

## Regional Calms Users' Group Meetings In 2008

### List of Discussed Expectations/Issues/Concerns Raised from the Counties

ISSUE	RESOLUTION
<ul style="list-style-type: none"> <li>▪ Counties need assistance with <b>SACPA clients</b> being referred and being transferred, in conjunction with being discharged and readmitted into TX. They also get confused over transfers of funding source and treatment episode issues. (Not sure how they are linking referral and transfer to the same client.)</li> <li>▪ Referral and funding source can be different. How do we account for both?</li> </ul>	<p>Convicted SACPA clients should be discharged from their initial TX as successful (do not use completion), and be re-admitted into their new TX facility as a TRANSFER admission and change the source of referral to SACPA.</p> <p>Yes, referral and funding source are different. However, CalOMS TX does not currently collect funding source. See Data Collection Guide – Section 6.4 for instructions on Source of Referral. Refer to the top of page 16 of the Data Collection Guide under source of referral- "Special instructions for SACPA."  <a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a></p>
<ul style="list-style-type: none"> <li>▪ What are the rules of data collection for SACPA Clients who become eligible after they have been admitted?</li> </ul>	<p>If a client becomes SACPA eligible after being admitted in TX in CalOMS, then discharge the client (please note that the discharge status should not be completed) and then send in an admission record for the client using the date the client became SACPA eligible. In the "admission transaction type" field, the provider should mark "transfer or change in service", and should use the appropriate SACPA referral in "referral source" field (SACPA probation or SACPA parole).</p>
<p><b>Intake/Collection of Admission Data.</b></p> <ul style="list-style-type: none"> <li>▪ Some counselors need to establish trust with their clients first, believing that one-on-one time is more important than spending the time getting quality data in answering each data question.</li> </ul>	<p>Counties are responsible for training their staff, counselors, and providers on the importance of accurate CalOMS TX data collection. Counselors need to know that if they don't accurately reflect client responses, the admission to</p>

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<ul style="list-style-type: none"> <li>▪ Some data entry clerks/counselors do not understand the value and importance of quality data.</li> <li>▪ One county reiterated the importance of training, motivating providers to re-enter correct (quality) data at the client/provider level, even after the face to face.</li> </ul> <p><b>Admission</b> <i>"INPUT"</i> data....what's right way to interpret the CalOMS TX question?</p>	<p>discharge change (outcomes) will be inaccurate. Taking the Web Based Training (WBT) regarding CalOMS TX interviews is beneficial.(See Chapter 3, The Interview Process)</p> <p><a href="http://apps.adp.ca.gov/calomswbt/">http://apps.adp.ca.gov/calomswbt/</a></p> <p>Page 10 of the Data Collection Guide goes into detail of what is collected at Admission, and page 10 of the Data Dictionary gives data element details for admission data.  <a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a>. Also use the WBT.</p> <p>The Data Collection Guide is designed to provide counties and direct providers with guidelines for collecting TX data for CalOMS. Behind the Guide are two appendices related to CalOMS TX. Appendix D lists each data element and requirements it fulfills and Appendix E lists each data element, the question that should be asked for each data element, and when each date element must be reported.</p> <p>If a client becomes more trusting and consequently admits that some of his answers to the CalOMS TX questions were incorrect, the counselor should resubmit the admission (re-submission of admission) with the corrected information.</p> <p>The CalOMS TX Web-based Training lesson on CalOMS TX interviews (Chapter 3, The Interview Process) captures the importance of collecting data for those staff counselors and entry clerks who don't know why the CalOMS TX questions are collected, and the significance of what they collect.</p> <p>For example, the intake question (SOC-5) on number of children the <u>client</u> has that are aged 17 or younger (birth, adopted, or who has legal guardianship over) should not be interpreted to include your boyfriend's children living with you, or your siblings or friends who are living with you.</p>

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<ul style="list-style-type: none"> <li>▪ <b>Duplicate Data Collection.</b> There were counselors admitting they were using their best guess when answering data questions (e.g., client was under the influence or unavailable), as well as some challenges of duplicate data being asked.</li> </ul>	<p>Another example would be medication prescribed as a part of TX,0 (MED-7). This field should include only medication the client is taking as part of TX, and should not include birth control pills, high blood pressure or any other non-TX medication.</p> <p>If the client's answers change once they become sober-on data collection- the information should be corrected and resubmitted. Please also review Section 8.1 for discharge data. Appendix F in the data collection guide determines which questions/elements collected for the matching admission can be used to pre-fill the discharge record. Questions not included in Appendix F MUST be asked again at discharge.</p> <p>Please read the ADP bulletin # 08/08 on our website at <a href="http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf">http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf</a>.</p> <p>To address duplicate data collection, please meet with your administrator to possibly streamline your business processes.</p>
<ul style="list-style-type: none"> <li>▪ <b>Consistency with the data-</b> Some counties requested incorporating the CalOMS TX data questions with the Addiction Severity Index (ASI).</li> </ul>	<p>ADP must collect data as a requirement of our federal block grant. Although there may be some similarities between the ASI and CalOMS TX, ADP does not require ASI. Please ask and answer the CalOMS TX questions as outlined in the Data Collection Guide (Section 6 for admission data, Section 7 for Annual Update data and Section 8 for Discharge data).</p> <p><a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a></p>
<p><b>Primary Drug</b> There was a discussion of primary drug code at admission and the primary drug code at discharge.</p> <ul style="list-style-type: none"> <li>▪ What Document gives us a listing of the drug codes?</li> </ul>	<p>Please refer to Section 6.17.2 of the Data Collection Guide under "Primary Drug Name Listings" for a complete list of primary drugs and their street names. (page 31) The Data Dictionary explains the values used in each field beginning on page 23.</p>

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<ul style="list-style-type: none"> <li>▪ How do we make comparisons from Admission to Discharge when the drug of choice changes --for example, from meth to alcohol as the client quits one, but not the other? How do we show improvement in the outcomes?</li> </ul>	<p><a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a></p> <p>In the CalOMS TX Outcome Reports the results are aggregated; they are not compared on an individual basis. Currently there is no report that shows a comparison of outcomes for clients who's drug changes between admission and discharge. However, you can fill out a Research Service Request (RSR) through the Office of Applied Research and Analysis (OARA) for specific data for your county.  <a href="http://www.adp.ca.gov/oara/pdf/RSR_Form.doc">http://www.adp.ca.gov/oara/pdf/RSR_Form.doc</a></p> <p>ADP does not have consensus for showing outcomes for clients whose primary drug of choice changes from admission to discharge.</p>
<p><b>Frequency of AOD use. Frequency of use definitions examples:</b></p> <ul style="list-style-type: none"> <li>▪ Primary drug use 30 days before treatment. Does it matter that the client has been in a controlled environment such as jail or a residential facility before TX?</li> </ul> <p>When we collect the information for heroin use and IV use, are we answering the question twice? How is it different?</p>	<p>Primary drug use must be counted 30 days prior to entering the TX facility, regardless of whether they were in a controlled environment (jail or residential facility).</p> <p>Heroin and IV use are two different things. Heroin is a specific drug, whereas IV is used to inject a variety of drugs.</p>
<p><b>Source of Referral Issue</b></p> <p>Can we use "self" as a referral source when we know that the client was referred from a criminal justice agency?</p>	<p>As a general rule, if the client has a criminal justice status, they should have a criminal justice referral, and one of the criminal justice selections should be made. (Section 6.4, page 15, in the Data Collection Guide goes over Source of Referral). However Yes, you can use self as a referral, if the client does not have a criminal justice status. In the event you have conflicting information, use the client's administrative paperwork.</p>

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	<a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a>
<p><b>Data Collection Guide:</b></p> <p>The Data Collection Guide needs improved definitions and scenarios of “referral.”</p> <ul style="list-style-type: none"> <li>▪ Please make it available as a MS Word documents, As well as a PDF, so counties can cut/paste the needed information into their own systems.</li> <li>▪ Please provide links between what the Data Collection Guide and the Data Dictionary to show consistency, relevance and detailed explanations.</li> </ul>	<p>ADP is in the process of adding an example or a scenario to some of the definitions for a clearer understanding of interpreting the major definitions.</p> <p>The ADP bulletin issued 9-16-08 regarding protocols and guidelines for collecting CalOMS TX data from clients when they are admitted and discharged will be included as part of the Data Collection Guide.</p> <p><a href="http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf">http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf</a></p>
<p><b>Discharges-</b>Counties need assistance with defining an administrative discharge and TX completions, as well as satisfactory/unsatisfactory progress.</p>	<p>Section 8.2 of the Data Dictionary, page 78, discusses the types of discharge. DIS-2) shows status 1: Completed treatment/recovery plan, goals/referred and 2: Completed treatment/recovery plan, goals/not referred as completed treatment., regardless if the client left early but is successful in staying clean and sober.</p> <p><a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Dictionary_4-2008.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Dictionary_4-2008.pdf</a></p> <p>On page 79 of the Data Collection Guide, it explains (3) left before completions with satisfactory progress/referred, (4) Left before completion with satisfactory progress and was not referred, and (5)-left before completion with unsatisfactory progress/referred.</p> <p><a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a></p> <p>Please also refer to ADP bulletin # 08/08 for discharge definitions, guidelines and TX completions.</p> <p><a href="http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf">http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf</a></p>

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<p>Counties are dealing with the issues of <b>personnel change-over</b>, so there needs to be consistent re-training.</p>	<p>Counties are responsible for training their staff and their providers, and to keep them up to date with the latest revisions of CalOMS TX. The web-based training is available 24/7 and explains everything you need to know about CalOMS TX. Encourage all staff to use the training and receive a certificate at the end of each module. Encourage staff to read and be familiar with all CalOMS TX documents available on ADP’s website. You may also call your ADP liaison for assistance and to answer any questions you may have.</p>
<p><b>Homeless Issue:</b></p> <p>Please provide a clearer definitions of living arrangements, specifically:</p> <ul style="list-style-type: none"> <li>• Street versus someone else’s home. Is living on someone’ couch a residence, homeless, or transient</li> <li>• What about after they are discharged? Leaving a residence to become homeless (after discharged from TX) may be a “good” outcome if leaving behind old habits and drugs in previous home.</li> </ul>	<p>Section 6.22.2 of the Data Collection Guide details current living arrangements of “homeless,” “dependent living,” and “independent living.”</p> <p>Living on someone’s couch is “dependent living”. Living on the streets is “homeless.” “Independent living” is paying rent or paying someone to live at a residence.</p> <p>If a client leave a residence to become homeless in order to avoid relapse of their habit or addiction, by definition they are considered “homeless” and need to report it as such. ADP is looking at the story the data tells us –including the positive and negative outcome that it could have.</p>
<p><b>How do you capture a transfer in CalOMS TX?</b></p>	<p>Section 3.1.2 (ADM-2) is the admission transaction type that is used to indicate the type of admission, whether it be an initial admission a TRANSFER, or a change in service. Typically, to capture a transfer in service, an initial admission is discharged, and re-opened with a new admission, with the transaction type as a (2) transfer or change in service, so that the client’s progress and changes during treatment can be tracked from one modality to the next. When a client transfers from one service modality to</p>

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<p><b>What is an Episode in CalOMS TX?</b></p>	<p>the next the admission data must be marked as a transfer and Section 6.2, page 11 of the Data Collection Guide defines a transfer or change in service.</p> <p><a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a></p> <p>Typically a TX episode is a planned series of TX service types occurring consecutively, e.g., admission to and discharge from detox followed by admission to and discharge from outpatient services. However, a TX episode may also be a single TX service, e.g., admission to and discharge from outpatient TX with no further AOD TX services planned for the client. Please see page 3-page 6 of the 9-16-08 ADP Bulletin.</p> <p><a href="http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf">http://www.adp.ca.gov/adpltrs/pdf/ADP_Bulletin_08-08.pdf</a></p>
<p>Counties need assistance in understanding the values for each data element. <b>“Unknowns”</b> and “unable to answer” values—what’s allowed and what is not.</p>	<p>The 5 digit alternative values and their descriptions are found on pages 6 and 7 of the Data Collection Guide.</p> <p>99900-Declined to State  99901-Unknown or Not Sure/Don't know  99902-Not Applicable  99903-Other  99904-Client unable to answer.</p> <p><a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a></p> <p>The Data Collection Guide also describes the “Unknown” Value (99901)- at the top of page 44, under Section 6.17.1</p>
<p><b>Web Based Training (WBT) Information to providers.</b> Can counties see the providers who have taken it?</p>	<p>You can print out certificates as proof that training has been taken. These certificates can be faxed to supervisors.WBT- helps with counselor training and assists in how to conduct client interviews.</p>

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<p><b>Data Quality and Compliance Report (DQCR)</b>            Counties need assistance in understanding why their <b>admission to discharge ratio</b>-is too low.</p>	<p><b>Discharge/Admission Ratio:</b> When looking at the Data Quality and Compliance Report, the number in this row for each month on the report represents the proportion of the number of discharges submitted and accepted for a particular month to the number of unique admissions submitted and accepted for the same month. The ratio is established by dividing the number of discharges received for a specific month by the number of unique admissions received for the same month. Please note, that if an admission or discharge was resubmitted several times, it would only be counted once.</p> <p>The ratio should be interpreted in the following manner:</p> <ol style="list-style-type: none"> <li>1. '1' indicates that an equal number of unique admissions and unique discharges was submitted for a particular month</li> <li>2. A value that is greater than '1' indicates that more unique discharges than unique admissions were submitted for a particular month</li> <li>3. A value that is less than '1' indicates that the number of unique admissions submitted for a particular month is greater than the number of unique discharges</li> </ol> <p>ADP does not currently have established guidelines for the acceptable discharge/admission ratio. However, currently, management expects the ratio to hover around 0.95.</p>
<p><b>Will ADP be hosting a web based data collection system for smaller counties? If so, when?</b></p>	<p>ADP is looking at a potential solution to roll out statewide, but nothing is scheduled for the near future.</p>
<p><b>PSN Issue-</b> What does PSN stand for?</p>	<p>In CalOMS TX, PSN stands for Parolee Services Network, and does NOT stand for perinatal services network. Only 17 counties have approval to use this funding source. A list of these counties is attached. If a provider has not been</p>

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	approved by ADP to provide these services, and use the PSN field code, the record will reject.
<b>Some Providers</b> have different services under the same provider ID numbers, such as perinatal, youth or Outpatient Drug Free, making it difficult to separate these populations in the reports.	The CalOMS reports are designed to aggregate data by the provider ID, not according to the types of services the provider offers. CalOMS TX does have outcome reports available that can be generated by special population, but it may not meet all the providers reporting needs at this time.
<b>Special Service Contracts:</b> Services outside the county issues.	Special Service Contracts are assigned by ADP and counties must call ADP to receive these numbers. Any unauthorized number will result in a rejected record. Clients get counted through the location of the <u>Service</u> , not their residence. Please refer to Section 6.9 of the Data Collection Guide that details Special Service Contracts (ADM 11).  <a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a>
<b>Provider becoming a Direct Provider:-</b> Issue of new Direct not having a vendor, and wanting to continue to use the county's system.	The Direct County Provider is responsible for submitting their data to ADP. However a County can still have a contract with the County Direct Provider to provider those reporting services. You may contact ADP for more information.
<b>Outcome Reports</b> We need to get <b>feedback from reports</b> –from our staff—and sit down and go over them and explain them to providers.	The web based training will soon go on-line with training in how to create and interpret CalOMS TX reports. Due to current budget constraints, further travel to counties for one-on-one training is not likely in the near future, but may continue at a later date. Report Use and Interpretation Guides for the Data Quality and Compliance, Open Admission, and Error/Details Reports is forthcoming.
<b>Errors in the data</b> One county stated that 60% of their errors were due to counselor data entry. Some were system errors,	Counties must try their best to fix all rejected records before it becomes overwhelming. –Try to start with current errors (last 30 days) and move backward, so at least moving forward, the errors are not continuing. Inaccurate data

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but mostly due to inaccurate data entry.	should be corrected and resubmitted as a resubmission.
<p><b>Data Submission and Rejection</b>-Counties need assistance with the CalOMS TX rejected errors.</p> <ul style="list-style-type: none"> <li>▪ Some counties are not aware that they should correct and resubmit their rejected records.</li> <li>▪ Counties need assistance in understanding the error codes</li> </ul> <p>(On the next page is a list of most common Error Codes made my counties)</p>	<p>Review the Error and Submissions detail report soon after the batch submission and fix your rejected records. The Error and Submission Detail Report, is the companion to the Data Quality and Compliance Report because it explains who is making errors (which provider) and what the errors are. Many rejections are duplicate admissions and resubmissions of admissions. These errors occur because a record is being submitted that exactly matches an admission that has previously been accepted by CalOMS. To edit an admission and resubmit the admission (as a 2) one of the matching data elements on an admission must be changed.</p> <p>This also applies to errors in discharges, where the data does not exactly match the accepted CalOMS admission record. An error of a discharge record because there is no matching admission found can also occur because the discharge record might have been submitted before the admission record was submitted and/or accepted. There must be an exact match to have a competed data set. Call your liaison if you have questions.</p>

## The majority of the counties had trouble with the following error codes:

<p>ADU-1B :In <b>error code 234</b>, what are the "allowable values" for Primary Drug Name.</p>	<p><b>Error code 234</b> means that the 'Primary Drug name is invalid-allowable value not provided.' In the Data Dictionary, page 23 (current version) it explains that an allowable value must be provided. The "allowable values" you are requesting for a primary drug name can be found in the Data Collection Guide, page 31 (current version), starting at section 6.17.1 for a complete listing of Primary Drug codes.</p> <p><a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf</a></p>
<p>ADU-5B : In <b>error code 246</b>, what are the "allowable values" for Secondary Drug Name.</p>	<p><b>Error code 246</b> means that the 'Secondary Drug name is invalid-allowable value not provided.' In the Data Dictionary, page 29 (current version) it explains that an allowable value must be provided. <a href="http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Dictionary_4-2008.pdf">http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Dictionary_4-2008.pdf</a></p> <p>The "allowable values" you are requesting for a Secondary Drug name can be found in the Data Collection Guide, page 44 (current version), starting at section 6.17.2 for a complete listing of Secondary Drug name rules and validation values.</p>
<p><b>NOTE:</b></p>	<p>As a side note, counselors/data entry clerks – not realizing there is a comprehensive list of drug code names (including a comprehensive list of street names that can be rolled up under a particular drug name), tend to use the "free form text box", where you can write in a drug name, when there is a code for that drug that is not otherwise being captured. Counties and providers need to be informed that these codes exist and to use them as much as possible.</p> <p>Counties have complained that the vendor, INSYST- does not provide a detailed drug code pick-list (ADP's list is not detailed), it would be good to implement one to reduce the reporting errors. ADP will look into this issue.</p>
<p>LEG-6 : <b>Error 550</b> requires list of valid Parolee Services Network providers. Can ADP provide the list?</p>	<p>There are only 17 Counties that have valid Parolee Service Network (PSN) clients. Any of the other counties will error out if they try to say they have these clients if they are not approved. However, each of these 17 Counties allocates these funds to their providers and give ADP a list of those providers the County has allocated them to. If a provider that is NOT one of those 17 providers and tries to say a client is a PSN client, an error will occur, because that provider is not one of the providers we have on file. If there are updates to be made to a provider receiving funding as a PSN provider, but the Master Provider File does not show them as a PSN provider, then it needs to get corrected. If the provider is sending in PSN client data – and the provider is not designated as receiving PSN funds, the error will continue. For further questions regarding PSN or FOTP clients, you may call or email Kurt Klemencic, who works in the Office of Criminal Justice and Collaboration at 916-327-2112. A list of the 17 participating counties and their assigned PSN liaisons is attached. For updates, please refer to ADP's website at:</p> <p><a href="http://www.adp.ca.gov/ParoleeServices/contacts.shtml">http://www.adp.ca.gov/ParoleeServices/contacts.shtml</a></p>

<p>LEG-7 : <b>Error code 570</b> requires list of valid Female Offender Treatment Program (FOTP) providers. Can ADP provide the list?</p>	<p>This is the same issue as the PSN clients. The FOTP is a separate funding code and source that must only be used to those providers who receive these funds.</p> <p><b>Note: The FOTP program is only funded in the counties of Los Angeles, Orange, Riverside, and San Bernardino. -- see FOTP fact sheet:</b>  For future updates, please refer to ADP's website at  <a href="http://www.adp.ca.gov/FactSheets/FemaleOffenderTreatmentProgram.pdf">http://www.adp.ca.gov/FactSheets/FemaleOffenderTreatmentProgram.pdf</a></p>
<p><b>FSN Issue</b>-Not matching error-not that black and white. Counselors don't always go back 6+ months and resolve those 2 records.</p>	<p>Keeping track of open admissions and fixing rejected records are a must-to ensure quality data is reported.</p>

## COUNTY PSN COORDINATORS CONTACT LIST

[Last revision: January 9, 2009]

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Sonoma	Cathleen Wolford (Interim Coordinator)	(707) 565-6949	<a href="mailto:cwolford@sonoma-county.org">cwolford@sonoma-county.org</a>	(707) 565-6964
	<i>Alternate Contact: David Sheaves</i>	(707) 565-6948	<a href="mailto:dsheaves@sonoma-county.org">dsheaves@sonoma-county.org</a>	

***FEMALE OFFENDER TREATMENT PROJECT  
Participating Counties and Programs***

**Los Angeles County:**

Behavioral Health Services-

Site address: 2501 W El Segundo Blvd., Hawthorne, CA 90250

Corporate office address: 15519 S Crenshaw Blvd., Gardena, CA 90249

Cri-Help, Inc.-

Site address: 11027 Burbank Blvd., North Hollywood, CA 91601 **and** 5110 Huntington Drive, Los Angeles, CA 90032

Principles, Inc.-

Site address: 1680 North Fair Oaks Avenue, Pasadena, CA 91103

Substance Abuse Foundation of Long Beach, Inc.-

Site address: 3125 East Seventh Street, Long Beach, CA 90804

**Orange County:**

Phoenix House-1207 E Fruit Street, Santa Ana, CA 92701

Hope House-714 N Anaheim Blvd., Anaheim, CA 92805

**Riverside County:**

Desert Rehabilitation Services, Inc.-Hacienda Valdez, 12890 Quinta Way, Desert Hot Springs, CA 92240, (760) 329-2924, fax (760) 329-0169.

**San Bernardino County:**

Cedar House Rehabilitation Center-18612 Santa Ana Avenue, Bloomington, CA 92316