

**CalOMS Data Element Matrix Version 4.9**  
**Data to be Collected and Reported by the Counties and Follow-up Entity**

<u>Group and Item Number</u>	<u>Instrmt. X-Ref</u>	<u>Data Element</u>	<u>Question</u>	<u>Notes</u>	<u>Value Codes</u>	<u>Allowable Values</u>	<u>Validation Rules</u>	<u>Maximum Character Length</u>	<u>Type (Nm/AI)</u>	<u>Adm</u>	<u>Dischg</u>	<u>X mo Flw Up</u>
<b>Client Identification and Demographic Data</b>												
CID-1	CADDS-3 TEDS	Unique Participant ID	Unique Participant ID	Data element derived from First and Last Name, Gender, and DOB. Should be system generated.	1 2	Last Initial: A-Z First Initial: A-Z Sex: Male Sex: Female Date of Birth: Month: 01-12 Day: 01-31 Year: 00-99	If invalid, drop to suspense.	9	A/N	X	X	X
CID-2	CADDS-4	Provider's Participant ID	Provider's Participant ID	Data collected at admission and confirmed at subsequent data collection points		A-Z, 0-9, blank, hyphen	no edit	10	A/N	X	X	X
CID-3	UCI-1 CADDS 1.2 TEDS	Gender	What is your gender?	Data collected at admission and confirmed at subsequent data collection points	1 2 99903	Male Female <b>Other</b>	If invalid, drop to suspense.	5	N	X	X	X
CID-4	UCI-2 CADDS 1.3 TEDS	Date of Birth	What is your date of birth ?	Data collected at admission and confirmed at subsequent data collection points		MM: 01-12 DD: 01-31 YYYY: 1899-1999	Must be at 5-105 years old. If date invalid, drop to suspense	10	N	X	X	X
CID-5	UCI-9 CADDS 1.1	Current first name	What is your current first name?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X
CID-6	UCI-8 CADDS 1.1	Current last name	What is your current last name ?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X
CID-7	UCI-10	SSN	What is your Social Security Number?	Data collected at admission and confirmed at subsequent data collection points		NNNNNNNN	If invalid, produce non-critical error.	9	N	X	X	X
CID-8	UCI-7	Zip code at current residence	What is your zip code at current residence?	Data collected at admission and confirmed at subsequent data collection points		00000-99999 (All zeroes = homeless)	If invalid, produce non-critical error.	5	N	X	X	X
CID-9	UCI-5	Birth first name	What is your birth first name ?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A/N	X	X	X
CID-10	UCI-6	Birth last name	What is your birth last name ?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A/N	X	X	X
CID-11a	UCI-3	Place of birth - County	What is your county of birth if born in California?	Data collected at admission and confirmed at subsequent data collection points. Collected if born in California	See county code list at end of matrix.	If born in CA, two-digit numeric county code. 99903 (other) if born outside CA.	If invalid, drop to suspense.	5	A/N	X	X	X
CID-11b	UCI-3	Place of birth - State	What is your state of birth if born within the United States but outside California?	Data collected at admission and confirmed at subsequent data collection points.	See state code list at end of matrix.	Two-digit alpha state code if born in U.S. but not in CA. 99903 (other) if born outside U.S.	If invalid, drop to suspense.	5	A/N	X	X	X
CID-12	UCI-13	Driver's license number	What is your driver's license number?	Data collected at admission and confirmed at subsequent data collection points		Alpha, NNNNNNN	If invalid, produce non-critical error.	8	A	X	X	X
CID-13	UCI-13	Driver's license state	For which state do you have a valid driver's license ?	Data collected at admission and confirmed at subsequent data collection points		AA-ZZ	If invalid, produce non-critical error.	2	A	X	X	X
CID-14	UCI-4	Mother's first name	What is your mother's first name?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X

Notes:  
\* Group codes are defined on the last page.  
\* Clients 17 years old and under do not answer outcome (MTOQ) questions. MTOQ items are not collected for detox clients at discharge.  
\* Items NOT BOLDED are carried over from existing CADDS as is. Items in BOLD are new questions for CalOMS or changes to existing CADDS questions.

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CID-15	CADDS-6 TEDS	Race	What is your race?		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 99900	White Black/African-American American Indian Alaskan Native Asian Indian Cambodian Chinese Filipino Guamanian Hawaiian Japanese Korean Laotian Samoan Vietnamese Other Asian Other Race <b>Mixed Race</b> <b>Client declined to state</b>	May choose up to 5 races. If 2 or more races provided, TEDS value should = Two or More Races. If invalid, drop to suspense.	5	N	X		
CID-16	CADDS-7 TEDS	Ethnicity	What is your ethnicity?		1 2 3 4 5 99900	Not Hispanic Mexican/Mexican Am. Cuban Puerto Rican Other Hispanic/Latino <b>Client declined to state</b>	If invalid, drop to suspense.	5	N	X		
CID-17	TEDDS Optional	Veteran	Are you a veteran?		1 0 99900	<b>Yes</b> <b>No</b> <b>Client declined to state</b>	If invalid, produce non-critical error.	5	N	X		
CID-18	CADDS	Disability	What type of disability do you have, if any?		1 2 3 4 5 6 7 8 99900	None Visual Hearing Speech Mobility Mental Developmentally Disabled Other Disability (not AOD) <b>Client declined to state</b>	May choose more than one. If invalid, produce non-critical error.	5	N	X		
CID-19	Privacy	Consent	Is there a consent form allowing future possible contact signed by the client on file within your agency?	Asked at Admission and confirmed at Discharge	1 0	<b>Yes</b> <b>No</b>	If invalid, produce non-critical error.	1	N	X	X	
<b>Transaction data</b>												
TRN-1	CADDS TEDS	Type of form	Type of form	Provider supplied information	1 2 3 4 5 6	Admission Correction to Admission Deletion of Admission Discharge Correction to Discharge Deletion of Discharge	Form dependency rules will apply as specified in the CalOMS requirements document. If invalid, produce fatal error.	2	A	X	X	X
TRN-2	None	Transaction Date and Time	Transaction Date and Time	System generated - date and time record is submitted to CalOMS		MM: 01-12 DD: 01-31 YYYY: 1999-2099 HH: 00-23 MM:00-59 SS: 00-59	Must be prior to today's date and time.	19	N	X	X	X

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TRN-3	CADDS-2	Form Serial Number	Form Serial Number	System generated		May be up to 8 characters	If invalid, produce fatal error.	8	A/N	X	X	X
<b>Admission Data</b>												
ADM-1	CADDS-14 TEDS	Admission Date	Date of Admission	Provider supplied information		MM: 01-12 DD: 01-31 YYYY: 1999-2099	Must be after January 1, 1999 and on or prior to today's date. <b>Must not be more than five years earlier than transaction date.</b> Must be prior to corresponding discharge date. If invalid drop to suspense.	8	N	X		
ADM-2	CADDS-15 TEDS	Admission Transaction Type	Transaction Type	Provider supplied information	1 2	Initial Admission, Transfer or Change in Service	If invalid drop to suspense.	1	N	X		
ADM-3	CADDS-1 TEDS	Provider ID	Provider ID	Provider supplied information		County code: 01-58 Facility ID: 4-digit provider ID assigned by ADP.	If invalid, produce fatal error.	7	N	X	X	
ADM-4	CADDS-16 TEDS	Type of Service	Type of Service	Provider supplied information	1 2 3 4 5 6 7	Nonresid/Outpatient treatment/recovery Day Program-intensive Detox Residential: Detox (hospital) Detox (non-hospital) Treatment/recovery (30 days or less) Treatment/recovery (31 days or more)	If invalid drop to suspense.	1	N	X		
ADM-5	CADDS-10 TEDS	Source of Referral	What is your principal source of referral?			1 2 3 4 5 6 7 8 9 10 11 12 13	If invalid, drop to suspense.	2	N	X		
				DCP=State Drug Court Partnership		10	DCP					
				CDCI=Comprehensive Drug Court Implementation		11	CDCI					
						12	Non SACPA Court / Criminal Justice					
						13	Other Community Referral					

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ADM-6	TEDS (Optional)	Days Waited to Enter Treatment?	How many days were you on a waiting list before you were admitted to this treatment program?	Number of days cannot include time incarcerated.	0-996	0-996	Must be greater than or equal to zero.	3	N	X		
ADM-7	CADDS-18 TEDS	Number of Prior Episodes	What is the number of prior episodes in any alcohol or drug treatment/recovery program in which you have participated?	Participated as a primacy client not as a co-dependent	00-99 99900	00-99 Client declined to state	For TEDS, if 5 or more, map to 5. For If invalid, produce non-critical error and map to TEDS as 7.	5	N	X		
ADM-8	CADDS (coded remarks)	CalWORKs Recipient	Are you a CalWORKs recipient?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X		
ADM-9	CADDS (coded remarks)	Substance abuse treatment under CalWORKs	Are you a substance abuse treatment client under CalWORKs recipient's welfare-to-work plan?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X		
ADM-10	CADDS-24	Special Services/Contract County Code	Special Services/Contract?	Provider supplied information		01-58, blank	Must be valid county number 1-58. If invalid produce non-critical error.	2	N	X		
ADM-11	CADDS- 24	Special Services Contract ID	Special Services Contract ID	Provider supplied information		0000-9999	If invalid, produce non-critical error.	4	N	X		
<b>Discharge Data</b>												
DIS-1	CADDS-28 TEDS	Discharge date	Date of Discharge	Provider supplied information		MM: 01-12 DD: 01-31 YYYY: 1999-2099	Must be after admission date and prior to today's date. If invalid, drop to suspense.	8	N		X	
DIS-2	CADDS-29 TEDS	Discharge Status	Discharge Status	Provider supplied information	1	Completed Treatment/ Recovery Plan,Goals/ Referred	If invalid, drop to suspense.	5	N			X
					2	Completed Treatment/Recovery Plan,Goals/ Not Referred						
					3	Left Before Completion w /Satisfactory Progress/ Referred						
					4	Left Before Completion w /Satisfactory Progress/ Not Referred						
					5	Left Before Completion w / Unsatisfactory Progress/ Referred						
					6	Left Before Completion w / Unsatisfactory Progress/ Not Referred						
					7	Death						

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					8	Incarceration						
<b>Alcohol and Drug Use data</b>												
ADU-1	CADDS-19 NOM-1 MTOQ TEDS	Primary Drug	What is your (primary) alcohol or drug problem?		0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 99901 99903	None Heroin Alcohol Barbiturates Other Sedatives or Hypnotics Methamphetamine Other Amphetamines Other Stimulants Cocaine/Crack Marijuana/Hashish PCP Other Hallucinogens Tranquilizers (Benzodiazepine) Other Tranquilizers Non-Prescription Methadone <b>OxyContin</b> Other Opiates or Synthetics Inhalants Over-the-Counter <b>Ecstasy</b> <b>Other Club Drugs</b> Unknown Other (specify)	None' is not an allowable value for primary drug, but is allowable for secondary and tertiary. Allow up to 32 characters of text to specify 'Other' drug type. If invalid, drop to suspense. 'Unknown' is an allowable value for administrative discharge only.	32	A/N	X	X	X
ADU-2	CADDS-21 MTOQ NOM-2 TEDS	Primary Drug Frequency	How many days in the past 30 days have you used primary drug?			00-30	If invalid, drop to suspense.			X	X	X

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ADU-3	CADDS-20 TEDS	Primary Drug Route of Administration	What is your usual route of administration for primary drug ?		1 2 3 4  99903	Oral Smoking Inhalation Injection (IV or intramuscular) Other	If invalid, drop to suspense.	5	N	X	X	X
ADU-4	CADDS-22 TEDS	Primary Drug Age of First Use	What was your age of first use for primary drug?			05-105	If invalid, drop to suspense.	3	N	X		
ADU-5	CADDS-19 NOM-1 MTOQ TEDS	Secondary Drug	What is your (secondary) alcohol or drug problem ?			Refer to map reference.	Same as Primary Drug, except may also include 'none' as a value			X	X	X
ADU-6	CADDS -21 MTOQ NOM-2 TEDS	Secondary Drug Frequency	How many days in the past 30 days have you used secondary drug?			00-30	If secondary drug=none, this should be 00. If invalid, drop to suspense.			X	X	X
ADU-7	CADDS-20 TEDS	Secondary Drug Route of Administration	What is your usual route of administration for secondary drug ?		1 2 3 4  99902 99903	Oral Smoking Inhalation Injection (IV or intramuscular) <b>Not applicable</b> Other	If secondary drug=none, this should be 99902 (not applicable). If invalid, drop to suspense.	5	N	X	X	X
ADU-8	CADDS-22.1 TEDS	Secondary Drug Age of First Use	What was your age of first use for secondary drug ?		05-105 99902	05-105 <b>Not applicable</b>	If invalid, drop to suspense.	5	N	X		
ADU-9	NOM-1	Alcohol Frequency	How many days in the past 30 days have you used alcohol? (Ask if primary and secondary drug types not alcohol)	Ask if primary and secondary drug types not alcohol	00-30 99902	00-30 <b>Not applicable</b>	If invalid, drop to suspense. 99901 (unknown) is an allowable value for administrative discharge only.			X	X	X
ADU-10	MTOQ	IV Use	How many days have you injected in the past 30 days?		00-30	00-30	If invalid, produce non-critical error.	2	N	X	X	X
ADU-11	CADDS-23	Needle Use in Last 12 Months	Have you used needles during the past twelve months?		1 0	Yes No	If invalid, drop to suspense. If 59 is >0 must be yes	1	N	X		X
<b>Employment data</b>												
EMP-1	NOM-3 CADDS-8 MTOQ TEDS	Employment Status	What is your current employment status?		1 2 3 4 5	Employed Full time (35 hours or more) Part time (less than 35 hrs) Unemployed looking for work <b>Unemployed not in the labor force (not seeking)</b> <b>Not in the labor force (Not seeking)</b>	If value='Employed Full-time' or 'Employed Part-time', report as 'Employed' for NOM. Values 'Employed', 'Unemployed Looking For Work', and 'Not in the Labor Force'=allowable values for NOM. Values 'Employed Full-time', 'Employed Part-time', 'Unemployed Looking For Work', and 'Not in the Labor Force not seeking'=allowable values for TEDS reporting. If invalid, drop to suspense.	1	N	X	X	X
EMP-2	MTOQ	Work Past 30 Days	How many days were you paid for working in the past 30 days?		00-30	00 - 30	If invalid, produce non-critical error.	2	N	X	X	X
EMP-3	CADDS-9 MTOQ	Enrolled in School	Are you currently enrolled in school?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X	X	X
EMP-4	MTOQ	Enrolled in Job Training	Are you currently enrolled in a job training program?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X	X	X

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EMP-5	CADDS-9 TEDS	Highest School Grade Completed	What is your highest school grade completed?		00-30 99900	00-30 Client declined to state	Allow for up to 30. If more than 20, map to 20 for TEDS. If invalid, drop to suspense.	2	N	X		X
<b>Criminal Justice data</b>												
LEG-1	CADDS-12 TEDS	Criminal Justice Status	What is your Criminal Justice Status?		1 2 3 4 5 6 7	Not applicable Under parole supervision by CDC On parole from other jurisdiction On probation from any federal, state or local jurisdiction Admitted under other diversion from any court under CA Penal Code, Section 1000 Incarcerated Awaiting trial, charges or sentencing	If invalid, produce non-critical error.	1	N	X		X
LEG-2	CADDS (coded remarks)	CDC Number	What is your CDC Identification Number?	All clients should now be asked if they have a CDC number, not just FOTP and PSN clients.	A-Z, 0-9, Blank		If invalid, produce non-critical error.	6	AN	X		
LEG-3	NOM-4 MTOQ	Number of Arrests Last 30 Days	How many times have you been arrested in the past 30 days?		00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
LEG-4	MTOQ	Number of Jail Days Last 30 days	How many days have you been in jail in the past 30 days?		00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
LEG-5	MTOQ	Number of Prison Days Last 30 days	How many days have you been in prison in the past 30 days?		00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
LEG-6	CADDS (coded remarks)	Parolee Services Network (PSN)?	Are you a Parolee Services Network (PSN) parolee?		1 0	Yes No	If invalid, produce non-critical error. 44 cannot be blank	1	N	X		
LEG-7	CADDS (coded remarks)	FOTP Parolee?	Are you a FOTP Parolee?		1 0	Yes No	If invalid, produce non-critical error. 44 cannot be blank	1	N	X		
LEG-8	CADDS (coded remarks)	FOTP Priority Status	If so, what is your FOTP Priority Status?		1 2 3 99902	Completed Forever Free and released and enrolled in treatment program Any woman paroling from CIW Completed Forever Free and goes direct to FOTP facility Not Applicable	If invalid, produce non-critical error. 46 must be 1, 44 cannot be blank	5	N	X		
<b>Medical/Physical Health data</b>												
MED-1	CADDS (coded remarks)	Medi-Cal eligible	Are you eligible for Medi-Cal?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X		
MED-2	MTOQ	Emergency Room - Last 30 days	How many times have you visited an Emergency Room in the past 30 days for physical health problems?			00-99	If invalid, produce non-critical error.	2	N	X	X	X

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MED-3	MTOQ	Hospital Overnight last 30 days	How many days have you stayed overnight in a hospital for physical health problems in the last 30 days?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
MED-4	MTOQ	Medical Problems last 30 days	How many days have you experienced physical health problems in the past 30 days?			00-30	If invalid, produce non-critical error.			X	X	X
MED-5	NOM-5 CADD-11 TEDS	Pregnant at Admission	If client is not male ask: are you pregnant at the time of admission?		1 0 99901	Yes No Not Sure/Don't Know	If gender is male, set pregnant=No. If invalid, drop to suspense.	5	N	X		
MED-6	CADD-32	Pregnant at any time during treatment	If client is not male ask: were you pregnant at any time during treatment?		1 0 99901	Yes No Not Sure/Don't Know	If gender is male, set pregnant=No. If invalid, drop to suspense.	5	N		X	
MED-7	CADD-17 TEDS	Medication Prescribed as a Part of Treatment	Medication Prescribed as a part of treatment	Provider supplied information	1 2 3 4 5 99903	None Methadone LAAM Buprenorphine (Subutex) Buprenorphine (Suboxone) Other	If invalid drop to suspense.	5	N	X		
MED-8	MTOQ	Communicable Diseases: Tuberculosis	Have you been diagnosed with Tuberculosis?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X		
MED-9	MTOQ	Communicable Diseases: Hepatitis C	Have you been diagnosed with Hepatitis C ?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X		
MED-10	MTOQ	Communicable Diseases: Sexually Transmitted Disease	Have you been diagnosed with a Sexually Transmitted Disease?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X		
MED-11	MTOQ	HIV Tested	Have you been tested for HIV/AIDS?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X	X	X
MED-12	MTOQ	HIV Test Results	Do you have the results of the HIV/AIDS test?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X	X	X
<b>Mental Health data</b>												
MEN-1	CADD-25 NOM-7	Mental Illness	Have you ever been diagnosed with a mental illness?		1 2 99903	Yes No Not Sure/Don't Know	If invalid, drop to suspense.	5	N	X	X	X
MEN-2	MTOQ	Emergency room use / Mental Health	How many times in the past 30 days have you received outpatient emergency services for mental health needs?			00-99	If invalid, produce non-critical error.	2	N	X	X	X
MEN-3	MTOQ	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?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
MEN-4	MTOQ	Mental health medication	In the past 30 days, have you taken prescribed medication for mental health needs?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X	X	X
<b>Family/Social data</b>												

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SOC-1	NOM-8 MTOQ	Social Support	How many days in the last 30 days have you participated in any social support recovery activities such as: 12 -Step Meetings Other Self Help Meetings Religious /Faith Recovery or Self-Help Meetings Attending Meetings of organizations other than those listed above Interactions with Family Member and/or Friend Support of Recovery?	Overall total days for all activities	00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
SOC-2	NOM-6 MTOQ CADD-26 TEDS	Current Living Arrangements	What are your current living arrangements?	Expand definition of homeless	1 2 3  99900	Homeless Dependent Living Independent Living Not Answered	If invalid, drop to suspense.	5	N	X	X	X
SOC-3	MTOQ	Living with someone	How many days in the past 30 days have you lived with someone who uses alcohol or drugs?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-4	MTOQ	Family Conflict Last 30 Days	How many days in the past 30 days have you had serious conflicts with your family?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-5	MTOQ	Number of Children	How many children do you have aged 17 or less (birth or adopted) whether they live with you or not?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-6	MTOQ	Number of Children 5 or Less	How many children do you have aged 5 or less ?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-7	MTOQ	Number of Children Living With Someone Else	How many of your children are living with someone else because of a child protection court order?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-8	CADPAAC	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?			00-99	If invalid, produce non-critical error.	2	N	X	X	X
SOC-9	TEDS (optional)	Codependent/Significant Other	Codependent/Significant Other (not collected; defaults to 'N' for TEDS)	System generated	(N/A)	No (Default)	This value is not solicited from counties. System will default to 'No' for TEDS.	(N/A)	(N/A)	X		

* Group code reference	County Code	Name of county	State Code	Name of State
CID	01	Alameda	AL	Alabama
TRN	02	Alpine	AK	Alaska
ADM	03	Amador	AZ	Arizona
DIS	04	Butte	AR	Arkansas
ADU	05	Calaveras	CA	California
EMP	06	Colusa	CO	Colorado
LEG	07	Contra Costa	CT	Connecticut
MED	08	Del Norte	DE	Delaware
MEN	09	El Dorado	CD	District of Columbia
SOC	10	Fresno	FL	Florida
	11	Glenn	GA	Georgia
	12	Humbolt	OK	Oklahoma
	13	Imperial	HI	Hawaii
	14	Inyo	ID	Idaho
	15	Kern	IL	Illinois

**CalOMS Data Element Matrix Version 4.9**  
**Data to be Collected and Reported by the Counties and Follow-up Entity**

<u>Group and Item Number</u>	<u>Instrmt. X-Ref</u>	<u>Data Element</u>	<u>Question</u>	<u>Notes</u>	<u>Value Codes</u>	<u>Allowable Values</u>	<u>Validation Rules</u>	<u>Maximum Character Length</u>	<u>Type (Nm/Al)</u>	<u>Adm</u>	<u>Dischg</u>	<u>X mo Flw Up</u>
				16 Kings			IN Indiana					
				17 Lake			IA Iowa					
				18 Lassen			KS Kansas					
				19 Los Angeles			KY Kentucky					
				20 Madera			LA Louisiana					
				21 Marin			ME Maine					
				22 Mariposa			MD Maryland					
				23 Mendocino			MA Massachusetts					
				24 Merced			MI Michigan					
				25 Modoc			MN Minnesota					
				26 Mono			MS Mississippi					
				27 Monterey			NM New Mexico					
				28 Napa			NY New York					
				29 Nevada			NC North Carolina					
				30 Orange			ND North Dakota					
				31 Placer			OH Ohio					
				32 Plumas			OR Oregon					
				33 Riverside			PA Pennsylvania					
				34 Sacramento			RI Rhode Island					
				35 San Benito			SC South Carolina					
				36 San Bernadino			SD South Dakota					
				37 San Diego			TN Tennessee					
				38 San Francisco			TX Texas					
				39 San Joaquin			UT Utah					
				40 San Luis Obispo			VT Vermont					
				41 San Mateo			VA Virginia					
				42 Santa Barbara			WA Washington					
				43 Santa Clara			WV West Virginia					
				44 Santa Cruz			WI Wisconsin					
				45 Shasta			WY Wyoming					
				46 Sierra			AS American Samoa					
				47 Siskiyou			GU Guam					
				48 Solano			MH Marshall Islands					
				49 Sonoma			PR Puerto Rico					
				50 Stanislaus			VI U.S. Virgin Islands					
				51 Sutter			99903 Born outside U.S.					
				52 Tehama								
				53 Trinity								
				54 Tulare								
				55 Tuolumne								
				56 Ventura								
				57 Yolo								
				58 Yuba								
				99903 Born outside CA								