
ADSS Monthly Report Instructions

For further information please contact:

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HEALTH SYSTEMS DIVISION
Behavioral Health Programs

Monthly Reporting Requirement

OAR 415-054-0530(4) ADSS shall submit monthly screening reports no later than the 10th of each month using forms and procedures designated by the Division.

Reporting Procedures

Submission

- Reports must be submitted no later than the **10th of each month** to: ADSS.Reports@dhsoha.state.or.us.
- Reports must be submitted in .xls or .xlsx format.
 - Reports submitted in .pdf or .doc will be returned for resubmission.
- ADSS monthly reports include information protected by 42 CFR Part 2 and HIPAA and must be sent using secure (encrypted) email.
 - Reports sent without using secure email will not be accepted.

Secure Email

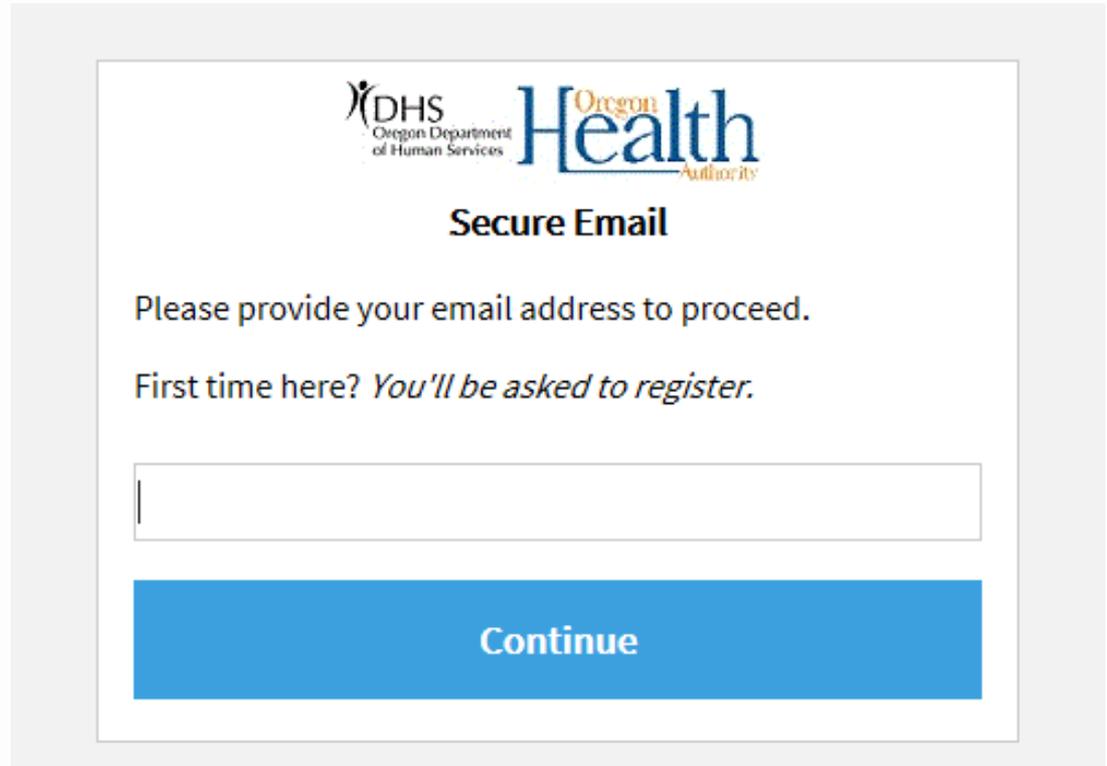
- ADSS without access to secure (encrypted) email may use the DHS/OHA Secure Email Site to submit monthly reports.
- The DHS/OHA Secure Email Site can be accessed by clicking the button in the top, righthand corner of the ADSS Monthly Report Form

Report information												
3	ADSS Name: <input type="text"/>					Phone:	DHS/OHA Secure Email Site					
5	Report Month and Year: <input type="text"/>					Email:	Oregon SUD Provider Directory					
Screening information												
9	Date	Last Name	First Name	MI	DOB	ODL	SID	Substances	Inhalant?	Recommendation	TCU Risk Score	Total DUlls
10												



Secure Email

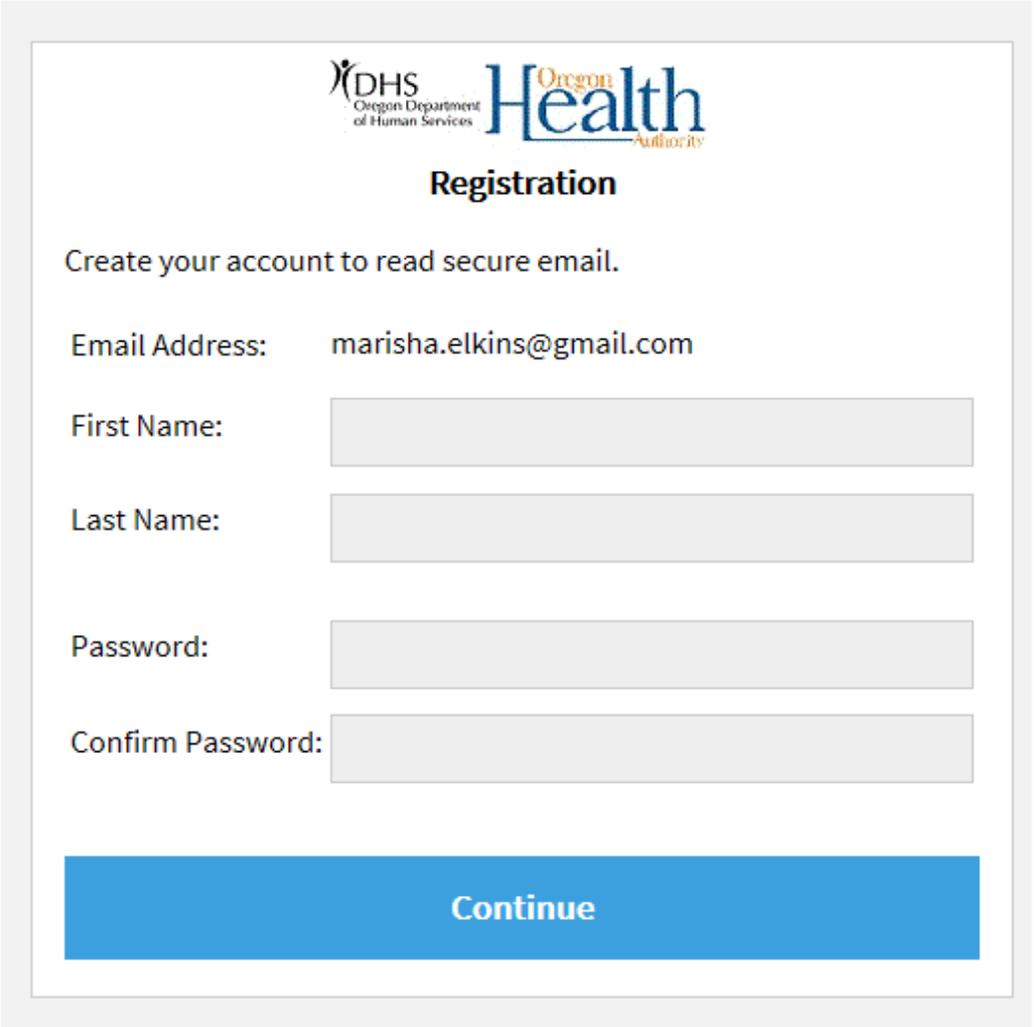
A webpage will open and ask for your email address.



The screenshot shows a webpage for the Oregon Health Authority. At the top, there are logos for DHS (Oregon Department of Human Services) and Oregon Health Authority. Below the logos, the text reads "Secure Email". The main instruction is "Please provide your email address to proceed." followed by "First time here? You'll be asked to register." There is a text input field for the email address and a blue "Continue" button below it.

Secure Email

If this is your first time, you will be asked to set-up an account and select a password.



The screenshot shows a registration form for the Oregon Health Authority. At the top, the DHS Oregon Department of Human Services logo is on the left, and the Oregon Health Authority logo is on the right. Below the logos, the word "Registration" is centered. The instruction "Create your account to read secure email." is displayed. The form contains the following fields: "Email Address:" with the value "marisha.elkins@gmail.com"; "First Name:" with an empty text box; "Last Name:" with an empty text box; "Password:" with an empty text box; and "Confirm Password:" with an empty text box. A blue "Continue" button is located at the bottom of the form.

DHS Oregon Department of Human Services Oregon Health Authority

Registration

Create your account to read secure email.

Email Address: marisha.elkins@gmail.com

First Name:

Last Name:

Password:

Confirm Password:

[Continue](#)

Secure Email

An activation email will then be sent to the email address you provided.

If you do not activate your account within 30 minutes, you will need to re-start the process.



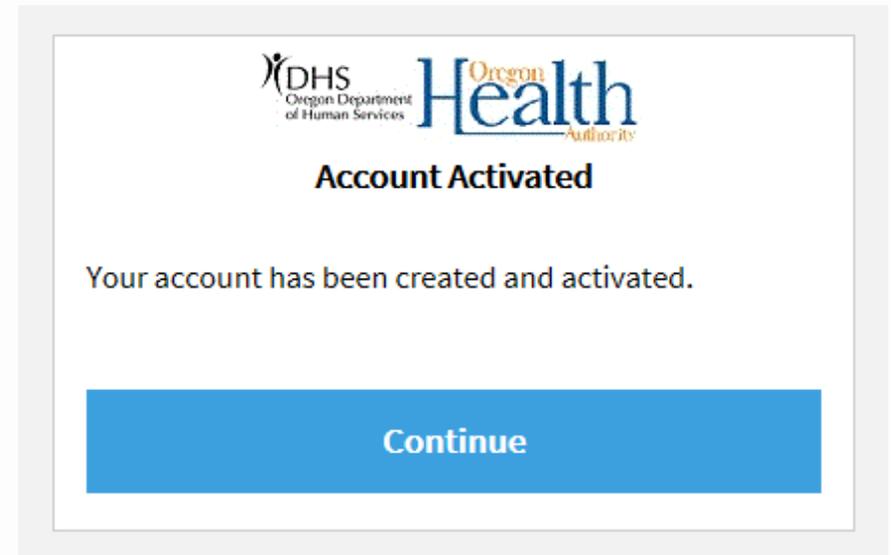
Activation Request Sent

A verification message was sent to your email address which contains a URL you must use to activate your account. Once active, you will be able to send your secure message.

If you do not receive this message within a few moments, please check your spam folder or other filtering tools you may be using as this activation message sometimes gets blocked.

Secure Email

You will then be directed to a page notifying you that your account has been activated.



Problems using the DHS/OHA Secure Portal?

Please contact the DHS/OHA Service Desk
at

(503) 945-5623

Reporting Form

OHA 8050

Required Form

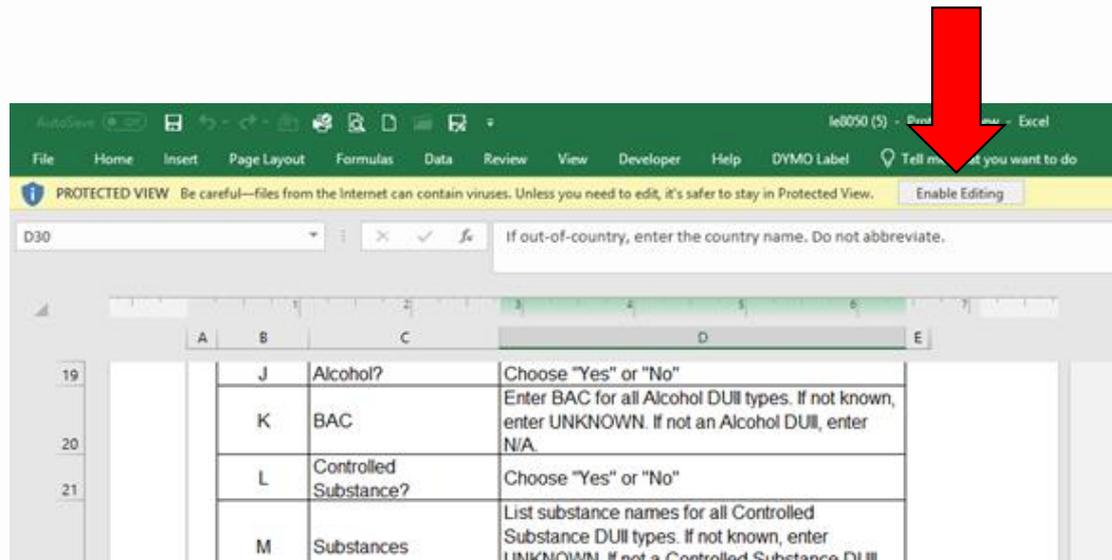
- OHA Form 8050 (rev 2019) is required

Report Information														
1	Report Information													
3	ADSS Name:							Phone:	DHS/OHA Secure Email Site					
5	Report Month and Year:							Email:	Oregon SUD Provider Directory					
Screening Information														
9	Date	Last Name	First Name	MI	DOB	ODL	SID	Substances	Inhalant?	Recommendation	TCU Risk Score	Total DUIs	In-State Provider	Out-of-
10														
11														
12														
13														

- The form is available for download at: <https://www.oregon.gov/oha/HSD/AMH-DUII/Pages/ADSS.aspx>.
- If you have difficulty opening the form directly from the website, save the document to your computer first and then open it.

Protected View

- The report template may open in “Protected View”.
- If so, click “Enable Editing” to access the template.



Field-by-Field Instructions

- Instructions for completing each field of the report are available by clicking the “Instructions” tab at the bottom of the worksheet:

OHA 8050 - ADSS Monthly Report Form

File Home Insert Page Layout Formulas Data Review View Developer Help Dymo Label Tell me what you

Clipboard Font Alignment Number

B7 Under "Screening information," complete all fields as applicable for ea

Oregon Health Authority

OHA 8050 - Alcohol Other Drug Screening Specialist (ADSS) Monthly Report Instructions

Instructions
Reports are due no later than the 10th of the month following the report period.
Submit reports via secure email to the DUI Coordinator at ADSS.Reports@dhs.oh.state.or.us.

How to complete the OHA 8050 (ADSS Monthly Report)
Under "Report information," enter the reporting month/year and your contact information

Under "Screening information," complete all fields as applicable for each individual screened during the report period.

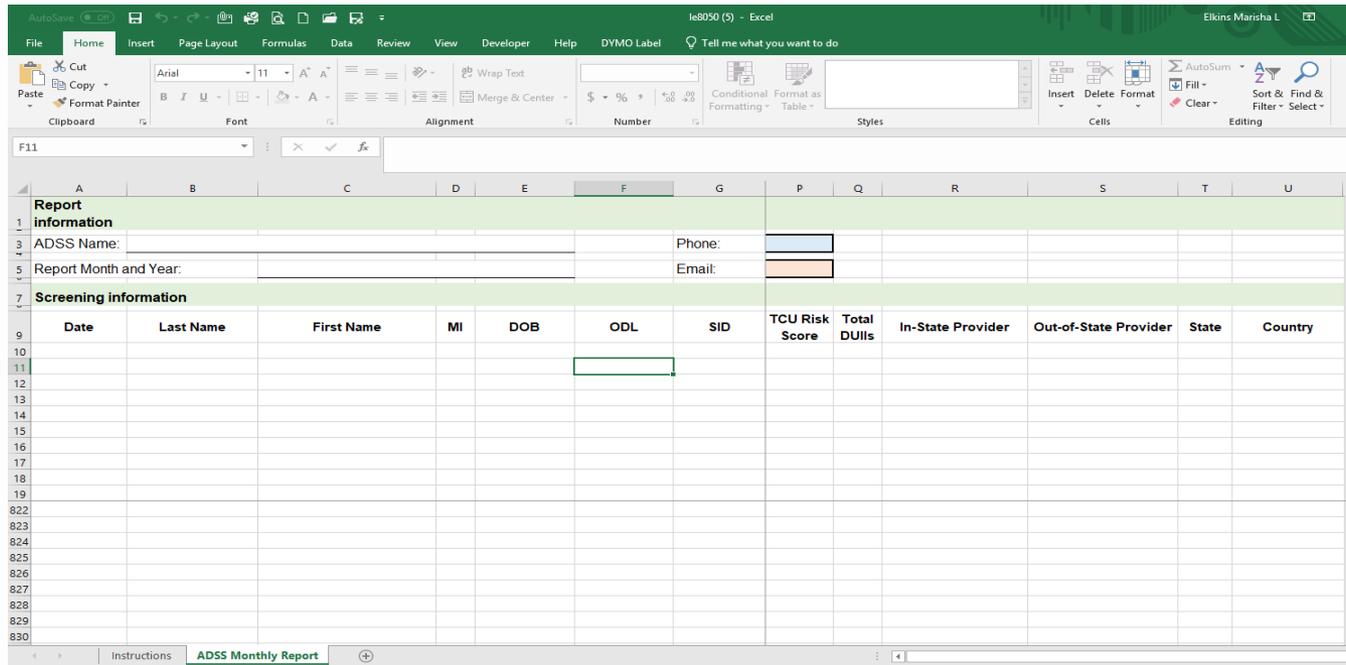
Column	Description	Instructions
A	Date of screening interview	Enter MM/DD/YYYY
B	Client Last Name	Self-explanatory
C	Client First Name	Self-explanatory
D	Client Middle Initial	Self-explanatory
E	Client Date of Birth	Enter MM/DD/YYYY
F	ODI	Enter the 7-digit Oregon Driver's License number.

Instructions ADSS Monthly Report

Ready Page: 1 of 2

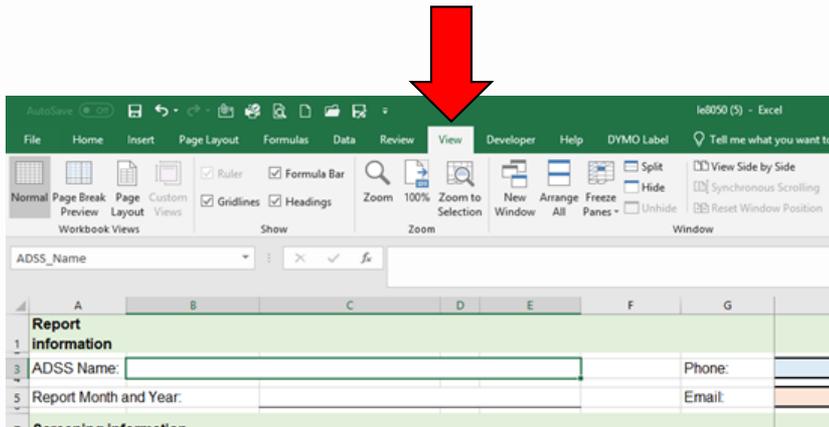
Default View Settings

- The report template's defaults are set to "Freeze Panes" this allows you to see column headers when entering multiple lines of data and see row headers when entering multiple columns of data.

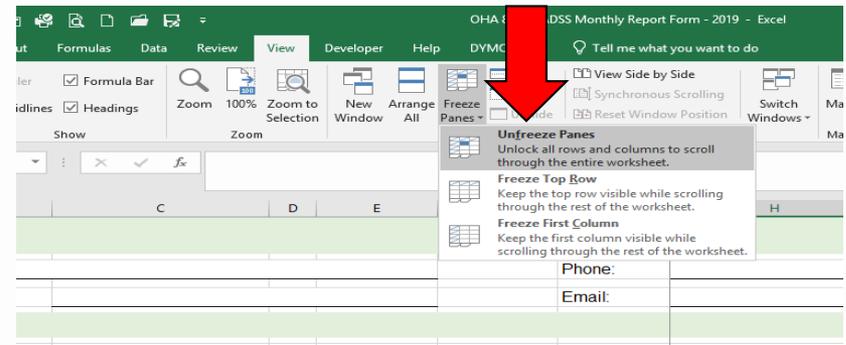


How to Change Default View Settings

- To undo the “Freeze Panes” setting, click on the “View” tab.



- Then click “Unfreeze Panes”



Field-by-Field Instructions

2019 Revisions

ADSS Name

- **Do not leave blank.**
- Enter your name as it appears on your certificate.
- If your name has changed, please notify the DUII Coordinator as soon as possible.

Phone

- **Do not leave blank.**
- Enter your phone number.

Report Month & Year

- **Do not leave blank.**
- Enter the month *and* year for which you are reporting.

Email

- **Do not leave blank.**
- Enter your email address.

Date

- **Do not leave blank.**
- Enter the date the individual was referred to a DUII Services Provider.
- Use the MM/DD/YYYY format.

Last Name

- **Do not leave blank.**
- Enter the individual's last name.
- Check to ensure proper spelling.

First Name

- **Do not leave blank.**
- Enter the individual's first name.
- Check to ensure proper spelling.

MI

- *May be left blank if unavailable/unknown.*
- Enter the individual's middle initial.

DOB

- **Do not leave blank.**
- Enter the individual's date of birth.
- Use the MM/DD/YYYY format.
- Check to ensure accuracy.

ODL

- **Do not leave blank.**
- Enter the individual's Oregon Driver's License number.
- If unknown or the individual is a resident of another state, enter UNKNOWN.
- If less than 7 digits, enter a hyphen at the end of the number.
 - Example: 123456-

SID

- **Do not leave blank.**
- Enter the individual's State Identification Number.
- If unknown, enter UNKNOWN.

Court

- **Do not leave blank.**
- Enter the full name of the court the individual was adjudicated in.
 - Example:
Marion County Circuit Court
Salem Municipal Court
- Do not abbreviate.

Adjudication

- **Do not leave blank.**
- Choose either “Conviction” or “Diversion”.

Alcohol

- **Do not leave blank.**
- If the individual was charged with DUII alcohol, choose “Yes”.
- If the individual was not charged with DUII alcohol, choose “No”.

BAC

- **Do not leave blank.**
- If the individual was charged with DUII alcohol, enter the individual's blood alcohol concentration (BAC).
 - This information can be collected from court records, police reports, or the individual's self-report.
- If the individual refused a breathalyzer or the individual's BAC is not available, enter UNKNOWN.
- If the individual was not charged with DUII alcohol, enter N/A.

Controlled Substance

- **Do not leave blank.**
- If the individual was charged with DUII controlled substance, choose “Yes”.
- If the individual was not charged with DUII controlled substance, choose “No”.

Substances

- **Do not leave blank.**
- If the individual was charged with DUII controlled substance, list the controlled substance(s) the individual was under the influence of.
 - This information can be collected from official reports or the individual’s self-report.
 - Do not include non-controlled substances (e.g. Benadryl, Zoloft, Robitussin, etc.)
- If the type of controlled substance is not available, enter UNKNOWN.
- If the individual was not charged with DUII controlled substance, enter N/A.

Inhalant

- **Do not leave blank.**
- If the individual was charged with DUII inhalant, choose “Yes”.
 - Please note that marijuana is *not* an inhalant.
- If the individual was not charged with DUII inhalant, choose “No”.

Recommendation

- **Do not leave blank.**
- If the individual is a resident of Oregon, choose “Education” or “Rehabilitation”.
 - ****Please note: This is a preliminary recommendation only. The DUII Services Provider will make final service level determination based on completion of a diagnostic assessment.****
- If the individual is not a resident of Oregon, choose “N/A – Out-of-State”.

TCU Score

- **Do not leave blank.**
- Enter the individual's TCU score.
- Valid TCU scores are whole numbers between 0 and 11.

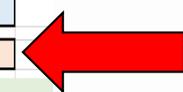
Total DUIs

- **Do not leave blank.**
- Enter the total number of DUIs the individual has been adjudicated for.
 - This information can be collected from official reports or the individual's self-report.
 - Do not include juvenile convictions.
- Zero is not a valid entry.

In-State Provider

- *If the individual was referred to an out-of-state provider, leave this field blank.*
- If the individual is referred to a DUII Services Provider in Oregon, enter the provider's name exactly as it appears in the SUD Directory.
 - Copying & pasting from the directory will ensure accuracy.
- The SUD Directory is updated each month and is available online at: <https://www.oregon.gov/oha/HSD/AMH/publications/provider-directory.pdf> or by clicking on the Oregon SUD Provider Directory button on the report template.

Report information												
3	ADSS Name:						Phone:	DHS/OHA Secure Email Site				
5	Report Month and Year:						Email:	Oregon SUD Provider Directory				
7 Screening information												
9	Date	Last Name	First Name	MI	DOB	ODL	SID	Substances	Inhalant?	Recommendation	TCU Risk Score	Total DUIIs
10												



Out-of-State Provider

- *If the individual was referred to an Oregon provider, leave this field blank.*
- If the individual was referred to an out-of-state DUII provider, enter the provider's full business name.
- Do not abbreviate.

State

- *If the individual was referred to an Oregon provider, leave this field blank.*
- If the individual was referred to an out-of-state DUII provider, choose the appropriate state abbreviation.

Country

- *If the individual was referred to an Oregon provider, leave this field blank.*
- If the individual was referred to a DUII provider outside of the US, enter the name of the country.



Questions?

Please contact Marisha Elkins, DUII Coordinator
(503) 949-5822 or Marisha.L.Elkins@dhsosha.state.or.us