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**Department of Healthcare Services**

**Substance Use Disorders**

**Prevention, Treatment and Recovery Services Division**

**Policy and Prevention Branch**

**California Outcomes Measurement Service for Prevention (CalOMS Pv)**

**DATA QUALITY STANDARDS**

***Version 1.0
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**California Outcomes Measurement Service for Prevention (CalOMS Pv)**

**Prevention Data Quality Standards**

The Department of Healthcare Services (DHCS) has established data quality standards for the California Outcomes Measurement Service for Prevention (CalOMS Pv). All counties and subcontracted providers funded with Substance Abuse Prevention and Treatment Block Grant (SAPT BG) dollars for primary prevention services are required to report data that meet the terms of the State-County Contract. The State-County Contract states that the “contractor shall comply with the prevention data quality standards established by the State. Data quality standards are intended to provide counties and providers with clear expectations about the quality of data submitted to the State. In order for the State to assess the quality and consistency of data, data standards are necessary.[[1]](#footnote-1)”

Adhering to data quality standards is critical for the following reasons:

* The data is used to meet federal reporting requirements for the annual SAPT BG application that funds alcohol and other drug (AOD) primary prevention efforts statewide.
* The SAPT BG application requires quantitative data on:
	+ number of persons served;
	+ demographics of the persons served;
	+ risk levels of persons served (Institute of Medicine [IOM] categories);
	+ populations served;
	+ Center for Substance Abuse Prevention (CSAP) Strategies utilized;
	+ number of evidence-based programs being implemented; and
	+ the amount of SAPT BG funds utilized for each of the CSAP Strategies.
* The CalOMS Pv system is a data-sharing resource. The data must be reliable as it is extracted for other uses such as national, state, and local reports, and statistical information to support local prevention efforts and funding.

The CalOMS Pv data quality standards require that:

1. Quality data is timely.
2. Quality data is logical.
3. Quality data is accurate.
4. Quality data is complete.
5. Quality data is valid.

**Standard 1:** **Quality Data is Timely.**

Counties and providers are required to:

1. Report service/activity by the date of occurrence on an ongoing basis throughout each month. Data for each month must be entered into CalOMS Pv no later than the 10th day of the following month. The 10-day grace period is not to be used to input all of the data for the month.
2. Correct/edit data within thirty days of receiving recommendations from the DHCS Prevention Analyst.

Counties are required to:

1. Review and certify that data meets the Data Quality Standards on a quarterly basis.

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| Quarter | Certification Due to DHCS |
| 1 – July 1 to September 30 | October 31 |
| 2 – October 1 to December 31 | January 31 |
| 3 – January 1 to March 31 | April 30 |
| 4 – April 1 to June 30 | July 31 |

1. Report progress on Goals and Objectives annually for the previous fiscal year by September 30. Progress reports are required for Goals only if the status of the Goal is being changed from active to cancelled or completed.
2. Submit a Prevention Mid-Year Budget for the current fiscal year by January 31. Samples and current funding sources will be provided by DHCS.
3. Request an extension 10-days prior to an established due date if the date cannot be met.
4. Have an active and approved County Strategic Prevention Plan (SPP). The SPP must demonstrate that the County utilized the Substance Abuse and Mental Health Services Administration’s Strategic Prevention Framework (SPF) in developing the plan. The county must:
	1. Follow the DHCS guidelines provided in the Strategic Prevention Framework Plan Resource Document located in the CalOMS Pv Library.
	2. Begin preparing a new SPP at least 9-months prior to the expiration date of the current SPP.
	3. Submit a timeline to DHCS for completion of the SPP that includes proposed dates for submitting each section of the SPP. The sections are outlined in the Strategic Prevention Framework Plan Resource Document.
	4. Submit a draft to DHCS, based on the timeline, for each section of the SPP for review and approval.
	5. Submit to DHCS the final draft of the SPP no later than 30-days prior to the start date of the new SPP.
	6. Upload an electronic copy of the approved SPP into CalOMS Pv within 10-days of approval.
	7. Input the Problem Statements, Goals and Objectives from the SPP into CalOMS Pv no later than 10-days after the start date of the SPP.

**Standard 2:** **Quality Data is Logical**

1. The county must input the Problem Statements, Goals, and Objectives identified in the county SPP into CalOMS Pv and assign the Objectives to the appropriate provider sites to ensure that services reported in CalOMS Pv align with the county SPP.
2. Programs and strategies selected must relate to the Problem Statements, Goals, and Objectives identified in the county SPP.
3. Programs, Groups, Individual Participants, and types of Recurring Services must be set up correctly in CalOMS Pv as instructed by DHCS.
4. Single and Recurring Service activities must correspond with the Problem Statements, Goals and Objectives in the county SPP.

**Standard 3:** **Quality Data is Accurate**

1. New users are required to attend the CalOMS Pv web training that is administered by DHCS prior to inputting data into the system.
2. Programs must be correctly identified as evidence-based or local innovative.
3. Services/activities need to be classified correctly.

CalOMS Pv Users will accurately:

* 1. Identify services as Single (one-time) or Recurring (repeat) to avoid duplicating the number of persons served. Recurring Services are those that provide the same service to the same participants over a specific duration of time.
	2. Select the correct Center for Substance Abuse Prevention (CSAP) Strategy and Service Delivered for all Services/Activities.
	3. Report Services/Activities as demographic or non-demographic services.
	4. Select the correct Institute of Medicine (IOM) Category for Services/Activities to classify the risk level of the populations being served.
	5. The Service Population identifies only the persons engaged in the reported activity.
1. A Program must be created for every evidence-based program by location.
Example: Project Alert-Martin Luther King High School
2. Counties and provider sites must follow the guidelines for reporting Direct, Indirect and Administrative time set forth by the DHCS.
3. Counties and providers are responsible to edit data upon recommendations by the DHCS Prevention Analyst to ensure accuracy by the proposed deadline.

**Standard 4:** **Quality Data is Complete**

1. Program descriptions must describe the program, populations served, how often the program occurs, and where it is implemented (who, what, when, and where).
2. Group descriptions must describe the group’s specific characteristics categorized by location, risk levels, etc.
3. Service Descriptions for Single Services must be inclusive and support the CSAP Strategy, Service Delivered, IOM, Service Population and Location chosen.
4. Spell out acronyms entered into the Service Description that have not been defined within Program or Group descriptions.
5. The description for Identified Types of Recurring Services must describe the primary service being delivered.
6. Counties and providers must adhere to the guidelines set forth by DHCS for aggregating data into weekly Single Service entries.

**Standard 5:**  **Quality Data is Valid**

1. Data entered into CalOMS Pv must reflect primary prevention services only. SAPT BG Prevention Set-Aside funds must only be used for alcohol, tobacco and other drug (ATOD) primary prevention services. Services related to ATOD treatment, recovery, relapse, and/or secondary prevention services, mental health services, primary care services, or tobacco cessation services (list is not all inclusive) may not be paid for with the SAPT BG Primary Prevention Set-Aside dollars.
2. Data entered into CalOMS Pv must be truthful and maintain integrity for the State of California and the people we serve.
3. For confidentiality purposes, Service Descriptions must not include proper names or other personal identifying information as the data may be accessible to individuals outside the organization.
	1. Proper names and exact birthdates cannot be used for Individual Participants. A code or alternate identifier must be used for the name. January 1 must be used as the birthday along with the correct birth year for birthdates.
4. Back up documentation must be retained that supports the data entered into CalOMS Pv. This documentation will be required in the event of an audit.
1. American Health Information Management Association*. Data Standards, Data Quality, and Interoperability (AHIMA Practice Brief).* 2007*.* Retrieved from: [http://www.umass.edu/eei/2009Workshop/pdfs/Data%20Standards,%20Data%20Quality,%20and%20Interoperability.pdf](http://www.umass.edu/eei/2009Workshop/pdfs/Data%20Standards%2C%20Data%20Quality%2C%20and%20Interoperability.pdf) [↑](#footnote-ref-1)