

## NEW CalOMS Data Elements

|                                 |  |   |
|---------------------------------|--|---|
| Birth first name                | What is your birth first name ?  |   |
| Birth last name                 | What is your birth last name ?   |   |
| Place of birth - County         | What is your county of birth if born in California?  |   |
| Place of birth - State          | What is your state of birth if born within the United States but outside California?                           |   |
| Driver's license number         | What is your driver's license number?  |   |
| Driver's license state          | For which state do you have a valid driver's license ?   |   |
| Mother's first name             | What is your mother's first name?  |   |
| Race                            | What is your race?   | White<br>Black/African-American<br>American Indian<br>Alaskan Native<br>Asian Indian<br>Cambodian<br>Chinese<br>Filipino<br>Guamanian<br>Hawaiian<br>Japanese<br>Korean<br>Laotian<br>Samoan<br>Vietnamese<br>Other Asian<br>Other Race<br><b>Mixed Race</b><br><b>Client declined to state</b> |
| Ethnicity                       | What is your ethnicity?  | Not Hispanic<br>Mexican/Mexican Am.<br>Cuban<br>Puerto Rican<br>Other Hispanic/Latino<br><b>Client declined to state</b>  |
| Veteran                         | Are you a veteran?   | <b>Yes</b><br><b>No</b><br><b>Client declined to state</b>  |
| Disability                      | What type of disability do you have, if any?   | None<br>Visual<br>Hearing<br>Speech<br>Mobility<br>Mental<br>Developmentally Disabled<br>Other Disability (not AOD)<br><b>Client declined to state</b>  |
| Consent                         | Is there a consent form allowing future possible contact signed by the client on file within your agency?      | <b>Yes</b><br><b>No</b>   |
| Days Waited to Enter Treatment? | How many days were you on a waiting list before you were admitted to this treatment program?                   | <b>Number of days cannot include time incarcerated.</b>   |
| Alcohol Frequency               | How many days in the past 30 days have you used alcohol? (Ask if primary and secondary drug types not alcohol) | <b>Ask if primary and secondary drug types not</b>  |
| IV Use                          | How many days have you injected in the past 30 days?   |   |
| Work Past 30 Days               | How many days were you paid for working in the past 30 days?   |   |
| CDC Number                      | What is your CDC Identification Number?  | <b>All clients should now be asked if they have a CDC number, not just FOTP and PSN clients.</b>  |

|   |   |                                       |
|---|---|---------------------------------------|
| Number of Arrests Last 30 Days                      | How many times have you been arrested in the past 30 days?  |                                       |
| Number of Jail Days Last 30 days                    | How many days have you been in jail in the past 30 days?  |                                       |
| Number of Prison Days Last 30 days                  | How many days have you been in prison in the past 30 days?  |                                       |
| Emergency Room - Last 30 days                       | How many times have you visited an Emergency Room in the past 30 days for physical health problems?   |                                       |
| Hospital Overnight last 30 days                     | How many days have you stayed overnight in a hospital for physical health problems in the last 30 days?   |                                       |
| Medical Problems last 30 days                       | How many days have you experienced physical health problems in the past 30 days?  |                                       |
| Communicable Diseases: Tuberculosis                 | Have you been diagnosed with Tuberculosis?  |                                       |
| Communicable Diseases: Hepatitis C                  | Have you been diagnosed with Hepatitis C ?  |                                       |
| Communicable Diseases: Sexually Transmitted Disease | Have you been diagnosed with a Sexually Transmitted Disease?  |                                       |
| HIV Tested  | Have you been tested for HIV/AIDS?  |                                       |
| HIV Test Results                                    | Do you have the results of the HIV/AIDS test?   |                                       |
| Mental Illness                                      | Have you ever been diagnosed with a mental illness?   |                                       |
| Emergency room use / Mental Health                  | How many times in the past 30 days have you received outpatient emergency services for mental health needs?   |                                       |
| Psychiatric facility use                            | How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?   |                                       |
| Mental health medication                            | In the past 30 days, have you taken prescribed medication for mental health needs?  |                                       |
| Social Support                                      | How many days in the last 30 days have you participated in any social support recovery activities such as:<br>12 -Step Meetings<br>Other Self Help Meetings<br>Religious /Faith Recovery or Self-Help Meetings<br>Attending Meetings of organizations other than those listed above<br>Interactions with Family Member and/or Friend Support of Recovery? | Overall total days for all activities |
| Current Living Arrangements                         | What are your current living arrangements?  | Expand definition of homeless         |
| Living with someone                                 | How many days in the past 30 days have you lived with someone who uses alcohol or drugs?  |                                       |
| Family Conflict Last 30 Days                        | How many days in the past 30 days have you had serious conflicts with your family?  |                                       |
| Number of Children                                  | How many children do you have aged 17 or less (birth or adopted) whether they live with you or not?   |                                       |
| Number of Children 5 or Less                        | How many children do you have aged 5 or less ?  |                                       |
| Number of Children Living With Someone Else         | How many of your children are living with someone else because of a child protection court order?   |                                       |
| Number of Children Living With Someone Else         | If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?  |                                       |