.12. 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, please 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)”.	

2.9.13. 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.	

2.9.14. 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.

Field	Days living with someone who uses alcohol or drug last 30 days (How many days did you live with someone who uses alcohol or drugs in the past 30 days?)
Allowable Values	
A number from 0 through 30	

2.9.15. 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.

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

2.9.16. Family Conflict Last 30 Days*

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

Field	Days with family conflict last 30 days (How many days in the past 30 days have you had serious conflicts with your family?)
Allowable Values	
A number from 0 through 30	

2.9.17. Children Under Age 17

This field specifies how many children the client has that are under the age of 17.

Field	How many children do you have aged 17 or less (birth or adopted) – whether they live with you or not?
Allowable Values	
A number from 0 through 30	
Data Entry Instruction	
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.	

2.9.18. 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.

Field	Number of Children Aged 5 Years or Younger (How many children do you have aged 5 or less?)
Allowable Values	
A number from 0 through 30, and is less than or equal to number of children age 5 or younger	
Data Entry Instruction	
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.	

2.9.19. Children Living with Someone Else

This field provides information on the number of children that were living with someone else, possibly because of the client’s SUD, which affects the living environment of the child and the development of the relationship between the client and the child. Collection of this information fulfills legislative reporting requirements pertaining to perinatal services.

Field	Number of Children Living with Someone Else (How many of your children are living with someone else?)
Allowable Values	
A number from 0 through 30, and is less than or equal to number of children age 17 or younger	
Data Entry Instruction	
Ask this question if the number of children age 17 or younger is greater than 0.	

2.9.20. Number of Children Living with Someone Else 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.

Field	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?
Allowable Values	
A number less than or equal to the number of children living with someone else	
Data Entry Instruction	
Ask this question if the number of children living with someone else is greater than 0.	

2.9.21. Perceived Community Membership (optional)

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?

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

2.9.22. Current DCFS Social Worker

This field is intended for clients with children, and indicates whether the client currently has a DCFS social worker. Clients who have a DCFS social worker may be involved in the dependency system or have children removed from their home as a result of substance use.

Field	Do you currently have a DCFS social worker?
Allowable Values	
No	
Yes	

2.9.23. Spent Majority Time with Children (6 months) (optional)

This field is intended for clients with children, and indicates how many of the client’s children spent the majority of their time living with the client in the last 6 months.

Question	How many children spent the majority of their time living with you in the past 6 months?
Allowable Values	
A number from 0 through 30, and is less than or equal to number of children age 5 or younger	
Data Entry Instruction	

Count only the children age 17 or younger 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.

2.9.24. Spent Majority Time with Children (30 days)

This field is intended for clients with children, and indicates how many of the client's children spent the majority of their time living with the client in the last 30 days.

Question	How many children spent the majority of their time living with you in the past 30 days?
Allowable Values	
A number from 0 through 30, and is less than or equal to number of children age 17 or younger	
Data Entry Instruction	
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.	

2.9.25. Children in Treatment

This field is to determine whether the client has children that accompanied them to treatment.

Field	How many children are enrolling in treatment services with the participant? (Perinatal/Women Programs Only)
Allowable Values	
A number from 0 through 30, and is less than or equal to number of children age 17 or younger	
Data Entry Instruction	
1	For Perinatal/Women Programs Only.
2	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.

2.9.26. Open Case with Child Protective Services

This field indicates whether the client has an open case with Child Protective Services, Department of Children and Family Services.

Field	Does the participant have an open case with Child Protective Services?
Allowable Values	
No	
Yes	
Data Entry Instruction	
Ask this question if the client reported having at least one child age 17 or younger.	

2.9.27. 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.

Field	How many children are living with someone else because of a child protection court order?
Allowable Values	
A number from 0 through 30, and is less than or equal to number of children age 17 or younger	
Data Entry Instruction	
Ask this question if the number of children age 17 or younger is greater than 0.	

2.9.28. 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.

Field	Have you ever been physically abused?
Allowable Values	
No	
Yes	

2.9.29. 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	

Section 3. Cal-OMS/LACPRS Annual Update Data Group

Annual updates are required for those participants in treatment for 12 months or more, continuously in one program and one level of care with no break in services exceeding 30 days. One example would be a participant in a narcotic treatment modality, such as methadone maintenance, for twelve months or longer. For such an individual, the provider must collect the Cal-OMS/LACPRS data approximately one year from the day the individual was admitted to that specific provider and service modality.

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

In the following table, the annual update elements are identified and defined. Please use the information provided in the following table to complete the Annual Updated fields.

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

Question Field

Cal-OMS Annual Update	
Client Identification and Demographics Data	
Annual Update Date <input type="text"/>	Current First Name <input type="text" value="Test"/>
Current Last Name <input type="text" value="Herbeck"/>	Social Security Number <input type="text" value="999-99-9999"/>
Zip Code At Current Residence <input type="text"/>	Disability <input type="checkbox"/> Client declined to state <input type="checkbox"/> Client unable to answer <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Hearing <small>Ctrl+click to choose multiple items</small>
Consent <input type="text" value="No"/>	

Alcohol And Drug Use	
Primary Drug (Code) -Please Choose One-	Primary Drug Name
Days of Primary Drug Use Last 30 Days	Primary Drug Route of Administration -Please Choose One-
Secondary Drug (Code) -Please Choose One-	Secondary Drug Name
Days of Secondary Drug Use Last 30 Days	Secondary Drug Route of Administration -Please Choose One-
Days of Alcohol Use Last 30 Days	Days of IV Use (Needle Use) Last 30 Days
Needle Use in the Last 12 Months -Please Choose One-	
Employment Data	
Enrolled in School -Please Choose One-	Highest School Grade Completed -Please Choose One-
Employment Status -Please Choose One-	Enrolled in Job Training -Please Choose One-
Work Past 30 Days	If the participant is not in the labor force, which of the following describes this participant? -Please Choose One-
Criminal Justice Data	
Number of Arrests Last 30 Days	Number of Jail Days Last 30 Days
Number of Prison Days Last 30 Days	

Medical/Physical Health Data	
Number of Emergency Room Visits Last 30 Days <input type="text"/>	Days of Hospital Overnight Stay Last 30 Days <input type="text"/>
Days with Medical Problems Last 30 Days <input type="text"/>	Pregnant At Any Time During Treatment <input type="text" value="-Please Choose One-"/> Note: "No" must be selected for male clients.
HIV Tested <input type="text" value="-Please Choose One-"/>	HIV Test Results <input type="text" value="-Please Choose One-"/>
Mental Illness	
Mental Illness <input type="text" value="-Please Choose One-"/>	Number of Emergency Room Visits Last 30 Days/Mental Health <input type="text"/>
Days of Psychiatric Facility Use Last 30 Days <input type="text"/>	Mental Health Medication <input type="text" value="-Please Choose One-"/>
Family/Social Data	
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? <input type="text"/>	Current Living Arrangements <input type="text" value="-Please Choose One-"/>
Days Living with Someone Who Uses Alcohol or Drugs Last 30 days <input type="text"/>	Days with Family Conflict Last 30 Days <input type="text"/>
How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not? <input type="text"/>	Number of Children Age 5 or Younger <input type="text"/>
Number of Children Living with Someone Else <input type="text"/>	Number of Children Living with Someone Else and Parental Rights Terminated <input type="text"/>

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

Field Number	Field	Refer to
Client Identification and Demographics Data Group		
3.1.1	Annual Update Date	2.1.1
3.1.2	Current First Name	2.1.9
3.1.3	Current Last Name	2.1.10
3.1.4	Social Security Number	2.1.11
3.1.5	Zip Code at Current Residence	2.1.12
3.1.6	Disability	2.1.31
3.1.7	Consent	2.1.32
Alcohol and Drug Use Data Group		
3.2.1	Primary Drug (Code)	2.4.1
3.2.2	Primary Drug Name	2.4.2
3.2.3	Primary Drug Frequency	2.4.3
3.2.4	Primary Drug Route of Administration	2.4.4
3.2.5	Secondary Drug (Code)	2.4.6
3.2.6	Secondary Drug Name	2.4.7
3.2.7	Secondary Drug Frequency	2.4.8
3.2.8	Secondary Drug Route of Administration	2.4.9
3.2.9	Alcohol Frequency	2.4.11
3.2.10	Needle Use Last 30 Days	2.4.12
3.2.11	Needle Use in the Last 12 Months	2.4.13

Cont.

Field Number	Field	Refer to
Employment Data Group		
3.3.1	Enrolled in School	2.5.1
3.3.2	Highest School Grade Completed	2.5.4
3.3.3	Employment Status	2.5.5
3.3.4	Enrolled in Job Training	2.5.7
3.3.5	Work Past 30 Days	2.5.8
Criminal Justice Data Group		
3.4.1	Number of Arrests Last 30 Days	2.6.3
3.4.2	Number of Jail Days Last 30 Days	2.6.4
3.4.3	Number of Prison Days Last 30 Days	2.6.5
Medical/Physical Health Data Group		
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	2.7.15
3.5.6	HIV Test Results	2.7.16
Mental Health Data Group		
3.6.1	Mental Illness	2.8.1
3.6.2	Emergency Room Use / Mental Health	2.8.2
3.6.3	Psychiatric Facility Use	2.8.3
3.6.4	Mental Health Medication	2.8.4
Family/Social Data Group		
3.7.1	Social Support	2.9.1
3.7.2	Current Living Arrangements	2.9.3
3.7.3	Living with Someone	2.9.13
3.7.4	Family Conflict Last 30 Days	2.9.15
3.7.5	Number of Children Age 17 or Younger	2.9.16
3.7.6	Number of Children Age 5 or Younger	2.9.17
3.7.7	Number of Children Living with Someone Else	2.9.25
3.7.8	Number of Children Living with Someone Else and Parental Rights Terminated	2.9.26

Section 4. Cal-OMS/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 at 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 in each client's treatment plan a date 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. For data fields that are exactly the same as data fields collected at admission (i.e., the data field descriptions, allowable values, and data entry instructions apply to both the admission and discharge versions of the data field), the reader can refer to the corresponding data fields in the admission data section.

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

4.1. General Discharge Data

Question Field

Cal-OMS Discharge	
Cal-OMS Discharge	
Discharge Date <input type="text"/>	Record to be Submitted <input type="text" value="-Please Choose One-"/> *
Level Of Care Admitted: ASAM 1.0-Outpatient for At-Risk (Youth and Young Adults 12-20 Only)	Flag for Resubmission: <input type="text" value="No"/>
Discharge Process Date <input type="text"/>	Discharge Status <input type="text" value="-Please Choose One-"/>
Which SUD level of care was the client referred/transferred to?: <input type="text" value="-Please Choose One-"/>	Reason client was not referred to another SUD level of care: <input type="text" value="-Please Choose One-"/>
Other reason (Specify): <input type="text"/>	What other services was the client referred to?: <input type="text" value="Emergency Department"/> <input type="text" value="Housing Assistance"/> <input type="text" value="Medical Services"/> <input type="text" value="Mental Health Services"/>
Other service (Specify): <input type="text"/>	Do you have a case manager?: <input type="text" value="-Please Choose One-"/>
What kind of case management services did the client receive during the treatment? (check all that apply): <input type="checkbox"/> Basic Needs <input type="checkbox"/> Child Care <input type="checkbox"/> Educational/Vocational <input type="checkbox"/> Employment Ctrl+click to choose multiple items	Other service (Specify): <input type="text"/>
My case manager helped me find services I needed: <input type="text" value="-Please Choose One-"/>	Was the client in Recovery Bridge Housing during treatment?: <input type="text" value="-Please Choose One-"/>
If yes, has the client been discharged from Recovery Bridge Housing?: <input type="text" value="-Please Choose One-"/>	Did you receive field based services?: <input type="text" value="-Please Choose One-"/>
Type of field based services received (check all that apply): <input type="checkbox"/> Alcohol Drug Testing <input type="checkbox"/> Assessment (Triage, Continuum) <input type="checkbox"/> Case Management <input type="checkbox"/> Collateral Services Ctrl+click to choose multiple items	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) <input type="text"/>

Consent <input type="text" value="No"/>	Disability (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <small>Ctrl+click to choose multiple items</small>
Was the client available for an exit interview?: <input type="text" value="-Please Choose One-"/>	Were the treatment services provided in your preferred language?: <input type="text" value="-Please Choose One-"/>
Current First Name <input type="text"/>	Current Last Name <input type="text"/>
Social Security Number <input type="text" value="999-99-9999"/>	Zip Code At Current Residence <input type="text"/>
In the past year (12 months), have you had sex with a male?: <input type="text" value="-Please Choose One-"/>	In the past year, have you had sex with a female?: <input type="text" value="-Please Choose One-"/>
In the past year, have you had sex with a transgender/transsexual?: <input type="text" value="-Please Choose One-"/>	In the past year, have you used methamphetamines?: <input type="text" value="-Please Choose One-"/>
If Yes, did you use methamphetamines before or during sex?: <input type="text" value="-Please Choose One-"/>	

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

Field Number	Field	Refer to
4.1.1	Discharge Date	4.1.1
4.1.2	Record to be Submitted	4.1.2
4.1.3	Level of Care Admitted	4.1.3
4.1.4	Discharge Process Date	4.1.4
4.1.5	Discharge Status	4.1.5
4.1.6	Which SUD level of care was the client referred/transferred?	4.1.6
4.1.7	Reason client was not referred to another SUD level of care	4.1.7
4.1.8	Other reason (Specify)	4.1.8
4.1.9	What other services was the client referred to	4.1.9
4.1.10	Other service (Specify)	4.1.10
4.1.11	Do you have a case manager?	4.1.11
4.1.12	What kind of case management services did the client receive during treatment?	4.1.12
4.1.13	Other case management service (Specify)	4.1.13
4.1.14	My case manager helped me find services I needed	4.1.14
4.1.15	Was the client in Recovery Bridge Housing during treatment?	4.1.15
4.1.16	If yes, has the client been discharged from Recovery Bridge Housing?	4.1.16
4.1.17	Did you receive field based services?	4.1.17
4.1.18	Type of field based services received (check all that apply)	4.1.18
4.1.19	How good are you in taking care of personal responsibilities	2.3.32
4.1.20	Consent	2.1.30
4.1.21	Disability	2.1.29
4.1.22	Was client available for an exit interview?	4.1.22
4.1.23	Were the treatment services provided in your preferred language?	4.1.23
4.1.24	Current First Name	2.1.7
4.1.25	Current Last Name	2.1.8
4.1.26	Social Security Number	2.1.9
4.1.27	Zip Code at Current Residence	2.1.10
4.1.28	In the past year (12 months), have you had sex with a male? (optional)	2.1.31
4.1.29	In the past year, have you had sex with a female? (optional)	2.1.32

4.1.30	In the past year, have you had sex with a transgender/transsexual? (optional)	2.1.34
4.1.31	In the past year, have you used methamphetamines? (optional)	2.1.34
4.1.32	If Yes, did you use methamphetamines before or during sex? (optional)	2.1.35
4.1.33	For classification purpose, what is your sexual orientation? (optional)	2.1.36
4.1.34	Flag for Resubmission (not applicable; for internal use only)	4.1.34

4.1.1. Discharge Date

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

Field	Discharge Date?	
Allowable Values		
MM/DD/YYYY (Date)	MM	Two-digit month
	DD	Two-digit day
	YYYY	Four-digit year
Data Entry Instructions		
1	For standard discharges, enter the date of the exit interview.	
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. Records to be submitted

This field indicates what records are to be submitted.

Field	Record to be submitted
Allowable Values	
	Correction to discharge
	Discharge
	Discharge Delete
	Discharge Update
	None

4.1.3. Level of Care (LOC) Admitted

This field will be automatically populated from admission LOC data.

4.1.4. Discharge Process Date

This question specifies the discharge process date.

Field	Discharge Process Date?	
Allowable Values		
MM/DD/YYYY (Date)	MM	Two-digit month
	DD	Two-digit day
	YYYY	Four-digit year

4.1.5. Discharge Status

This field indicates the client's discharge status. When there are no service activities for the client for 30 days, an alert is sent via Sage to notify the provider to discharge the individual. If after 45 days no services have been provided, an administrative discharge is automatically completed and the County contract monitors will discuss the deficiency at the next site visit.

Field	Discharge Status	
Allowable Values		
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/ Satisfactory Progress (not referred or transferred)	This is an administrative discharge status and only the minimum data set should be collected. This should be used for a client who made satisfactory progress in the treatment service, who did not complete the treatment service as planned, and could not be located to receive a referral for further SUD treatment or to conduct a discharge interview.	
Left Before completing treatment/recovery plan goals w/unsatisfactory	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.	

progress (referred or transferred)	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 (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 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 Cal-OMS/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 Cal-OMS/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.
Other	
Data Entry Instruction	
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)" and the client is not available for exit interview, "Death", or "Incarceration", then the client is administratively discharged.	

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?
Allowable Values	

ASAM 1.0-Outpatient for At-Risk (Youth and Young Adults 12-20 Only)
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
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)
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)
None

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:
Allowable Values	
	Client does not want further treatment
	Other, 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 client was not referred to another level of care (Specify)
Allowable Values	
	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?

Allowable Values
Emergency Department
Housing Assistance
Medical Services
Mental Health Services
Other Service, Specify _____
Recovery Bridge Housing
Social Services
None
Data Entry Instruction
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)
Allowable Values	
Service referral not listed in “Other Services Referral” field option	

4.1.11. Case Manager

This field indicates whether the client has a case manager assigned. Case 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	Do you have a case manager?
Allowable Values	
No	
Yes	

4.1.12. Case Management Services

This field indicates the types of case management services the client received during treatment.

Field	What kind of case management services did the client receive during the treatment? (Check all that apply)
Allowable Values	
Basic Needs	
Child Care	
Educational/Vocational	
Employment	
Family/Social	

Housing	
Legal services	
Life Skills	
Mental Health	
Other Service, Specify _____	
Physical Health	
Transportation	
Data Entry Instruction	
1	If yes to “Case Manager” report “Case Management Services”.
2	Press Ctrl+click to choose multiple responses.

4.1.13. Other Case Management Services (Specify)

This field specifies the types of case management services the client received during treatment.

Field	Other services (Specify)
Allowable Values	
Case management services not listed in the “Case Management Services” field options	

4.1.14. Case Management Satisfaction

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

Field	My Case Manager helped me find services I needed
Allowable Values	
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.

Field	Was the client in Recovery Bridge Housing during treatment?
Allowable Values	
No	
Yes	

4.1.16. Discharge from Recovery Bridge Housing

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

4.1.17. Field Based Services

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

Field	Did you receive field based services?
Allowable Values	
No	
Yes	
Data Entry Instruction	
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):
Allowable Values	
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
Data Entry Instruction
Press Ctrl+click to choose multiple items.

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.

Field	Was the client available for an exit interview?
Allowable Values	
No	
Yes	
Data Entry Instruction	
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.

Field	Were the treatment services provided in your preferred language?
Allowable Values	
No	
Yes	

4.2. Alcohol and Drug Use Data

Question Field

Alcohol And Drug Use Data	
Primary Drug (Code) <input type="text" value="-Please Choose One-"/>	Primary Drug (Other) <input type="text"/>
Days of Primary Drug Use Last 30 Days <input type="text"/>	Primary Drug Route of Administration <input type="text" value="-Please Choose One-"/>
Secondary Drug (Code) <input type="text" value="-Please Choose One-"/>	Secondary Drug (Other) <input type="text"/>
Days of Secondary Drug Use Last 30 Days <input type="text"/>	Secondary Drug Route of Administration <input type="text" value="-Please Choose One-"/>
Days of Alcohol Use Last 30 Days <input type="text"/>	Days of IV Use (Needle Use) Last 30 Days <input type="text"/>
Needle Use in the Last 12 Months <input type="text" value="-Please Choose One-"/>	Is this participant sober/abstinent?: <input type="text" value="-Please Choose One-"/>
How good are you 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"/>	

Please use the information provided in the following table to complete the “Alcohol and Drug Use Data” discharge fields in this subsection.

Field Number	Field	Refer to:
4.2.1	Primary Drug (Code)	4.2.1
4.2.2	Primary Drug (other)	2.4.2
4.2.3	Days of Primary Drug Use Last 30 Days	2.4.3
4.2.4	Primary Drug Route of Administration	2.4.4
4.2.5	Secondary Drug (Code)	4.2.5
4.2.6	Secondary Drug (other)	2.4.7
4.2.7	Days of Secondary Drug Use Last 30 Days	2.4.8
4.2.8	Secondary Drug Route of Administration	2.4.9
4.2.9	Days of Alcohol Use Last 30 Days	2.4.11
4.2.10	Days of IV Use (Needle Use) Last 30 Days	2.4.12
4.2.11	Needle Use Last 12 months	2.4.13
4.2.12	Is this participant sober/abstinent?	4.2.12
4.2.13	How good are you 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) (optional)	2.4.17

4.2.1. Primary Drug (Code)

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

Field	Primary Drug (Code)
Allowable Values	
Alcohol	Barbiturates
Ecstasy	Heroin
Marijuana / Hashish	Methamphetamine
Non-Prescription Methadone	Other (specify _____)
Other Club Drugs	Other Hallucinogens
Other Sedatives or Hypnotics	Other Stimulants
Over-the-Counter	OxyCodone / OxyContin
Tranquilizers (Benzodiazepine)	Unknown
Data Entry Instruction	
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.

4.2.5. 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	
Data Entry Instruction		
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.	

4.2.12. 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	Is this participant sober/abstinent?
Allowable Values	
No	
Yes	
Data Entry Instruction	
Answer this question based on the observation of the client's responses.	

4.3. Employment Data

Question Field

Employment Data	
Employment Status <input type="text" value="-Please Choose One-"/>	If the participant is not in the labor force, which of the following describes this participant? (check all that apply): <div style="border: 1px solid black; padding: 5px;"> Enrolled in school Homemaker Job Training Program Other </div> Ctrl+click to choose multiple items
Days paid for working in the past 30 days <input type="text"/>	Enrolled in School <input type="text" value="-Please Choose One-"/>
Enrolled in Job Training <input type="text" value="-Please Choose One-"/>	Highest School Grade Completed <input type="text" value="-Please Choose One-"/>
In the past 30 days, how much money did you earn for legal work? <input type="text"/>	In the past 30 days, how many days have you engaged in illegal activities for profit? <input type="text"/>

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

Field Number	Field	Refer to
4.3.1.	Employment Status	2.5.5
4.3.2.	If the participant is not in the labor force, which of the following describes this participant?	2.5.6
4.3.3.	Days paid for working in the past 30 days	2.5.8
4.3.4.	Enrolled in School	2.5.1
4.3.5.	Enrolled in Job Training	2.5.7
4.3.6.	High School Grade Completed	2.5.4
4.3.7.	In the past 30 days, how much money did you earn for legal work? (optional)	2.5.9
4.3.8.	In the past 30 days, how many days have you engaged in illegal activities for profit? (optional)	2.5.10

4.4. Criminal Justice Data

Question Field

Criminal Justice Data	
Number of Arrests Last 30 Days <input type="text"/>	Number of Jail Days Last 30 Days <input type="text"/>
Number of Prison Days Last 30 Days <input type="text"/>	

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

Field Number	Field	Refer to
4.4.1.	Numbers of Arrest Last 30 Days	2.6.3
4.4.2.	Numbers of Jail Last 30 Days	2.6.4
4.4.3.	Numbers of Prison Days Last 30 Days	2.6.5

4.5. Medical/Physical Health Data

Question Field

Medical/Physical Health Data	
Number of Emergency Room Visits Last 30 Days <input type="text"/>	Days of Hospital Overnight Stay Last 30 Days <input type="text"/>
Days with Medical Problems Last 30 Days <input type="text"/>	Pregnant At Any Time During Treatment <input type="text" value="-Please Choose One-"/> <p>Note: "No" must be selected for male clients.</p>
Which of the following medications did you take as part of treatment?: <input type="text" value="-Please Choose One-"/>	Other medications for SUD treatment (Specify): <input type="text"/>
Have you received education about Naloxone use for drug overdose during treatment?: <input type="text" value="-Please Choose One-"/>	Have you used Naloxone for drug overdose reversal for yourself during treatment?: <input type="text" value="-Please Choose One-"/>
Since Admission, have you been diagnosed with tuberculosis?: <input type="text" value="-Please Choose One-"/>	Since Admission, have you been diagnosed with Hepatitis C?: <input type="text" value="-Please Choose One-"/>
Since Admission, have you been diagnosed with a sexually transmitted disease (STD)?: <input type="text" value="-Please Choose One-"/>	If yes, which of the following STDs? (check all that apply): <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Herpes <input type="checkbox"/> Other <small>Ctrl+click to choose multiple items</small>
Since admission, have you been diagnosed with any other communicable diseases?: <input type="text" value="-Please Choose One-"/>	HIV Tested <input type="text" value="-Please Choose One-"/>
HIV Test Results <input type="text" value="-Please Choose One-"/>	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) <input type="text"/>

Please use the information provided in the following table to complete the “Medical/Physical Health Data” discharge fields in this subsection.

Field Number	Field	Refer to
4.5.1.	Number of Emergency Room Visits Last 30 Days	2.7.1
4.5.2.	Days of Hospital Overnight Stay Last 30 Days	2.7.2
4.5.3.	Days with Medical Problems Last 30 Days	2.7.3
4.5.4	Pregnant at Any Time During Treatment	2.7.5
4.5.5	Which of the following medications did you take as part of treatment	2.7.6
4.5.6	Other medications for SUD treatment	2.7.7
4.5.7	Have you received education about Naloxone use for drug overdose during treatment?	2.7.8
4.5.8	Have you used Naloxone for drug overdose reversal for yourself during treatment? (optional)	2.7.9
4.5.9	Since Admission, have you been diagnosed with tuberculosis?	4.5.9
4.5.10	Since Admission, have you been diagnosed with Hepatitis C?	4.5.10
4.5.11	Since Admission, have you been diagnosed with a sexually transmitted disease (STD)?	4.5.11
4.5.12	If yes, which of the following STDs?	2.7.13
4.5.13	Since admission, have you been diagnosed with any other communicable diseases?	4.5.13
4.5.14	HIV Tested	2.7.15
4.5.15	HIV Test Results	2.7.16
4.5.16	How good is your physical health? (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems)	2.7.4

4.5.9. 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.

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

4.5.10. Communicable Diseases: Hepatitis C

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

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

4.5.11. 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. Field	Since Admission, have you been diagnosed with a sexually transmitted disease (STD)?
Allowable Values	
No	
Yes	
Data Entry Instruction	
It is for the period during treatment only.	

4.5.13. 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.	

4.6. Mental Health Data

Question Field

Mental Illness	
Mental Illness <input type="text" value="-Please Choose One -"/>	Number of Emergency Room Visits Last 30 Days/Mental Health <input type="text"/>
Days of Psychiatric Facility Use Last 30 Days <input type="text"/>	How good is your mental health? (e.g., are you feeling better about yourself?) (from 1 --> Not good at all to 10 --> Very good): <input type="text"/>
Mental Health Medication Last 30 Days <input type="text" value="-Please Choose One -"/>	

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

Field Number	Field	Refer to
4.6.1	Mental Illness	2.8.1
4.6.2	Number of Emergency Room Visits Last 30 Days/Mental Health	2.8.2
4.6.3	Days of Psychiatric Facility Use Last 30 Days	2.8.3
4.6.4	How good is your mental health? (e.g., are you feeling good about yourself?)	2.8.5
4.6.5	Mental Health Medication Last 30 Days	2.8.4

4.7. Family/Social Data

Question Field

Family/Social Data	
<p>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?</p> <input type="text"/>	<p>Were any of your family members / significant others actively involved during your treatment/recovery?:</p> <input type="text" value="-Please Choose One-"/>
<p>Is this participant homeless?:</p> <input type="text" value="-Please Choose One-"/>	<p>Current homeless living arrangement?</p> <input type="text" value="-Please Choose One-"/>
<p>Current Living Arrangements</p> <input type="text" value="-Please Choose One-"/>	<p>Were you linked to a stable housing during your treatment?:</p> <input type="text" value="-Please Choose One-"/>
<p>If Yes (Specify):</p> <input type="text"/>	<p>If No (Explain):</p> <input type="text"/>
<p>Days Living with Someone Who Uses Alcohol or Drugs Last 30 days</p> <input type="text"/>	<p>Days with Family Conflict Last 30 Days</p> <input type="text"/>
<p>How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?</p> <input type="text"/>	<p>Number of Children Age 5 or Younger</p> <input type="text"/>
<p>How many of these children spent the majority of their time living with you in the past 6 months?</p> <input type="text"/>	<p>How many of these children spent the majority of their time living with you in the past 30 days?</p> <input type="text"/>
<p>How many children were enrolled in treatment services with the participant? (Perinatal/Women Programs Only)</p> <input type="text"/>	<p>Does the participant have an open case with Child Protective Services?:</p> <input type="text" value="-Please Choose One-"/>
<p>Number of Children Living with Someone Else</p> <input type="text"/>	<p>Number of Children Living with Someone Else and Parental Rights Terminated</p> <input type="text"/>
<p>How many children are living with someone else because of a child protection court order?</p> <input type="text"/>	<p>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?</p> <input type="text"/>
<p>Have you been physically abused during the past 30 days?:</p> <input type="text" value="-Please Choose One-"/>	<p>Have you been sexually abused during the past 30 days?:</p> <input type="text" value="-Please Choose One-"/>
<p>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)</p> <input type="text"/>	

Please use the information provided in the following table to complete the “Family/Social Data” discharge fields in this subsection.

Field Number	Field	Refer to
4.7.1	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?	2.9.1
4.7.2	Were any of your family members / significant others actively involved during your treatment/recovery?	2.9.2
4.7.3	Current Living Arrangements and/or Is Participant Homeless?	2.9.3
4.7.4	Current homeless living arrangement	2.9.5
4.7.5	Were you linked to a stable housing during your treatment?	4.7.5
4.7.6	If Yes (Specify)	4.7.6
4.7.7	If No (Explain)	4.7.7
4.7.8	Days living with someone who uses alcohol or drug last 30 days	2.9.13
4.7.9	Days with family conflict last 30 days	2.9.15
4.7.10	Number of Children Age 5 or Younger	2.9.18
4.7.11	How many of these children spent the majority of the time living with you in the past 6 months? (optional)	2.9.23
4.7.12	How many of these children spent the majority of their time living with you in the past 30 days?	2.9.24
4.7.13	How many children were enrolled in treatment services with the participant? (Perinatal/Women Programs Only)	2.9.25
4.7.14	Does the participant have an open case with Child Protective Services?	2.9.26
4.7.15	Number of Children Living with Someone Else	2.9.19
4.7.16	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?	2.9.20
4.7.17	How many children are living with someone else because of a child protection court order?	2.9.27
4.7.18	Have you been physically abused during the past 30 days?	2.9.28
4.7.19	Have you been sexually abused during the past 30 days?	2.9.29
4.7.20	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) (optional)	2.9.21

4.7.5. 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	Were you linked to a stable housing during your treatment?
Allowable Values	
No	
Yes	

4.7.6. Stable Housing Assistance (Yes - Specify)

Field	If Yes (Specify)
Allowable Values	
Specify client's stable housing arrangement	

4.7.7. Stable Housing Assistance (No - Specify)

Field	If No (Explain)
Allowable Values	
Explain why client was not linked to stable housing	

Section 5. Cal-OMS/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 30 days. 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.

When there are no service activities for the client for 30 days, an alert is sent via Sage to notify the contractor to discharge the individual. If no services have been provided for the client for 45 days, an administrative discharge is automatically completed.

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. Providers should never guess responses or complete discharge questions on behalf of an absent client. 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

Cal-OMS Administrative Discharge	
Discharge Date <input type="text"/>	Record to be Submitted <input type="text" value="-Please Choose One-"/> *
Level Of Care Admitted: ASAM 1.0-Outpatient for At-Risk (Youth and Young Adults 12-20 Only)	Flag for Resubmission: <input type="text" value="No"/>
Discharge Process Date <input type="text"/>	Discharge Status <input type="text" value="-Please Choose One-"/>
Disability (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech Ctrl+click to choose multiple items	Current First Name <input type="text"/>
Current Last Name <input type="text"/>	Zip Code At Current Residence <input type="text"/>
Alcohol And Drug Use Data	
Primary Drug (Code) <input type="text" value="-Please Choose One-"/>	Primary Drug (Other) <input type="text"/>
Days of Primary Drug Use Last 30 Days <input type="text"/>	Primary Drug Route of Administration <input type="text" value="-Please Choose One-"/>
Pregnant At Any Time During Treatment <input type="text" value="-Please Choose One-"/> Note: "No" must be selected for male clients.	

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

Field Number	Field	Refer to
General Administrative Discharge Data Group		
5.1.1	Discharge Date	4.1.1
5.1.2	Record to be Submitted	4.1.2
5.1.3	Level of Care Admitted	4.1.3
5.1.4	Discharge Process Date	4.1.4
5.1.5	Discharge Status	4.1.5
5.1.6	Disability	2.1.29
5.1.7	Current First Name	2.1.7
5.1.8	Current Last Name	2.1.8
5.1.9	Zip Code at Current Residence	2.1.10
5.1.10	Flag for Resubmission	4.1.34
Alcohol and Drug Use Data Group		
5.2.1	Primary Drug (Code)	2.4.1
5.2.2	Primary Drug Name	2.4.2
5.2.3	Primary Drug Frequency	2.4.3
5.2.4	Primary Drug Route of Administration	2.4.4
5.2.5	Pregnant at Any Time During Treatment	2.4.6