Avatar User Guide:
CalOMS Tx User Guide

City and County of San Francisco
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Purpose

The purpose of this manual is to walk you through the CalOMS Admission and Discharge screens. These forms are required for ALL clients in Substance Abuse Treatment Programs.

Who completes CalOMS?

Substance Abuse Treatment Programs (Residential, Outpatient, Methadone Detox, Methadone Maintenance, Day Treatment and CYF SA Day Treatment) are required to enter CalOMS treatment data for ADP Reporting.

Exceptions:

1. **Primary Prevention Programs** – If your program has previously been instructed to use CalOMS-PV, continue to use existing mechanisms for entering this data.
2. **Other Prevention (i.e. Secondary Prevention), DUI, Ancillary and Unlicensed Residential (not Transitional Housing) Programs** – Do not need to enter CalOMS Tx data into Avatar.

Which fields are required?

**TIP** — All fields in the CalOMS Screens are **required** for accurate and complete reporting (even though they do not appear in red on the screen).

Where can I get more information?

**TIP** — If you have never received training on completion of CalOMS, please contact your supervisor to request access to the CalOMS Treatment Web Based training.

**TIP** — Please refer to the CalOMS data guides for additional information.

### Client Identification and Demographic Data

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth first name of the client, 99902 for 'None or Not Applicable', 99904 for 'Client unable to answer'**</td>
<td>Pre-populated: Current first name and last name of the client. Enter as 123-45-6789, 99900 for 'Client declines to state', 99902 for 'None or Not Applicable' or 99904 for 'Client unable to answer'**</td>
</tr>
<tr>
<td>Birth last name of the client or 99904 for 'Client unable to answer'**</td>
<td>Social Security Number of the client. Enter as 123-45-6789, 99900 for 'Client declines to state', 99902 for 'None or Not Applicable' or 99904 for 'Client unable to answer'**</td>
</tr>
<tr>
<td>Client’s county of birth if the client was born in California. Choose Other if the client was born outside of CA.</td>
<td>Zip code at the client’s current residence. Must be a valid 5 digit zip code, 00000 for ‘homeless’ as Current Living Arrangements, XXXXX for ‘Client declined to state’ or ZZZZZ for ‘Client unable to answer’**</td>
</tr>
<tr>
<td>Choose a country or Other if born outside of the US</td>
<td>Client’s driver’s license number and state. Enter 99900 to indicate that the ‘client declines to state’ their driver’s license number, 99902 to indicate that the ‘client has no or no applicable driver’s license number’, or 99904 to indicate that the ‘client is unable to answer’**</td>
</tr>
<tr>
<td>Type in client’s mom’s first name. If client is unable to provide a name, enter “mother” or “mom.”</td>
<td>Choose a race that the client identifies with. At least one race must be indicated.</td>
</tr>
</tbody>
</table>

** IMPORTANT Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.
OPTIONAL – choose additional races the client identifies with, if necessary.

Identifies if the Client is a US Veteran. Choice 'Client Unable to answer'* is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Identifies whether a client has given consent to be contacted in the future. Is there a consent form allowing future possible contact, signed by the client, on file within your agency?

Choose the ethnicity the client identifies with.

The Client may have more than one disability. Choice 'Client Unable to answer' is used ONLY if the provider is Detox or Residential Detox.

All CalOMS Tx data will be flagged for submission to the State as is required.

* IMPORTANT Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.
**Transaction Data**

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**TIP** — When an individual transfers from one service modality to another, the admission data must be marked as a transfer and collected again for the new service modality. This is because CalOMS Tx is designed to measure change; there could be a difference in a person’s answers during the time that elapsed from their admission into the first modality to entry into the modality they are transferred to. However, if an individual transfers within five calendar days from one modality to another, within the same provider, then the provider can use the admission data from the first modality for the admission data in the next modality.

Used to indicate the type of admission, whether this is an initial admission, or a transfer or change in service.
Admission Data

Select a principal Source of Referral. If source of referral is SACPA Court/Probation, SACPA Parole, State Drug Court, CDCI, or Non-SACPA Court Criminal Justice then Criminal Justice Status cannot equal 'no criminal involvement' on the Criminal Justice data tab.

Number of days the client was on a waiting list before being admitted into your treatment program due to limited program capacity. Do not include days client was waiting in jail or time client was served at TAP, etc. Enter 0-999, 99901 for ‘Not Sure/don’t know’ or 99904 for ‘Client unable to answer’.*

Total number of treatment episodes the client has participated in (include all prior treatment programs) as a primary client, not as a co-dependent. Enter 0-999, 99901 for ‘Not Sure/don’t know’ or 99904 for ‘Client unable to answer’.*

OPTIONAL: Identify the county that’s paying for the client’s treatment services when the paying county is NOT San Francisco.

If Special Services Contract County code is selected, the Contract ID field becomes a required field. Contract ID should be 0000-9999 or 99902 for ‘None or Not-Applicable’.

Identifies if the client is a CalWORKs recipient, choose one.

Identifies if the client is undergoing substance abuse treatment under CalWORKs.
Alcohol and Drug Use

Client’s primary drug problem, select one. If ‘Other’ is selected, then record the primary drug name.

Enter the frequency of use for the primary drug. Enter 0-30, 99902 for ‘None or Not Applicable’ or 99904 for ‘Client unable to answer’*

Select the route of administration used for the primary drug.

Enter the frequency of alcohol use in the last 30 days if the primary or secondary drugs are NOT alcohol. If alcohol was the primary drug, this field will be populated automatically with 99902. Enter 0-30, 99902 for ‘None’ or 99904 for ‘Client unable to answer’*

Select if the client has used needles to inject drugs in the past 12 months. ‘Client Unable to Answer’* is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Enter age from 5-105 or 99904 for ‘Client unable to answer’*

Enter the number of days client used needles to inject drugs in the last 30 days. Only becomes active if a drug can be injected, enter 0-30, 99900 for ‘Client declined to state’ or 99904 for ‘Client unable to answer’*

TIP — See Instructions for Primary Drug

* IMPORTANT Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.
Select if the client is currently enrolled in school. ‘Client unable to answer’* is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Select if the client is currently enrolled in job training. ‘Client unable to answer’* is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Select the client’s current employment status

Enter the number of days the client has worked in the last 30 days. Enter 0-30, 99900 for ‘Client declined to state’ or 99904 for ‘Client unable to answer’*

Select if the client is currently enrolled in school. ‘Client unable to answer’* is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Enter the client’s highest school grade completed by the client

* IMPORTANT Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.
Select the client’s Criminal Justice Status. **Must match Source of Referral.** ‘Client unable to answer’* is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Select if the client is a parolee in the Parolee Services Network. ‘Client unable to answer’* is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

**DOES NOT APPLY TO SAN FRANCISCO**
Female Offender Treatment Programs are only provided in Los Angeles, Orange, Riverside, and San Bernardino.

**DOES NOT APPLY TO SAN FRANCISCO**

Enter CA Department of Corrections and Rehabilitation Identification number (6 Character string) or one of the following codes: 99900 for ‘Client declined to state’, 99901 for ‘Not sure/don’t know’, 99902 for ‘None or N/A’ or 99904 for ‘Client unable to answer’*.

For each of these three questions, enter 0-30 or 99904 for ‘Client unable to answer’*.

**IMPORTANT** Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.
Medical/Physical Health Data

Select if client is a MediCal Beneficiary. 'Client unable to answer'** is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Select if the client has been diagnosed with Tuberculosis. 'Client unable to answer'** is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Select if the client has been diagnosed with Hepatitis C. 'Client unable to answer'** is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Select if the client has been diagnosed with a sexually transmitted disease. 'Client unable to answer'** is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

Select if medication has been prescribed as part of the treatment. Provider must be a valid licensed narcotics replacement provider.

Select if the client was pregnant at the time of admission.

Select if the client has been tested for HIV/AIDS & received the results for HIV/AIDS test. 'Client unable to answer'** is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

*IMPORTANT Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.
Mental Illness

Select if the client has ever been diagnosed with a mental illness.

Enter the number of times in the last 30 days the client has received outpatient emergency services for mental health needs, enter 0-30 or 99904 for 'Client unable to answer'*

Enter the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility for mental health issues, enter 0-30 or 99904 for 'Client unable to answer'*

Select if the client has taken prescribed medication for mental health needs in the last 30 days. 'Client unable to answer'** is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

* IMPORTANT Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.
Enter the number of days in the last 30 days the client has participated in any social support activities; enter a number in the range of 0-30.

Enter the number of children the client has that are aged 17 or younger (birth or adopted). Enter a number in the range of 0-30 or 99904 for ‘Client unable to answer’*

Enter the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs. Enter 0-30, 99900 for ‘Client declined to state’ or 99904 for ‘Client unable to answer’*

Enter the number of children the client has that are aged 5 or younger (birth or adopted). Enter a number in the range of 0-30 or 99904 for ‘Client unable to answer’*

Enter the number of the client’s children (birth or adopted) living with someone else because of a child protection court order. Enter a number in the range of 0-30 or 99904 for ‘Client unable to answer’*

Enter the number of the client’s children (birth or adopted) living with someone else because of a child protection court order and for whom their parental rights have been terminated. Enter a number in the range of 0-30 or 99904 for ‘Client unable to answer’*

Select the client’s living arrangements. Zip code for homeless must be zeroes (00000).

Once you have completed all the sections, click Submit.

* IMPORTANT Client Unable to answer (99904) is used ONLY if the provider is Detox or Residential Detox or the client is selected as developmentally disabled under Disability.

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CalOMS Discharge

TIP - Follow the same instructions described in previous pages for completion of the CalOMS discharge data elements.

TIP — All fields in the CalOMS Discharge screens are required for accurate and complete reporting (even though they do not appear in red on the screen).

Discharge Status Definitions

This is a provider-supplied field indicating the client’s discharge status.

Completed Treatment/Recovery Plan, Goals- Referred: Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone. This occurs when a program participant completes his/her treatment/recovery plan and is being referred to another treatment/recovery program (this includes clients referred to further AOD treatment that do not accept the referral). For example, the individual is moving from one modality or type of service to another within a treatment episode.

Completed Treatment/Recovery Plan, Goals- Not Referred: Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone. This occurs when a program participant completes his/her treatment/recovery plan and is not being referred to another AOD treatment service. For example, the participant has successfully completed an entire treatment episode and therefore is not referred for further services.

Left Before Completion With Satisfactory Progress- Referred: Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone. This occurs when a participant has made satisfactory progress in a program and was referred to a different program to continue with the services or to receive different services in a different program in the state.

Left Before Completion With Satisfactory Progress- Not Referred: Used ONLY when no possible discharge interview can be conducted in person or by phone. 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 AOD treatment or to conduct a discharge interview. This may occur if the
participant was doing well in his/her treatment and stopped coming in without notice for a period of time exceeding the amount defined for the service modality in which the participant was enrolled.

**Left Before Completion With Unsatisfactory Progress- Referred:** Requires that the client is available to complete the discharge interview in person as planned, or by contacting the client by phone. This occurs when a participant is referred to another program or service modality because they are not making satisfactory progress in the service/program in which they are participating.

**Left Before Completion With Unsatisfactory Progress- Not Referred:** Used ONLY when no possible discharge interview can be conducted in person or by phone. 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. This status is intended for those individuals who are expelled from treatment prior to completing their services, under circumstances in which no discharge 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.

**Death:** This should be used for individuals who die prior to completing the services in which they are participating.

**Incarceration:** This should be used for individuals who become incarcerated prior to completing the services in which they are participating.