

CalOMS Survey

Data Element Ranking

Data Element	Mean Score
Discharge Status	4.76
Discharge Date	4.74
Primary Drug Frequency	4.66
Primary Drug (code)	4.63
Pregnant at Admission	4.60
Mental Health Medication	4.59
Mental Illness	4.59
Gender	4.47
Admission Date	4.47
Emergency Room Use/Mental Health	4.44
Pregnant at any Time During Treatment	4.40
Primary Drug Route of Administration	4.37
Primary Drug Name (if required)	4.37
Social Support	4.36
Alcohol Frequency	4.36
Secondary Drug Frequency	4.36
Criminal Justice Status	4.34
Psychiatric Facility Use	4.33
Primary Drug Age of First Use	4.33
Secondary Drug (code)	4.31
Current Living Arrangements	4.27
Medication Prescribed as Part of Treatment	4.27
Needle Use	4.27
Type of Service	4.23
Communicable Diseases: Hepatitis C	4.21
Number of Children	4.19
Needle Use in the Last 12 Months	4.19
Employment Status	4.17
Date of Birth	4.16
Disability	4.14
Number Children Aged 5 Years or Younger	4.11
Race	4.11
Communicable Diseases: Tuberculosis	4.09
HIV Tested	4.09
Secondary Drug Age of First Use	4.09
Secondary Drug Route of Administration	4.09
Number of Children Living With Someone Else	4.07
Family Conflict Last 30 Days	4.06

In responding to the question, "How important is this data element in measuring program performance or client outcomes", the rating scale extends from 1 "Least Important" to 5 "Most Important".

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Data Element Ranking

Data Element	Mean Score
Enrolled in School	4.04
Secondary Drug Name (if required)	4.04
Living With Someone	4.03
Number of Arrests Last 30 Days	4.03
Ethnicity	4.03
Provider ID	4.03
Emergency Room Last 30 Days	4.01
Number of Children Living With Someone Else and Parental Rights Terminated	4.00
Medical Problems Last 30 Days	4.00
Enrolled in Job Training	3.99
Medi-Cal Beneficiary	3.97
Highest School Grade Completed	3.97
Hospital Overnight Last 30 Days	3.94
HIV Test Results	3.93
Number of Prison Days Last 30 Days	3.90
Source of Referral	3.89
Communicable Diseases: Sexually Transmitted Disease	3.87
Number of Jail Days Last 30 Days	3.87
Admission Transaction Type	3.79
Veteran	3.77
Current Last Name	3.76
Current First Name	3.74
Zip Code at Current Residence	3.71
Work Past 30 Days	3.70
Consent	3.69
Number of Prior Episodes	3.69
Days Waited to Enter Treatment	3.59
Parolee Services Network	3.44
Substance Abuse Treatment Under CalWORKs	3.23
CalWORKs Recipient	3.21
Provider's Participant ID	3.20
SSN	3.16
FOTP Parolee	3.13
Unique Participant ID	3.06
CDCR Number	3.04
Annual Update Date	3.00
County Paying for Services	2.91
Birth Last Name	2.86
FOTP Priority Status	2.84

In responding to the question, "How important is this data element in measuring program performance or client

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CalOMS Survey

Data Element Ranking

		Mean Score
Data Element	Driver's License Number	2.80
	Place of Birth - State	2.73
	Annual Update Number	2.70
	Driver's License State	2.69
	Special Services Contract ID	2.69
	Birth First Name	2.67
	Place of Birth – County	2.61
	Mother's First Name	2.21

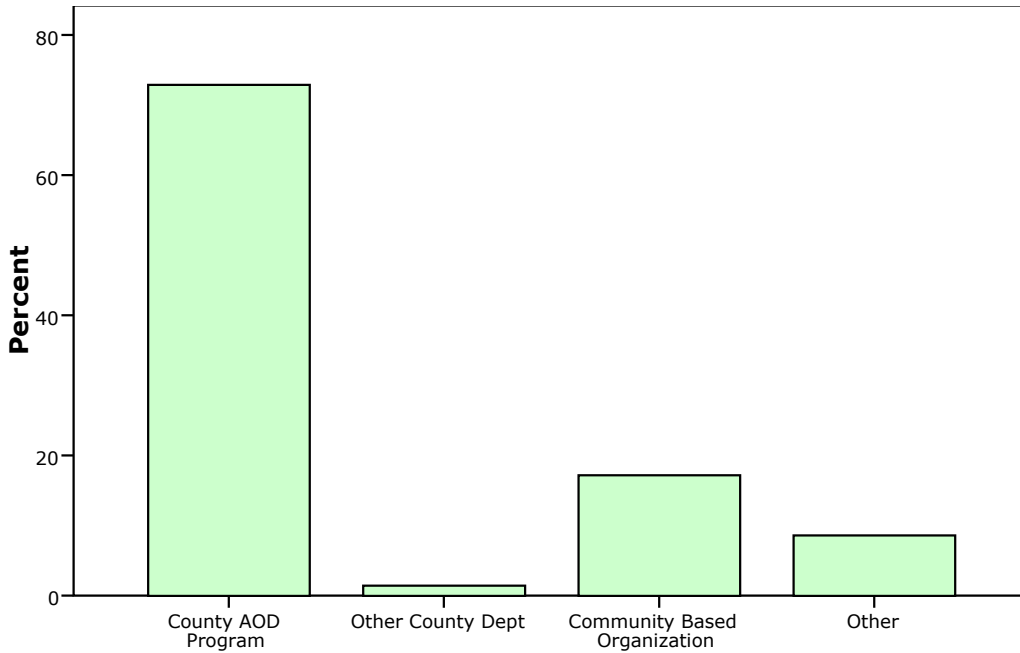
In responding to the question, "How important is this data element in measuring program performance or client outcomes", the rating scale extends from 1 "Least Important" to 5 "Most Important".

CalOMS Survey

What part of the AOD treatment system do you represent?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	County AOD Program	51	72.9	72.9	72.9
	Other County Dept	1	1.4	1.4	74.3
	Community Based Organization	12	17.1	17.1	91.4
	Other	6	8.6	8.6	100.0
Total		70	100.0	100.0	

What part of the AOD treatment system do you represent?



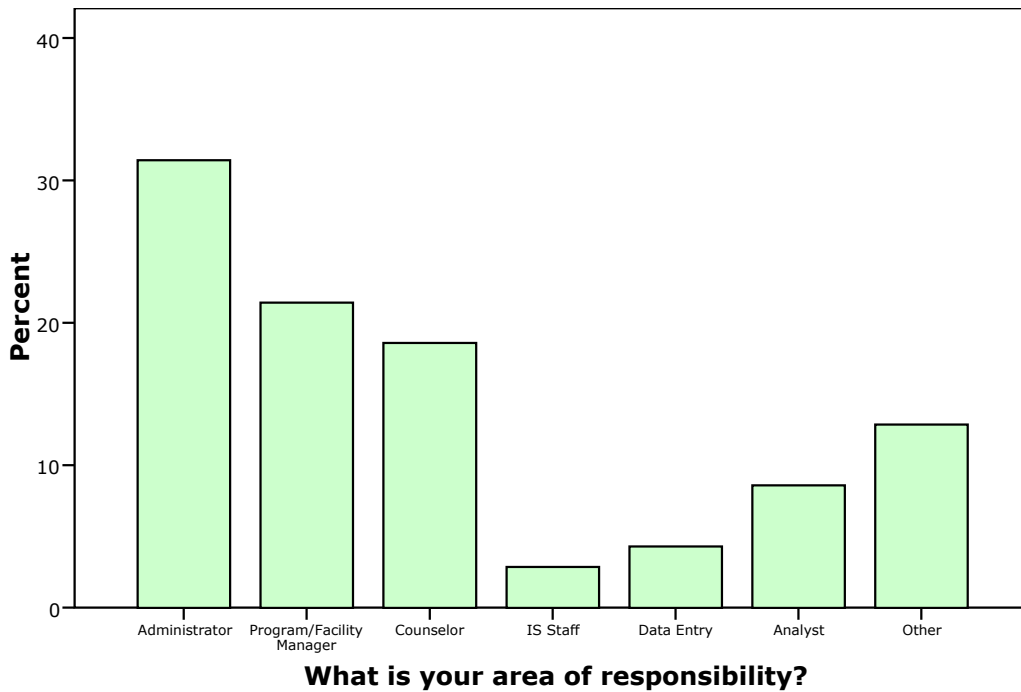
What part of the AOD treatment system do you represent?

CalOMS Survey

What is your area of responsibility?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrator	22	31.4	31.4	31.4
	Program/Facility Manager	15	21.4	21.4	52.9
	Counselor	13	18.6	18.6	71.4
	IS Staff	2	2.9	2.9	74.3
	Data Entry	3	4.3	4.3	78.6
	Analyst	6	8.6	8.6	87.1
	Other	9	12.9	12.9	100.0
	Total	70	100.0	100.0	

What is your area of responsibility?

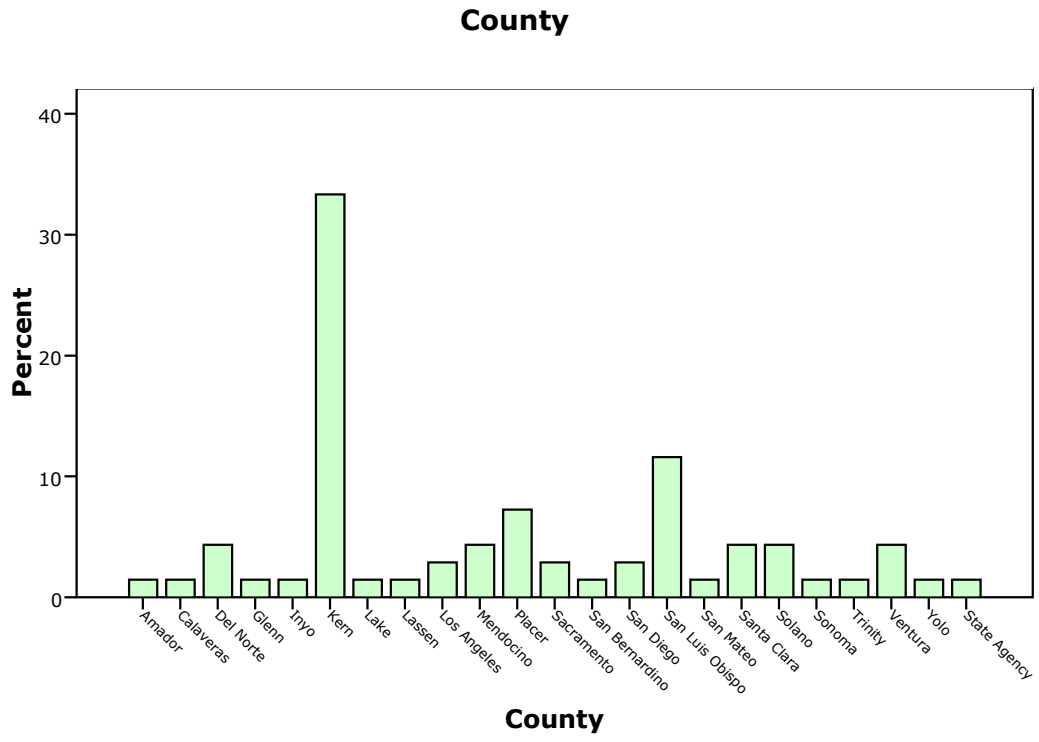


CalOMS Survey

County

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Amador	1	1.4	1.4	1.4
	Calaveras	1	1.4	1.4	2.9
	Del Norte	3	4.3	4.3	7.2
	Glenn	1	1.4	1.4	8.7
	Inyo	1	1.4	1.4	10.1
	Kern	23	32.9	33.3	43.5
	Lake	1	1.4	1.4	44.9
	Lassen	1	1.4	1.4	46.4
	Los Angeles	2	2.9	2.9	49.3
	Mendocino	3	4.3	4.3	53.6
	Placer	5	7.1	7.2	60.9
	Sacramento	2	2.9	2.9	63.8
	San Bernardino	1	1.4	1.4	65.2
	San Diego	2	2.9	2.9	68.1
	San Luis Obispo	8	11.4	11.6	79.7
	San Mateo	1	1.4	1.4	81.2
	Santa Clara	3	4.3	4.3	85.5
	Solano	3	4.3	4.3	89.9
	Sonoma	1	1.4	1.4	91.3
	Trinity	1	1.4	1.4	92.8
	Ventura	3	4.3	4.3	97.1
	Yolo	1	1.4	1.4	98.6
	State Agency	1	1.4	1.4	100.0
	Total	69	98.6	100.0	
Missing	System	1	1.4		
Total		70	100.0		

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Comments

	Count
1. Discharge status clarification & simplification. 2. CalOMS needs the follow up module in order to track outcomes.	1
For some of the questions that I ranked high (5) it is unclear how accurate the data is that is collected. E.g., How many times in the past 30 days has the client received outpatient emergency services for mental health needs? Has the client ever been diagnosed with a mental illness? This data could be cross checked with other data in our system and I feel it is important to collect. Number of days on waitlist is not an accurate i	1
I have found that CalOMS is a much better system than the previous CADDs both in submissions and closings as you know right away that it has been received and if there are any problems. Some of the questions should be worded differently as they are misleading like the one "If not male ask if pregnant" because it leads the person doing the assessment to think they can skip that one for all males. The other one is the Release questi	1
I rated these questions re: what I think or believe are the important data elements for performance and outcome measures. However, I am not sure without a research background the responses are much beyond my thoughts or beliefs. It seems to me that someone with knowledge and experience in performance and outcome studies should have identified what elements are necessary for these purposes and then sent out the survey with that conte	1
In my judgment, there are only a few items that can be used to measure performance of providers or systems of care. The items focus on client outcomes - status at discharge, employment, substance use, use of emergency medical services and so forth. In my view, performance is measured at the system or provider level and outcomes, at the client level (although one could have outcomes for systems as well). In the logic model, perfor	1
It would be usefull to be able to draw on data in any combination as needed.	1
Last 30 days is rather limiting in terms of understanding the real chronic nature of the client's addictive lifestyle. Measures of age at first use are usually associated with an event or a family dynamic that has precipitated emotional turmoil. From a clinical perspective it might be more informative to know how many days, months or years and individual has been incarcerated in their lifetime rather than the last 30 days.	1
Need better/more questions on dual diagnosis Need a few questions around trauma (past) and domestic violence Need questions that help differentiate criminality (Marlow Studies) such as What percentage of your crimes were committed in relation to your alcohol or drug use (all, most, some, few, none). This would help diffentiate high risk offenders.	1
No comments	1
None.	1
Please try and eliminate the stupid questions, ya know, like if female whether pregnant or not but then even if male ya still gotta respond. There are a number of really aggravatin' things like that, though I'm sure they've already been pointed out to you.	1
SLO County was the first county to go live in the state. We have an opportunity to do CalOMS for quite a while now. To date we have submitted over 7000 CalOMS. We have integrated the CalOMS question into our initial assessment process and this has been the a very helpful tool to appropriately place clients in treatment services. We use the online reports to support or progress and to compare against state averages. Overall I belie	1
Some of the questions could be combined, e.g. are you in school or in a job training program.	1
Thank You for all the hard and somwetimes tedious work you guys do! As a counselor the data that is collected helps me to do my job in a thorough manner. Keep up the GREAT WORK!	1
Thanks for allowing my participation in the survey, and I believe that providers should be apart of the committee actions. Please forward the outcome of the questionnaire.	1
The questions about Cal Works and about Mental Health Dx are misleading - so many people do not identify with either at admission, so your statistics get mis read. Our CalOMS stats for how many of our current clients (snapshot) have MH Dx is 15%. We can look at the case loads and identify 50+5. Many people come here and we shed them to JA / CalWORKS, so end up in that program but do not start in it. Thanks for asking our opinions!	1
This is a perinatal substance abuse program	1
Too many outcome measurement elements does not serve a useful purpose and subtracts from the overall goal of the program.	1
We have recently had difficulty pulling outcome data for our Parole clients who are not part of SACPA. It ould be great to have a breakdown of that population. Also, since much of the same data is required for the SRIS (SACPA) reports, it would be great if the CalOMS reports could be modified to meet the needs of SRIS, so that we don't have duplicate entry. Thanks.	1
We need to explore additional outcomes that are not captured by CalOMS to get really meaningful outcome data	1
We need to track outcomes for parole clients who are NOT part of SACPA. Currently we cannot separate these parole clients from the CalOMS data base, and it is important for us (to maintain contract compliance) to be able to do so. THANKS!	1
No Comment Provided	49