STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

ARNOLD SCHWARZENEGGER, *Governor*

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 445-7456

ADP BULLETIN

Criteria for Discharging Treatment Clients using the CalOMS-Tx Completion Discharge Statuses

Deputy Director Approval *Millicent Gomes* *Deputy Director* *Office of Criminal Justice Collaboration*	Function: [X] Information Management [ ] Quality Assurance [X] Service Delivery [ ] Fiscal [ ] Administration [ ]	Issue Date: April 22, 2010 Expiration Date: NA Supersedes Bulletin/ADP Letter No.	Issue No. 10 - 04

PURPOSE

This bulletin provides *minimum* criteria for conducting a "treatment completion" discharge in the California Outcomes Measurement System – Treatment (CalOMS-Tx). Assessment of any given client could reveal additional issues (criminal justice, risk behaviors such as needle use, health problems, or mental health issues) that must be addressed, in addition to these minimum completion criteria prior to treatment discharge. Therefore, providers are expected to include other important measures relevant to client functioning in determining treatment completion.

The completion criteria in this bulletin were developed by the Data/Outcomes Committee, which consists of representatives of the County Alcohol and Drug Program Administrators Association of California (CADPAAC), the University of California, Los Angeles' Integrated Substance Abuse Program (UCLA ISAP), and the Department of Alcohol and Drug Programs (ADP).

Treatment Completion Definition

For the purpose of consistent data reporting of treatment completion, each client must meet the minimum criteria identified in this bulletin: reduced drug use or abstinence; social support participation; and has achieved a length of stay sufficient for the client to have obtained the maximum possible benefit from participation in the treatment program. In general, a client has successfully completed treatment when these three criteria are met.

DISCUSSION

This bulletin expands on Bulletin 08-08, *Guidelines to Clarify Procedures for Collection of Admission and Discharge Data for the California Outcomes Measurement System – Treatment (CalOMS-Tx) by defining criteria for using the "Completed Treatment" CalOMS-Tx discharge codes under each of the following circumstances:*

a. Completion of a single treatment service set where the client will be transferred to another level of treatment;

b. Completion of a single treatment service set where the client will not be transferred to another level of treatment; and

c. Completion of the last service of a treatment episode consisting of multiple planned treatment service sets where the client will not be transferred to another level of treatment due to completion of treatment goals.

Minimum Standards for Treatment Completion

The two "completed treatment" discharge status codes in CalOMS-Tx are:

- ✓ Code 1. Completed Treatment/Recovery Plan Goals – Referred
- ✓ Code 2. Completed Treatment/Recovery Plan Goals – Not Referred

The "completed treatment" discharge codes should only be used for discharging clients from the following types of services:

1. regular or intensive outpatient;
2. short-term residential;
3. long-term residential; and
4. narcotic replacement therapy(NRT)/outpatient methadone maintenance (OMM).

Detoxification does not constitute complete treatment. A successful detoxification service is measured in part by the engagement of the client in further treatment (e.g. residential or outpatient services). Providers are expected to make every effort to refer and connect clients to another level of treatment once they have completed detoxification. For clients who have gone through detoxification, as planned by the provider, and who are being referred for additional treatment services, providers must use discharge code 1 (discharge code 2 should *never* be used for detoxification discharges).

Criteria for Using Discharge Code 1 – Applicable to "a" on Page 2

Discharge code 1 (complete and referred) should only be used for intensive outpatient, short-term residential, long-term residential, and NRT/OMM; code 1 should not be used for regular outpatient because regular outpatient is a less intense treatment that should occur as the client's final treatment service.

The criteria below apply to treatment completions where the client is being referred/transferred for further treatment:

1. The client reduced the number of days s/he used their primary drug from admission to discharge.

2. The client increased the number of days s/he participated in social support activities from admission to discharge.

3. The client has remained in the treatment level until s/he achieved the maximum possible benefit from that level; i.e. client is no longer benefiting from the current treatment level and will step up to a more intense level or step down to a less intense treatment level.

Criteria for using Discharge Code 2 – Applicable to "b" and "c" on Page 2

Discharge code 2 applies to these circumstances:

- The client's treatment plan only included one service type and the client has met the criteria for discharge code 2; or

- The client's treatment plan included multiple service sets, s/he is completing his/her last planned treatment service, and has met the criteria for discharge code 2.

The criteria for discharge code 2 are defined below:

1. The client has not used her/his primary drug, secondary drug, or alcohol (abstinence) in the 30 days prior to the discharge interview.

2. The client has increased the number of days s/he participated in social support activities from admission to discharge. This criterion may not always apply to discharges from NRT/OMM since such services span many years and clients may report a higher number of social support days at admission than discharge.

3. The client has remained in treatment until s/he achieved the maximum possible benefit from treatment; i.e. client is no longer in need of treatment. Research indicates that clients who remain in outpatient programs for an average of 90 days are more likely to have positive outcomes at discharge and maintain recovery. However, this does not apply to all treatment service types and some clients may realize their treatment plan goals in less than 90 days while others may require longer treatment stays.

If a regular outpatient client does not meet the minimum criteria identified for discharge code 2 then s/he should either: A) remain in the program until the completion criteria are met, or B) be referred and transferred (under a "left before completion" code) to a more intensive level of treatment such as intensive outpatient or residential.

If the criteria identified for discharge code 1 or 2 have not been met, then the discharge cannot be reported under these completion discharge codes in CalOMS-Tx. Rather,

such discharges would be “left before completion” discharge codes. Refer to ADP Bulletin number 08-08 and select from discharge codes 3 to 8, whichever best reflects the circumstances under which the client was discharged from the treatment service set.

Note for clarification regarding specific funding:

A CalOMS-Tx discharge should not be reported if the funding used to provide treatment is changing and the client is continuing in the treatment service/level of care in which s/he has been enrolled. All clients should be discharged according to either the completion criteria identified in this bulletin or according to the discharge protocols provided in ADP Bulletin 08-08, whichever reflects the circumstances under which the client is being discharged.

Key Terms

A number of terms relevant to the criteria discussed in this bulletin are defined below.

Abstinence

Client ceases to use alcohol or other drugs completely. Abstinence is determined using the *primary drug frequency of use, secondary drug frequency of use,* and *alcohol use frequency* CalOMS-Tx data elements. Abstinence is achieved when the client reports zero (0) when asked the questions that correspond to each of these three data elements (refer to the CalOMS-Tx Data Collection Guide for question wording) during their discharge interview. Abstinence and clients admitted to treatment from a controlled environment:

> Clients who enter treatment from jail, prison, or some other controlled environment may report zero (0) when asked how many days they used (primary drug, secondary drug, and/or alcohol) in the thirty days preceding admission. Ask the client what his/her frequency of use was during the 30 days prior to admission; do not ask the client for frequency of use prior to entering a controlled environment. All CalOMS-Tx outcome questions must collect information about the 30 days immediately preceding the CalOMS-Tx interview. A client who reports zero (0) use days at admission meets the abstinence criteria for discharge if s/he reports zero (0) use days at the time of their discharge interview.

Reduced Alcohol and Other Drug (AOD) Use

Reduced AOD use is when the client has reduced the frequency with which they use their primary drug, but is not abstinent. Reduced use is to be determined using the *primary drug frequency of use* CalOMS-Tx data element. A client has reduced use of their primary drug when the number of days they reported using their primary drug at admission to treatment is greater than the number of days they report using their primary drug at the time of their discharge interview.

Reduced Use or Abstinence and Clients who Have Prescriptions:

The criterion to either reduce AOD use or abstain from AOD use should be applied to substances the client is abusing or is addicted to. Each client's primary and secondary drug (if applicable) reported to CalOMS-Tx should be substances the client reports his/her use of as problematic. If a client is prescribed medication and is using his/her medication appropriately, then the medication should not be reported as the primary or secondary drug problem and should not be considered when determining if the client has reduced use of their primary and secondary drugs. If the client is abusing his/her prescription medication, then the prescription should be reported as the client's primary or secondary drug.

Social Support Participation

Participation in social support recovery activities means participating on one or more days in a given 30 day period in one of the following activities: twelve-step meetings, religious/faith-based recovery or self-help meetings, other self-help meetings, and/or interactions with family members or friends supportive of recovery. A client has increased participation in social support when the number of days they report participating in social support activities at admission is lower than the number of days they report participating in social support activities at the time of their discharge interview.

However, some clients enter treatment reporting a high number of days of social support participation at admission and maintain the same number of days in social support participation at discharge; other times clients report fewer days of social support at discharge. Therefore, the client has met the social support participation criterion if s/he had four or more days (weekly participation) of social support participation in the thirty days prior to their discharge.

Treatment Plan

Treatment providers are expected to develop a treatment plan based on an assessment of client needs during the treatment admission process. Every client should have a treatment plan based on his/her needs as identified from an assessment. The client should remain in treatment until s/he has achieved the maximum possible benefit from treatment; i.e. client is no longer in need of intensive treatment. The treatment plan may or may not include moving the client through various types and/or levels of treatment services. The treatment plan should include specific goals (e.g. detoxification, admission to outpatient treatment, group counseling once per week, and abstinent n days at discharge) that are necessary for the client to complete the intensive treatment phase and move to a lower level of treatment or into recovery.

Treatment Service Set

A treatment service set is an admission to and discharge from one of the seven CalOMS-Tx service types (e.g. outpatient). A treatment service set is a component of a treatment episode.

Treatment Episode

As defined in the *CalOMS-Tx Data Collection Guide* and ADP Bulletin 08-08, a treatment episode is a planned series of treatment service sets occurring consecutively (no more than 30 days between service sets), e.g., admission to and discharge from detoxification, followed by admission to and discharge from outpatient services. However, a treatment episode may also be a single treatment service set, e.g., admission to and discharge from outpatient treatment with no further AOD treatment services planned for the client.

REFERENCES

1. ADP Bulletin 08-08: *Guidelines to Clarify Procedures for Collection of Admission and Discharge Data for the California Outcomes Measurement System – Treatment (CalOMS-Tx)*

2. CalOMS-Tx Data Collection Guide

3. CalOMS-Tx Web-Based Training http://www.adp.ca.gov/Data/wbt.shtml

4. CalOMS-Tx Data Compliance Standards

5. Treatment Improvement Protocol 45: Detoxification & Substance Abuse Treatment

QUESTIONS/MAINTENANCE

For further information related to CalOMS-Tx data collection refer to the CalOMS-Tx website through ADP's website:

1. Navigate to ADP's website: http://www.adp.ca.gov;

2. Click the green tab labeled "Data Systems" toward the top of ADP's homepage;

3. Click the "CalOMS Treatment" link, just below "Active Data Systems".

You may also contact ADP's CalOMS-Tx Help Desk by phone (toll free) at 1-877-517-3329 or at (916) 327-3010, or by e-mail at CalOMShelp@adp.ca.gov

EXHIBITS

Exhibit A: Example Scenarios for Application of CalOMS-Tx Completed Treatment Discharge Codes

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