

## RESILIENCE OUTCOMES ANALYSIS & DATA SUBMISSION (ROADS)

# Reference Manual

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## VERSION HISTORY

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## ROADS INTRODUCTION

Oregon Health Authority's (OHA) Resilience Outcomes Analysis and Data Submission (ROADS) System facilitates behavioral health data collection to meet mandatory reporting requirements at both the federal and state levels. The ROADS System replaces the Measures & Outcomes Tracking System (MOTS) and improves upon the existing systems by standardizing data fields, removing data silos, migrating from an outdated legacy platform, and eliminating the need for duplicative data collection and workarounds.

ROADS becomes the system of record for all agencies and facilities in the State of Oregon required to report on behavioral health services, including, but not limited to, data on mental health, addiction, mental health crisis, and involuntary services.

For the Behavioral Health Division (BHD) to continue its leadership of Oregon's Behavioral Health Care system it is imperative that the state, counties, and providers demonstrate the impact of behavioral health services on those who receive services. Accountability for behavioral health service delivery in Oregon is important to the Legislature, to Substance Abuse and Mental Health Services Administration (SAMHSA) and to other federal funding agencies, as well as counties, providers, behavioral health service recipients and their families, and communities.

To meet requirements for reporting and funding, BHD, Oregon's administrative oversight agency for behavioral health care services, has the right to collect and access client data under the guidelines of the Health Insurance Portability and Accountability Act (HIPAA) and Title 42 of the Code of Federal Regulations (CFR).

The collection of this data will allow OHA to focus on outcomes and services provided –not just count the number of people served. Ultimately, OHA will be able to provide data and information to our stakeholders, including the Legislature and other requesters.

By implementing and collecting data through ROADS, OHA will acquire information necessary to fulfill its obligation to those entities to which it is accountable, along with ensuring the ability to track metrics that align with broader Oregon Health Authority Health System Transformation efforts.

Outcome data is necessary to identify what is working well and what is not working well for those who receive behavioral health services. The fields collected are used to:

- Evaluate client demographics;
- Monitor and report client outcomes;
- Comply with federal and state funding and/or grant requirements to ensure adequate and appropriate funding for the behavioral health system;
- Assist with financial-related activities such as budget development and rate setting;
- Evaluate contract utilization;
- Support quality and utilization management activities;
- Analyze Health System Transformation Measures for Performance and Outcomes;

- Respond to requests for information.

Therefore, collecting outcome data facilitates the improvement of service delivery. In this respect, development of an outcomes measurement system is the key to ensuring continuous quality improvement. Demonstrating quality improvement positively impacts the lives of those who receive behavioral health services and, in turn, benefits their families and communities, as well as the public health and social systems that also provide services in their communities.

## DOCUMENT OVERVIEW

The purpose of the ROADS Reference Manual is to inform and explain the fields that will be collected and reported. OHA has reviewed fields required by the federal government as part of block grant reporting, data required by the Oregon Legislature, as well as data required by OHA and community partners. The reference manual encompasses the fields necessary for OHA to evaluate and conform to national quality measure sets and will be utilized by Coordinated Care Organizations (CCO). This is a comprehensive manual which includes instructions for all service modalities. Therefore, some fields may not directly apply to your program. For convenience, the manual has been broken out into sections:

- [Client Details/Profile](#)
- [Alias](#)
- [Behavioral Health](#)
- [Addiction Detail](#)
- [Mental Health Crisis](#)
- [Mobile Crisis](#)
- [Involuntary Services](#)
- [Stabilization Services](#)
  - [Ohio Scales](#)
- [Behavioral Health Resources Network \(BHRN\)](#)
  - [Episodes](#)
  - [Events](#)
- [Non-Medicaid Services \(NMS\)](#)
- [Race Ethnicity and Language Disability \(REALD\)](#)

## DOCUMENT LAYOUT

Additionally, each field in ROADS is explained in the following order:

- **Field Name:** Name of field as it is encountered in ROADS.
- **MOTS Field:** Previous name used in MOTS.
- **Description:** Brief description of the field.
- **Requirement Status:** Whether the field is automated/locked, required, optional, or conditional.
- **Valid Entries:** Field type (Date Picker, Drop-down Menu, or Open Entry) and drop-down options.
- **Field Guidelines:** Additional information to accurately complete the field (not all fields include this section).
- **Instructions:** How to successfully complete field entry and acceptable/allowable field responses.
- **Why:** Why this field is important to OHA.

## ROADS RESOURCES

The following resources provide additional information on using ROADS and can be found at <https://www.oregon.gov/oha/HSD/COMPASS/Pages/ROADS.aspx>:

- ROADS Portal User Guide
- ROADS EDI v2 Data Dictionary and Business Rules
- ROADS EDI v2 File Specifications and Certification Requirements



## ACRONYMS AND ABBREVIATIONS

Acronym	Definition
BH	Behavioral Health
BHD	Behavioral Health Division
BHRN	Behavioral Health Resource Network
CCO	Coordinated Care Organizations
CFR	Code of Federal Regulations
CMHP	County Mental Health Programs
COA	Certificate of Approval
DUII	Driving Under the Influence of Intoxicants
EDI	Electronic Data Interchange
HIPAA	Health Insurance Portability and Accountability Act
LMHA	Local Mental Health Authorities
LOC	Level of Care
MH	Mental Health
MHO	Mental Health Organization
MMIS	Medicaid Management Information System
MOTS	Measures and Outcomes Tracking System
NMS	Non-Medicaid Service
NOMS	National Outcome Measures
OARs	Oregon Administrative Rules
OHA	Oregon Health Authority
OSH	Oregon State Hospital
OTP	Opioid Treatment Program (Methadone Maintenance Providers)
REALD	Race, Ethnicity, Language, and Disability
ROADS	Resilience Outcomes Analysis and Data Submission
SAMHSA	Substance Abuse and Mental Health Services Administration
SOGI	Sexual Orientation and Gender Identity
SSD	Stabilization Services (Discharge)
SSI	Stabilization Services (Intake)
SUD	Substance Use Disorders
TEDS	Treatment Episode Data Sets
Tx	Treatment

## REPORTING FAQ

### WHAT CLIENTS DO AGENCIES REPORT?

Providers who fall under the “Who Reports in ROADS Policy” may submit data for all clients who access behavioral health services. Specifically, this includes clients whose treatment episodes are paid for in total or in part by public funds; individuals whose treatment must be reported because of statute or rule like Driving Under the Influence of Intoxicants (DUI) and Opioid Treatment Program (OTP) clients; and clients whose services are funded by contracts and/or grants that obligate they be reported into a state system.

ROADS is HIPAA and 42 CFR compliant. It is a secure system that is able to meet increased security to collect data on all Oregonians including children, clients who are incarcerated, undocumented individuals and others.

### WHICH AGENCIES ARE REQUIRED TO REPORT?

The data collection system for the BHD is ROADS. Behavioral health providers who are either licensed or have a Certificate of Approval (COA) from BHD, and who receive public funds to provide treatment services, are required to report to ROADS.

In addition to the general rule above, there are four basic ways to classify who is required to submit data into ROADS:

1. Providers with BHD contracts or grant agreements that deliver treatment services. This includes Community Mental Health Programs (CMHP), Local Mental Health Authorities (LMHA), and other behavioral health providers.
2. Providers that are subcontractors of a larger entity that holds a contract with BHD or OHA. This can be a CMHP, a Mental Health Organization (MHO), or a CCO.
3. Providers that are required to submit data to ROADS by State/Federal statute or rule. These include
  - DUI providers and methadone maintenance providers (OTP);
  - Providers that contract with other governmental agencies to deliver mental health and/or substance abuse services.
  - Providers that have direct contracts with any governmental department to provide behavioral health or substance use disorder services. For example, Oregon Youth Authority or the Department of Corrections.

Note: Primary care physicians that provide a single service on behalf of a CMHP are not required to report to ROADS.

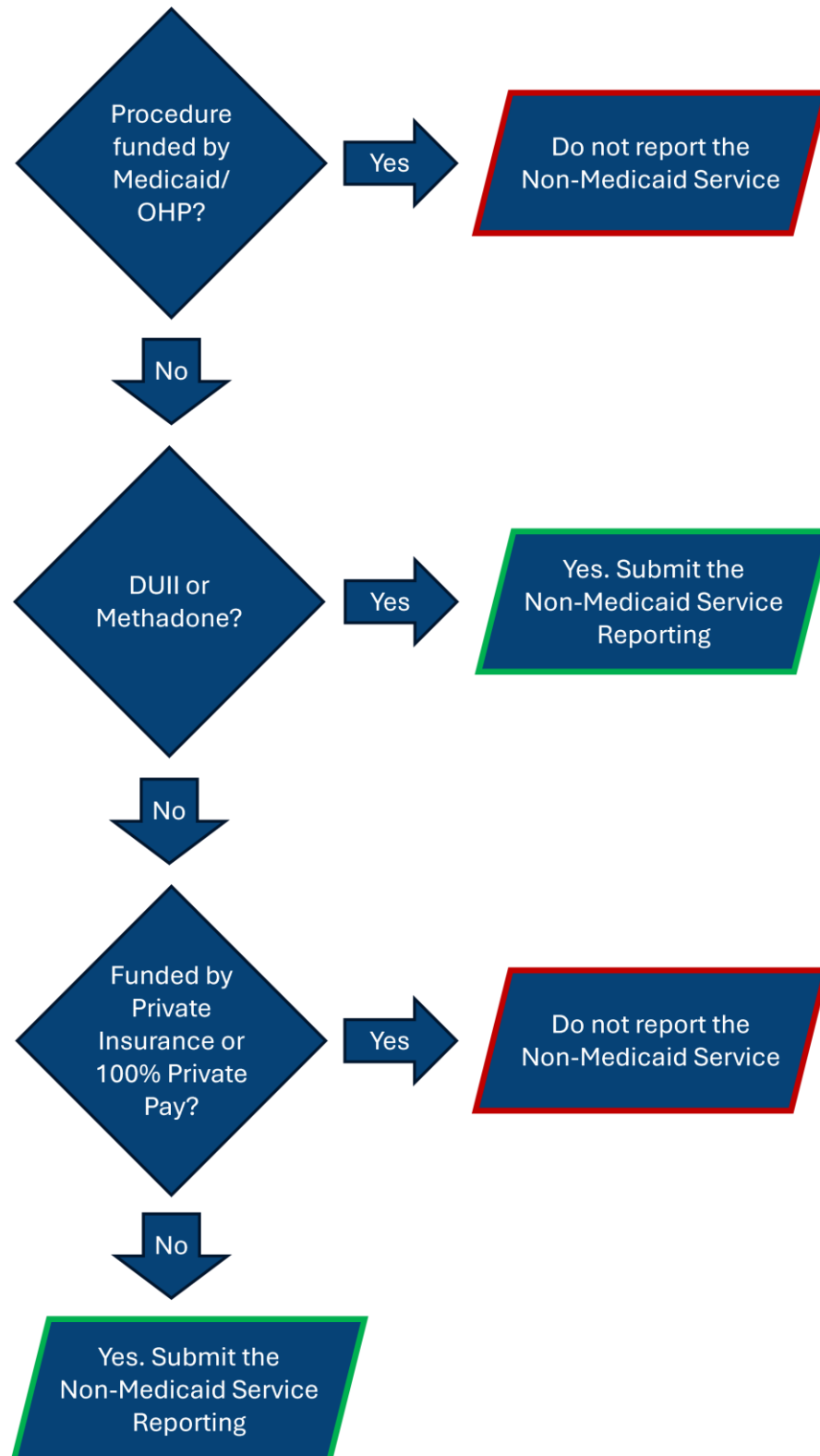
**WHEN MUST CLIENT DATA BE REPORTED?****Table 1. ROADS Data Submission Cadence**

Who	When
New clients admitted to treatment programs	Within 7 days
Crisis Events (Mental Health Crisis and Mobile Crisis) and Involuntary Service Events	Within 7 days
Stabilization Services	Within 14 days of intake and within 14 days of discharge
Non-Medicaid services must be submitted	By the 15 <sup>th</sup> of the month following the service date (e.g., if the service was provided on August 4, the provider would have until September 15 to submit the non-Medicaid service data).
Status updates	At least every 90 days. If no status update is done on a client after 90 days, the provider will be notified and encouraged to update the client's status.
End of Treatment	Within 30 days

**NON-MEDICAID SERVICES REPORTING**

Non-Medicaid Service (NMS) data will be reported after a service has been rendered for those Non-Medicaid/OHP funded services. Data fields identified in this manual specify whether the data is reported via Status updates or through NMS submissions. Medicaid Service/Encounter data for those you serve who are covered by Medicaid will ultimately be captured by the OHA Medicaid Management Information System (MMIS).

There is no need to resubmit those services to OHA. OHA will extract this information from MMIS. For more information about when to enter Non-Medicaid Services, see Figure 1.



**Figure 1. Non-Medicaid Service Reporting Diagram**

NMS reporting is not submitted with Crisis or Involuntary Services. Crisis and Involuntary Services are considered events and therefore don't need an accompanying Non-Medicaid service record.

**NMS Examples:**

- If Jane has a portion of her treatment covered by County Mental Health funds and a portion covered by private insurance, treatment agency/facility would submit status information to the OHA reporting system (ROADS), in addition to submitting non-Medicaid service data for those services/procedures not covered by private insurance.
- If Jane's treatment is entirely funded by public funds (non-Medicaid), treatment agency/facility would submit status and non-Medicaid service information to ROADS.
- If Jane's treatment is entirely funded by Medicaid/OHP funds, treatment agency/facility would submit status information to ROADS, but the Medicaid encounter information ultimately is reported into MMIS. Note: If any service was not covered by Medicaid/OHP, but with other public funds, even though the client was on the Oregon Health Plan (Medicaid), those non-Medicaid services should then be reported to OHA via ROADS.
- If Jane's treatment is entirely paid for by private funds, treatment agency/facility would not submit status or non-Medicaid service data to ROADS reporting system unless the client is receiving DUII or methadone services.
- If Jane receives one service at a cost of \$50, and Medicaid covers \$42 of the service, Medicaid reimbursement for a service is payment in full; no other service information is to be submitted to OHA via ROADS. Treatment agency/facility would submit ONLY Status information to ROADS.

## NOTES

OHA endorses the term “individual” as used throughout the Oregon Administrative Rules (OARs) to encompass all persons that may use services, potential individuals and those that have left services. However, throughout this document, the term “client” is used to identify the person receiving services and to be consistent with terminology among electronic health records.

If you have questions or suggestions for improvement regarding information in this manual, contact [ROADS@odhsoha.oregon.gov](mailto:ROADS@odhsoha.oregon.gov). As more details become available, this manual will be updated and placed on the OHA website.

## CLIENT PROFILE/DETAILS

Fields associated with the Client Profile form (in order of appearance):

- [First Name](#)
- [Middle Name](#)
- [Last Name](#)
- [Date of Birth](#)
- [Suffix](#)
- [Last Name at Birth](#)
- [Facility](#)
- [Client Medicaid ID](#)
- [Client ID](#)
- [Social Security Number \(SSN\)](#)
- [Living Arrangement](#)
- [Date Living Arrangement Changed](#)
- [Marital Status](#)
- [County of Responsibility](#)
- [County of Residence](#)
- [State of Residence](#)
- [ZIP Code of Residence](#)
- [Veteran](#)
- [Competitive Employment](#)
- [Tribal Affiliation](#)
- [Race Ethnicity Identity](#)
- [Race Ethnicity Specified](#)
- [Primary Race Ethnicity](#)
- [Open Race Ethnicity](#)
- [Gender Identity](#)
- [Gender Identity Specified](#)
- [Assessment Date](#)
- [Episode Type](#)
- [Other Client Profile Fields](#)

---

**FIRST NAME**

MOTS Field: First Name

---

**DESCRIPTION**

Client's legal first name.

**REQUIRED**

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter the entire first name.
2. Verify correct spelling of name to safeguard database integrity.

---

**WHY**

ROADS requires multiple client identifiers to prevent duplicate client entry.



---

**MIDDLE NAME**

MOTS Field: Middle Name

---

**DESCRIPTION****OPTIONAL**

Client's legal middle name or initial.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter the entire middle name or middle initial.
2. Verify correct spelling of name to safeguard database integrity.

---

**WHY**

ROADS requires multiple client identifiers to prevent duplicate client entry.

LAST NAME

MOTS Field: Last Name

---

**DESCRIPTION****REQUIRED**

Client's legal last name.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter the entire last name.
2. Verify correct spelling of name to safeguard database integrity.

---

**WHY**

ROADS requires multiple client identifiers to prevent duplicate client entry.

**DATE OF BIRTH**

MOTS Field: Date of Birth

**DESCRIPTION****REQUIRED**

Client's date of birth.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date of birth.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify MM/DD/YYYY format

**WHY**

ROADS requires multiple client identifiers to prevent duplicate client entry.

---

**SUFFIX**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Any generational or honorary suffix that is part of the client's legal name.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Jr (Junior)
- Sr (Senior)
- II (Second)
- III (Third)
- IV (Fourth)
- V (Fifth)
- VI (Sixth)
- VII (Seventh)

---

**INSTRUCTIONS**

1. Select the appropriate corresponding option from the drop-down menu:
2. Verify the suffix matches official documents to maintain consistency and accuracy in records.

---

**WHY**

The inclusion of a suffix in the client's profile helps to distinguish individuals with similar or identical names, ensuring accurate identification and record-keeping. It is also important for legal, billing, and correspondence purposes to use the full legal name, including any suffixes.

## LAST NAME AT BIRTH

MOTS Field: Last Name at Birth

**DESCRIPTION****REQUIRED**

Client's legal last name at birth.

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the client's Last Name at Birth.
  - a. If the last name at birth is the same as the last name, enter the current last name as the last name at birth.
  - b. If the last name at birth is not known, enter the client's current last name in both the "last name" and "last name at birth" fields.
2. Verify correct spelling to safeguard database integrity.

**WHY**

ROADS requires multiple client identifiers to prevent duplicate client entry.

---

**FACILITY**

MOTS Field: Agency/Facility Identifier

---

**DESCRIPTION****REQUIRED**

Identifies the Facility providing the treatment service. This is the Oregon Medicaid Provider ID Number (State Medicaid Provider Identification number).

---

**VALID ENTRIES**

Drop-down Option Set (single select)

---

**FIELD GUIDELINES**

- A Facility is a unit of an agency, or the agency itself, which provides a specific service or set of services.
- Facilities will register with ROADS using an Oregon Medicaid Provider Identification number or other accepted verified identifier.
- Facility numbers are permanent unless officially changed by the Medicaid Team to request a new number. The same number must always be used when enrolling clients. When a Facility closes, the Facility number is retired; it is never reassigned to a different Facility.
- An Agency can only have one number for behavioral health services but there can be multiple facilities under the agency with different numbers. Facilities with multiple Medicaid provider numbers will need to choose one number and can also choose an alternative number to use for ROADS. Therefore, it is very important that the correct number be used for the service for which the client is being enrolled.
- If an Agency has Facilities in multiple counties, each Facility must be assigned a unique Medicaid Provider ID. The Agency must enroll clients in the correct Facility based on the services they are receiving and the Facility's location.
  - Examples:
    - Agency: ABC-CMHP, (Oregon Medicaid Provider #123456)
    - Facility: MLK Location, (Oregon Medicaid Provider #567891)
    - Facility: Downtown Location, (Oregon Medicaid Provider #345678)
    - Facility: Riverside Location, (Oregon Medicaid Provider #234567)

---

**INSTRUCTIONS**

1. Verify the Agency/Facility is correct for this record.

## WHY

OHA uses the agency/facility ID to assist with tracking and aligning behavioral health client treatment services funded by Medicaid and non-Medicaid public funds. It also helps tell OHA where the treatment occurred.

## CLIENT MEDICAID ID

MOTS Field: Client OR Medicaid Number

**DESCRIPTION****CONDITIONAL**

Unique identifier also known as OR Medicaid ID, Recipient ID, OHP Number, MMIS Client ID, Prime Number or MMIS Number. Required if client's services are funded by Medicaid and is only required if a Medicaid ID has been assigned to the client.

**VALID ENTRIES**

Open Text (alpha/numeric)

**INSTRUCTIONS**

1. Members can obtain their OHP insurance / Medicaid ID by calling 800-273-0557.
2. Providers can look up members' Medicaid Number by calling 800-273-0557 or via the provider portal located at: <https://www.or-medicare.gov/ProdPortal/Account/SecureSite/tabid/63/Default.aspx> (Registration is Required.)

**WHY**

Allows OHA to track services across funding streams to ensure appropriate and continued treatment occurs.



## CLIENT ID

MOTS Field: Client ID

**DESCRIPTION****REQUIRED**

A unique identifier assigned by the facility to a client.

**VALID ENTRIES**

Open Text (alpha/numeric)

**FIELD GUIDELINES**

- This number corresponds to the client's file that contains the treatment plan as specified in Administrative Rules. If a client leaves, that number is retired and not used again unless the same client returns and is re-activated. Upon reactivation, that client's same number should be re-assigned to him/her.

**INSTRUCTIONS**

1. Enter a unique identifier (alpha/numeric)

**WHY**

The client identifier, previously known as the client case number, allows OHA to refer to a client without disclosing the client's name.

---

**SOCIAL SECURITY NUMBER (SSN)**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Records the unique nine-digit number assigned to U.S. citizens, permanent residents, and temporary working residents for identification and employment purposes.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the client's SSN as a continuous string of nine digits without any dashes or spaces.
2. Verify the number for accuracy before submission.

---

**WHY**

The SSN is a critical identifier used for verifying client identity, facilitating billing and claims processing, and ensuring that services are accurately documented and tracked within the healthcare system.

## LIVING ARRANGEMENT

MOTS Field: Living Arrangement

## DESCRIPTION

## REQUIRED

Specifies client's residential status.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Transient/Homeless:** Person with no fixed address; includes homeless and shelters. Includes all ages.
- **Foster Home:** A home licensed by a county, tribe, or State department to provide foster care. Includes all ages.
- **Residential Facility:** This level of care may include a group home, therapeutic group home, board and care residential treatment, rehabilitation center, agency-operated residential care facilities, or a nursing home. Includes all ages.
- **Jail:** Individual resides in a city or county jail, correctional facility, or detention center with care provided on a 24-hour, 7 days a week basis.
- **Prison:** Individual resides in a state or federal prison with care provided on a 24-hour, 7 days a week basis.
- **Room and Board:** Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.
- **Supported Housing:** Permanent housing with tenancy rights and optional supported services. Support services offered to people living in supported housing are flexible and are available as needed and desired, but not mandated as a condition of obtaining tenancy. Tenants have a private and secure place to make their home, just like other members of the community. Allows individuals with disabilities to interact with individuals without disabilities to the fullest extent possible. Units must be scattered with no more than 20 per cent of the units at any site occupied by individuals with a disability that is known to the state.
- **Supportive Housing (scattered site):** Mainstream rental housing linked with social services tailored to the needs of the population being housed, but participation cannot be a condition of occupancy.
- **Supportive Housing (congregate setting):** A housing program specific to an identified population linked with social services tailored to the needs of the population being housed, but participation cannot be a condition of occupancy.
- **Alcohol and Drug Free Housing:** Housing in which the rental agreement prohibits the tenant from using, possessing or sharing alcohol, illegal drugs, controlled substances or prescription drugs without a medical prescription, either on or off the premises.

- **Oxford Home:** Democratically-run, self-supporting, alcohol and drug free housing for individuals in recovery from a substance use disorder that have a valid Charter from Oxford House, Inc.
- **Private Residence (at home):** Clients living independently in their own private residence and capable of self-care, including clients who live independently with case management support. Also includes children youth or young adults living in a residence they consider their home with their parent or permanent legal guardian.
- **Private Residence (with relative):** Clients living with any non-parental adult relative in a private residence. Clients living independently in a private residence and capable of self-care, including clients who live independently with case management support. Includes children and young adults if not placed by a state agency.
- **Private Residence (with non-relative):** Client living with adult non-relative in a private residence. Clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support. Includes children and young adults if not placed by a state agency.
- **SUD Residential Facility:** Clients participating in treatment services with 24 hour supervision, treatment and care for SUD. This does not include people in a mental health residential facility receiving SUD treatment.
- **BRS Residential Facility:** Children and youth 17 years old and younger living in a Behavioral Rehabilitation Services residential facility with services provided on a 24 hour, 7 day a week basis.
- **CSEC Residential Facility:** Youth who are 11 through 18 years old living in a residential care facility contracted by OHA – Addictions and Mental Health, consisting of shared or individual living units in a facility based setting where youth who are victims of Commercial Sexual Exploitation receive care and treatment. The residential care facility offers and coordinates a range of services and supports available on a 24-hour basis to meet the activities of daily living, health and social needs of the residents.
- **PRTS Residential Facility:** Children and youth 17 years old and younger with a diagnosed mental health condition living in a Psychiatric Residential Treatment Services facility with a structured residential psychiatric treatment environment, 24-hour, 7 days a week supervision and active psychiatric treatment
- **SCIP/SAIP Residential Facility:** Children and youth 17 years old and younger living in a Secure Children’s Inpatient Program or Secure Adolescent Inpatient Program with 24 hour, 7 days a week supervision, care and treatment. Provides psychiatric oversight and active treatment for children/adolescents with complex psychiatric disorders who have not responded to treatment in less secure facilities.
- **SRTF for YAT Residential Facility:** Ages 17 through 24 living in a residential program receiving custodial care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation. Commonly referred to as “group home”.
- **RTH for YAT Residential Facility:** Young Adult in Transition age 17 through 24 living in a Residential Treatment program receiving custodial care who, without any assistance, are

capable of responding to an emergency situation to complete building evacuation. Commonly referred to as a “group home.”

- **Secure Residential Facility (SRTF):** Any person living in a secure residential facility that is not solely for young adults in transition (YAT) and offers treatment in an environment with restricted egress. Facilities are licensed as either class 1 or class 2 programs:
  - **Class 1:** licensed to provide seclusion and restraint and can compel medication.
  - **Class 2:** Not licensed to provide seclusion and restraint or to compel medication.
- **Residential Sub-Acute Care Facility:** Clients living in a secure setting who require active treatment for a diagnosed mental health condition. Sub-acute provides short-term rehabilitation and complex medical services to individuals with a condition that does not require acute hospital care in a 24 hour, 7 days a week setting. Includes all ages.
- **DHS Temporary Lodging/Shelter:** No placement can be found for a youth resulting in the youth staying overnight in a hotel with Oregon Department of Human Services (ODHS) Child Welfare workers, while the team works to resolve the placement crisis.
- **Assisted Living Facility:** A building, complex, or distinct part thereof, consisting of fully, self-contained, individual living units where six or more seniors and adult individuals with disabilities may reside in homelike surroundings. The assisted living facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, and independence.
- **Adoptive Family:** An individual or individuals who have legalized a parental relationship to the child who joined the family through a judgment of the court
- **Not Listed**
- **Client Unable to Answer**
- **Client Declined to Answer**
- **Did Not Ask**
- **Unknown:** Unable to determine client’s current living arrangement status.

---

## **FIELD GUIDELINES**

With clients who are new enrollees, this data element refers to their living arrangement for the last 30 days prior to entry into treatment. In other situations, this data element is a status update for the current reporting period.

- For children under the age of 18 living with parents use Private Residence (at home)
- For children under the age of 18 living with a relative other than a parent, not placed by a state agency, use Private Residence (with Relative)
- For children under the age of 18 living with someone other than a parent or relative, not placed there by a state agency, use Private Residence (non-relative)
- For children under the age of 18 living under a foster care arrangement use Foster Home
- For children under the age of 18 who have been legally adopted use Adoptive Family

---

## INSTRUCTIONS

1. Select the appropriate corresponding option from the drop-down menu.

---

## WHY

Required by Federal Block Grant and the US DOJ to ensure clients are in the least restrictive housing possible. Also used to produce OHA performance and outcome measures reports.

**DATE LIVING ARRANGEMENT CHANGED**

MOTS Field: Date of Status Change for Living Arrangement

**DESCRIPTION****CONDITIONAL**

Specifies the estimated date of change in any living arrangement.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date living arrangement changed.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.

**WHY**

Required by US DOJ to ensure clients are in the least restrictive housing situation possible.

## MARITAL STATUS

MOTS Field: Marital Status

---

**DESCRIPTION****REQUIRED**

Describes the client's current marital status.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Never Married:** Includes clients who have never been married or those whose marriage was annulled.
- **Married:** Includes married couples, those living together as married, living with partners, or cohabitating.
- **Separated:** Includes those separated legally or otherwise absent from spouse because of marital discord.
- **Divorced:** Divorced and living presently as a single person. Those without a final divorce decree are classified as "separated."
- **Widowed:** Includes widows and widowers living presently as a single person.
- **Unknown:** Used when the treatment provider is unable to ascertain the client's marital status

---

**FIELD GUIDELINES**

- These categories are compatible with U.S. Census categories.
- Indicates the client's CURRENT marital situation. For example, if a client is "divorced" but has also remarried at the time of his/her enrollment, then the client should be entered as "married" because it is the current marital situation.

---

**INSTRUCTIONS**

1. Select the value from the drop-down menu that best describes the client's current marital status.

---

**WHY**

This is a required data element for states receiving federal SAMHSA block grant funds.



## COUNTY OF RESPONSIBILITY

MOTS Field: County of Responsibility

## DESCRIPTION

## REQUIRED

The client's current county of responsibility. This is the county helping to facilitate admission and discharge of the client.

## VALID ENTRIES

Drop-down Option Set (single select)

- |             |              |              |
|-------------|--------------|--------------|
| • Baker     | • Harney     | • Morrow     |
| • Benton    | • Hood River | • Multnomah  |
| • Clackamas | • Jackson    | • Polk       |
| • Clatsop   | • Jefferson  | • Sherman    |
| • Columbia  | • Josephine  | • Tillamook  |
| • Coos      | • Klamath    | • Umatilla   |
| • Crook     | • Lake       | • Union      |
| • Curry     | • Lane       | • Wallowa    |
| • Deschutes | • Lincoln    | • Wasco      |
| • Douglas   | • Linn       | • Washington |
| • Gilliam   | • Malheur    | • Wheeler    |
| • Grant     | • Marion     | • Yamhill    |
|             |              | • Other      |

## FIELD GUIDELINES

- If the client does not reside in Oregon, use the county where the service is rendered. If the Client belongs to a CCO, use the county of client enrollment.
  - **Example 1:** Client A is enrolled in the Eastern Oregon CCO (EOCCO). EOCCO is a CCO that encompasses many Eastern Oregon counties. Client A lives in Union County which is part of EOCCO. EOCCO sends Client A to Douglas County for Services. The County of Responsibility is Union County.
  - **Example 2:** Client B lives in Marion County and is receiving services at USA Treatment Center in Marion County. Client B is receiving Marion County indigent funds/public dollars to supplement costs of services. USA Treatment Center sends Client B to a treatment agency in Jackson County. The county of responsibility is Marion County, as they are paying for the services.
  - **Example 3:** Client C has private insurance. Client C is receiving services at USA Treatment Center in Marion County. USA Treatment Center sends Client C to a treatment agency in Jackson County. The county of responsibility is Marion County as they are the referral source.

---

## INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the county of responsibility.

---

## WHY

When compared with county of residence, this field allows OHA to better understand capacity needs across the state, including identifying areas for future investments.

## COUNTY OF RESIDENCE

MOTS Field: County of Residence

**DESCRIPTION****REQUIRED**

The client's current county of residence if the client resides in the State of Oregon.

**VALID ENTRIES**

Drop-down Option Set (single select)

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill
- Other

**FIELD GUIDELINES**

- Select "Other" if client resides outside of Oregon.

**INSTRUCTIONS**

1. Select the value from the drop-down menu that best describes the county in which the client resides.

**WHY**

This allows OHA to better understand capacity needs across the state, including identifying areas for future investments.

## STATE OF RESIDENCE

MOTS Field: State of Residence

**DESCRIPTION****REQUIRED**

The client's current State of residence.

**VALID ENTRIES**

Drop-down Option Set (single select)

- AL=Alabama
- AK=Alaska
- AZ=Arizona
- AR=Arkansas
- CA=California
- CO=Colorado
- CT=Connecticut
- DE=Delaware
- DC=District of Columbia
- FL=Florida
- GA=Georgia
- HI=Hawaii
- ID=Idaho
- IL=Illinois
- IN=Indiana
- IA=Iowa
- KS=Kansas
- KY=Kentucky
- LA=Louisiana
- ME=Maine
- MD=Maryland
- MA=Massachusetts
- MI=Michigan
- MN=Minnesota
- MS=Mississippi
- MO=Missouri
- MT=Montana
- NE=Nebraska
- NV=Nevada
- NH=New Hampshire
- NJ=New Jersey
- NM=New Mexico
- NY=New York
- NC=North Carolina
- ND=North Dakota
- OH=Ohio
- OK=Oklahoma
- OR=Oregon
- PA=Pennsylvania
- RI=Rhode Island
- SC=South Carolina
- SD=South Dakota
- TN=Tennessee
- TX=Texas
- UT=Utah
- VT=Vermont
- VA=Virginia
- WA=Washington
- WV=West Virginia
- WI=Wisconsin
- WY=Wyoming
- OT=Other

**FIELD GUIDELINES**

- Select "Other" if client resides outside of United States.

**INSTRUCTIONS**

1. Select the value from the drop-down menu that best describes the state in which the client resides.

**WHY**

This field helps determine where clients are coming from to get treatment in Oregon and assists OHA in planning for comprehensive services across the state.

---

**ZIP CODE OF RESIDENCE**

---

MOTS Field: ZIP Code of Residence

---

**DESCRIPTION****REQUIRED**

Client's ZIP code for current residence if client resides in the United States.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- Use the treatment facility zip code if the residence is unavailable, or outside the State of Oregon.
- If the client is in prison use the zip code in which the prison is located.

---

**INSTRUCTIONS**

1. Enter the 5-digit ZIP code for the most recent primary residence within the last 30 days.

---

**WHY**

This field helps determine where clients are coming from to get treatment in Oregon and assists OHA in planning for comprehensive services across the state.

## VETERAN

MOTS Field: Veteran

---

DESCRIPTION

## REQUIRED

Specifies whether the client is a Veteran and is serving or has served in the uniformed services.

---

VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, Veteran and not specified Branch of Service:** Client has served (even for a short time) or is now serving (but has not specified whether active duty or in the National Guard or Military Reserves) in the US Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II.
- **YVA - Yes, Veteran and Current or Former Active Duty Military:** Client has served (even for a short time) or is now serving on active duty in the US Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II.
- **YVG - Yes, Veteran and Current or Former Guard/Reserve Military:** Client has served or is now serving in the National Guard or Military Reserves and were ever called or ordered to active duty, not counting the four to six months for initial training or yearly summer camp.
- **NG - No, but Current or Former Guard/Reserve Military:** Client has served or is now serving in the National Guard or Military Reserves and was never called or ordered to active duty.
- **No:** Client has never served in any Military Service.
- **Unknown:** Client Veteran status is unknown

---

INSTRUCTIONS

1. Select the value from the drop-down menu that best describes the Client's veteran status.

---

WHY

This is a required field for states receiving federal SAMHSA block grant funds. Also ensures services are delivered to all populations.

## COMPETITIVE EMPLOYMENT

MOTS Field: Competitive Employment

## DESCRIPTION

## REQUIRED

Designates the client's competitive employment status.

## VALID ENTRIES

Drop-down multi-select field.

- **Full Time:** Working 35 hours or more each week, including active duty members of the uniformed services.
- **Part Time:** Working fewer than 35 hours each week.
- **Unemployed:** Looking for work during the past 30 days or on layoff from a job.
- **Disabled:** Unable to work for physical or psychological reasons.
- **Sheltered/Non-Competitive Labor:** Jobs in segregated settings for a specific population, intended to provide training and experience to acquire the skills necessary to succeed in subsequent competitive employment; or, long-term or permanent placements that allow individuals to use their existing abilities to earn wages in a segregated setting.
- **Not in Labor Force:** Not actively looking for work during the reporting period.
- **Homemaker**
- **Student**
- **Retired**
- **Hospital Patient or Resident of Other Institutions**
- **Other Reported Classification (e.g. volunteers)**
- **Unknown**

## INSTRUCTIONS

1. Select the values from the drop-down menu that best describe the Client's Competitive Employment status.

## WHY

This is a required field for states receiving federal SAMHSA block grant funds. Also allows OHA to produce and monitor outcome and performance measures reports.

## TRIBAL AFFILIATION

MOTS Field: Tribal Affiliation

**DESCRIPTION****REQUIRED**

Identifies the client's tribal affiliation with a federally recognized tribe within the State of Oregon.

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua & Siuslaw
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of the Umatilla
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Indians
- Klamath Tribes
- Not Applicable
- Other

**FIELD GUIDELINES**

- A Native American client may not be an actual member of a tribe and still affiliate with one.

**INSTRUCTIONS**

1. Select the value(s) from the drop-down menu that best describes the Client's Tribal Affiliation(s).

**WHY**

This field helps determine which Native American tribe clients are associated with, and which behavioral health services they are using. This helps OHA in planning for comprehensive services across the state for all populations.



**RACE ETHNICITY IDENTITY**

MOTS Field: Race Field / Ethnicity Field

**DESCRIPTION****REQUIRED**

Identifies client's most recent reported race(s). Based on US Census categories, one or more values will be accepted.

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African
- Other Black Latinx Mexican
- Latinx Central American
- Latinx South American
- Other Hispanic/Latinx
- Middle Eastern
- North African
- CHamoru (Chamorro)
- Communities Micronesia Region
- Marshallese
- Samoan
- Native Hawaiian
- Other Pacific Islander
- Eastern European
- Slavic
- Western European
- Other White
- Other (please list)
- Don't know
- Don't want to answer
- Did not answer/missing

**FIELD GUIDELINES**

- Client-reported category (as opposed to provider perspective)

**INSTRUCTIONS**

1. Select the value(s) from the drop-down menu that best describes the Race and Ethnicity.

## WHY

Assists OHA with ensuring services are provided to all populations. It is also a Required field for states that receive SAMHSA block grant funds. Collecting race and ethnicity data helps in the analysis of health trends and outcomes across different populations. It is also used to ensure compliance with federal reporting requirements and to tailor healthcare services to meet the needs of diverse communities.

## RACE ETHNICITY SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Open text field allows for a more detailed description, or clarification, of the client's race ethnicity identity that may not be fully captured by the predefined categories under Race Ethnicity Identity. Required when Race Ethnicity Identity is "Other (please list)".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the client's racial or ethnic identity.

**WHY**

Assists OHA with ensuring services are provided to all populations.

## PRIMARY RACE ETHNICITY

New ROADS Field

**DESCRIPTION****REQUIRED**

The client's self-identified primary racial or ethnic background.

**VALID ENTRIES**

Drop-down Option Set (single select)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African
- Other Black Latinx Mexican
- Latinx Central American
- Latinx South American
- Other Hispanic/Latinx
- Middle Eastern
- North African
- CHamoru (Chamorro)
- Communities Micronesia Region
- Marshallese
- Samoan
- Native Hawaiian
- Other Pacific Islander
- Eastern European
- Slavic
- Western European
- Other White
- Other (please list)
- Don't know
- Don't want to answer
- Did not answer/missing

**FIELD GUIDELINES**

- Client-reported category (as opposed to provider perspective)

**INSTRUCTIONS**

1. Select the value from the drop-down menu that best describes the Client's primary race identity.

## WHY

Assists OHA with ensuring services are provided to all populations. It is also a Required field for states that receive SAMHSA block grant funds. Collecting race and ethnicity data helps in the analysis of health trends and outcomes across different populations. It is also used to ensure compliance with federal reporting requirements and to tailor healthcare services to meet the needs of diverse communities.

## OPEN RACE ETHNICITY

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Open text field allows for a more detailed description, or clarification, of the client's racial or ethnic identity that may not be fully captured by the predefined categories under Primary Race Ethnicity. Field will appear when Primary Race Ethnicity is "Other (please list)".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the client's racial or ethnic identity.

**WHY**

Assists OHA with ensuring services are provided to all populations.

## GENDER IDENTITY

MOTS Field: Gender

**DESCRIPTION****OPTIONAL**

The gender with which the client identifies.

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Boy, Man
- Girl, Woman
- Non-binary
- Agender, No gender
- Questioning
- Fluid
- Queer
- Not Listed. Please specify
- Don't know
- Don't know what the question is asking
- Don't want to answer

**INSTRUCTIONS**

1. Select the value from the drop-down menu that best describes the Client's gender.
2. If no options are correct, select "Not listed. Please specify" and continue to [Gender Identity Specified](#).

**WHY**

Assists OHA with ensuring services are provided to all populations. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. It is also used to tailor healthcare services to meet the needs of diverse communities.

## GENDER IDENTITY SPECIFIED

New ROADS Field

**DESCRIPTION****OPTIONAL**

Open text field allows for a more detailed description, or clarification, of the client's gender identity that may not be fully captured by the predefined categories under Gender Identity. Field will appear when Gender Identity is "Not listed. Please specify".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the gender identity as reported by the client.

**WHY**

Assists OHA with ensuring services are provided to all populations. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. It is also used to tailor healthcare services to meet the needs of diverse communities.



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**ASSESSMENT DATE**

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**DESCRIPTION****REQUIRED**

Date of Assessment within the Create Assessment form in the Behavioral Health / SUD / Co-Occurring / Assessment grid.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (DD = day, MM = month, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the Assessment Date.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

The Assessment Date is essential for maintaining an accurate and chronological health record for the client.

---

**EPISODE TYPE**

---

---

**DESCRIPTION****REQUIRED**

Describes the type of episode being recorded. Note, this field will automatically populate for all services except BH/SUD/Co-Occurring.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Behavioral Health
- SUD
- Co-Occurring (BH & SUD)

---

**INSTRUCTIONS**

1. Select the appropriate Episode Type from the drop-down menu:
2. Enter corresponding Admission Date(s).
3. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field is essential for categorizing and documenting episode types, ensuring clarity and data consistency. It automatically populates for all services except BH, SUD, and Co-Occurring services.

## OTHER CLIENT PROFILE FIELDS

The following fields can be found in the Client Profile upon specific record initiation. Click on the field name to be taken to that reference page within the specific care segment.

- [BH Admission Date](#)
- [Date/Time of Service](#) (Mental Health Crisis)
- [SUD Admission Date](#)
- [Date of Petition/NMI](#)

## ALIAS

---

Fields associated with the Alias form (in order of appearance):

- [Alias First Name](#)
- [Alias Middle Name](#)
- [Alias Last Name](#)
- [Alias Type](#)

---

**ALIAS FIRST NAME**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Documents an alias that is related to client's first name.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter the first name that the client uses as an alias.
2. Complete the form as necessary

---

**WHY**

Aliases are important for identifying clients who may be known by names other than their legal name. This can be crucial for locating client records, avoiding duplication, and ensuring that all client interactions are linked to the correct individual.

## ALIAS MIDDLE NAME

New ROADS Field

**DESCRIPTION****OPTIONAL**

Documents an alias that is related to client's middle name.

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the middle name that the client uses as an alias.
2. Complete the form as necessary

**WHY**

Aliases are important for identifying clients who may be known by names other than their legal name. This can be crucial for locating client records, avoiding duplication, and ensuring that all client interactions are linked to the correct individual.

ALIAS LAST NAME

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Documents an alias that is related to client's last name.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter the last name that the client uses as an alias.
2. Complete the form as necessary

---

**WHY**

Aliases are important for identifying clients who may be known by names other than their legal name. This can be crucial for locating client records, avoiding duplication, and ensuring that all client interactions are linked to the correct individual.

---

**ALIAS TYPE**

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Specifies the category or reason for which the alias name is used by the client. Field is required if adding an alias to the client record.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Maiden Name
- Nickname
- Previous Name
- Adoptive Name
- Religious or Cultural Name
- Pseudonym
- Former Married Name
- Shortened Name
- Other Alias

---

**INSTRUCTIONS**

1. Select the value from the drop-down menu that best describes the nature of the alias being documented:
2. If the alias does not fit any of the predefined categories, select "Other Alias"

---

**WHY**

Identifying the type of alias helps in understanding the context in which the alternative name is used and ensures proper communication with the client. It also aids in distinguishing between different aliases a client may have.



## BEHAVIORAL HEALTH

Fields associated with the Behavioral Health form (in order of appearance):

- [Episode of Care Label & Date](#)
- [BH Admission Date](#)
- [Peer Delivered Services](#)
- [Episode Admission Date](#)
- [Treatment /Service Setting](#)
- [Years of Education](#)
- [Episode Discharge Date](#)
- [Pregnant](#)
- [Tobacco Use](#)
- [Substance Use Reported](#)
- [Last Date of Substance Use](#)
- [GAF Score](#)
- [BH Discharge Date](#)
- [Rendering Provider MMIS ID](#)
- [Client Last Contact Date](#)
- [Treatment Status](#)
- [Diagnosis](#)
- [Primary Diagnosis](#)
- [Source of Income/Support](#)
- [Total Number of Dependents](#)
- [Expected / Actual Source of Payment](#)
- [Estimated Gross Household Monthly Income](#)
- [Number of Child Dependents](#)
- [Primary Health Insurance](#)
- [Service Element / Program](#)
- [Start Date \(Service Element\)](#)
- [End Date \(Service Element\)](#)
- [Legal Status](#)
- [DUII Service Type](#)
- [Total DUII Arrests](#)
- [Total Arrests](#)
- [Number of Arrests in Past Month](#)
- [State ID \(SID\)](#)
- [Oregon Driver's License Number/Oregon ID Number](#)
- [Referred From](#)
- [Referred To](#)
- [Treatment Plan Indicators](#)

## EPISODE OF CARE LABEL &amp; DATE

**DESCRIPTION****AUTOMATED/LOCKED**

Type of Episode and Date of Admission.

**VALID ENTRIES**

N/A. Field is locked from being edited.

**INSTRUCTIONS**

1. Verify the Episode Type and Admission Date are correct when moving between records.

**WHY**

This allows users to identify various episodes of care when looking at the Behavioral Health tab.

---

**BH ADMISSION DATE**

MOTS Field: Date of Admission

---

**DESCRIPTION****REQUIRED**

This field captures the date when the client receives his or her first direct BH treatment or BH service. For transfers, this is the date when client receives his or her first direct treatment after the transfer has occurred.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date client was admitted to BH services.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field lets OHA know when the client began to receive services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

---

**PEER DELIVERED SERVICES**

MOTS Field: Peer Delivered Services

---

**DESCRIPTION****REQUIRED**

Promotion and use of peer delivered services.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Client was informed of Peer Delivered Services
- Client Received Peer Delivered Services
- Peer Delivered Services Planned as Part of Transition Plan/Discharge
- None
- Not Applicable

---

**FIELD GUIDELINES**

- “Peer Delivered Services” means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Research has shown that improved outcomes are associated with Peer Delivered Services. OHA wants to better track Peer Delivered Services and the outcomes associated with them to make a case for increased public funds for these services.

## EPISODE ADMISSION DATE

New ROADS Field

**DESCRIPTION****AUTOMATED/LOCKED**

Notes the date the client was admitted to the overall Episode of Care on the Behavioral Health tab.

- Behavioral Health Episode of Care: Same as BH Admission Date
- SUD Episode of Care: Same as SUD Admission Date
- Co-Occurring Episode of Care: The most recent of the two Admission Dates

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Verify the date is accurate

**WHY**

This field lets OHA know when the client began to receive services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

## TREATMENT /SERVICE SETTING

New ROADS Field

**DESCRIPTION****REQUIRED**

Where the client is receiving services, treatment, or care.

**VALID ENTRIES**

Drop-down Option Set (single select)

- SUD Detoxification 24-Hr Service Hospital Inpatient
- SUD Detoxification 24-Hr Service Free-Standing Residential
- SUD Rehabilitation/Residential—Hospital (other than detox)
- SUD Rehabilitation/Residential—Short Term (30 days or less)
- SUD Rehabilitation/Residential—Long Term (More than 30 days)
- SUD Intensive Outpatient
- SUD Non-Intensive Outpatient
- SUD Outpatient Detoxification
- BH State Psychiatric Hospital
- BH OHA Funded/Operated Community Based Program
- BH Residential Treatment Center
- BH Other Psychiatric Inpatient
- BH Institution Under the Justice System
- Not Applicable

**INSTRUCTIONS**

1. Select the option corresponding to the specific setting where the client is receiving services, treatment, or care.

**WHY**

This field is crucial for creating effective, setting-specific treatment plans and ensuring continuity of care across different healthcare environments. It allows for accurate monitoring of treatment progress and outcomes, thus facilitating better-informed clinical decisions.

---

**YEARS OF EDUCATION**

---

MOTS Field: Highest School Grade Completed

---

**DESCRIPTION****REQUIRED**

Highest level of education client has completed.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- No Schooling or Less Than One School Grade
- Nursery school, Pre-school, or Head Start
- Kindergarten
- Self-contained Special Education Class – No Grade Level Equivalent
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12 or GED
- 1 Year of College/ University
- 2 Years of College/ University or Associate Degree
- 3 Years of College/ University
- 4 years of College/ University or Bachelor's Degree
- Graduate School
- Vocational School
- Unknown
- Not collected

---

**FIELD GUIDELINES**

- Grade completed and not the number of years of attendance.

---

**INSTRUCTIONS**

1. Enter the highest grade in school that the client has completed.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds. Also allows OHA to produce performance and outcome measure reports.

---

**EPISODE DISCHARGE DATE**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Notes the date the client was discharged from the overall Episode of Care on the Behavioral Health tab.

- Behavioral Health Episode of Care: Same as BH Discharge Date
- SUD Episode of Care: Same as SUD Discharge Date
- Co-Occurring Episode of Care: The most recent of the two Discharge Dates

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date client was discharged from the Episode of Care.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field lets OHA know when the client was discharged from services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.



---

**PREGNANT**

MOTS Field: Pregnant

---

**DESCRIPTION**

Specifies whether the client is pregnant.

**REQUIRED**

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Not Applicable (N/A)
- Unknown

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds.

---

**TOBACCO USE**

MOTS Field: Tobacco Use

---

**DESCRIPTION****REQUIRED**

Identifies if client used tobacco during the current reporting period.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Unknown

---

**FIELD GUIDELINES**

- Tobacco use includes the use of chewing tobacco, cigarettes, e-cigarettes, etc.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds.

---

**SUBSTANCE USE REPORTED**

---

MOTS Field: Substance Use During Last 90 Days

---

**DESCRIPTION****CONDITIONAL**

Identifies if the client has any use of non-prescribed drugs or alcohol during current reporting period.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Unknown

---

**FIELD GUIDELINES**

- Optional for Behavioral Health only Episode of Care
- Required for SUD or Co-Occurring Episode of Care
- Should not include legally obtained prescription drugs

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds.

---

**LAST DATE OF SUBSTANCE USE**

MOTS Field: Substance Use During Last 90 Days

---

**DESCRIPTION****CONDITIONAL**

Identifies the (estimated) date of last known substance use.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**FIELD GUIDELINES**

- Optional for Behavioral Health only Episode of Care
- Required for SUD or Co-Occurring Episode of Care

---

**INSTRUCTIONS**

1. Enter the date client reports as last using substance.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds.

## GAF SCORE

MOTS Field: Global Assessment of Functioning (Axis V)

**DESCRIPTION****OPTIONAL**

Specifies the client's current GAF (Global Assessment of Functioning (Axis V) score.

**VALID ENTRIES**

Open Text (numeric)

**FIELD GUIDELINES**

Consider client's psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations. Use the following as a guide:

- **100** Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
- **90-81** Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- **80-71** If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
- **70-61** Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- **60-51** Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, and conflicts with peers or coworkers).
- **50-41** Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- **40-31** Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; Child frequently beats up younger children, is defiant at home, and is failing at school).

- **30-21** Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).
- **20-11** Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- **10-1** Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
- **0** Inadequate information.

---

## INSTRUCTIONS

1. Enter the client GAF score, if known.

---

## WHY

This field allows OHA to measure improvement during treatment.

---

**BH DISCHARGE DATE**

MOTS Field: Date of Admission

---

**DESCRIPTION****REQUIRED**

This field captures the date when the client is discharged from BH treatment or BH service.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date client was discharged from BH services.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field lets OHA know when the services ended. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

## RENDERING PROVIDER MMIS ID

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Unique identifier assigned to a facility to verify eligibility and submit Medicaid claims. Required when the [Expected Source of Payment](#) is OHP/Medicaid. This number may be the same as the Facility Medicaid ID number.

**VALID ENTRIES**

Open Text (numeric)

**INSTRUCTIONS**

1. Enter Provider ID
2. Verify entry is correct.

**WHY**

This field provides specific identification for a Medicaid provider.



---

**CLIENT LAST CONTACT DATE**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Last date of client contact for Behavioral Health Episode of Care.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date client was last contacted.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field allows OHA to maintain up to date information on each client's visit history.

---

**TREATMENT STATUS**

---

New ROADS Field

---

**DESCRIPTION**

Field depicting the client's treatment record status.

---

**CONDITIONAL**

---

**VALID ENTRIES**

Drop-down option set (single select).

Field is locked until a [BH Discharge Date](#) is entered.

---

**INSTRUCTIONS**

1. The Treatment Status may affect what services can be recorded and when. Include checking the Treatment Status as part of any record submission troubleshooting process.

---

**WHY**

Allows OHA to produce outcome metrics that looks at treatment completion rates, as well as better understand why clients leave treatment early.

---

**DIAGNOSIS**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Specifies the client's current diagnoses for the crisis event.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- ICD-10 CODE(s) See the latest version of the ICD-10 Code Set.  
<https://www.cms.gov/medicare/coordination-benefits-recovery/overview/icd-code-lists>

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Important clinical information that helps characterize the population served. Identifies funding needs outside of Medicaid reimbursement. Provides context for patient and program outcomes.

---

**PRIMARY DIAGNOSIS**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Identifies the client's primary diagnosis.

---

**VALID ENTRIES**

Radio Button (single select)

- **Yes:** Stated diagnosis is the primary diagnosis.
- **No:** Stated diagnosis is not the primary diagnosis.

---

**INSTRUCTIONS**

1. Click the radio button next to the appropriate selection.

---

**WHY**

This field allows OHA to better understand why behavioral services are provided. It also helps OHA to understand the capacity needed across the state.

## SOURCE OF INCOME/SUPPORT

MOTS Field: Source of Income/Support

**DESCRIPTION****REQUIRED**

Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary source of income/support.

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Wages/Salary:** Money earned through paid employment
- **Public Assistance:** State payments made for aid to families with dependent children and as general assistance. This includes any publicly funded assistance like, Federal Supplemental Security Income, Oregon Supplemental Security Income, Welfare, etc.
- **Retirement / Pension/SSI:** Money earned and saved to be used later in life, like retirement. In this instance, "SSI" means Social Security Income.
- **Disability / SSDI (Social Security Disability Income)**
- **Other:** Any money received as income that is not included above; includes payments received for care of foster child, alimony or unemployment benefits.
- **None:** There is no source of income for the household.
- **Unknown**

**FIELD GUIDELINES**

- For children under 18, this field indicates the parent's primary source of income/support.

**INSTRUCTIONS**

1. Enter the principal source of household income which applies to the client's household.

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds.

---

**TOTAL NUMBER OF DEPENDENTS**

---

MOTS Field: Total Number of Dependents

---

**DESCRIPTION****REQUIRED**

Field identifies the total number of people dependent upon the client's household income.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- This does not necessarily include biological dependents.
- Minimum of one person indicated, as the client should be dependent on the income.
- "Household" refers to a living unit in which the members are dependent upon a common income for subsistence.
- If the client pays child support, those children must be included, even though not actually residing with the client.

---

**INSTRUCTIONS**

1. Enter the total number of people who are dependent upon the client's monthly household income.

---

**WHY**

This field helps to determine whether or not a client meets federal poverty levels. OHA needs to ensure that all populations receive appropriate behavioral health treatment services.

---

**EXPECTED / ACTUAL SOURCE OF PAYMENT**

MOTS Field: Expected / Actual Source of Payment

---

**DESCRIPTION****REQUIRED**

Identifies the source(s) of payment for the Treatment Episode.

---

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Self-Pay
- Medicare
- Medicaid/OHP
- BHD County Financial Assistance Agreement
- Other Government Payments, other than the BHD County Financial Assistance Agreement (City, County, State Funding) - Non Medicaid
- Worker's Compensation
- Private Health Insurance
- No Charge (free, charity, special research or teaching)
- Other
- Unknown

---

**FIELD GUIDELINES**

- As a therapeutic school, services are paid from two sources: the school district and Medicaid for those members who qualify for mental health services. Qualifying claims are billed electronically, and we are paid accordingly. There are two possible selections: Medicaid, and/or other.
- A DUII client has private insurance; however not all services provided will be covered by their insurance coverage. Service not covered will be supplemented by the client (out-of-pocket) and by the agency/facility (public funds). There are three possible selections: Private Health Insurance, Self-Pay and OHA County Financial Assistance Agreement.
- When a patient goes from 100 per cent Private Pay to Public Funding (including Medicaid), the patient should be entered into MOTS using the original admission date, not the date that public funds started being used to pay for the services.
- When a patient's treatment is paid by public funds initially and later no public funds are used to pay for treatment, change the Actual/Expected Source of Payment to Private Insurance and submit a status update to show the change. When treatment has ended submit a status update to show the final Treatment Status.

---

## INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

---

## WHY

Assists OHA with making sure all populations are served and have similar outcomes, regardless of who pays for treatment.



## ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME

MOTS Field: Estimated Gross Household Monthly Income

---

**DESCRIPTION****REQUIRED**

Record estimated total gross household monthly income for all family members of the household.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- Income includes wages, salaries, interest, dividends, pensions, annuities, Social Security retirement payments, unemployment compensation, public assistance payments, workers compensation payments, and Social Security Disability payments are all examples of income. Food stamps are not considered income.
- Definitions:
  - Estimated:** The best you can come up with given all available information.
  - Gross:** Income before taxes and other deductions.
  - Household:** A unit in which one or more persons are dependent upon a common income.
  - Monthly:** If client is paid weekly or every two weeks, you must add it up and add any other family member's income to arrive at the total monthly amount. Please do not enter annual income into this box.
- Examples:
  - Husband/Wife:** Terry Yokkie lives with his wife. They both work. Terry earned \$900 before taxes and other deductions last month. His wife earned \$650 in gross income. Their total gross household monthly income, therefore, is \$1,550.
  - Husband/Wife:** Justin Case works and is paid an income of \$900 per month. His wife Elizabeth was injured on the job a few weeks ago and is receiving Workers' Compensation benefits of \$350 per month. Therefore, their combined monthly gross household income is \$1,250.
  - Single Person:** Scott Free works and is paid an income of \$1,100 per month. Scott lives in an economic collective with six other adults who all work. Scott pays room and board. Scott's total gross household monthly income is \$1,100.
  - Person Living with Parents:** Grace Period lives with her parents. She is collecting \$220 per month in unemployment benefits. Her father works and earns \$1400 per month. Since Grace does not pay room and board, her father's income should be

included in the total gross household monthly income. Therefore, the gross household income is \$1620 per month.

- **Person Living In Prison:** Bill Mee is a prisoner on a work release program. He is considered earning an income. No other income should be included.
- **Child Living In Foster Care:** Young Wun is a child who is in foster care. Only include the money paid for foster care in the income box.

○

---

## INSTRUCTIONS

1. Enter a 0 (zero) if there is no household income
2. Enter a 1 (one) if the client refuses to answer
3. Enter <Numeric Value> – Enter the Total Gross Household Monthly Income

---

## WHY

This is a required field for states receiving federal SAMHSA block grant funds. Also assists with calculating performance and outcome measure reports.

---

**NUMBER OF CHILD DEPENDENTS**

---

MOTS Field: Number of Child Dependents

---

**DESCRIPTION****REQUIRED**

Field identifies the number of children (ages 0-17 years) that are dependent upon the client's household income.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- This does not necessarily include biological dependents.
- "Household" refers to a living unit in which the members are dependent upon a common income for subsistence.
- If the client pays child support, those children must be included even though not actually residing with the client.
- If the client is a child (under 18), and is living alone or homeless, then there would be a 1 entered in the Total Number of Dependents (to indicate the client) and a 1 entered in the Number of Child Dependents, as well.

---

**INSTRUCTIONS**

1. Enter the number of children ages 0-17 years that are dependent upon the client's household income.

---

**WHY**

This field is used to determine whether or not a client meets federal poverty levels. This field also helps OHA ensure that the appropriate levels of behavioral health treatment are available for individuals and families.

---

**PRIMARY HEALTH INSURANCE**

---

MOTS Field: Primary Health Insurance

---

**DESCRIPTION****REQUIRED**

Specifies the client's health insurance (if any). The insurance may or may not cover the costs of treatment.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Private Insurance/Managed Care Organization
- Medicare
- Medicaid/OHP
- Other (e.g., TRICARE - VA, CHAMPUS)
- None
- Blue Cross/Blue Shield
- Health Maintenance Organization (HMO)
- Unknown

---

**FIELD GUIDELINES**

- CPS Health Insurance Definitions: The Census Bureau collects data about different types of health insurance coverage and broadly classifies the types into either Private (non-government) coverage or Government-sponsored coverage.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds. Also assists OHA with making sure all populations are served and have similar outcomes.

## SERVICE ELEMENT / PROGRAM

New ROADS Field

## DESCRIPTION

## OPTIONAL

Specific program or service element provided.

## VALID ENTRIES

Drop-down Option Set (single select)

- A&D 03 System Management and Coordination - Addiction Treatment Recovery & Prevention and Problem Gambling Services
- A&D 60 Start-Up
- A&D 61 Adult Substance Use Disorder Residential Treatment Services
- A&D 62 Supported Capacity for Dependent Children Whose Parents Are In Adult Substance Use Disorder Residential Treatment
- A&D 63 Peer Delivered Services
- A&D 64 Housing Assistance
- A&D 65 Intoxicated Driver Program Fund (IDPF)
- A&D 66 Community Behavioral and Substance Use Disorder Services
- A&D 67 Substance Use Disorder Residential & Day Treatment Capacity
- A&D 71 Youth Substance Use Disorder Residential Treatment Services
- A&D 80 Problem Gambling Prevention Services
- A&D 81 Problem Gambling Treatment Services
- A&D 82 Problem Gambling Residential Services
- A&D 83 Problem Gambling Respite Treatment Services
- A&D 84 Problem Gambling, Client Finding/Referral Pathways Outreach Services
- MHS 01 System Management and Coordination
- MHS 04 Aid and Assist Client Services
- MHS 04 Community
- MHS 05 Assertive Community Treatment Services (ACT)
- MHS 06 Choice Model Services
- MHS 07 Commercial Sexual Exploitation of Children (CSEC)
- MHS 08 Crisis and Acute Transition Services (CATS)
- MHS 09 Jail Diversion Services
- MHS 10 Mental Health Promotion and Prevention Services
- MHS 11 Parent Child Interaction Therapy Services (PCIT)
- MHS 12 Rental Assistance Program Services
- MHS 128 Psychiatric Residential Treatment Services (PRTS)
- MHS 128A Secure Adolescent Inpatient Program (SAIP)
- MHS 128B Secure Children's Inpatient Program (SCIP)

- MHS 128C Therapeutic Foster Care (TFC)
- MHS 13 School-Based Mental Health Services
- MHS 14 Tribal-Based Mental Health Services
- MHS 15 Young Adult Hubs Program (YAHP)
- MHS 16 Peer Delivered Services (PDS)
- MHS 16A Peer Delivered Services (PDS) - Veterans
- MHS 20 Non-Residential Community Mental Health Services for Child, Youth and Adults
- MHS 24 Acute and Intermediate Psychiatric Inpatient Services
- MHS 25 Community Crisis Services for Adults and Children
- MHS 26 Non-Residential Mental Health Services for Youth & Young Adults in Transition
- MHS 26A Non-Residential Mental Health Services for Youth & Young Adults in Transition - Early Assessment and Support Alliance (EASA)
- MHS 27 Residential Mental Health Treatment Services for Youth & Young Adults In Transition
- MHS 28 Residential Treatment Services
- MHS 28A Residential Treatment Services - Secure Residential Treatment Facility
- MHS 30 Monitoring, Security, and Supervision Services for Individuals Under the Jurisdiction of the Adult and Juvenile Panels of the Psychiatric Security Review Board
- MHS 31 Enhanced Care and Enhanced Care Outreach Services
- MHS 34 Adult Foster Care Services
- MHS 35 Older or Disabled Adult Mental Health Services
- MHS 35A Older or Disabled Adult Mental Health Services - GERO-Specialist
- MHS 35B Older or Disabled Adult Mental Health Services - APD Residential
- MHS 36 Pre-Admission Screening and Resident Review Services (PASARR)
- MHS 37 Start-Up
- MHS 38 Supported Employment Services
- MHS 39 Projects for Assistance In Transition From Homelessness (PATH) Services Crisis Services for Adults and Children
- M110 Related Services
- N/A

---

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

## WHY

Allows data associated with specific service elements and programs to be tracked and categorized for program management and funding.

**START DATE (SERVICE ELEMENT)**

New ROADS Field

**DESCRIPTION****OPTIONAL**

First day of service element. *Note:* the Portal does not say Service Element in the field title.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date Service Element began.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

This field lets OHA know when the service element began. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

---

**END DATE (SERVICE ELEMENT)**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Final day of Service Element enrollment. *Note:* the Portal does not say Service Element in the field title.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date Service element ended.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press “Continue” in the top right to create record and enter remaining fields.

---

**WHY**

This field lets OHA know when the service element enrollment ended. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.



## LEGAL STATUS

MOTS Field: Legal Status

### DESCRIPTION

### REQUIRED

Identifies if individual is forensically committed, civilly committed, guardianship, etc.

### VALID ENTRIES

Drop-down Option Set (multiple select)

- DUII Diversion Client
- DUII Convicted Client
- 30 Day Civil Commitment
- 90 Day Civil Commitment
- 180 Day Civil Commitment
- Incarcerated
- Parole
- Probation
- Psychiatric Security Review Board (PSRB)
- Juvenile Psychiatric Security Review Board (JPSRB)
- Guardianship (Court)
- Guardianship (Child Welfare)
- Aid and Assist (ORS 161.370)
- None
- Involuntary Custody
- Pre-Booking Jail Diversion
- Post-Booking Jail Diversion
- Unknown

### FIELD GUIDELINES

- **DUII Instruction:** “DUII Diversion Client” and “DUII Convicted Client” should only be utilized by Division approved DUII services providers, and should only be used for clients receiving services as the result of an Oregon DUII. For example: A client who had a DUII in the past and has already satisfied the treatment requirements for that DUII would not have a legal status of “DUII Diversion Client” or “DUII Convicted Client”.
  - A client with a DUII from another state would not have a legal status of “DUII Diversion Client” or “DUII Convicted Client”.
  - If a client was convicted of a DUII and is on parole or probation, choose both statuses even if the client is on parole or probation as a result of the DUII. Please note that not every client who is convicted of a DUII will be placed on parole or probation.
- **Pre-Booking Jail Diversion:** Pre-Booking Jail Diversions do not result in arrest or charges. These diversion services include law enforcement diversions that pairs a Jail Diversion Program (JDP) clinician with law enforcement to co-respond to calls with mental health elements.
- **Post-Booking Jail Diversion:** Post-Booking Jail Diversion services occur after an arrest is made or charges have been filed. These services include those delivered post-adjudication (e.g. Jail In-Reach, completion of competency restoration in the community, Forensic Assertive Community Treatment (FACT) service, etc.)

- Pre- and Post-Booking Jail Diversion are for mental health clients. If a client is in DUI Diversion, there is no need to select Pre- or Post-Booking Jail Diversion.

---

## **INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

## **WHY**

This field helps determine how a client is involved in the Criminal Justice system or in the other monitoring programs. This also assists OHA with performance and outcome reports.

## DUII SERVICE TYPE

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Categorizes the service a patient is required to complete as part of their legal restitution for a DUII offense. Required if [Legal Status](#) is DUII Diversion or DUII Convicted.

**VALID ENTRIES**

Drop-down Option Set (single select)

- Education
- Rehabilitation

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

Allows OHA to determine Education and Rehabilitation needs for DUII clients.

---

**TOTAL DUUI ARRESTS**

---

MOTS Field: Total DUUI Arrests

---

**DESCRIPTION****CONDITIONAL**

The total number of times the client has been arrested for a DUUI.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings.
- This field does not imply conviction.
- Individuals with [legal status](#) of “DUUI Diversion Client” or “DUUI Convicted Client” should be recorded with no less than 1 DUUI arrest.

---

**INSTRUCTIONS**

1. Enter total number of times a client has been arrested for a DUUI during the client’s lifetime.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds. Also allows OHA to produce performance and outcome measure reports.

---

**TOTAL ARRESTS**

---

MOTS Field: Total Arrests

---

**DESCRIPTION****CONDITIONAL**

The total number of times the client has been arrested.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- All formal arrests are to be counted, regardless of whether incarceration or conviction resulted, and regardless of the status of the arrest proceedings.

---

**INSTRUCTIONS**

1. Enter the total number of times the client has been arrested during their lifetime.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds. Also allows OHA to produce performance and outcome measure reports.

---

**NUMBER OF ARRESTS IN PAST MONTH**

MOTS Field: Number of Arrests in Past Month

---

**DESCRIPTION****OPTIONAL**

The number of arrests during the last 30 days of the current reporting period.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- All formal arrests are to be counted regardless of whether they resulted in incarceration or conviction, and regardless of the status of the arrest proceedings.

---

**INSTRUCTIONS**

1. Enter number of arrests during the last 30 days of the current reporting period.

---

**WHY**

This is a required field for states receiving federal SAMHSA block grant funds. Also allows OHA to produce performance and outcome measure reports.

---

**STATE ID (SID)**

MOTS Field: State Identification Number (SID)

---

**DESCRIPTION****CONDITIONAL**

Unique identifier assigned by State Police Identification Services for individuals in the criminal justice system using the Law Enforcement Data Set (LEDS). Required if [Legal Status](#) is DUII Diversion or DUII Convicted.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter State ID.
2. Verify entry is correct.

---

**WHY**

Allows OHA to conduct performance and outcome reports focusing on how treatment reduces a client's Criminal Justice Involvement.

---

**OREGON DRIVER'S LICENSE NUMBER/OREGON ID NUMBER**

---

MOTS Field: Oregon Driver's License/Oregon Identification/ DMV Assigned Reference Number

---

**DESCRIPTION****CONDITIONAL**

Client's Oregon Driver's License, Oregon Identification number, or DMV Assigned Reference Number. Required if [Legal Status](#) is DUII Diversion or DUII Convicted.

---

**VALID ENTRIES**

Open Text (alpha/numeric)

---

**FIELD GUIDELINES**

- Individuals can call the DMV to obtain their driver's license number. A list of local DMV office phone numbers is available at the following web link:  
<http://www.oregon.gov/ODOT/DMV/Pages/Offices/index.aspx>

---

**INSTRUCTIONS**

1. Enter Oregon Driver's License Number/Oregon ID Number.

---

**WHY**

This information is helpful in confirming treatment completion for individuals who have been convicted of a DUII or are under a diversion agreement for a DUII.



## REFERRED FROM

MOTS Field: Referral From

### DESCRIPTION

### REQUIRED

Describes the people and/or organizations referring the client for services.

### VALID ENTRIES

Drop-down Option Set (multiple select)

- Child Welfare
- Vocational Rehabilitation
- Aging and People with Disabilities
- Developmental Disabilities Services
- School
- Community Housing
- Employment Services
- Community-based MH and/or SA Provider
- Local MH Authority/Community MH Program
- State Psychiatric Facility (i.e., OSH)
- Coordinated Care Organization (CCO)
- Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.)
- Municipal Court
- Federal Court
- Circuit Court
- Justice Court
- Jail: city or county
- Parole: county/state/federal: includes juveniles
- Police or sheriff: local, state
- Psychiatric Security Review Board (PSRB)
- Probation: county/state/federal - includes juveniles
- State Correctional Institution
- Federal Correctional Institution
- Integrated Tx Court (Drug Court or MH Court)
- Juvenile Justice System/Oregon Youth Authority
- ADES
- Self
- Family/Friend
- Employer/Employee Assistance Programs (EAP)
- Advocacy Group
- Attorney
- Crisis/Helpline
- Media/Internet
- Other
- None
- Crisis Bed
- 911
- EMS
- Fire
- Unknown

### FIELD GUIDELINES

- Referral requires "deliberate action".
- "Referral" identifies to whom a referral was made for treatment, service, or follow-up of some kind. A person is only considered referred if some deliberate action was taken to get the person into another service or agency. Deliberate action refers to taking the client there, or writing a letter, or making a phone call, or filing a notice.

- “Referred From” should not change during treatment, however, additional referrals could be added as additional information becomes clear during treatment.

---

## **INSTRUCTIONS**

1. Select appropriate response(s) from drop-down options.

---

## **WHY**

This is a required field for states receiving federal SAMHSA block grant funds. Also helps OHA identify which referrals may need more training and technical assistance as they deal with clients with behavioral health treatment needs.

## REFERRED TO

MOTS Field: Referral To

**DESCRIPTION****REQUIRED**

Describes the referrals made to people and/or organizations for services to benefit the client.

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Child Welfare
- Vocational Rehabilitation
- Aging and People with Disabilities
- Developmental Disabilities Services
- School
- Community Housing
- Employment Services
- Local MH Authority/Community MH Program
- State Psychiatric Facility (i.e., OSH)
- Coordinated Care Organization (CCO)
- Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.)
- Employer/Employee Assistance Programs (EAP)
- Attorney
- Other
- None
- Oregon Health Plan
- TANF/Food Stamps
- Youth/Child Social Service Agencies, Centers, or Teams
- Criminal Justice System Entities
- Other Community Agencies
- Community-based MH and/or SA Provider within service area
- Community-based MH and/or SA Provider outside service area
- Other MH/SA Providers
- Acute or Sub-Acute Psychiatric Facility
- MH Organization (MHO)
- Fully Capitated Health Plan (FCHP)
- Community Public Health Department
- Self Help Groups
- Oregon Partnership Helpline
- Crisis Bed
- Stabilization Services
- Veterans Affairs (VA)

**FIELD GUIDELINES**

- Referral requires "deliberate action".
- "Referral" identifies to whom a referral was made for treatment, service, or follow-up of some kind. A person is only considered referred if some deliberate action was taken to get the person into another service or agency. Deliberate action refers to taking the client there, or writing a letter, or making a phone call, or filing a notice.
- "Referred to" could change as different referrals are made; this box allows for multiple entries to capture all of the referrals. Do this during your normal status updates for the client.

- Community-based Mental Health and/or Substance Abuse Provider within service area:  
The client is being referred to another treatment program that is still part of the Community Mental Health Program area (usually within the same county).
- Community-based Mental Health and/or Substance Abuse Provider outside service area:  
The client is being referred to another treatment program outside the Community Mental Health Program area (usually outside of the county).

---

## INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

---

## WHY

This is a required field for states receiving federal SAMHSA block grant funds.

---

**TREATMENT PLAN INDICATORS**

MOTS Field: Treatment Plan Indicator

---

**DESCRIPTION****REQUIRED**

Field identifies key performance indicators that are significant to the clients Treatment Plan and their goal(s) for recovery.

---

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Education
- Employment
- Housing
- Other

---

**INSTRUCTIONS**

1. Select appropriate areas of performance addressed in the client's treatment care plan.

---

**WHY**

This field helps determine which performance or outcome measures should apply to each client. If a client's treatment care plan does not focus on Education, Employment or Housing, that client will not be included in the calculations for performance or outcomes reports.

## ADDICTION DETAIL

Fields associated with the Addiction Detail form (in order of appearance):

- [Substance Problem Sequence](#)
- [Substance](#)
- [Age at First Use](#)
- [Frequency of Use](#)
- [Usual Route of Administration](#)
- [Medication Assisted Tx](#)
- [Positive Alcohol/Drug Tests](#)
- [SUD Admission Date](#)
- [Addiction Current LOC](#)
- [DUII Completion Date](#)
- [Frequency of Attendance at Self Help Programs](#)
- [Client Last Contact Date SUD](#)
- [SUD Treatment Status](#)
- [SUD Discharge Date](#)
- [Child Date of Birth](#)
- [Child Admission Date](#)
- [Child Discharge Date](#)

---

## SUBSTANCE PROBLEM SEQUENCE

---

New ROADS Field

---

### DESCRIPTION

### REQUIRED

Ranks multiple substances attributing to client's dysfunction at time of admission.

---

### VALID ENTRIES

Drop-down Option Set (single select)

- Primary
- Secondary
- Tertiary
- Fourth
- Fifth
- Sixth
- Seventh

---

### FIELD GUIDELINES

- **Primary:** This is the substance abuse problem for which the client was admitted to treatment.
  - If a client is admitted to a methadone maintenance modality, the primary problem must be an opiate (heroin, non-Rx methadone, or any other opiates or synthetics).
- **Secondary, Tertiary, etc.:** use as necessary for each additional substance.

---

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

### WHY

This field is required by SAMHSA block grant recipients. It also helps with OHA Strategic Planning.

## SUBSTANCE

MOTS Field: Substance Problem

## DESCRIPTION

## REQUIRED

Type of substance that caused dysfunction.

## VALID ENTRIES

Drop-down Option Set (single select)

- Alcohol
- Crack
- Other Cocaine
- Marijuana/Hashish, THC, and any other cannabis sativa preparations
- Heroin
- Non-Prescription Methadone
- Codeine
- Propoxyphene (Darvon)
- Oxycodone (Oxycontin)
- Meperidine (Demerol)
- Hydromorphone (Dilaudid)
- Butorphanol (Stadol), morphine (Mscontin), opium, and other narcotic analgesics, opiates, or synthetics
- Pentazocine (Talwin)
- Hydrocodone (Vicodin)
- Tramadol (Ultram)
- Buprenorphine (Subutex, Suboxone)
- Fentanyl
- PCP
- LSD
- DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens
- Methamphetamine/Speed
- Amphetamine
- Methylenedioxymethamphetamine (MDMA, Ecstasy)
- 'Bath Salts', phenmetrazine, and other amines and related drugs
- Other Stimulants
- Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other Benzodiazepines
- Flunitrazepam (Rohypnol)
- Clonazepam (Klonopin, Rivotril)
- Meprobamate (Miltown)
- Other non-benzodiazepine tranquilizers
- Phenobarbital
- Secobarbital/Amobarbital (Tuinal)
- Secobarbital (Seconal)
- Amobarbital, pentobarbital (Nembutal) and other barbiturate sedatives
- Ethchlorvynol (Placidyl)
- Glutethimide (Doriden)
- Methaqualone (Quaalude)
- Chloral hydrate and other Non-Barbiturate Sedatives/hypnotics
- Aerosols
- Nitrites
- Gasoline, glue, and other inappropriately inhaled products
- Solvents (paint thinner and other solvents)
- Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
- Diphenhydramine
- Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, Ephedrine, sleep aids,



- Methylphenidate (Ritalin)
- Alprazolam (Xanax)
- Clordiazepoxide (Librium)
- Clorazepate (Tranzene)1304 -  
Diazepam (Valium)
- Flurazepam (Dalmane)
- Lorazepam (Ativan)
- Triazolam (Halcion)
- and any other legally obtained, non-prescription medication
- Diphenylhydantoin/Phenytoin (Dilantin)
- Synthetic Cannabinoid 'Spice', Carisoprodol (Soma) and other drugs
- GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
- Ketamine (Special K)
- Unknown

---

## INSTRUCTIONS

1. Select appropriate substance from drop-down options.

---

## WHY

This field is required by SAMHSA block grant recipients. It also helps with OHA Strategic Planning.

---

**AGE AT FIRST USE**

MOTS Field: Age at First Use

---

**DESCRIPTION****REQUIRED**

This field identifies the age at which the Substance was first used. For alcohol, this field records the age of the first intoxication or Newborn if affected at birth.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- This field is cross-checked with [Date of Birth](#) to check that client age is greater than the age of first use.
- If the exact age is unknown, estimate as closely as possible.
- Use '0' for newborn if affected at birth.

---

**INSTRUCTIONS**

1. Enter the age that indicates when the client first became involved with the drug type(s) identified in Substance.

---

**WHY**

This field is required by SAMHSA block grant recipients. It also helps with OHA Strategic Planning.

---

**FREQUENCY OF USE**

---

MOTS Field: Frequency of Use

---

**DESCRIPTION****REQUIRED**

Identify the frequency of use for the Substance identified.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- No use in the past month
- 1-3 times in the past month
- 1-2 times in the past week
- 3-6 times in the past week
- Daily

---

**FIELD GUIDELINES**

- If there has been no use in the past 30 days prior to admission, select the frequency as “No use in past month”. It is okay for a client to have a frequency of no use for the primary substance of abuse.
- It is important to point out that during the initial assessment a client may report no use in the past 30 days. After a couple of individual or group sessions with the client, and/or after the first urinalysis test results are received, the assessment may need to be adjusted if use has been detected. This information would be captured through a status update.
- When a client receiving detox services completes treatment, the time period may refer to the last two weeks.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This field is required by SAMHSA block grant recipients. It also helps with OHA Strategic Planning.

---

**USUAL ROUTE OF ADMINISTRATION**

MOTS Field: Usual Route of Administration

---

**DESCRIPTION****REQUIRED**

Identify the usual route of administration for the Substance identified.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Oral
- Smoking
- Inhalation
- Injection (IV or Intramuscular)
- Other

---

**FIELD GUIDELINES**

- If more than one route of administration exists, select the most frequent route.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This field is required by SAMHSA block grant recipients. It also helps with OHA Strategic Planning.

---

**MEDICATION ASSISTED TX**

MOTS Field: Medication Assisted Treatment

---

**DESCRIPTION****REQUIRED**

Type of addiction that medication is used for as part of the client's treatment plan

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Acamprosate/Campral
- Buprenorphine/Suboxone/Subutex/Zubsolv
- Extended Release Buprenorphine/Sublocade
- Bupropion/Zyban
- Disulfiram/Antabuse
- Methadone
- Naloxone/Narcan
- Extended Release Injectable Naltrexone/Vivitrol
- Naltrexone Implant
- Oral Naltrexone
- Varenicline/Chantix,
- None

---

**INSTRUCTIONS**

1. Select appropriate response if the client receiving medication to treat any of the listed substances.

---

**WHY**

This field is required by SAMHSA block grant recipients. It also helps with OHA Strategic Planning.

---

**POSITIVE ALCOHOL/DRUG TESTS**

MOTS Field: Positive Alcohol/Drug Tests

---

**DESCRIPTION****REQUIRED**

Total number of alcohol/drug tests that were positive during the past reporting period.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- This could be the last 30 days prior to the beginning of treatment, or the last 90 days (since the last status update). If there were no positive tests, enter "00" for none. Remember that this applies only to urinalysis tests (UAs), not breath, saliva, or iris scan tests. Note: Exclude Baseline Tests.
- Only report confirmed results.

---

**INSTRUCTIONS**

1. Enter the number of times that the client's urinalysis samples tested positive for illicit drugs during the reporting period.

---

**WHY**

This is a SAMHSA block grant required data field. Also, OHA wants to continue to track what contributes to successful outcomes.

---

**SUD ADMISSION DATE**

---

---

**DESCRIPTION****REQUIRED**

Date of admission for a SUD episode of care.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the SUD Admission Date.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field lets OHA know when the client began to receive services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

## ADDICTION CURRENT LOC

MOTS Field: Addiction Current Level of Care (LOC)

**DESCRIPTION****REQUIRED**

Current level of care for addiction treatment clients.

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Level 0.5:** Early Intervention
- **OTS:** Opioid Treatment Services
- **Level 1:** Outpatient Services
- **Level 2.1:** Intensive Outpatient Services
- **Level 2.5:** Day Treatment Outpatient Services
- **Level 3.1:** Clinically Managed Low-Intensity Residential Services
- **Level 3.3:** Clinically Managed Population-Specific High-Intensity (Adult) Residential Services
- **Level 3.5:** Clinically Managed Adult High-Intensity (Medium Intensity Adolescent) Residential Services
- **Level 3.7:** Medically Monitored Intensive (Adult) Inpatient/ High-Intensity (Adolescent) Inpatient Services
- **Level 4:** Medically Managed Intensive Inpatient Services
- **Level 1-WM:** Ambulatory Withdrawal Management without Extended On-Site Monitoring
- **Level 2-WM:** Ambulatory Withdrawal Management with Extended On-Site Monitoring
- **Level 4-WM:** Medically Managed Intensive Inpatient Withdrawal Management
- **Level 3.2-WM:** Clinically Managed Residential Withdrawal Management (NEW addition)
- **Level 3.7-WM:** Medically Monitored Inpatient Withdrawal Management (NEW addition)

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

This field helps OHA to understand the behavioral health treatment capacity need across the state.



---

**DUII COMPLETION DATE**

---

MOTS Field: DUII Completion Date

---

**DESCRIPTION****CONDITIONAL**

This field identifies the date that the DUII services were completed for an individual with a DUII.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date of DUII completion .
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This information is used to verify completion of a DUII services program, and helps distinguish between DUII Education and DUII Rehabilitation services.

---

**FREQUENCY OF ATTENDANCE AT SELF HELP PROGRAMS**

---

MOTS Field: Frequency of Attendance at Self Help Programs

---

**DESCRIPTION****REQUIRED**

The number of times the client has attended a self-help program in the month preceding the date of admission to treatment services. This includes attendance at AA, NA, Dual Diagnosis Anonymous (DDA) and other self-help/mutual support groups focused on addiction.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- No attendance in past month
- 1-3 times in the past month (less than once per week)
- 4-7 times in the past month (about once per week)
- 8-15 times in the past month (2 or 3 times per week)
- 16-30 times in the past month (4 or more times per week)
- Some attendance, but frequency unknown
- Unknown

---

**FIELD GUIDELINES**

- Select the number of times the client attended self-help programs, not the number of days, i.e., if a client attends self-help programs multiple times per day, let the number of times rather than the approximate times per week determine the response category. If the number exceeds 30 times in the prior month, use the response category 16-30 times.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

OHA wants to continue to track what contributes to successful outcomes.

## CLIENT LAST CONTACT DATE SUD

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Last date of client contact for SUD Episode of Care.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date client was last contacted regarding SUD.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

This field allows OHA to maintain up to date information on each client's visit history.

## SUD TREATMENT STATUS

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Automated field depicting the Episode of Care status, whether Active or Inactive. Field is locked until an SUD discharge date is entered.

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Active:** Client is receiving treatment services
- **Tx Completed:** Client will no longer be receiving treatment services and has finished the treatment as outlined in the treatment care plan
- **Left Against Professional Advice, including drop-out:** Client chose to discontinue treatment before completing the recommended services
- **Service Discontinued by Facility:** Includes clients who are not able to continue treatment due to physical or mental health issues
- **Transferred to Another Program or Facility:** This includes those that may have moved away or clients who need more intense treatment, either physical or behavioral health issues
- **Incarcerated:** Client is no longer receiving Active Treatment because he/she/they went to jail/prison
- **Aged Out:** children who are no longer eligible to receive services from the children mental health system because they have reached the agelimit
- **Death:** Client is deceased

**FIELD GUIDELINES**

Client A has begun mental health treatment at facility XX. Client A has client treatment status of "Active".

Client B was in addiction treatment at facility XX. However, Client B decided they no longer needed treatment and does not show up for appointments or groups. Client B had a treatment status of "Active". Now the facility would submit a record changing the treatment status to "Left without professional advice".

Client C is receiving mental health and addictions services at facility XX and has a treatment status of "Active". Client C has successfully completed treatment for addictions services. Client C's treatment status would continue to be active, as they are still receiving services from facility XX. OHA will know that they are no longer receiving addiction services by reviewing the service data.

Client D arrives at facility XX for an intake appointment and an assessment is conducted and determined that Client D does not need services and/or won't be treated at facility XX. Facility XX submits record of treatment status as "Assessment only".

Client E completes their addiction treatment. Their treatment status is "Treatment complete." If Client E returns to treatment, then a new treatment episode would be submitted with client treatment status of "Active."

---

## **INSTRUCTIONS**

1. The Treatment Status may affect what services can be recorded and when. Include checking the Treatment Status as part of any record submission troubleshooting process.

---

## **WHY**

This data is required by SAMHSA block grant recipients. It also helps with OHA strategic planning. Treatment Episode Data Sets (TEDS) are used to collect national outcome measures (NOMS).

---

**SUD DISCHARGE DATE**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Date client discharged from SUD treatment.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date client was discharged from the SUD Episode of Care.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter SUD Treatment Status and SUD Last Contact Date fields.

---

**WHY**

This field lets OHA know when the client was discharged from services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

## CHILD DATE OF BIRTH

New ROADS Field

**DESCRIPTION****OPTIONAL**

Date of birth for the child accompanying parent/guardian in treatment.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date of birth for the child accompanying parent/guardian in treatment.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

For those programs that have special funding to treat the client and offer services to their very young children, OHA needs to monitor closely and track associated outcomes.

---

**CHILD ADMISSION DATE**

---

New ROADS Field

---

**DESCRIPTION**

Date child joined parent in treatment.

---

**CONDITIONAL**

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date child joined parent in treatment.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

For those programs that have special funding to treat the client and offer services to their very young children, OHA needs to monitor closely and track associated outcomes.



**CHILD DISCHARGE DATE**

New ROADS Field

**DESCRIPTION**

Date child left treatment.

**CONDITIONAL****VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date child left treatment.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

For those programs that have special funding to treat the client and offer services to their very young children, OHA needs to monitor closely and track associated outcomes.

## MENTAL HEALTH CRISIS

Fields associated with the Mental Health Crisis form (in order of appearance):

- [Crisis Date/Time of Service](#)
- [Place of Service](#)
- [Primary Health Insurance](#)
- [Presenting Danger of Harm to Others](#)
- [Presenting Danger of Harm to Property](#)
- [Presenting Danger of Other Harm to Self](#)
- [Presenting Danger of Suicide](#)
- [Diagnosis](#)
- [Primary Diagnosis](#)
- [Referred From](#)
- [Referred To](#)
- [Legal Status](#)

---

**CRISIS DATE/TIME OF SERVICE**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The date and time when the client was seen for crisis treatment.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)
- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

---

**FIELD GUIDELINES**

- This field is separated into two data elements (date, time) for EDI.

---

**INSTRUCTIONS**

1. Enter the date and time crisis service was provided.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
4. Verify date.
5. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

Allows OHA to see trends on when crisis events are occurring.

---

**PLACE OF SERVICE**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The location where the service was rendered.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- For a list of valid entries and definitions, visit:  
[https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This field assists OHA in determining where services are lacking. Also helps with behavioral health treatment capacity management.

---

**PRESENTING DANGER OF HARM TO OTHERS**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The nature of harm risk that the client poses to others.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Thoughts:** The client has ideas about doing something violent. (The client has not yet threatened, made a plan, or actually tried to do something violent.)
- **Threats:** The client has verbally stated his/her intent to do something violent. (The client has not yet actually developed a plan or tried to do something violent.)
- **Plan:** The client has figured out a design or scheme to do something violent. (The client has not yet tried to do something violent.)
- **Action / Behavior:** The client has attempted to complete a violent act.
- **None of the Above:** Thoughts, Threats, Plan, and Action/Behavior do not apply
- **Unknown:** The therapist does not know if the client is concerned about this issue.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This field allows OHA to better understand why the crisis occurred.

## PRESENTING DANGER OF HARM TO PROPERTY

New ROADS Field

**DESCRIPTION****REQUIRED**

The nature of harm risk that the client poses to property.

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Thoughts:** The client has ideas about doing something violent. (The client has not yet threatened, made a plan, or actually tried to do something violent.)
- **Threats:** The client has verbally stated his/her intent to do something violent. (The client has not yet actually developed a plan or tried to do something violent.)
- **Plan:** The client has figured out a design or scheme to do something violent. (The client has not yet tried to do something violent.)
- **Action / Behavior:** The client has attempted to complete a violent act.
- **None of the Above:** Thoughts, Threats, Plan, and Action/Behavior do not apply
- **Unknown:** The therapist does not know if the client is concerned about this issue.

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

This field allows OHA to better understand why the crisis occurred.

## PRESENTING DANGER OF OTHER HARM TO SELF

New ROADS Field

**DESCRIPTION****REQUIRED**

The nature of harm risk that the client poses to self.

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Thoughts:** The client has ideas about doing something violent. (The client has not yet threatened, made a plan, or actually tried to do something violent.)
- **Threats:** The client has verbally stated his/her intent to do something violent. (The client has not yet actually developed a plan or tried to do something violent.)
- **Plan:** The client has figured out a design or scheme to do something violent. (The client has not yet tried to do something violent.)
- **Action / Behavior:** The client has attempted to complete a violent act.
- **None of the Above:** Thoughts, Threats, Plan, and Action/Behavior do not apply
- **Unknown:** The therapist does not know if the client is concerned about this issue.

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

This field allows OHA to better understand why the crisis occurred.

---

**PRESENTING DANGER OF SUICIDE**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The nature of suicidal risk that the client exhibits.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Thoughts:** The client has ideas about doing something violent. (The client has not yet threatened, made a plan, or actually tried to do something violent.)
- **Threats:** The client has verbally stated his/her intent to do something violent. (The client has not yet actually developed a plan or tried to do something violent.)
- **Plan:** The client has figured out a design or scheme to do something violent. (The client has not yet tried to do something violent.)
- **Action / Behavior:** The client has attempted to complete a violent act.
- **None of the Above:** Thoughts, Threats, Plan, and Action/Behavior do not apply
- **Unknown:** The therapist does not know if the client is concerned about this issue.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This field allows OHA to better understand why the crisis occurred.



## MOBILE CRISIS

Fields associated with the Mobile Crisis form (in order of appearance):

- [Crisis Date/Time of Service](#)
- [Place of Service](#)
- [Primary Health Insurance](#)
- [Presenting Danger of Harm to Others](#)
- [Presenting Danger of Harm to Property](#)
- [Presenting Danger of Other Harm to Self](#)
- [Presenting Danger of Suicide](#)
- [Caller Requesting Dispatch](#)
- [Caller Requesting Dispatch Specified](#)
- [MC Response Location \(ZIP Code\)](#)
- [Dispatch Location](#)
- [Date Mobile Crisis Team Received Call](#)
- [Dispatch Date](#)
- [Date Practitioner Arrived at Location](#)
- [Reason for Dispatch](#)
- [Date of Departure From Scene](#)
- [Maximum Response Time Exceeded Reason](#)
- [ERT Phone Check-In Completed](#)
- [ERT Phone Check-In Not Completed – Reason](#)
- [Known Intellectual Disability](#)
- [Was Language Need Met?](#)
- [EMS on Scene](#)
- [Law Enforcement on Scene](#)
- [Disposition](#)
- [Custody Required](#)
- [Was the Individual Enrolled in Stabilization Services](#)
- [Was Abuse Reported Under Mandatory Reporting Laws](#)
- [Responder](#)
- [Follow-Up Services Within 72 Hours After Initial Event](#)
- [Diagnosis](#)
- [Primary Diagnosis](#)
- [Referred From](#)
- [Referred To](#)
- [Legal Status](#)

---

**CALLER REQUESTING DISPATCH**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The caller who called into the crisis line and requested the dispatch.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Identified Client
- Significant Other/Spouse of Identified Client
- Other Family of Identified Client
- Peer/Friend of Identified Client
- Bystander/Community Member
- 988 Dispatcher
- 911 Dispatcher
- Emergency Department or Hospital Personnel
- Law Enforcement Officer/Dispatch
- EMS Personnel/Dispatch
- Not Listed

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA identify where the calls are originating from and determine further education and outreach needs.

## CALLER REQUESTING DISPATCH SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

The caller who called into the crisis line and requested the dispatch. Required if Caller Requesting Dispatch is "Not Listed".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter a clear description of the relationship between client and guardian.

**WHY**

Helps OHA identify where the calls are originating from and determine further education and outreach needs.

---

**MC RESPONSE LOCATION (ZIP CODE)**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

This is the Zip Code for where the Mobile event is located.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the ZIP code as a continuous string of five digits.

---

**WHY**

Assists OHA with making sure all populations are served and have similar outcomes. Helps determine client's geographic placement (rural, frontier, etc.). This field will help determine the geographic location of the call compared with response times. Will enable us to create a heat map of volume across the state.

## DISPATCH LOCATION

New ROADS Field

## DESCRIPTION

## REQUIRED

The location setting of the mobile dispatch.

## VALID ENTRIES

Drop-down Option Set (single select)

- Private Residence
- Community/Public Setting
- Outpatient Clinic
- Emergency Department
- Medical Hospital
- School
- Jail
- Assisted Living Facility
- Not Listed

## FIELD GUIDELINES

- **Private Residence:** Non-public dwellings including, but not limited to: homes, condominiums, apartments, and/or mobile homes.
- **Community/Public Setting:** A location that is open and accessible to the public. (Examples: a park, church, shopping center, etc.)
- **Outpatient Clinic:** Facilities that provide care in an outpatient setting. These include primary care clinics, outpatient therapist offices, etc.
- **Emergency Department:** Intake departments designed for unscheduled care in a hospital or other healthcare facility.
- **Medical Hospital:** Facilities intended for providing healthcare services, including both diagnostic and treatment services, to patients with medical conditions.
- **School:** Facilities designed for providing educational instruction to students, both children and adults.
- **Jail:** A city or county jail, correctional facility, or detention center with care provided on a 24-hour, 7-days-a-week basis.
- **Assisted Living Facility:** All or part of a building/complex consisting of fully, self-contained, individual living units where six or more seniors or adult individuals with disabilities may reside in homelike surroundings. The assisted living facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents.
- **Not Listed:** Options do not reflect the location setting of the mobile dispatch.

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

Helps OHA identify where the teams are responding and determine further education and outreach needs.

---

**DATE MOBILE CRISIS TEAM RECEIVED CALL**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The date and time the that the Mobile Crisis Team received the call, which may not be the time of the initial call due to varied ways that Mobile Crisis Teams are structured and dispatched.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)
- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

---

**FIELD GUIDELINES**

- This field is separated into two data elements (date, time) for EDI.

---

**INSTRUCTIONS**

1. Enter the date and time Mobile Crisis Team received the call.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
4. Verify date.
5. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field assists OHA in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

## DISPATCH DATE

New ROADS Field

**DESCRIPTION****REQUIRED**

Dispatch date and time when a professional decision is made that a Face-to-Face [Mobile Crisis Response](#) is required.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)
- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

**FIELD GUIDELINES**

- This field is separated into two data elements (date, time) for EDI.

**INSTRUCTIONS**

1. Enter the date and time of mobile dispatch.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
4. Verify date.
5. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

This field assists OHA in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

---

**DATE PRACTITIONER ARRIVED AT LOCATION**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The date and time that the practitioner arrived at the location where the individual experiencing the crisis is located, not necessarily when the services began. May be the same time as the time of service if practitioner immediately began speaking with the individual.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)
- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

---

**FIELD GUIDELINES**

- This field is separated into two data elements (date, time) for EDI.

---

**INSTRUCTIONS**

1. Enter the date and time practitioner arrived at location.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
4. Verify date.
5. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field assists OHA in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.



## REASON FOR DISPATCH

New ROADS Field

**DESCRIPTION****REQUIRED**

The reason mobile crisis was dispatched to the scene.

**VALID ENTRIES**

Drop-down Option Set (single select)

- Adult interpersonal conflict or violence (not in protected category)
- Adult interpersonal conflict or violence (protected category)
- Agitation or Disruptive Behavior
- Concerns About Treatment Engagement
- Disorganized/Challenges Functioning
- HarmRisk of Harm to Others
- HarmRisk of Harm to Self
- Harm/Risk of harm to property
- Interpersonal conflict or violence (Protected Category)
- Interpersonal conflict or violence (not in a protected category)
- Needing social services,
- Child Abuse, Neglect, or Exploitation
- Other Social / Interpersonal Problems
- Paranoia
- Running Away
- Needing Social Services
- Seeking Mental Health Services
- Substance Use
- Suicidality or Suicide Attempt
- Trauma
- Other

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

Helps OHA understand why mobile crisis teams are being called out to scenes.

---

**DATE OF DEPARTURE FROM SCENE**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Date and time the practitioner left the location where the individual experiencing the crisis is located.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)
- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

---

**FIELD GUIDELINES**

- This field is separated into two data elements (date, time) for EDI.

---

**INSTRUCTIONS**

1. Enter the date and time of practitioner departure from scene.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
4. Verify date.
5. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

This field assists OHA in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

## MAXIMUM RESPONSE TIME EXCEEDED REASON

New ROADS Field

## DESCRIPTION

## REQUIRED

The specific reason the maximum Response Time was exceeded.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Distance:** The time it takes to reach the destination is longer than the response times for urban, rural, or frontier due to distance. This can be affected by road conditions, weather conditions and geographic conditions.
- **Multiple Dispatches:** The dispatch request came in while all mobile crisis teams were already responding to other calls.
- **Safety Concerns:** When the mobile crisis team has assessed the situation and feels their safety is a concern or perceived to be in danger.
- **Unable to Locate Individual:** Mobile Response was unable to locate an individual in crisis at the scene.
- **Staffing Shortage:** When mobile crisis teams are not fully staffed due to workforce shortage, illness, unplanned leave, etc.
- **Not Applicable (N/A):** When the mobile crisis response did not exceed the maximum response time.

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

Helps OHA determine workforce needs and other reasons/barriers that may cause the mobile crisis response to exceed the response times.

## ERT PHONE CHECK-IN COMPLETED

New ROADS Field

**DESCRIPTION****REQUIRED**

Extended Response Time Phone Check-In Completed is used to verifying that when responses take longer than one hour, a person trained in crisis management (such as a person from a crisis line or a peer) calls the individual within one hour.

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

This will help OHA determine workforce needs and how many times a phone check in is needed.

---

**ERT PHONE CHECK-IN NOT COMPLETED – REASON**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Extended Response Time Phone Check-In Not Completed –Reason is used to describe why the required check-in phone call was not complete, if applicable. Required if “No” to [ERT Phone Check-In Completed](#).

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Called but did not make contact
- Did not call, no phone number provided
- Not Listed

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA determine why a phone check in would not be completed when responses will take more than an hour.

---

**KNOWN INTELLECTUAL DISABILITY**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

This field shows if the patient is known to have a developmental disability.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Did Not Ask
- Unknown
- Declined to Answer

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Assists OHA with ensuring services are provided to all populations. House Bill 4212-A.

## WAS LANGUAGE NEED MET?

New ROADS Field

---

DESCRIPTION

## REQUIRED

This field that records services for non-English clients provided if any.

---

VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, Certified Bilingual Staff:** A bilingual staff member who has received certification through the Health Care Interpreter Program.  
(<https://www.oregon.gov/oha/OEI/Pages/HCI-Program.aspx>)
- **Yes, Interpretive Services:** Contracted interpreter services like language line that provides phone or video interpretation. (Example: Linguava)
- **Not Applicable:** Client's preferred language is English and interpretation is not needed
- **No Interpreter/Bilingual Staff Available During Call:** Services were not provided as either the interpreter service didn't have an interpreter for the language available at the time but usually supports the language requested
- **Language Needs Not Supported by Translation Services:** Language is not supported at all by contracted translation service
- **No Telephone Service to Connect:** Teams are unable to connect to interpreters due to having no service in the area of the call

---

INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

WHY

Shows OHA when language needs are met and will help OHA address disparities throughout the state.

## EMS ON SCENE

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Records EMS involvement for any reason.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Co-Responding:** EMS is responding alongside of the two-person team identified in the county mobile crisis service plan that has been approved by OHA.
- **EMS Requested MR:** EMS initially responded and then determined that a mobile crisis team was needed and requested a mobile dispatch.
- **MR Requested EMS:** Mobile Response determined there was a need for EMS on the scene and requested EMS.
- **EMS Came Independently:** EMS arrived after mobile response but was not request by mobile response.
- **EMS Not on Scene:** EMS was not on scene at any point during the mobile response.
- **Not Listed:** Documentation does not indicate presence or absence of EMS involvement.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand how often requests for EMS are made and the reasons, since a goal of MCIT is to reduce the number of individuals with MH diagnoses who are taken to the ED as a result of crisis events.



## LAW ENFORCEMENT ON SCENE

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Records Law Enforcement (LE) involvement for any reason.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Co-Responding:** LE is responding alongside of the two-person team identified in the county mobile crisis service plan that has been approved by OHA.
- **LE Requested MR:** Law Enforcement called and requested the mobile response and stayed on scene during the mobile response.
- **MR Requested LE:** Mobile Response requested Law Enforcement to assist at the scene.
- **LE Came Independently:** Law Enforcement arrived at the scene without being requested by mobile response.
- **LE Not on Scene:** Law enforcement was not on scene at any point during the mobile response.
- **Not Listed**

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand how often requests for law enforcement are made and the reasons for those requests, since a goal of MCIT is to reduce the number of individuals who are taken to jail as a result of MH crisis events involving law enforcement.

Allows OHA to report back to community members since this is a large concern in the lived experience community.

---

**DISPOSITION**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The outcome for the individual crisis intervention.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Arrest
- Emergency Department
- Remained in the Community
- Sobering or Detox Facility
- Not Listed
- Crisis Stabilization Center

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand how often dispatches result in an involuntary custody. Allows OHA to report back to community members since this is a large concern in the lived experience community.

## CUSTODY REQUIRED

New ROADS Field

## DESCRIPTION

## REQUIRED

Shows if the client was placed under custody at the end of the mobile crisis dispatch.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Directors Custody:** A director's custody means the taking of a person into custody by order of a director pursuant to the provisions of ORS 426.233. A director's hold and a trial visit hold are variations of a nonhospital hold. Directors are directors of the community mental health program and includes the director's designee, who must be a QMHP, or peace officer authorized by the director to act on their behalf.
- **Police Custody:** A peace officer may take a person into custody pursuant to the provisions of ORS 426.228 when the peace officer has probable cause to believe that the person is dangerous to self or others, and needs immediate care, custody, or treatment for a mental illness.
- **Physician Hold:** A Physician may place a person on a hold if the physician has probable cause to believe that the person is dangerous to self or others, and needs immediate care, custody, or treatment for a mental illness.
- **Parental Hold (under 18):** A parental hold is for those under the age of 18 and the hold was requested by the parent/guardian.
- **No Custody Required**
- **Not Listed**

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

Helps OHA understand how often dispatches result in an involuntary custody. Allows OHA to report back to community members since this is a large concern in the lived experience community.

---

**WAS THE INDIVIDUAL ENROLLED IN STABILIZATION SERVICES**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Clients with mobile crisis responses requiring stabilization services up to 56-days

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No, did not Meet Criteria
- No, Already Receiving Behavioral Health Care
- Referred but Family Declined

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

To help OHA link mobile crisis events with stabilization service records.

---

**WAS ABUSE REPORTED UNDER MANDATORY REPORTING LAWS**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

This field is filled out to show if there was suspected abuse and if that abuse was reported.

---

**VALID ENTRIES**

Radio Button (single select)

- **Yes:** A mandatory report was made as a result of suspected abuse
- **No:** There was no suspected abuse

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA stay in compliance with 413-200-0386 and OAR 411-020-0020 if abuse is selected as a reason for dispatch.

## RESPONDER

New ROADS Field

## DESCRIPTION

## REQUIRED

Credentials of mobile crisis team members who responded to the call.

## VALID ENTRIES

Drop-down Option Set (multiple select)

- **Qualified Mental Health Professional (QMHP):** A qualified mental health professional defined in OAR 309-019-0125.
- **Qualified Mental Health Associate (QMHA):** A qualified mental health associate defined in OAR 309-019-0125.
- **Peer:** Program staff supporting the client or the client's family member who has similar life experience, either as a current or former recipient of mental health or substance use services, or as a family member of an individual who is a current or former recipient of substance use or mental health services. (Example: Peer Support Specialist (PSS), a Peer Wellness Specialist (PWS), or a Family Support Specialist)
- **Certified Alcohol and Drug Counselor (CADC):** The various tiers of certification are known by the following titles: Certified Alcohol Drug Counselor (CADC-I) Certified Alcohol Drug Counselor I (CADC-II), Certified Alcohol Drug Counselor II (CADC-III).
- **Emergency Medical Provider:** Oregon Health Authority's Emergency Medical Services and Trauma Systems Program licenses these professionals in the state of Oregon:
  - Emergency Medical Responders (EMR)
  - Emergency Medical Technicians (EMT)
  - Advanced EMT (AEMT)
  - EMT-Intermediate (EMT-I)
  - Paramedics
- **Licensed Medical Practitioner (LMP):** Individual licensed through state Instructions
- **Not Listed**

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

Shows the types of responders who responded to the dispatch to verify compliance with the service element MHS25.

## FOLLOW-UP SERVICES WITHIN 72 HOURS AFTER INITIAL EVENT

New ROADS Field

## DESCRIPTION

## OPTIONAL

This field shows services provided to client within 72 hours of the mobile response.

## VALID ENTRIES

Drop-down Option Set (multiple select)

- **Care Coordination:** A process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating, and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.
- **Safety Check/Safety Planning:** A best practice research-based individual directed document developed through a collaborative process in which the provider assists the individual in listing strategies to use when suicide ideation is elevated or after a suicide attempt.
- **Financial/Social/Insurance Support:** Services provided to an individual to assist with insurance, budgeting, and other programs to help patients address social and economic needs.
- **Short Term Clinical Intervention:** Also known as brief intervention is an early intervention for those using substances, by utilizing tribal-based, evidence-based, or culturally based practice designed to engage and motivate individuals at risk of substance use disorder and related health problems to seek services and/or supports. Brief interventions can also be used to encourage those with more serious dependence or disorders to accept more intensive treatment. Brief interventions are intended to address problematic or risky substance use that presents with or without a previous diagnosis.
- **Peer Support:** Program staff providing support to the client or the client's family member who has similar life experience, either as a current or former recipient of mental health or substance use services, or as a family member of an individual who is a current or former recipient of substance use or mental health services.
- **Follow-up Contact Made**
- **Attempted Follow-up**
- **Not Listed**

---

## INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

---

## WHY

Helps OHA understand the outcome of MC interventions. Helps OHA report to impacted parties, including legislature and community



## INVOLUNTARY SERVICES

Fields associated with the Involuntary Services form (in order of appearance):

- [Date of Petition / NMI](#)
- [Type of Petition/NMI](#)
- [Service Status](#)
- [Hearing Recommended](#)
- [Reason for Recommending Hearing / Diversion](#)
- [Rendering Provider MMIS ID](#)
- [Basis for Involuntary Services](#)
- [Date of Commitment](#)
- [Disposition by Judge](#)
- [Final Day of Diversion](#)
- [Service Setting Assigned to If Committed](#)
- [Length of Commitment \(days\)](#)
- [County Case Number](#)
- [Civil Commitment Case Number](#)
- [Placement Type](#)
- [Is Placement at OSH](#)
- [Transfer Authorized By](#)
- [Date of Authorization](#)
- [Receiving Facility](#)

**DATE OF PETITION / NMI**

MOTS Field: Date of Petition/Notice of Mental Illness (NMI)

**DESCRIPTION****REQUIRED**

Date petition was completed and signed.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date of Petition/NMI.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

Allows OHA to monitor the time it takes from the data of petition until results of the hearing occur. This ensures clients receive the services they need in a timely manner.

## TYPE OF PETITION / NMI

MOTS Field: Type of petition that led to investigation.

## DESCRIPTION

## REQUIRED

Type of petition that led to investigation.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Two Person, or County Health Officer, or Court Magistrate:** Under ORS 426.070 - Written notification under oath alleging that a person residing within the county is mentally ill and in need of treatment, care or custody. (Form "Notification of Mental Illness" #MHD 426.060)
- **CMHP Director Hold:** Under ORS 426.233(1) (b) (B) - Written notification by a community mental health program director or designee alleging that the person is in need of immediate care, custody or treatment for mental illness.
- **Physician/Hospital Hold:** ORS 426.232 - Written notification by a physician licensed to practice medicine by the Board of Medical Examiners for the State of Oregon, in consultation with a similarly qualified physician or qualified mental health professional, neither of whom shall be related by blood or marriage to the person, alleging the person to be dangerous to self or any other person and whom the physician believes is in need of emergency care or treatment for mental illness. (Form "Notice of Mental Illness Emergency Hospitalization by a Physician", #MHD 426.232)
- **Recertification:** Under ORS 426.301- A written certificate or notice must be given to the civilly committed person 14 days prior to the expiration of their commitment by the Director of the facility or the CMHP Director of the county where the person resides. The written notice or certificate shall advise the person that the authority or facility has requested that civil commitment be continued, and that they may protest this further commitment within 14 days and have legal counsel and rights to a hearing as outlined in ORS 426.307 or otherwise if they do not file a protest, that the commitment will be continued for an indefinite period of time up to 180 days. (Form "Certificate for Continued Commitment for Mental Illness", #MHD426.301)
- **Revocation:** Under ORS 426.275- Written notification to the court having jurisdiction for the conditional release, outpatient commitment, or trial visit that the mentally ill person is failing to adhere to the terms of the conditional release, outpatient treatment, or community placement. In addition, a copy of the conditions of treatment and/or placement shall be included with the written notification. (Form "Notification of Failure to Adhere to Conditions of Placement", #MHD 426.275)

---

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

## WHY

Due to State Statute, this information is required.

## SERVICE STATUS

MOTS Field: Service Status

---

**DESCRIPTION****REQUIRED**

Captures the status of the client.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Pre-Commitment Investigation** : Initial investigation of an allegedly mentally ill person (AMIP) who is not presently under commitment; ORS 426.070 & 426.074.
- **Revocation**: Investigation for revocation (conditional release, outpatient, or trial visit); ORS 426.275
- **Recertification**: Continuation of involuntary services for person who is civilly committed and assigned to treatment; ORS 426.301.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This field is needed to capture the type of involuntary service in which the client is participating.

---

**HEARING RECOMMENDED**

MOTS Field: Hearing Recommended

---

**DESCRIPTION****REQUIRED**

Recommendation the investigator made to the court about whether or not the Circuit Court should have a hearing on the person and the reason.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- No, petition/NMI withdrawn
- No, person agrees to voluntary treatment
- No, there is not probable cause
- No, but judge orders hearing
- Yes, there is probable cause
- No, 14-day diversion
- Yes, Protested recertification
- Yes, revocation

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options. If there is more than one reason for not having a hearing, select the entry that best summarizes the major reason.

---

**WHY**

This field is required due to state statutes, and for research purposes.

## REASON FOR RECOMMENDING HEARING / DIVERSION

MOTS Field: Reason(s) for Recommending Hearing/Diversion

## DESCRIPTION

## REQUIRED

If there is probable cause for hearing, what is the basis for the recommendation the investigators made to the court.

## VALID ENTRIES

Drop-down Option Set (multiple select)

- **Danger to self:** The investigator has probable cause to believe that the person may harm him/herself in the near future.
- **Danger to others:** The investigator has probable cause to believe that the person may cause harm to other persons in the immediate future.
- **Basic personal needs:** The investigator has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.
- **Chronic mentally ill:** The investigator has probable cause to believe that the person (all of the following 4 items must be true):
  - Is chronically mentally ill, as defined in ORS 426.495(2); and
  - Within the previous three years, has twice been placed in a hospital following involuntary commitment; and
  - Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; and
  - Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:
    - Dangerous to self or others;
    - Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.
- **Not applicable (Hearing not recommended)**

## INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

## WHY

This field is required due to Oregon Administrative Rules, and for research purposes.

## BASIS FOR INVOLUNTARY SERVICES

MOTS Field: Basis for Involuntary Services

## DESCRIPTION

## OPTIONAL

This is determined by the Circuit Court Judge after there has been a Commitment Hearing and it identifies the risk that the court decided was the primary reason(s) for the judge's decision.

## VALID ENTRIES

Drop-down Option Set (multiple select)

- **Danger to self:** The judge has probable cause to believe that the person may harm him/herself in the near future.
- **Danger to others:** The judge has probable cause to believe that the person may cause harm to other persons in the immediate future.
- **Basic personal needs:** The judge has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.
- **Chronic mentally ill:** The judge has probable cause to believe that the person (all of the following 4 items must be true):
  - Is chronically mentally ill, as defined in ORS 426.495(2); and
  - Within the previous three years, has twice been placed in a hospital following involuntary commitment; and
  - Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; and
  - Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:
    - Dangerous to self or others;
    - Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.

## INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

## WHY

This field is required due to Oregon Administrative Rules, and for research purposes.



---

**DATE OF COMMITMENT**

MOTS Field: Date of Commitment

---

**DESCRIPTION****CONDITIONAL**

Enter date of commitment by the Circuit Court Judge.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date of commitment by Circuit Court Judge.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

---

**WHY**

Ensures clients receive the services they need in a timely manner.

## DISPOSITION BY JUDGE

MOTS Field: Disposition by Judge

## DESCRIPTION

## CONDITIONAL

Legal decision made by the Circuit Court Judge at the final commitment hearing. (Note: This date element refers to the “final” hearing, as there may be several hearings [e.g., postponements] which occur prior to the final hearing). Required if Hearing Recommended is “Yes” or “No, but judge orders hearing”.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Found not mentally ill:** The judge ruled that the person did not meet the statutory requirements of ORS 426.005.
- **Dismissed:** The judge found the person to be mentally ill, willing and able to participate in treatment on a voluntary basis, and the judge believes the person would participate in voluntary treatment
- **Conditionally released:** The judge found the person to be mentally ill and placed the person in the care and custody of a legal guardian, relative or friend.
- **Outpatient commitment:** The Mental Health Director set conditions for provision of outpatient care at the time of the hearing and, the judge found the person mentally ill as defined in ORS 426.005, and placed the person under the care and custody of the BHD.
- **Inpatient commitment**
  - **for Dangerousness or Basic Personal Needs:** the judge found the person mentally ill, as defined in ORS 426.005(1)(d)(A) or (B), and placed the person under the care and custody of the Oregon OHA ORS 426.005 (1)(d)(A) or (B), or
  - **for Commitment for Chronic Mental Illness:** the judge found the person to be mentally ill under ORS 426.005(1)(d)(C) and placed the person under the care and custody of BHD.
- **Revocation:** Revokes a previous order.
- **Re-certification:** Continuing a commitment that was previously ordered.

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

This field is required due to Oregon Administrative Rules, and for research purposes.

**FINAL DAY OF DIVERSION**

MOTS Field: Final Day of Diversion

**DESCRIPTION****CONDITIONAL**

Date at which diversion would end.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the expected day diversion would end.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

This field is required due to Oregon Administrative Rules, and for research purposes.

## SERVICE SETTING ASSIGNED TO IF COMMITTED

MOTS Field: Service Setting Assigned to if Committed

## DESCRIPTION

## OPTIONAL

If the person was committed to BHD, the setting describes the type of facility or service the person was assigned to by BHD. The placement of the person may change during the period of the civil commitment. This data element only captures where the placement was made at the time of service or enrollment.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Community Mental Health Program:** A community mental health program or subcontractor
- **Community Hospital:** A local Medical inpatient facility licensed to provide diagnostic and therapeutic services for medical or psychiatric illnesses. (Community hospital does not include State or Veterans Administration hospitals.)
- **State Hospital:** Oregon State Hospital.
- **V.A. Hospital:** A hospital administered by the Veterans Administration
- **State Approved Facility:** A state approved facility other than the Oregon State Hospital.
- **Outpatient:** Private therapist or provider in the Community, other than the CMHP
- **Other:** Facilities other than those listed above. (Examples: group homes, nursing homes, etc.)

## INSTRUCTIONS

1. If the person was committed to BHD, select the type of facility the person was assigned to by BHD. If person not committed, field can be left blank. Select appropriate response from drop-down options.

## WHY

This field is required due to Oregon Administrative Rules, and for research purposes.

---

**LENGTH OF COMMITMENT (DAYS)**

MOTS Field: Length of Commitment

---

**DESCRIPTION****OPTIONAL**

Total number of days committed.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the number of length of commitment. This field refers to days. If person is not committed or this is a revocation, this field must be left blank

---

**WHY**

This field is required due to Oregon Administrative Rules, and for research purposes.

---

**COUNTY CASE NUMBER**

New ROADS Field

---

**DESCRIPTION**

County Case Number

---

**CONDITIONAL**

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter County Case Number.
2. Verify entry is correct.

---

**WHY**

Helps OHA and Counties match records in ROADS with the county cases/records.

---

**CIVIL COMMITMENT CASE NUMBER**

New ROADS Field

---

**DESCRIPTION**

Civil Commitment Case Number

---

**CONDITIONAL**

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter Civil Commitment Case Number.
2. Verify entry is correct.

---

**WHY**

Allows OHA to match ROADS records with their Civil Commitment Case from the DOJ.

---

**PLACEMENT TYPE**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The type of placement that of the involuntary service record.

---

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Initial Placement
- Transfer
- Trial Visit/Conditional Release
- Outpatient

---

**INSTRUCTIONS**

1. Select appropriate response(s) from drop-down options.

---

**WHY**

Helps OHA see if placement is related to a new case or an existing.



---

## IS PLACEMENT AT OSH

New ROADS Field

---

### DESCRIPTION

Indicated placement at Oregon State Hospital

### CONDITIONAL

---

### VALID ENTRIES

Radio Button (single select)

- **Yes:** Placement is at Oregon State Hospital.
- **No:** Placement is not at Oregon State Hospital.

---

### INSTRUCTIONS

1. Click the radio button next to the appropriate selection.

---

### WHY

Placement at OSH helps signal when an authorization is required.

## TRANSFER AUTHORIZED BY

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Name of person authorizing transfer.

**VALID ENTRIES**

Open Text (alphanumeric)

**INSTRUCTIONS**

1. Enter name of person authorizing transfer.
2. Verify spelling of name is correct.

**WHY**

Allows OHA to verify OSH employee authorized the placement.

**DATE OF AUTHORIZATION**

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Date of placement authorization.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date placement was authorized.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

Allows OHA to see when the authorization was given by an OSH representative.

---

**RECEIVING FACILITY**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Name of facility to receive client for involuntary placement.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

---

**FIELD GUIDELINES**

- Options available vary based on user facility/agency assignment(s)

---

**INSTRUCTIONS**

1. Click the magnifying glass to search for receiving facility.
2. Click "Select" when complete.

---

**WHY**

Helps OHA track where civilly committed individuals are located.

## STABILIZATION SERVICES

Fields associated with the Stabilization Services form (in order of appearance):

- [Referral Date \(Stabilization Services\)](#)
- [Intake Date](#)
- [Referral Source](#)
- [Referral Source Specified](#)
- [Primary Health Insurance](#)
- [Coordinated Care Organization](#)
- [Commercial Insurance Carrier](#)
- [Commercial Insurance Carrier Specified](#)
- [DHS Status](#)
- [Suspected or Known Developmental Disabilities](#)
- [Presenting Issues?](#)
- [Primary Diagnosis Category](#)
- [Diagnosis](#)
- [Primary Diagnosis](#)
- [Does Youth Have Previous Mental Health ED Visits](#)
- [Does Youth Have Previous Inpatient Psychiatric Admissions](#)
- [Does Youth Have Previous Suicide Attempts](#)
- [What Resources, Services, and Support are Needed?](#)
- [Resources, Services, Support Specified](#)
- [Youth Phone Number](#)
- [Youth Email Address](#)
- [Youth Preferred Method of Contact](#)
- [First Name \(Guardian\)](#)
- [Last Name \(Guardian\)](#)
- [Guardian Relationship Type](#)
- [Relationship Specified \(Guardian\)](#)
- [Guardian Preferred Contact Method](#)
- [Phone \(Guardian\)](#)
- [Email Address \(Guardian\)](#)
- [Final Date of Services](#)
- [SS Discharge Reason](#)
- [Did the Youth Receive Skills Training?](#)
- [Did the Youth Receive Individual Therapy?](#)
- [Did the Youth Receive Family Therapy](#)
- [Did the Youth Receive Med Management?](#)
- [Did the Youth Receive Case Management?](#)
- [Did the Youth Receive Care Coordination?](#)
- [Did the Youth Receive Youth Peer Support?](#)
- [Did the Youth Receive Family Peer Support?](#)
- [Respite](#)
- [Did the Youth Receive 24/7 Crisis Support \(Phone, Virtual, or In Person\)](#)
- [Did the Youth have a Suicide Attempt While in the Program?](#)
- [Did the Youth Present or Get Admitted to any of the Following Settings While In the Program?](#)
- [Did the Youth Get Connected to the Clinically Recommended Care at Closure?](#)
- [What Barriers Impacted Obtaining the Clinically Recommended Care?](#)

## REFERRAL DATE (STABILIZATION SERVICES)

New ROADS Field

**DESCRIPTION****REQUIRED**

Referral Date for Stabilization Services.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the Referral Date (Stabilization Services).
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

This field assists OHA in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

---

**INTAKE DATE**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Date the client started stabilization services.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**INSTRUCTIONS**

1. Enter in the date the client started stabilization services.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.

---

**WHY**

This field assists OHA in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

## REFERRAL SOURCE

New ROADS Field

## DESCRIPTION

## REQUIRED

The source/setting the client was referred to stabilization services from.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Mobile Crisis Intervention Team:** Referral came directly from the MCIS team.
- **Emergency Department/Hospital:** Referral came from an emergency room or medical hospital.
- **Crisis Center/Walk-In Clinic:** Referral came from a crisis center or walk-in clinic.
- **School:** Referral came from a school.
- **Other:** Referral came from a setting not listed above.

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

This field will help show OHA where a lot of the youth being referred are entering the system.



## REFERRAL SOURCE SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

The source/setting the client was referred to stabilization services from. Required if Referral Source is "Other".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter a clear description of the referral source.

**WHY**

This field will help show OHA where a lot of the youth being referred are entering the system.

---

**COORDINATED CARE ORGANIZATION**

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The clients assigned Coordinated Care Organization (CCO).

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Advanced Health
- AllCare CCO
- Cascade Health Alliance
- Columbia Pacific Coordinated Care Organization
- Eastern Oregon Coordinated Care Organization
- Health Share of Oregon
- InterCommunity Health Network Coordinated Care Organization
- Jackson Care Connect
- PacificSource Community Solutions: Central Oregon Region
- PacificSource Community Solutions: Columbia Gorge Region
- PacificSource Community Solutions: Lane
- PacificSource Community Solutions: Marion/Polk
- Trillium Community Health Plan: Southwest
- Trillium Community Health Plan: Tri-County
- Umpqua Health Alliance
- Yamhill Community Care
- Open Card

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Assists OHA with ensuring services are provided to all populations. House Bill 4212-A.

## COMMERCIAL INSURANCE CARRIER

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Enter in the youth's commercial insurance provider. Required if "Private Insurance/Managed Care Organization" to Primary Health Insurance

**VALID ENTRIES**

Drop-down Option Set (single select)

- Aetna
- BridgeSpan
- Cigna
- Health Net
- Kaiser
- LifeWise
- Moda
- Pacific Source
- Providence
- Regence BlueCross BlueShield
- United Health Care
- US Health Group
- Other (write in)

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

Assists OHA with ensuring services are provided to all populations. House Bill 4212-A.

## COMMERCIAL INSURANCE CARRIER SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Enter in the youth's commercial insurance provider. Required if Commercial Insurance Carrier is "Other".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter a clear description of the Commercial Insurance Carrier.

**WHY**

Assists OHA with ensuring services are provided to all populations. House Bill 4212-A.

## DHS STATUS

New ROADS Field

## DESCRIPTION

## REQUIRED

Enter in the type of DHS involvement with the youth if there is any known.

## VALID ENTRIES

Drop-down Option Set (single select)

- **DHS report made:** Stabilization Services made a report to DHS.
- **DHS oversight but not in DHS custody:** Youth and family have DHS involved, but youth is not in DHS custody or guardianship.
- **Currently in DHS custody:** Youth is currently in DHS custody or guardianship.
- **History of DHS involvement but not currently involved:** Youth and family have had previous DHS involvement (reports made, oversight, and/or custody or guardianship) but no current involvement.
- **No known DHS involvement:** There is no known previous or current DHS involvement.
- **Not Listed:** DHS involvement not otherwise listed.
- **Client Unable to Answer:** The client was asked the question but was unable to answer. Among other reasons, the client may have been unsure of their response or may not have had cognitive capacity to answer the question.
- **Client Declined to Answer:** The client was asked the question but declined to answer.
- **Did Not Ask:** Information was not asked. Among other reasons, this includes not asking the question if the team feels, based on their clinical judgment, that it was not appropriate to ask during the crisis.

## INSTRUCTIONS

1. Select appropriate response from drop-down options

## WHY

Assists OHA with ensuring services are provided to all populations. House Bill 4212-A.

---

**SUSPECTED OR KNOWN DEVELOPMENTAL DISABILITIES**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

This field shows if the patient is known to have a developmental disability.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Did Not Ask
- Unknown
- Declined to Answer

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Assists OHA with ensuring services are provided to all populations. House Bill 4212-A.

## PRESENTING ISSUES?

New ROADS Field

## DESCRIPTION

## REQUIRED

General reason(s) why the youth was enrolled.

## VALID ENTRIES

Drop-down Option Set (multiple select)

- **Mental health concerns:** Youth is enrolled in Stabilization Services due to mental health concerns which require intervention and coordination to maintain functioning and prevent escalation
- **Needs connection to resources, services and supports:** Youth is enrolled in Stabilization Services because they need connection to resources, services, and/or supports
- **Needs related to substance use:** Youth is enrolled in Stabilization Services because of needs related to substance use
- **Needs related to I/DD:** Youth is enrolled in Stabilization Services because of needs related to an Intellectual and/or Developmental Disability
- **Suicidal ideation/suicide risk:** Youth is enrolled in Stabilization Services because of suicidal ideation or suicide risk
- **Agitation or aggression:** Youth is enrolled in Stabilization Services because of agitated or aggressive behavior that puts themselves or others at risk
- **Needs more intensive services than routine community-based care:** Youth is enrolled in Stabilization Services because they are in need of more intensive services than routine community-based care.

## INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

## WHY

Shows the general reasons (based on OAR language) why a youth was enrolled. Helps OHA understand what challenges youth enrolled in this program are facing.

## PRIMARY DIAGNOSIS CATEGORY

New ROADS Field

## DESCRIPTION

## REQUIRED

The category of the client's primary diagnosis.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Attention-Deficit/Hyperactivity Disorder:** Youth has a primary diagnosis of ADHD
- **Anxiety Disorder:** Youth has a primary diagnosis in the anxiety disorders category in the DSM 5 (section II), such as Separation Anxiety, Social Anxiety Disorder, GAD, etc.
- **Autism Spectrum Disorder:** Youth has a primary diagnosis of ASD
- **Bipolar Disorder:** Youth has a primary diagnosis in the Bipolar and Related Disorders category in the DSM 5 (section II), such as Bipolar I Disorder, Bipolar II Disorder, etc.
- **Depressive Disorder:** Youth has a primary diagnosis in the Depressive Disorders category in the DSM 5 (section II), such as DMDD, MDD, PDD, etc.
- **Disruptive Impulse Control and Conduct Disorder:** Youth has a primary diagnosis in the Disruptive, Impulsive-Control, and Conduct Disorders category in the DSM 5 (section II), such as Oppositional Defiant Disorder, Conduct Disorder, Intermittent Explosive Disorder, etc.
- **Dissociative Disorder:** Youth has a primary diagnosis in the Dissociative Disorders category in the DSM 5 (section II), such as DID, Dissociative Amnesia, etc.
- **Feeding and Eating Disorder:** Youth has a primary diagnosis in the Feeding and Eating Disorder category in the DSM 5 (section II), such as Pica, ARFID, Anorexia Nervosa, Bulimia Nervosa, Binge-eating disorder, etc.
- **Medication-Induced Movement Disorder**
- **Gender Dysphoria:** Youth has a primary diagnosis of Gender Dysphoria
- **Other Neurodevelopmental Disorder:** Youth has a primary diagnosis (excluding ADHD and ASD) that falls under the Neurodevelopmental Disorders category in the DSM 5 (section II), such as Intellectual Disabilities, Communication Disorders, Learning Disorders, Motor Disorders, etc.
- **Neurocognitive Disorder:** Youth has a primary diagnosis in the Neurocognitive Disorders category in the DSM 5 (section II), such as Delirium, Traumatic Brain Injury, etc.
- **Obsessive Compulsive Disorder:** Youth has a primary diagnosis in the Obsessive-Compulsive and Related Disorders category in the DSM 5 (section II), such as OCD, Body Dysmorphic Disorder, Trichotillomania, etc.
- **Personality Disorder:** Youth has a primary diagnosis in the Personality Disorders category in the DSM 5 (section II), such as Cluster A, Cluster B, Cluster C, and Other Personality Disorders.



- **Schizophrenia Spectrum and Other Psychotic Disorder:** Youth has a primary diagnosis in the Schizophrenia Spectrum and Other Psychotic Disorders category in the DSM 5 (section II), such as Brief Psychotic Disorder, Schizophrenia, Schizoaffective Disorder, etc.
- **Somatic Symptom Disorder:** Youth has a primary diagnosis in the Somatic Symptom and Related Disorders category in the DSM 5 (section II), such as Conversion Disorder, Somatic Symptom Disorder, etc.
- **Substance-Related and Addictive Disorder:** Youth has a primary diagnosis in the Substance-Related and Addictive Disorders category in the DSM 5 (section II), such as Alcohol-Related Disorders, Cannabis-Related Disorders, Tobacco-Related Disorders, etc.
- **Trauma and Stressor-Related Disorder:** Youth has a primary diagnosis in the Trauma- and Stressor-Related Disorders category in the DSM 5 (section II), such as Reactive Attachment Disorder, PTSD, Acute Stress Disorder, Adjustment Disorders, etc.
- **No Diagnosis:** Youth does not have a DSM 5 diagnosis

---

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

## WHY

Important clinical information that helps characterize the population served. Identifies funding needs outside of Medicaid reimbursement. Provides context for patient and program outcomes.

## DOES YOUTH HAVE PREVIOUS MENTAL HEALTH ED VISITS

New ROADS Field

**DESCRIPTION****REQUIRED**

Records if there were any ED visits prior to intake.

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes:** Youth has at least one previous mental health ED visit (before current presentation, if ED visit is involved)
- **No:** Youth has never had a mental health ED visit (before current presentation, if ED visit is involved)
- **Unknown:** It is not known whether a youth has had previous mental health ED visit(s)

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

Helps characterize the population served. Provides context for patient and program outcomes.

---

**DOES YOUTH HAVE PREVIOUS INPATIENT PSYCHIATRIC ADMISSIONS**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Records if there were any psychiatric admissions prior to intake.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes:** Youth has at least one previous psychiatric inpatient admission (acute, subacute, or residential)
- **No:** Youth has never had previous psychiatric inpatient admission
- **Unknown:** It is not known whether a youth has had previous psychiatric inpatient admission

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps characterize the population served. Provides context for patient and program outcomes.

---

**DOES YOUTH HAVE PREVIOUS SUICIDE ATTEMPTS**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Records if there were any known suicide attempts prior to intake.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes:** Youth has at least one previous suicide attempt (before current presentation, if suicide attempt has occurred)
- **No:** Youth has never had a previous suicide attempt (before current presentation, if suicide attempt has occurred)
- **Unknown:** It is not known whether a youth has had a previous suicide attempt before this presentation

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps characterize the population served. Provides context for patient and program outcomes.

---

**WHAT RESOURCES, SERVICES, AND SUPPORT ARE NEEDED?**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Enter in the type of resource or service that the client needs.

---

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Education, literacy & language resources
- Economic hardship resources
- Housing resources
- Employment resources
- Food resources
- Physical health resources
- Social and emotional health resources
- Mental health and stress resources
- Safety and domestic violence
- Incarceration resources
- Other

---

**INSTRUCTIONS**

1. Select appropriate response(s) from drop-down options.

---

**WHY**

Provides further detail about what services families are in need of at entry to the program. Helps to identify gaps in services in the community. Highlights opportunities for advocacy and outreach. Provides context for patient and program outcomes.

## RESOURCES, SERVICES, SUPPORT SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Open entry for the type of resource or service that the client needs. Required if [What Resources, Services, and Support are Needed?](#) Is "Other".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter a clear description of the resources for services needed.

**WHY**

Provides further detail about what services families are in need of at entry to the program. Helps to identify gaps in services in the community. Highlights opportunities for advocacy and outreach. Provides context for patient and program outcomes.

## YOUTH PHONE NUMBER

New ROADS Field

**DESCRIPTION****OPTIONAL**

The phone number that the youth would prefer for communication.

**VALID ENTRIES**

Open Text (numeric)

- Ten-digit phone number without dashes.

**INSTRUCTIONS**

1. Enter the client's phone number as a continuous string of ten digits.

**WHY**

Used to conduct program satisfaction Survey.

---

**YOUTH EMAIL ADDRESS**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

The youths email address that they can be contact with for surveys.

---

**VALID ENTRIES**

Open Text (alpha/numeric)

---

**INSTRUCTIONS**

1. Enter the client's email address.

---

**WHY**

Used to conduct program satisfaction Survey.



## YOUTH PREFERRED METHOD OF CONTACT

New ROADS Field

**DESCRIPTION****REQUIRED**

Enter in the youth's preferred method of contact.

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- Email
- Call
- Text message

**INSTRUCTIONS**

1. Select appropriate response(s) from drop-down options.

**WHY**

Used to conduct program satisfaction Survey.

**FIRST NAME (GUARDIAN)**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

First name of the Parent or Guardian

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter the first name of the client's guardian.

---

**WHY**

Used to conduct program satisfaction survey.

LAST NAME (GUARDIAN)

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Last name of the Parent or Guardian

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter the last name of the client's guardian.

---

**WHY**

Used to conduct program satisfaction survey.

## GUARDIAN RELATIONSHIP TYPE

New ROADS Field

## DESCRIPTION

Relationship of the guardian to the client/youth.

## REQUIRED

## VALID ENTRIES

Drop-down Option Set (single select)

- **Parent:** Biological, adoptive, or step-parent
- **Foster Parent**
- **Sibling:** Sibling that is the primary contact for the youth's care
- **Extended Family Member:** Other extended family member that is the primary contact for the youth's care. May include grandparents, aunts/uncles, cousins, etc.
- **DHS Case Worker:** DHS caseworker that is the primary contact for the youth's care
- **OYA Guardian:** OYA guardian that is the primary contact for the youth's care
- **Other**

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

Used to conduct program satisfaction survey.

---

**RELATIONSHIP SPECIFIED (GUARDIAN)**

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Relationship of the guardian to the client/youth. Required if [Relationship \(Guardian\)](#) Is "Other".

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter a clear description of the relationship between client and guardian.

---

**WHY**

Used to conduct program satisfaction survey.

## GUARDIAN PREFERRED CONTACT METHOD

New ROADS Field

**DESCRIPTION****REQUIRED**

The form of communication that the guardian would prefer to be contact by

**VALID ENTRIES**

Drop-down Option Set (single select)

- Email
- Call
- Text message

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

Used to conduct program satisfaction survey.

---

**PHONE (GUARDIAN)**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Preferred phone number of the guardian that they wish to be reached at.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the guardian's phone number as a continuous string of ten digits.

---

**WHY**

Used to conduct program satisfaction survey.

## EMAIL ADDRESS (GUARDIAN)

New ROADS Field

**DESCRIPTION****REQUIRED**

Email address of the youth's guardian.

**VALID ENTRIES**

Open Text (alpha/numeric)

**INSTRUCTIONS**

1. Enter the guardian's email address.

**WHY**

Used to conduct program satisfaction survey.



## FINAL DATE OF SERVICES

New ROADS Field

**DESCRIPTION****REQUIRED**

Date that the client was discharged from Stabilization Services

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the final date of services provided.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify MM/DD/YYYY format

**WHY**

This field assists OHA in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

## SS DISCHARGE REASON

New ROADS Field

## DESCRIPTION

## REQUIRED

The reason the client was discharged from stabilization services.

## VALID ENTRIES

Drop-down Option Set (single select)

- **Connected to longer-term services:** Youth was discharged from Stabilization Services because they are connected to longer-term services that will meet their needs. This includes youth who had existing services at intake and continued them during the program and youth who obtained new services during stabilization services.
- **Youth and family stable and not in need of services:** Youth was discharged from Stabilization Services because they are stable and no longer in need of SS's level of intensity.
- **Youth admitted to inpatient program:** Youth was discharged from Stabilization Services because they were admitted to an inpatient level of care, which may include Acute Inpatient, Subacute Inpatient, Residential Treatment, etc.
- **Family stopped engaging in services:** Youth was discharged from Stabilization Services because the youth and/or family stopped engaging in services prior to an agreed upon discharge date.
- **Moved out of service area:** Youth was discharged from Stabilization Services because the youth and/or family moved out of the service area.
- **Other:** Youth was discharged for a reason not listed above.

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

## WHY

Key outcome of Stabilization Services. Provides context for other patient and program outcomes (such as recidivism, suicide attempts).

## DID THE YOUTH RECEIVE SKILLS TRAINING?

New ROADS Field

### DESCRIPTION

### REQUIRED

Shows the engagement of the youth in skills training during stabilization services.

### VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

### WHY

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

---

**DID THE YOUTH RECEIVE INDIVIDUAL THERAPY?**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Shows the engagement of the youth in individual therapy during stabilization services.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

---

## DID THE YOUTH RECEIVE FAMILY THERAPY

New ROADS Field

---

### DESCRIPTION

### REQUIRED

Shows the engagement of the youth in family therapy during stabilization services.

---

### VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

---

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

### WHY

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

---

**DID THE YOUTH RECEIVE MED MANAGEMENT?**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Shows the engagement of the youth in medication management during stabilization services.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

---

**DID THE YOUTH RECEIVE CASE MANAGEMENT?**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Shows the engagement of the youth in case management during stabilization services.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

---

**DID THE YOUTH RECEIVE CARE COORDINATION?**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Shows the engagement of the youth in care coordination during stabilization services.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.



---

**DID THE YOUTH RECEIVE YOUTH PEER SUPPORT?**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Shows the engagement of the youth in peer support during stabilization services.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

---

**DID THE YOUTH RECEIVE FAMILY PEER SUPPORT?**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Shows the engagement of the youth in family support during stabilization services.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes, engaged with service:** The youth participated in the service as outlined in the service plan
- **Yes, limited engagement:** The youth participated in the service to a degree. This may include decreased participation after initial engagement, overall limited engagement that is less than outlined in the service plan, etc.
- **Offered and declined:** The service was clinically indicated and offered to the youth, but the service was declined by the youth and/or family
- **Not available:** The service was clinically indicated, desired by the youth and/or family, but not provided because of lack of availability or resources
- **Not included on the service plan:** The service was not included on the youth's service plan because it was not clinically indicated

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

## RESPITE

New ROADS Field

---

DESCRIPTION

## REQUIRED

Shows the engagement in respite during stabilization services.

---

VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, frequent use:** The youth and family utilized respite services two or more times per week (on average).
- **Yes, limited use:** The youth and family utilized respite services one or fewer times per week (on average).
- **Not used:** The youth and family did not utilize respite, even though the service was available.
- **Not available:** The youth and family would benefit from or desired respite services, but this service was not available.

---

INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

WHY

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

## DID THE YOUTH RECEIVE 24/7 CRISIS SUPPORT (PHONE, VIRTUAL, OR IN PERSON)

New ROADS Field

### DESCRIPTION

### REQUIRED

Shows the engagement of the youth in 24/7 crisis support during stabilization services.

### VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, frequent use:** The youth and family utilized respite services two or more times per week (on average).
- **Yes, limited use:** The youth and family utilized respite services one or fewer times per week (on average).
- **Not used:** The youth and family did not utilize respite, even though the service was available.
- **Not available:** The youth and family would benefit from or desired respite services, but this service was not available.

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

### WHY

Helps OHA understand what services the programs are providing (based on OARs).

Helps assess fidelity to program and practice standards. Provides context for patient and program outcomes. Identifies gaps in service availability across the state.

---

**DID THE YOUTH HAVE A SUICIDE ATTEMPT WHILE IN THE PROGRAM?**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Records if there were any known suicide attempts during treatment.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- **Yes:** Youth had at least one suicide attempt while enrolled in Stabilization Services.
- **No:** Youth did not have a suicide attempt while enrolled in Stabilization Services.
- **Unknown:** It is not known whether a youth had a suicide attempt while enrolled in Stabilization Services.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Key outcome of SS intervention. Provides context for other patient and program outcomes (such as recidivism, suicide attempts, etc.).

## DID THE YOUTH PRESENT OR GET ADMITTED TO ANY OF THE FOLLOWING SETTINGS WHILE IN THE PROGRAM?

New ROADS Field

---

### DESCRIPTION

### REQUIRED

Records setting the client may have been admitted into an inpatient setting during stabilization services.

---

### VALID ENTRIES

Drop-down Option Set (multiple select)

- **Crisis Center/Walk-In Clinic:** Youth presented to a crisis center or walk-in clinic for a mental health related issue while enrolled in Stabilization Services.
- **Emergency Department:** Youth presented to an ED for a mental health related issue while enrolled in Stabilization Services.
- **Psychiatric Inpatient:** Youth was admitted to a psychiatric inpatient unit while enrolled in Stabilization Services.
- **None:** Youth did not have any presentations or admissions to the above settings while enrolled in Stabilization Services.
- **Unknown:** It is not known whether a youth had any presentations or admissions to the above settings while enrolled in Stabilization Services.

---

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

### WHY

Key outcome of SS intervention. Provides context for other patient and program outcomes (such as recidivism, suicide attempts, etc.).

## DID THE YOUTH GET CONNECTED TO THE CLINICALLY RECOMMENDED CARE AT CLOSURE?

New ROADS Field

### DESCRIPTION

### REQUIRED

Shows if the youth was able to be connected to clinically recommended care at the time of discharge.

### VALID ENTRIES

Drop-down Option Set (single select)

- **Yes, follow-up services have started:** The youth was connected to the clinically recommended care at closure (whether they were already in place at intake or new services). The youth has already started these services at Stabilization Services closure. A warm handoff may have occurred.
- **Yes, follow-up services pending at discharge:** The youth was connected to the clinically recommended care at closure. These services are pending and have not yet started (i.e. waiting for referral to process, waiting for first appointment but stable enough to discharge, etc.)
- **No:** The youth was not connected to the clinically recommended care at discharge.

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

### WHY

Key outcome of SS intervention. Provides context for other patient and program outcomes (such as recidivism, suicide attempts, etc.).

## WHAT BARRIERS IMPACTED OBTAINING THE CLINICALLY RECOMMENDED CARE?

New ROADS Field

### DESCRIPTION

### REQUIRED

Barriers that impacted the client from obtaining care.

### VALID ENTRIES

Drop-down Option Set (multiple select)

- **Limited access to appropriate provider(s):** Includes barriers such as provider waitlists, limited/no providers in the area, youth and/or family needs a culturally specific provider that isn't available, etc.
- **Insurance/coverage barriers:** Includes barriers such as insurance not covering necessary service, out-of-area coverage, no insurance, financial concerns related to insurance (i.e., copays, deductibles, co-insurance, out-of-pocket costs, etc.)
- **Other financial barriers:** Includes barriers such as cost of transportation, etc.
- **Diagnosis or behaviors preventing acceptance to recommended services:** Includes barriers such as providers/facilities not accepting the youth due to the youth's diagnosis(es) or behavior(s) (SUD, I/DD, acute suicidality, aggression, etc.)
- **Youth or family unable to engage in recommended services:** Includes barriers such as the family/youth being unable to take time off of work/school to participate in treatment, family/youth being unable to participate in telehealth, family/youth struggling to organize adequately to access services, etc.
- **Youth or family declined further services:** Youth and/or family declined to engage in further services, even if clinically indicated.
- **Family did not specify:** Youth and/or family did not specify barriers that impacted access to care.
- **Not listed:** Barrier not listed above.

### INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

### WHY

This field is essential to show the different barriers that patients are facing in order to get the recommended care needed. This field can help OHA look at how to break down those barriers and see what barriers are creating the biggest impact.



## STABILIZATION SERVICES – OHIO SCALE

The following fields are based on the Ohio Scales for Youth and will be made available at Stabilization Services Intake and Discharge for each client.

Additional information can be found at <https://sites.google.com/site/ohioscales/the-manuals?authuser=0>

Fields associated with the Involuntary Services form (in order of appearance):

- [Clinician Problem Severity Sub Score](#)
- [Clinician Functioning Sub Score](#)
- [Parent/Guardian Problem Severity Sub Score](#)
- [Youth Problem Severity Sub Score](#)
- [How satisfied are you with the mental health services you have received so far? \(Parent/Guardian Satisfaction Scale\)](#)
- [To what degree have you been included in the treatment planning process for your child? \(Parent/Guardian Satisfaction Scale\)](#)
- [Mental health workers involved in my case listen to and value my ideas about treatment planning for my child. \(Parent/Guardian Satisfaction Scale\)](#)
- [To what extent does your child's treatment plan include your ideas about your child's treatment needs? \(Parent/Guardian Satisfaction Scale\)](#)
- [How satisfied are you with the mental health services you have received so far? \(Youth Satisfaction Scale\)](#)
- [How much are you included in deciding your treatment? \(Youth Satisfaction Scale\)](#)
- [Mental health workers involved in my case listen to me and know what I want. \(Youth Satisfaction Scale\)](#)
- [I have a lot of say about what happens in my treatment. \(Youth Satisfaction Scale\)](#)
- [Parent/Guardian Hopefulness Score](#)
- [Youth Hopefulness Score](#)

---

**CLINICIAN PROBLEM SEVERITY SUB SCORE**

---

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Measures severity of common problems/symptoms that are reported by youth who receive intensive behavioral health services from the clinician's perspective.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the Ohio Clinician Problem Severity Sub Score on a scale of 0-100.

---

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

---

**CLINICIAN FUNCTIONING SUB SCORE**

---

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Measures functional strengths and needs in areas of daily life from the Clinician's perspective.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the Ohio Clinician Functioning Sub Score on a scale of 0-80.

---

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

---

**PARENT/GUARDIAN PROBLEM SEVERITY SUB SCORE**

---

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Measures severity of common problems/symptoms that are reported by youth who receive intensive behavioral health services from the Parent or Guardians perspective

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the Ohio Parent/Guardian Problem Severity Sub Score on a scale of 0-100.

---

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

---

**PARENT/GUARDIAN FUNCTIONING SUB SCORE**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Measures functional strengths and needs in areas of daily life from the Parent or Guardians perspective.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the Ohio Parent/Guardian Functioning Sub Score on a scale of 0-80.

---

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## YOUTH PROBLEM SEVERITY SUB SCORE

New ROADS Field

**DESCRIPTION****OPTIONAL**

Measures severity of common problems/symptoms that are reported by youth who receive intensive behavioral health services from the Youth's perspective.

**VALID ENTRIES**

Open Text (numeric)

**INSTRUCTIONS**

1. Enter the Ohio Youth Problem Severity Sub Score on a scale of 0-100.

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## YOUTH FUNCTIONING SUB SCORE

New ROADS Field

**DESCRIPTION****OPTIONAL**

Measures functional strengths and needs in areas of daily life from the Youth's perspective.

**VALID ENTRIES**

Open Text (numeric)

**INSTRUCTIONS**

1. Enter the Ohio Youth Functioning Sub Score on a scale of 0-80.

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## HOW SATISFIED ARE YOU WITH THE MENTAL HEALTH SERVICES YOU HAVE RECEIVED SO FAR? (PARENT/GUARDIAN SATISFACTION SCALE)

New ROADS Field

---

### DESCRIPTION

### OPTIONAL

Describes how satisfied the Guardian is with the services provided to the youth.

---

### VALID ENTRIES

Drop-down Option Set (single select)

1. Extremely Satisfied
2. Moderately Satisfied
3. Somewhat Satisfied
4. Somewhat Dissatisfied
5. Moderately Dissatisfied
6. Extremely Dissatisfied

---

### INSTRUCTIONS

1. Select the appropriate option from the drop down menu.

---

### WHY

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.



## TO WHAT DEGREE HAVE YOU BEEN INCLUDED IN THE TREATMENT PLANNING PROCESS FOR YOUR CHILD? (PARENT/GUARDIAN SATISFACTION SCALE)

New ROADS Field

---

### DESCRIPTION

### OPTIONAL

Indicates how involved the Guardian was in the treatment plan for the youth.

---

### VALID ENTRIES

Drop-down Option Set (single select)

1. A great deal
2. Moderately
3. Quite a bit
4. Somewhat
5. A little
6. Not at all

---

### INSTRUCTIONS

1. Select the appropriate option from the drop down menu.

---

### WHY

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

MENTAL HEALTH WORKERS INVOLVED IN MY CASE LISTEN TO AND  
VALUE MY IDEAS ABOUT TREATMENT PLANNING FOR MY CHILD.  
(PARENT/GUARDIAN SATISFACTION SCALE)

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Describes how well the mental health workers took into account the parent or guardians' ideas about treatment from the parent or guardians' perspective.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

1. A great deal
2. Moderately
3. Quite a bit
4. Somewhat
5. A little
6. Not at all

---

**INSTRUCTIONS**

1. Select the appropriate option from the drop down menu.

---

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

TO WHAT EXTENT DOES YOUR CHILD'S TREATMENT PLAN INCLUDE  
YOUR IDEAS ABOUT YOUR CHILD'S TREATMENT NEEDS?  
(PARENT/GUARDIAN SATISFACTION SCALE)

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Describes how the parents or guardian's ideas were incorporated into the child's treatment plan from the parent or guardians' perspective.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

1. A great deal
2. Moderately
3. Quite a bit
4. Somewhat
5. A little
6. Not at all

---

**INSTRUCTIONS**

1. Select the appropriate option from the drop down menu.

---

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## HOW SATISFIED ARE YOU WITH THE MENTAL HEALTH SERVICES YOU HAVE RECEIVED SO FAR? (YOUTH SATISFACTION SCALE)

New ROADS Field

---

### DESCRIPTION

### OPTIONAL

Describes how satisfied the Youth is with the services provided to the youth.

---

### VALID ENTRIES

Drop-down Option Set (single select)

1. Extremely Satisfied
2. Moderately Satisfied
3. Somewhat Satisfied
4. Somewhat Dissatisfied
5. Moderately Dissatisfied
6. Extremely Dissatisfied

---

### INSTRUCTIONS

1. Select the appropriate option from the drop down menu.

---

### WHY

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## HOW MUCH ARE YOU INCLUDED IN DECIDING YOUR TREATMENT? (YOUTH SATISFACTION SCALE)

New ROADS Field

---

### DESCRIPTION

### OPTIONAL

Describes how involved the youth was in regard to their treatment from the youth's perspective.

---

### VALID ENTRIES

Drop-down Option Set (single select)

1. A great deal
2. Moderately
3. Quite a bit
4. Somewhat
5. A little
6. Not at all

---

### INSTRUCTIONS

1. Select the appropriate option from the drop down menu.

---

### WHY

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## MENTAL HEALTH WORKERS INVOLVED IN MY CASE LISTEN TO ME AND KNOW WHAT I WANT. (YOUTH SATISFACTION SCALE)

New ROADS Field

---

### DESCRIPTION

### OPTIONAL

Describes how the youth's ideas were incorporated into their treatment plan from the youth's perspective.

---

### VALID ENTRIES

Drop-down Option Set (single select)

1. A great deal
2. Moderately
3. Quite a bit
4. Somewhat
5. A little
6. Not at all

---

### INSTRUCTIONS

1. Select the appropriate option from the drop down menu.

---

### WHY

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## I HAVE A LOT OF SAY ABOUT WHAT HAPPENS IN MY TREATMENT. (YOUTH SATISFACTION SCALE)

New ROADS Field

---

### DESCRIPTION

### OPTIONAL

Describes how much say the youth felt that they had in their own treatment.

---

### VALID ENTRIES

Drop-down Option Set (single select)

1. A great deal
2. Moderately
3. Quite a bit
4. Somewhat
5. A little
6. Not at all

---

### INSTRUCTIONS

1. Select the appropriate option from the drop down menu.

---

### WHY

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

---

**PARENT/GUARDIAN HOPEFULNESS SCORE**

---

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Measures the parent/guardian's hopefulness and well-being.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the Ohio Parent/Guardian Hopefulness Score on a scale of 0-24.

---

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.



## YOUTH HOPEFULNESS SCORE

New ROADS Field

**DESCRIPTION****OPTIONAL**

Measures the Youth's hopefulness and well-being.

**VALID ENTRIES**

Open Text (numeric)

**INSTRUCTIONS**

1. Enter the Ohio Youth's Hopefulness Score on a scale of 0-24.

**WHY**

The Ohio Scales are a standardized, validated measure that assesses both clinical symptoms and impact on functioning. The Parent and youth versions include data about program satisfaction. The scales are used by other states with MRSS programs for future comparison and collaboration; enables ability to document statistically significant change using this measure, which can demonstrate effectiveness of the program. Additionally, the scales are used by IIBHT programs in Oregon, many of which are the same CMHPs that will be providing Stabilization Services. This allows for cross-program comparison and longitudinal outcomes tracking for youth enrolled in both programs. The scales have three respondents (clinician, parent, youth) which yields different information and helps guide treatment planning/assess outcomes.

## BEHAVIORAL HEALTH RESOURCE NETWORK (BHRN) EPISODES

Fields associated with the BHRN Episodes form (in order of appearance):

- [Service Type](#)
- [BHRN Admission Date](#)
- [BHRN Discharge Date](#)
- [Facility](#)
- [Date of First SUD Service](#)
- [Date of First Peer Support Service](#)
- [Date of First Housing Service](#)
- [Date Of Contact](#)
- [Reason\(s\) for Delay](#)
- [Client Last Contact Date SUD](#)
- [Peer Support Services Provided during Encounter](#)
- [Housing Services Provided during Encounter](#)
- [Service Start Date](#)
- [Service End Date](#)
- [Substance Problem Sequence](#)
- [Substance](#)
- [Age at First Use](#)
- [Frequency of Use](#)
- [Usual Route of Administration](#)
- [Medication Assisted Tx](#)
- [Diagnosis Code](#)
- [Primary Diagnosis](#)
- [Needed Wraparound Services](#)
- [Needed Services Date](#)
- [Received Services Date](#)
- [Follow-Up Attempt Regarding Client Participation](#)
- [Follow-Up Attempt Date](#)
- [Primary Health Insurance](#)
- [Service Element / Program](#)

## SERVICE TYPE

New ROADS Field

## DESCRIPTION

## REQUIRED

Service category applicable to the client's reason for care.

## VALID ENTRIES

Drop-down single-select field

- **Substance Use Disorder Treatment:** The process of obtaining sufficient information, including a SUD screening, to determine if a diagnosis is appropriate and to create a self-identified, Individual intervention plan.
- **Peer Services:** Low-barrier community-based services, outreach, and engagement performed by a certified individual who has lived experience with addiction and recovery and who has specialized training and education and to work with people who have harm caused by substance use and/or substance use disorder.
- **Housing Services Provided During Encounter:** Low-barrier shelter, provided based on individual and family needs, including but not limited to Emergency, Family, Permanent, Recovery, Supportive, and Transitional.

## INSTRUCTIONS

1. Select applicable value from the list.

## WHY

Allows ROADS to populate the correct data fields for the service chosen.

---

**BHRN ADMISSION DATE**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Date client was admitted for BHRN Episode.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.

---

**INSTRUCTIONS**

1. Enter the admission date of the BHRN Episode.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

---

**WHY**

Allows OHA to record the date in which the provider has attempted to reach the client regarding participation in the service(s) the client has requested.

**BHRN DISCHARGE DATE**

New ROADS Field

**DESCRIPTION****REQUIRED**

Date client was discharged from BHRN Episode.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.

**INSTRUCTIONS**

1. Enter the discharge date of the BHRN Episode.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

**WHY**

Allows OHA to record the date in which the provider has attempted to reach the client regarding participation in the service(s) the client has requested.

**DATE OF FIRST SUD SERVICE**

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Date on which the client received their first direct Substance Use Disorder (SUD) BHRN treatment or service.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.
- Must be after or equal to the Date of Contact.
- Required when Service Type is Substance Use Disorder Service.

Example:

Client is admitted for treatment and accesses SUD BHRN services same day, the Date of Contact and the Date of first SUD Service will be the same.

**INSTRUCTIONS**

1. Enter the date the client received their first SUD service.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

**WHY**

Allows OHA to assess the length of time between contact and service.

---

**DATE OF FIRST PEER SUPPORT SERVICE**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Date on which the client received their first direct Peer Support BHRN service.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.
- Must be after or equal to the Date of Contact.
- Required when Service Type is Peer Support Service.

Example:

Client is admitted for treatment and accesses Peer Support BHRN services same day, the Date of Contact and the Date of first Peer Support Service will be the same.

---

**INSTRUCTIONS**

1. Enter the date the client received their first Peer Support service.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

---

**WHY**

Allows OHA to assess the length of time between contact and service.

## PEER SUPPORT SERVICES PROVIDED DURING ENCOUNTER

New ROADS Field

## DESCRIPTION

## SITUATIONAL

Specific procedure for Peer Services service area from service(s) not in current national procedure code list.

## VALID ENTRIES

Drop-down multi-select field

- **Connect to Care:** Facilitating access to healthcare services for individuals.
- **PSS goal setting and/or mentoring:** Where individuals within a peer support group collaboratively identify and set personal goals, often focused on improving their well-being or managing a specific challenge, by leveraging the shared experiences and understanding of their peers to guide and motivate them towards achieving those goals.
- **PSS education:** Teaching strategy that involves students working together to learn and support each other.
- **Full time employment:** Working a standard number of hours a week, like 40 hours.
- **Part time employment:** Working fewer hours than full time.
- **Resume building:** Creating a document that highlights skills, education, and work experience.
- **Application assistance:** Helping individuals with completing an application, including gathering documents and submitting the application.
- **Job training/skill building:** Programs and initiatives designed to enhance employees' skills and competencies to improve job performance and prepare for future roles.

## INSTRUCTIONS

1. Select applicable value(s) from the list.

## WHY

Allows OHA to better understand the peer services are being provided to clients.



---

**DATE OF FIRST HOUSING SERVICE**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Date on which the client received their first direct Housing BHRN service.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.
- Must be after or equal to the Date of Contact.
- Required when Service Type is Housing Service.

Example:

Client is admitted for treatment and accesses Housing BHRN services same day, the Date of Contact and the Date of first Housing Service will be the same.

---

**INSTRUCTIONS**

1. Enter the date the client received their first Housing service.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

---

**WHY**

Allows OHA to assess the length of time between contact and service.

## HOUSING SERVICES PROVIDED DURING ENCOUNTER

New ROADS Field

## DESCRIPTION

## SITUATIONAL

Specific type of procedure for Housing Services provided during encounter.

## VALID ENTRIES

Drop-down single-select field

- **Supportive:** Low-barrier, safe place to live that supports access to lifesaving health services until the individual decides to participate in a program of recovery. The housing may or may not have drug-free requirements. The program connects individuals to treatment and recovery services when the individual chooses to seek a life without drugs or, may include Housing First or other supportive housing models.
- **Transitional:** Low-barrier housing with appropriate supportive services to unhoused persons with SUD or harmful substance use to facilitate movement to independent living. This housing is short term.
- **Emergency:** Temporary housing provided to persons/or families in transition for a period of up to sixty days for the purpose of facilitating the movement of such persons to a more permanent, safe, and stable living situation.
- **Permanent:** Community-based housing without a designated length of stay and with the goal of facilitating independent living for individuals and families.
- **Family:** Housing for people with children that prioritizes not separating families, traditional or non-traditional, experiencing SUD or harmful substance use.
- **Recovery:** Abstinence-based or drug-free housing for people in recovery from addiction. Such housing creates a peer supportive community of individuals participating in outpatient SUD treatment and those individuals with an ongoing program of recovery. Recovery Housing provides a drug free environment for all residents and is inclusive of individuals who are receiving Medication Assisted Treatment (MAT) and the practice of Intervention Before Eviction (IBE) if residents relapse.
- **Financial support:** Includes rental assistance, application fees, and vouchers – a program that helps low-income individuals, families, the elderly, and the disabled pay for housing in the private market.

## INSTRUCTIONS

1. Select applicable value from the list.

---

## WHY

Allows OHA to track provided behavioral services; also helps OHA understand bed capacity needs across the state.

---

**BHRN TREATMENT STATUS**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Status of the BHRN treatment being provided. Each individual service type has its own service status.

---

**VALID ENTRIES**

Drop-down single-select field

- Active
- Tx Completed
- Left against Professional Advice including drop-out
- Service Discontinued by Facility
- Transferred to another Program or Facility
- Incarcerated
- Aged Out
- Death

---

**FIELD GUIDELINES**

- Clients become active when they first access BHRN services.
- Required when Date of First BHRN Service (i.e., Date of First Screening Service, Date of First SUD Service, Date of First Peer Support Service, Date of First Harm Reduction Service) is provided.
- If client has no participation with provider/organization within the last 90 days, client must be considered no longer participating in services.

---

**INSTRUCTIONS**

1. Select applicable value from the list.

---

**WHY**

Allows OHA to record who is active in BHRN and outcome of services.

---

**SERVICE START DATE**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Date on which the client received their subsequent BHRN treatment or service. For transfers, this is the date on which the client received his or her first direct treatment after the transfer occurred.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.
- Generally, this date is the first “face-to-face” BHRN service contact with the client.

---

**INSTRUCTIONS**

1. Enter the date the subsequent treatment started.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

---

**WHY**

Allows OHA to better understand when BHRN services are provided; also helps OHA understand the capacity needs across the state and how long individuals make use of BHRN services.

---

**SERVICE END DATE**

New ROADS Field

---

**DESCRIPTION**

Date on which the client received their last direct BHRN treatment or service.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

---

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.
- Cannot be earlier than the Service Encounter Start Date.
- If the client completes BHRN services, but continues with other services at the provider, enter the date of their final BHRN treatment or service.
- If the client has not had a BHRN service entered/updated in 90 days, the system will automatically discharge the client as Left Against Professional Advice (dropped out).

---

**INSTRUCTIONS**

1. Enter the date of the final BHRN treatment or service the client accessed.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

---

**WHY**

Allows OHA to understand when BHRN services are provided; also helps OHA understand the capacity needs across the state and how long individuals make use of BHRN services.

## NEEDED WRAPAROUND SERVICES

New ROADS Field

**DESCRIPTION****REQUIRED**

Whether or not the client needed wraparound services.

**VALID ENTRIES**

Radio Button (single select)

- Yes
- No

**INSTRUCTIONS**

1. Click the radio button next to the appropriate selection.

**WHY**

Allows OHA to track the number of clients who have needed wraparound services.

## NEEDED SERVICES DATE

New ROADS Field

## DESCRIPTION

## SITUATIONAL

List of wraparound services to follow up from answering Yes to the *Has the client needed wraparound services?* field.

## VALID ENTRIES

Drop-down multi-select field

- **Food Security Support:** Helps people experiencing food insecurity by providing a coordinated plan of support that addresses their needs.
- **Childcare:** Childcare that extends beyond the school day, or a planning process for children and families with SUD challenges.
- **Legal Services:** Comprehensive approach where legal assistance is provided alongside other necessary support services, like counseling, financial aid, or housing assistance, to address the root causes of a legal issue, effectively wrapping around the individual's needs with a holistic approach.
- **Medical Care Services:** Medical Care Services: Access to and coordination of general physical health care services that address medical needs beyond behavioral health. This includes preventive care, primary care visits, treatment for chronic or acute physical conditions, referrals to specialists, and coordination between physical and behavioral health providers to ensure holistic support for the client's overall well-being.
- **Administrative Support:** Management and coordination tasks necessary to deliver wraparound services effectively, including case management, documentation, communication between different service providers, and overall program oversight.
- **Counseling Support for Families or Caregivers of Clients:** Therapeutic support that helps improve well-being and cope with challenges.
- **Recreational Services:** Therapeutic interventions that use leisure activities and recreational pursuits to improve mental health, social skills, and overall well-being of individuals struggling with mental health conditions.
- **Transportation Services:** Transportation of people with SUD conditions to and from healthcare facilities (e.g., cab fare, gas cards, peers transporting clients to appointments, etc.).
- **Cultural Event Support or Participation:** Actively engaging individuals in events or activities that align with their cultural background, values, and traditions, aiming to promote well-being by providing a sense of belonging, connection, and positive identity within their community.



---

## FIELD GUIDELINES

- Required when Has the client needed wraparound services? is Yes.

---

## INSTRUCTIONS

1. Select applicable value(s) from the list.

---

## WHY

Allows OHA to track the types of wraparound services needed and assists OHA in determining service allocation across the state.

## RECEIVED WRAPAROUND SERVICES

New ROADS Field

**DESCRIPTION****SITUATIONAL**

Whether or not the client received the wraparound services needed.

**VALID ENTRIES**

Radio Button (single select)

- Yes
- No

**INSTRUCTIONS**

1. Click the radio button next to the appropriate selection.

**WHY**

Allows OHA to track whether or not wraparound services needs are being met and assists OHA in determining resource capacity and service allocation across the state.

## RECEIVED SERVICES DATE

New ROADS Field

## DESCRIPTION

## SITUATIONAL

List of wraparound services to follow up from answering Yes to the *Has the client needed wraparound services?* field.

## VALID ENTRIES

Drop-down multi-select field

- **Food Security Support:** Helps people experiencing food insecurity by providing a coordinated plan of support that addresses their needs.
- **Childcare:** Childcare that extends beyond the school day, or a planning process for children and families with SUD challenges.
- **Legal Services:** Comprehensive approach where legal assistance is provided alongside other necessary support services, like counseling, financial aid, or housing assistance, to address the root causes of a legal issue, effectively wrapping around the individual's needs with a holistic approach.
- **Medical Care Services:** Medical Care Services: Access to and coordination of general physical health care services that address medical needs beyond behavioral health. This includes preventive care, primary care visits, treatment for chronic or acute physical conditions, referrals to specialists, and coordination between physical and behavioral health providers to ensure holistic support for the client's overall well-being.
- **Administrative Support:** Management and coordination tasks necessary to deliver wraparound services effectively, including case management, documentation, communication between different service providers, and overall program oversight.
- **Counseling Support for Families or Caregivers of Clients:** Therapeutic support that helps improve well-being and cope with challenges.
- **Recreational Services:** Therapeutic interventions that use leisure activities and recreational pursuits to improve mental health, social skills, and overall well-being of individuals struggling with mental health conditions.
- **Transportation Services:** Transportation of people with SUD conditions to and from healthcare facilities (e.g., cab fare, gas cards, peers transporting clients to appointments, etc.).
- **Cultural Event Support or Participation:** Actively engaging individuals in events or activities that align with their cultural background, values, and traditions, aiming to promote well-being by providing a sense of belonging, connection, and positive identity within their community.

---

## FIELD GUIDELINES

- Required when Has the client received wraparound services? is Yes.

---

## INSTRUCTIONS

1. Select applicable value(s) from the list.

---

## WHY

Allows OHA to track the wraparound services received and assists OHA in determining resource capacity and service allocation across the state.



---

**FOLLOW-UP ATTEMPT REGARDING CLIENT PARTICIPATION**

---

New ROADS Field

---

**DESCRIPTION**

Method in which Provider attempted to contact the client to determine their status with the provider organization.

---

**VALID ENTRIES**

Drop-down single-select field

- Phone
- Peer Outreach
- Emergency Contact

---

**FIELD GUIDELINES**

- After 90 days, clients who do not access BHRN services are considered inactive by Left against Professional Advice including drop-out.

---

**INSTRUCTIONS**

1. Select applicable value from the list.

---

**WHY**

Allows OHA to record who is active in BHRN and outcome of services.

**FOLLOW-UP ATTEMPT DATE**

New ROADS Field

**DESCRIPTION**

Date providers attempted to contact the client to determine their status with provider organization.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.
- Required when Follow-Up Attempt Regarding Client Participation is provided.

**INSTRUCTIONS**

1. Enter the date of the attempted follow-up.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

**WHY**

Allows OHA to record the date in which the provider has attempted to reach the client regarding participation in the service(s) the client has requested.

**DATE OF CONTACT**

New ROADS Field

**DESCRIPTION****REQUIRED**

Date client was admitted.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**FIELD GUIDELINES**

- Must be a valid date.
- Cannot be in the future.

**INSTRUCTIONS**

1. Enter the date of the attempted follow-up.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

**WHY**

Allows OHA to record the date in which the provider has attempted to reach the client regarding participation in the service(s) the client has requested.



## REASON(S) FOR DELAY

New ROADS Field

### DESCRIPTION

### SITUATIONAL

Documents the reason for a delay of 24 hours or more from day of referral or contact.

### VALID ENTRIES

Drop-down multi-select field

- **No Appointment within 24 hours:** Provider unable to see the client within 24 hours of client contact.
- **Client no show:** Client did not show up to scheduled appointment / time.
- **Service Waitlist:** Client unable to be seen due to provider waitlist for services.
- **Client unable/unwilling to engage at appointment:** Client refused to engage in appointment during their scheduled time.

### FIELD GUIDELINES

- Required when there is a gap of 24 hours or more between Date of Contact and Date of First BHRN Service (i.e., Date of First Screening Service, Date of First SUD Service, Date of First Peer Support Service, Date of First Harm Reduction Service).
- Select all applicable values.

### INSTRUCTIONS

1. Select applicable value(s) from the list.

### WHY

Allows OHA to record who is unable to get services immediately and why services are not able to be done when clients need them.

## BHRN EVENTS

Fields associated with the BHRN Events form (in order of appearance):

- [Facility](#)
- [Date Of Contact](#)
- [Date of First Screening Service](#)
- [Reason\(s\) for Delay](#)
- [Screening Outcome](#)
- [Screening Outcome Reason](#)
- [Substance Problem Sequence](#)
- [Substance](#)
- [Age at First Use](#)
- [Frequency of Use](#)
- [Usual Route of Administration](#)
- [Medication Assisted Tx](#)
- [Diagnosis Code](#)
- [Primary Diagnosis](#)
- [Needed Wraparound Services](#)
- [Needed Services Date](#)
- [Received Services Date](#)
- [Follow-Up Attempt Regarding Client Participation](#)
- [Follow-Up Attempt Date](#)
- [Primary Health Insurance](#)
- [Service Element / Program](#)

## DATE OF FIRST SCREENING SERVICE

New ROADS Field

### DESCRIPTION

### CONDITIONAL

Date on which client received first direct BHRN screening service.

### VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

### FIELD GUIDELINES

- Must be a valid date.
- Cannot be in the future.
- Must be after or equal to the Date of Contact.
- Required when Service Type is Screening.

Example:

Client is admitted for treatment and accesses Screening BHRN services same day, the Date of Contact and the Date of first Screening Service will be the same.

### INSTRUCTIONS

1. Enter the date the client received their first screening service.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to the correct date.

### WHY

Allows OHA to assess the length of time between contact and service.

---

**BHRN CLIENT SERVICE STATUS**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Status of the client participating in BHRN services. Each individual service type has its own service status.

---

**VALID ENTRIES**

Drop-down single-select field

- Active
- Tx Completed
- Left against Professional Advice including drop-out
- Service Discontinued by Facility
- Transferred to another Program or Facility
- Incarcerated
- Aged Out
- Death

---

**FIELD GUIDELINES**

- Clients become active when they first access BHRN services.
- Required when Date of First BHRN Service (i.e., Date of First Screening Service, Date of First SUD Service, Date of First Peer Support Service, Date of First Harm Reduction Service) is provided.
- If client has no participation with provider/organization within the last 90 days, client must be considered no longer participating in services.

---

**INSTRUCTIONS**

1. Select applicable value from the list.

---

**WHY**

Allows OHA to record who is active in BHRN and outcome of services.

---

**SCREENING OUTCOME**

New ROADS Field

---

**DESCRIPTION****SITUATIONAL**

Whether or not the client was referred to Comprehensive Behavioral Health Assessment.

---

**VALID ENTRIES**

Drop-down single-select field

- Referred to Comprehensive Behavioral Health Assessment
- Not referred to Comprehensive Behavioral Health Assessment

---

**INSTRUCTIONS**

1. Select applicable value from the list.

---

**WHY**

Allows OHA to track the number of clients referred to assessment.

---

**SCREENING OUTCOME REASON**

---

New ROADS Field

---

**DESCRIPTION**

Specific option to complete answering Referred to Comprehensive Behavioral Health Assessment.

---

**SITUATIONAL**

---

**VALID ENTRIES**

Drop-down single-select field

- Referred to Provider/Organization within the BHRN Organization
- Referred to Provider/Organization outside the BHRN Organization

---

**FIELD GUIDELINES**

- If client was referred to assessment in Screening Outcome, one option must be chosen.

---

**INSTRUCTIONS**

1. Select applicable value from the list.

---

**WHY**

Allows OHA to track the number of clients referred to assessment within and outside of the BHRN Organization.

---

**DIAGNOSIS CODE**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Specifies the client's current diagnosis. Create new line item(s) for each additional diagnosis.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- ICD-10 CODE(s) See the latest version of the ICD-10 Code Set.  
<https://www.cms.gov/medicare/coordination-benefits-recovery/overview/icd-code-lists>

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Important clinical information that helps characterize the population served. Identifies funding needs outside of Medicaid reimbursement. Provides context for patient and program outcomes.

## PRIMARY DIAGNOSIS

New ROADS Field

**DESCRIPTION****REQUIRED**

Whether or not the diagnosis is the client's primary diagnosis.

**VALID ENTRIES**

Radio Button (single select)

- **Yes:** Stated diagnosis is the primary diagnosis.
- **No:** Stated diagnosis is not the primary diagnosis.

**INSTRUCTIONS**

1. Click the radio button next to the appropriate selection.

**WHY**

This field allows OHA to better understand why behavioral services are provided. It also helps OHA to understand the capacity needed across the state.



RECEIVED SERVICES DATE

New ROADS Field

---

## VALID ENTRIES

Drop-down multi-select field

- **Food Security Support:** Helps people experiencing food insecurity by providing a coordinated plan of support that addresses their needs.
- **Childcare:** Childcare that extends beyond the school day, or a planning process for children and families with SUD challenges.
- **Legal Services:** Comprehensive approach where legal assistance is provided alongside other necessary support services, like counseling, financial aid, or housing assistance, to address the root causes of a legal issue, effectively wrapping around the individual's needs with a holistic approach.
- **Medical Care Services:** Medical Care Services: Access to and coordination of general physical health care services that address medical needs beyond behavioral health. This includes preventive care, primary care visits, treatment for chronic or acute physical conditions, referrals to specialists, and coordination between physical and behavioral health providers to ensure holistic support for the client's overall well-being.
- **Administrative Support:** Management and coordination tasks necessary to deliver wraparound services effectively, including case management, documentation, communication between different service providers, and overall program oversight.
- **Counseling Support for Families or Caregivers of Clients:** Therapeutic support that helps improve well-being and cope with challenges.
- **Recreational Services:** Therapeutic interventions that use leisure activities and recreational pursuits to improve mental health, social skills, and overall well-being of individuals struggling with mental health conditions.
- **Transportation Services:** Transportation of people with SUD conditions to and from healthcare facilities (e.g., cab fare, gas cards, peers transporting clients to appointments, etc.).
- **Cultural Event Support or Participation:** Actively engaging individuals in events or activities that align with their cultural background, values, and traditions, aiming to promote well-being by providing a sense of belonging, connection, and positive identity within their community.

---

## FIELD GUIDELINES

- Required when Has the client received wraparound services? is Yes.

---

## INSTRUCTIONS

1. Select applicable value(s) from the list.

---

## WHY

Allows OHA to track the wraparound services received and assists OHA in determining resource capacity and service allocation across the state.

## NON-MEDICAID SERVICES

An NMS record must be completed for all procedures that are partially or fully funded by BHRN. Additionally, the BHRN Service Element must be included in the NMS record.

Fields associated with the NMS form (in order of appearance):

- [Client \(Last, First\)](#)
- [Date of Service Begin](#)
- [Date of Service End](#)
- [Number of Units](#)
- [Billed Charges](#)
- [Place of Service](#)
- [Rendering Provider MMIS ID](#)
- [Parent Provider ID](#)
- [Service Element / Program](#)
- [Procedure Code](#)
- [Modifier](#)
- [Diagnosis Code](#)
- [Primary Diagnosis](#)

---

**CLIENT (LAST, FIRST)**

New ROADS Field

---

**DESCRIPTION****AUTOMATED/LOCKED**

Client identification field throughout ROADS, shows Client name in Last Name, First Name order. First seen after adding a new client.

---

**VALID ENTRIES**

N/A. Field is locked from being edited.

---

**INSTRUCTIONS**

1. Verify the Client name is correct when moving between records.

---

**WHY**

Allows users to easily validate the Client by name when clicking into a new page.

**DATE OF SERVICE BEGIN**

MOTS Field: Date of Service Begin

**DESCRIPTION****OPTIONAL**

The day when the client was first seen for treatment.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date service began.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

This field lets OHA know when the client was admitted for services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

**DATE OF SERVICE END**

MOTS Field: Date of Service End

**DESCRIPTION****OPTIONAL**

The day when the client was last seen for treatment.

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (MM = month, DD = day, YYYY = year)

**INSTRUCTIONS**

1. Enter the date service ended.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify date.
4. Press "Continue" in the top right to create record and enter remaining fields.

**WHY**

This field lets OHA know when the client was discharged from services. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

---

**NUMBER OF UNITS**

---

MOTS Field: Number of Units

---

**DESCRIPTION****REQUIRED**

A unit of measure (service unit) that corresponds to a procedure code which describes a measurable level of service.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

The number of units reported for each service should follow the Medicaid standard for units of measurement. Sometimes the unit is the equivalent of treatment time. Units will be captured as whole numbers and no decimals will be accepted. Examples:

- H0004 Behavioral health counseling/therapy 1 unit = 15 minutes i.e. 30 minutes of H0004 would be 2 service units
- H0037 Community Psychiatric Supportive Treatment Program 1 unit = 1 day
- H2012 Behavioral Health Treatment 1 unit = 1 hour i.e. 2 hours of H2012 would be 2 service units
- H2013 Psychiatric health facility service 1 unit = 1 day
- S5141 HW HK –Personal Care Services in an Adult Foster Home 1 unit = 1 month

---

**INSTRUCTIONS**

1. Enter the number of units corresponding to the procedure code.

---

**WHY**

This field is collected so that facilities can tell us more about the service being provided with public funds other than Medicaid.

---

**BILLED CHARGES**

MOTS Field: Billed Charges

---

**DESCRIPTION****REQUIRED**

Usual and customary fee for service amount charged to Medicaid or to an insurance company.

---

**VALID ENTRIES**

Open Text (numeric)

---

**FIELD GUIDELINES**

- If a client is not Medicaid, and the client can't or won't pay for services in full (Full Private Pay), or have private insurance pay in full, please submit the billed charges within the Non-Medicaid Service submission deadline.
- Non-Medicaid Service data must be submitted by the 15th of each month for services provided the previous month. If a service was entered in error, zero out the billed charges and number of units for that service. Round amount to the nearest whole number/amount.

---

**INSTRUCTIONS**

1. Enter the total billed charges for the service code

---

**WHY**

Allows OHA the ability to better understand how the non-Medicaid dollars are being spent and allows the flexible fund contracts to continue.



---

**PARENT PROVIDER ID**

---

MOTS Field: Parent Provider Identifier

---

**DESCRIPTION****REQUIRED**

This field identifies the entity that is providing the funds for the treatment service. This number is an Oregon Medicaid Provider Identification number.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

---

**FIELD GUIDELINES**

- Drop-down options vary based on user
- A Parent Provider is a unit which provides the funds for a specific service. This field will be a Community Mental Health Program (CMHP)/Local Mental Health Authority (LMHA) or BHD. Since services in MOTS are only recorded for non-Medicaid funded services, this Parent Provider will not be a Coordinated Care Organization (CCO) or Medicaid Service Provider at this time. If OHA is the direct funding source, list MH as the parent provider.
- Most of the time, the parent provider will be the CMHP or BHD.
- Examples:
  - Agency A is a subcontractor of County A (CMHP), who receives OHA funds. The parent provider for non-Medicaid services would be County A and the Oregon Medicaid Provider Number for this county would be reported.
  - Agency D is a DUII provider. They do not receive funds from BHD. The parent provider for non-Medicaid services would be Agency D and they would report their Oregon Medicaid Provider Number.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

BHD uses the Parent Provider ID to assist with tracking and aligning behavioral health client treatment services funded by Medicaid and non-Medicaid public funds.

## PROCEDURE CODE

MOTS Field: Procedure Code

**DESCRIPTION****REQUIRED**

The procedure code is used to describe a particular service provided to a client receiving behavioral health services.

**VALID ENTRIES**

Drop-down Option Set (single select)

- See <https://www.oregon.gov/OHA/HSD/OHP/PAGES/FEE-SCHEDULE.ASPX>

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

This field is collected in order to see what services were provided to clients using public funds other than Medicaid.

---

**MODIFIER**

MOTS Field: Modifier

---

**DESCRIPTION****OPTIONAL**

A single, or multiple, modifiers can be added to the procedure code to further describe the service or level of service provided to a client by a behavioral health provider.

---

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- See <https://www.oregon.gov/OHA/HSD/OHP/PAGES/FEE-SCHEDULE.ASPX>

---

**FIELD GUIDELINES**

- Enter any appropriate modifier(s) (up to 4 modifiers per procedure code) to accurately capture the services provided.
- For tracking of PCIT services, use modifier TL- Early Intervention/Individualized Family Service Plan (PCIT).
- For tracking of EASA services, use modifier HT- Multidisciplinary Team (EASA).
- For tracking Jail Diversion services, use modifier H9 – Jail Diversion.

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

This field is collected so that facilities can tell us more about the service being provided with

## REALD

Fields associated with the REALD form (in order of appearance):

- [REALD Collection Date](#)
- [Decline To Respond](#)
- [Provider ID](#)
- [Provider First Name](#)
- [Provider Last Name](#)
- [Provider Phone](#)
- [First Legal Name](#)
- [Middle Legal Name](#)
- [Last Legal Name](#)
- [Preferred First Name](#)
- [Preferred Middle Name](#)
- [Preferred Last Name](#)
- [Declined to Provide Address](#)
- [Client Address](#)
- [Client Address 2](#)
- [City](#)
- [County](#)
- [State](#)
- [ZIP](#)
- [Client Phone](#)
- [How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry](#)
- [Which of the following describes your racial or ethnic identity Please check all that apply](#)
- [If you entered more than one ethnic identity above, is there one you think of as your primary racial or ethnic identity?](#)
- [Language](#)
- [In what language do you want us to communicate in person, on the phone, or virtually with you?](#)
- [In what language do you want us to write to you?](#)
- [Do you need or want an interpreter for us to communicate with you?](#)
- [If you need or want an interpreter, what type of interpreter is preferred?](#)
- [Interpreter Specified](#)
- [How well do you speak English](#)
- [Are you deaf or do you have serious difficulty Hearing](#)
- [If yes, at what age did this condition begin](#)
- [Are you blind or do you have serious difficulty seeing, even when wearing glasses](#)
- [If yes, at what age did this condition begin](#)
- [Do you have serious difficulty walking or climbing stairs?](#)
- [If yes, at what age did this condition begin](#)
- [Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions](#)
- [If yes, at what age did this condition begin](#)
- [Do you have difficulty dressing or bathing?](#)
- [If yes, at what age did this condition begin](#)
- [Do you have serious difficulty learning how to do things most people your age can learn?](#)
- [If yes, at what age did this condition begin?](#)
- [Using your usual \(customary\) language, do you have serious difficulty communicating \(for example](#)

- understanding or being understood by others)?
- If yes, at what age did this condition begin?
- Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- If yes, at what age did this condition begin
- Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations
- If yes, at what age did this condition begin
- Sex of Client
- Sex of Client Specified
- Describe your sexual orientation or sexual identity in any way you prefer
- What is your sexual orientation?
- Sexual Orientation Specified
- Describe your gender in any way you prefer
- What is your gender?
- Gender Identity Specified
- Pronouns
- Pronouns Specified
- Are you transgender?

---

**REALD COLLECTION DATE**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The Collection Date field records the specific date when REALD data was gathered from the client.

---

**VALID ENTRIES**

Date Picker / Open Text (numeric)

- Numeric date in MM/DD/YYYY format (DD = day, MM = month, YYYY = year)

---

**INSTRUCTIONS**

1. Enter the date REALD information was collected.
2. Click in the text field and enter MM/DD/YYYY or click the calendar icon to navigate to correct date.
3. Verify MM/DD/YYYY format

---

**WHY**

The Collection Date is crucial for tracking when demographic data was obtained, which is important for monitoring changes over time and ensuring that the most current information is used for service provision and reporting. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**DECLINE TO RESPOND**

---

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Indicates whether or not the client chose to respond to the REALD data segment

---

**VALID ENTRIES**

Radio Button (single select)

- **Yes:** Client explicitly refused to respond to the question.
- **No:** Client provided the requested information.

---

**INSTRUCTIONS**

1. Click the radio button next to the appropriate selection.

---

**WHY**

Understanding refusal rates can help in assessing the completeness of data collection and may indicate areas where clients feel uncomfortable or unwilling to share information. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**PROVIDER ID**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

The Provider ID field captures the National Provider Identifier (NPI) of the individual healthcare provider.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the provider's NPI number without any dashes or spaces.
2. Verify the accuracy of the NPI number before submission.

---

**WHY**

The Provider ID is used for billing, reporting, and verifying the identity of healthcare providers in the delivery of services. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



## PROVIDER FIRST NAME

New ROADS Field

**DESCRIPTION****REQUIRED**

This field records the first name of the healthcare provider as it appears on their professional credentials.

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the provider's first name.
2. Verify correct spelling.

**WHY**

The provider's first name is necessary for personal identification, communication, and maintaining professional records within the healthcare system. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## PROVIDER LAST NAME

New ROADS Field

**DESCRIPTION****REQUIRED**

This field captures the last name of the healthcare provider as it appears on their professional credentials.

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the provider's first name.
2. Verify correct spelling.

**WHY**

The provider's last name is necessary for personal identification, communication, and maintaining professional records within the healthcare system. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**PROVIDER PHONE**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Records the direct contact number for the healthcare provider.

---

**VALID ENTRIES**

Open Text (numeric) ten-digit phone number without dashes.

---

**INSTRUCTIONS**

1. Enter the provider's phone number as a continuous string of ten digits.

---

**WHY**

A direct contact number is important for communication. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**FIRST LEGAL NAME**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Client's legal first name.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Pre-populated from Client Profile Tab.

---

**WHY**

Helps with identity verification, maintaining historical and legal records, ensuring consistency across systems, and managing medical histories effectively. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**MIDDLE LEGAL NAME**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Client's legal middle name or initial.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Pre-populated from Client Profile Tab.

---

**WHY**

Helps with identity verification, maintaining historical and, ensuring consistency across systems, and managing medical histories effectively. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**LAST LEGAL NAME**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Client's legal last name.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Pre-populated from Client Profile Tab.

---

**WHY**

Helps with identity verification, maintaining historical and, ensuring consistency across systems, and managing medical histories effectively. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**PREFERRED FIRST NAME**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Client's preferred first name.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter preferred first name, if applicable.

---

**WHY**

Helps with identity verification, maintaining historical and, ensuring consistency across systems, and managing medical histories effectively. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**PREFERRED MIDDLE NAME**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Client's preferred middle name or initial.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter preferred middle name, if applicable.

---

**WHY**

Helps with identity verification, maintaining historical and legal records, ensuring consistency across systems, and managing medical histories effectively. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



---

**PREFERRED LAST NAME**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Client's preferred last name.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Enter preferred last name, if applicable.

---

**WHY**

Helps with identity verification, maintaining historical and legal records, ensuring consistency across systems, and managing medical histories effectively. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## DECLINED TO PROVIDE ADDRESS

New ROADS Field

**DESCRIPTION****REQUIRED**

Indicates whether or not the client chose to provide a current address.

**VALID ENTRIES**

Radio Button (single select)

- **Yes:** Client explicitly refused to respond to the question.
- **No:** Client provided the requested information.

**INSTRUCTIONS**

1. Click the radio button next to the appropriate selection.

**WHY**

Understanding refusal rates can help in assessing the completeness of data collection and may indicate areas where clients feel uncomfortable or unwilling to share information. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## CLIENT ADDRESS

New ROADS Field

**DESCRIPTION****CONDITIONAL**

The primary residential address where the client resides. Required if Decline to Provide Address? is "No".

**VALID ENTRIES**

Open Text (alpha/numeric)

**INSTRUCTIONS**

1. Enter the full street address.
2. Include any relevant details such as apartment or suite numbers.

**WHY**

A client's street address is necessary for mailing, home visits, and may be used for demographic studies and service area analyses. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## CLIENT ADDRESS 2

New ROADS Field

**DESCRIPTION****OPTIONAL**

Additional address information that does not fit in the primary street address field.

**VALID ENTRIES**

Open Text (alpha/numeric)

**INSTRUCTIONS**

1. Enter any additional address information that complements the primary street address.
2. Leave blank if all address information is contained in the primary address field.

**WHY**

Additional address details ensure mail and services are accurately directed to the client, especially in complex living situations or multi-unit buildings. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## CITY

New ROADS Field

**DESCRIPTION****CONDITIONAL**

The city in which the client's primary residence is located. Required if Decline to Provide Address? is "No".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter the name of the city.
2. Verify correct spelling.

**WHY**

The city name is important for geographic identification, demographic reporting, and may influence the types of services available to the client. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## COUNTY

New ROADS Field

**DESCRIPTION****CONDITIONAL**

The county in which the client's primary residence is located. Required if Decline to Provide Address? is "No"

**VALID ENTRIES**

Drop-down Option Set (single select)

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill
- Other

**INSTRUCTIONS**

1. Select the client's county of residence.

**WHY**

County information is used for demographic analysis, resource allocation, and may be relevant for certain county-specific healthcare programs and interventions. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## STATE

New ROADS Field

**DESCRIPTION****CONDITIONAL**

The state in which the client's primary residence is located. Required if Decline to Provide Address? is "No"

**VALID ENTRIES**

Drop-down Option Set (single select)

- AL=Alabama
- AK=Alaska
- AZ=Arizona
- AR=Arkansas
- CA=California
- CO=Colorado
- CT=Connecticut
- DE=Delaware
- DC=District of Columbia
- FL=Florida
- GA=Georgia
- HI=Hawaii
- ID=Idaho
- IL=Illinois
- IN=Indiana
- IA=Iowa
- KS=Kansas
- KY=Kentucky
- LA=Louisiana
- ME=Maine
- MD=Maryland
- MA=Massachusetts
- MI=Michigan
- MN=Minnesota
- MS=Mississippi
- MO=Missouri
- MT=Montana
- NE=Nebraska
- NV=Nevada
- NH=New Hampshire
- NJ=New Jersey
- NM=New Mexico
- NY=New York
- NC=North Carolina
- ND=North Dakota
- OH=Ohio
- OK=Oklahoma
- OR=Oregon
- PA=Pennsylvania
- RI=Rhode Island
- SC=South Carolina
- SD=South Dakota
- TN=Tennessee
- TX=Texas
- UT=Utah
- VT=Vermont
- VA=Virginia
- WA=Washington
- WV=West Virginia
- WI=Wisconsin
- WY=Wyoming
- OT=Other

**INSTRUCTIONS**

1. Select the client's state of residence.

**WHY**

State information is used for jurisdictional purposes, demographic studies, and may be relevant for state-specific healthcare programs and regulations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

ZIP

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The ZIP Code in which client's primary residence is located. Required if Decline to Provide Address? is "No".

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the ZIP code as a continuous string of five digits.

---

**WHY**

The ZIP code is essential for mail delivery, demographic analysis, and may be used to determine service eligibility or to identify regional health trends. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



## CLIENT PHONE

New ROADS Field

**DESCRIPTION****REQUIRED**

The client's primary contact telephone number.

**VALID ENTRIES**

Open Text (numeric)

- Ten-digit phone number without dashes.

**INSTRUCTIONS**

1. Enter the client's phone number as a continuous string of ten digits.

**WHY**

A contact phone number is essential for communication with the client regarding appointments, follow-ups, and emergency situations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## HOW DO YOU IDENTIFY YOUR RACE, ETHNICITY, TRIBAL AFFILIATION, COUNTRY OF ORIGIN, OR ANCESTRY

New ROADS Field

---

### DESCRIPTION

### OPTIONAL

Open-ended question prompting client's personal race, ethnicity, tribal affiliation, country of origin, or ancestry.

---

### VALID ENTRIES

Open Text (alpha only)

---

### INSTRUCTIONS

1. Use the question prompt.
2. Document client's answer.

---

### WHY

OHA collects race and ethnicity data as mandated by HB 3159 to ensure services are accessible to all populations. This data collection is also a required field for states receiving SAMHSA block grant funds. Collecting race and ethnicity data aids in analyzing health trends and outcomes across different populations, helping to identify disparities and inform targeted interventions. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

**WHICH OF THE FOLLOWING DESCRIBES YOUR RACIAL OR ETHNIC IDENTITY PLEASE CHECK ALL THAT APPLY**

New ROADS Field

**DESCRIPTION****REQUIRED**

Identifies client's reported race(s). Based on US Census categories, one or more values will be accepted.

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African
- Other Black
- Latinx Mexican
- Latinx Central American
- Latinx South American
- Other Hispanic/Latinx
- Middle Eastern
- North African
- CHamoru (Chamorro)
- Communities Micronesian Region
- Marshallese
- Samoan
- Native Hawaiian
- Other Pacific Islander
- Eastern European
- Slavic
- Western European
- Other White
- Other (please list)
- Don't know
- Don't want to answer
- Did not answer/missing
- Not Asked

**INSTRUCTIONS**

1. Use the question prompt.
2. Check all that apply.

**WHY**

OHA collects race and ethnicity data as mandated by HB 3159 to ensure services are accessible to all populations. This data collection is also a required field for states receiving SAMHSA block grant funds. Collecting race and ethnicity data aids in analyzing health trends and outcomes across different populations, helping to identify disparities and inform targeted interventions. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

IF YOU ENTERED MORE THAN ONE ETHNIC IDENTITY ABOVE, IS THERE ONE YOU THINK OF AS YOUR PRIMARY RACIAL OR ETHNIC IDENTITY?

New ROADS Field

## DESCRIPTION

## REQUIRED

Identifies client's primary reported race(s). Based on US Census categories, one or more values will be accepted.

## VALID ENTRIES

Drop-down Option Set (single select)

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African
- Other Black
- Latinx Mexican
- Latinx Central American
- Latinx South American
- Other Hispanic/Latinx
- Middle Eastern
- North African
- CHamoru (Chamorro)
- Communities Micronesia Region
- Marshallese
- Samoan
- Native Hawaiian
- Other Pacific Islander
- Eastern European
- Slavic
- Western European
- Other White
- Other (please list)
- Don't know
- Don't want to answer
- Did not answer/missing
- Not Asked

## INSTRUCTIONS

1. Use the question prompt.
2. Document client's answer.

## WHY

OHA collects race and ethnicity data as mandated by HB 3159 to ensure services are accessible to all populations. This data collection is also a required field for states receiving SAMHSA block grant funds. Collecting race and ethnicity data aids in analyzing health trends and outcomes across different populations, helping to identify disparities and inform targeted interventions. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## LANGUAGE

New ROADS Field

**DESCRIPTION****REQUIRED**

Records all languages spoken by the client in their home environment.

**VALID ENTRIES**

Drop-down Option Set (multiple select)

**FIELD GUIDELINES**

- See list of language codes here:  
<https://www.oregon.gov/oha/EI/REALD%20Documents/OR%20REALD%20Languages%20v10.0.xlsx>

**INSTRUCTIONS**

1. Search for language stated by client.
2. Confirm language.
3. Add additional languages as applicable.

**WHY**

OHA collects language data as mandated by HB 3159 to ensure services are accessible to all populations. Language access questions are crucial for ensuring effective communication between individuals and their service providers, such as insurers, case workers, and healthcare providers. For details on data granularity, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

IN WHAT LANGUAGE DO YOU WANT US TO COMMUNICATE IN PERSON,  
ON THE PHONE, OR VIRTUALLY WITH YOU?

New ROADS Field

---

## DESCRIPTION

## CONDITIONAL

Required if [Language](#) selection includes something other than English.

---

## VALID ENTRIES

Drop-down Option Set (multiple select)

---

## FIELD GUIDELINES

- List provided depends on options selected in [Language](#)

---

## INSTRUCTIONS

1. Search for language stated by client.
2. Confirm language.

---

## WHY

OHA collects language data as mandated by HB 3159 to ensure services are accessible to all populations. Language access questions are crucial for ensuring effective communication between individuals and their service providers, such as insurers, case workers, and healthcare providers. For details on data granularity, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IN WHAT LANGUAGE DO YOU WANT US TO WRITE TO YOU?**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Required if [Language](#) selection includes something other than English.

---

**VALID ENTRIES**

Drop-down Option Set (multiple select)

---

**FIELD GUIDELINES**

- List provided depends on options selected in [Language](#)

---

**INSTRUCTIONS**

1. Search for language stated by client.
2. Confirm language.

---

**WHY**

OHA collects language data as mandated by HB 3159 to ensure services are accessible to all populations. Language access questions are crucial for ensuring effective communication between individuals and their service providers, such as insurers, case workers, and healthcare providers. For details on data granularity, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## DO YOU NEED OR WANT AN INTERPRETER FOR US TO COMMUNICATE WITH YOU?

New ROADS Field

---

### DESCRIPTION

### REQUIRED

Documents Client need or desire to have an interpreter.

---

### VALID ENTRIES

Drop-down Option Set (multiple select)

- Yes
- No
- Don't know
- Don't want to answer

---

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

### WHY

OHA collects language data as mandated by HB 3159 to ensure services are accessible to all populations. Language access questions are crucial for ensuring effective communication between individuals and their service providers, such as insurers, case workers, and healthcare providers. For details on data granularity, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



## IF YOU NEED OR WANT AN INTERPRETER, WHAT TYPE OF INTERPRETER IS PREFERRED?

New ROADS Field

---

### DESCRIPTION

### REQUIRED

Documents Client preference of interpreter type.

---

### VALID ENTRIES

Drop-down Option Set (multiple select)

- Spoken language
- Interpreter
- American Sign Language (ASL)
- Other, please specify
- Contact sign language (PSE interpreter)
- Mexican Sign Language
- Sign language interpreter in another language
- Tactile (for Deaf-Blind people)
- Deaf Interpreter for Deaf-Blind, additional barriers (or both)
- Assistive Listening Device (FM, Loop)
- CART/Captioning
- Did not answer/missing (only use this code if you are not able to leave unanswered fields blank)

---

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

### WHY

OHA collects language data as mandated by HB 3159 to ensure services are accessible to all populations. Language access questions are crucial for ensuring effective communication between individuals and their service providers, such as insurers, case workers, and healthcare providers. For details on data granularity, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## INTERPRETER SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Specification required if Interpreter Type is "Other, please specify".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter a clear description of the Client's interpreter need.

**WHY**

OHA collects language data as mandated by HB 3159 to ensure services are accessible to all populations. Language access questions are crucial for ensuring effective communication between individuals and their service providers, such as insurers, case workers, and healthcare providers. For details on data granularity, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

## HOW WELL DO YOU SPEAK ENGLISH

New ROADS Field

---

### DESCRIPTION

### CONDITIONAL

Assesses the client's ability to speak and understand English. Required if [Language](#) selection includes more than English.

---

### VALID ENTRIES

Drop-down Option Set (multiple select)

- Very well
- Well
- Not well
- Not at all
- Don't know
- Don't want to answer

---

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

### WHY

Language proficiency data helps assess communication needs, enabling the provision of interpretation services and other necessary accommodations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**ARE YOU DEAF OR DO YOU HAVE SERIOUS DIFFICULTY HEARING**

New ROADS Field

---

**DESCRIPTION****REQUIRED**

Indicates whether the client has hearing difficulties of any kind, even when using a hearing aid (if they wear one). For example, they may have difficulty hearing when they are in a noisy environment, or difficulty separating sounds from different sources

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Identifying clients who are Deaf, deaf, deafblind, and/or hard-of-hearing is crucial for providing effective communication and accommodations, informing care, and providing relevant services. This question measures clients who are most impacted by the interaction of ableism and their hearing impairments and does not capture all people with hearing disabilities or conditions. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their hearing condition(s). Required if [Are you Deaf or do you have serious difficulty hearing](#) is "Yes".

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their hearing condition(s).

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person's disability began, and how long they have lived with a hearing condition(s), impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client's development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## ARE YOU BLIND OR DO YOU HAVE SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES

New ROADS Field

### DESCRIPTION

### REQUIRED

Indicates whether the client has vision problems of any kind. They may have difficulty seeing things close or far away even with glasses or contact lenses (if they wear them)

### VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

### WHY

Identifying clients who are blind, deafblind, or have significant vision impairments is crucial for providing effective communication and accommodations, informing care, and providing relevant services. This question measures clients who are most impacted by the interaction of ableism and their vision impairments and does not capture all people with vision disabilities or conditions. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Enter the age number (in years) at which the client first acquired their vision condition(s).  
Required if [Are you blind or do you have serious difficulty seeing...](#) is “Yes”.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter age number at which the client became legally blind or experienced significant vision impairment.

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person’s disability began, and how long they have lived with a vision condition(s), impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client’s development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**DO YOU HAVE SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS?**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Indicates whether the client has some limitation or problems of any kind getting around on foot. They may have difficulty walking more than a block or not be able walk up or down steps without difficulty. This focuses on “lower mobility”. Required if client is ages 5 years or older.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Don’t know
- Don’t want to answer

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Identifying clients who have lower-mobility disabilities is crucial for providing effective accommodations, informing care, and providing relevant services. This question measures clients who are most impacted by the interaction of ableism and their mobility impairments and does not capture all people with mobility disabilities or conditions. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their lower-mobility condition(s). Required if Do you have serious difficulty walking or climbing stairs is “Yes”.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their mobility condition(s).

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person’s disability began, and how long they have lived with a condition(s) affecting lower-mobility, impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client’s development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

BECAUSE OF A PHYSICAL, MENTAL OR EMOTIONAL CONDITION, DO YOU HAVE SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS

New ROADS Field

---

## DESCRIPTION

## CONDITIONAL

Indicates whether the client has significant problems with memory, making decisions, or general cognition. This is not meant to capture difficulties caused by common everyday situations or substance use. Required if client is ages 5 years or older.

---

## VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

---

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

## WHY

Identifying clients who have cognitive or memory disabilities is crucial for providing effective communication and accommodations, informing care, and providing relevant services. This question measures clients who are most impacted by the interaction of ableism and their cognitive or memory impairments and does not capture all people with cognitive or memory disabilities or conditions. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their cognitive or memory condition(s). Required if [Do you have serious difficulty concentrating, remembering or making decisions](#) is “Yes”.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their cognitive or memory condition(s).

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person’s disability began, and how long they have lived with a cognitive or memory condition(s), impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client’s development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**DO YOU HAVE DIFFICULTY DRESSING OR BATHING?**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Indicates whether a client has difficulty with taking care of themselves without assistance from others. Washing and dressing represent basic tasks that occur each day. If the person is using an assistive device or has a person to help them with this care, it is likely they have difficulty with self-care. This question can also capture individuals with upper mobility limitations.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Identifying clients who have experience difficulties with daily self-care tasks is crucial for providing effective accommodations, informing care, and providing relevant services. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. This question helps identify people who likely need significant supports such as long-term care or services. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their condition(s) that limits their ability to care for themselves and perform daily self-care tasks such as dressing or bathing. Required if Do you have difficulty dressing or bathing is “Yes”.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their condition(s) that limits their ability to care for themselves and perform daily self-care tasks such as dressing or bathing.

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person’s disability began, and how long they have lived with a condition(s) that affect self-care, impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client’s development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## DO YOU HAVE SERIOUS DIFFICULTY LEARNING HOW TO DO THINGS MOST PEOPLE YOUR AGE CAN LEARN?

New ROADS Field

### DESCRIPTION

### CONDITIONAL

Indicates whether the client has learning challenges that are beyond age-based developmental differences. Required if client is ages 5 years or older.

### VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

### INSTRUCTIONS

1. Select appropriate response from drop-down options.

### WHY

This question can help measure those with learning disabilities as well as those with intellectual and developmental disabilities. Identifying clients who have learning disabilities is crucial for providing effective communication and accommodations, informing care, and providing relevant services. This question measures clients who are most impacted by the interaction of ableism and their learning impairments and does not capture all people with learning disabilities or conditions. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN?**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their learning condition(s). Required if Do you have serious difficulty learning... is “Yes”.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their learning condition(s).

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person’s disability began, and how long they have lived with a learning condition(s), impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client’s development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

USING YOUR USUAL (CUSTOMARY) LANGUAGE, DO YOU HAVE SERIOUS DIFFICULTY COMMUNICATING (FOR EXAMPLE UNDERSTANDING OR BEING UNDERSTOOD BY OTHERS)?

New ROADS Field

---

## DESCRIPTION

## CONDITIONAL

Indicates whether the client has some problems with talking, listening, or understanding speech in a way that it makes it difficult to understand others or make others understand them. This excludes difficulty understanding or being understood due to non-native or unfamiliar language. Communication limitations may be mechanical, such as a speech impairment, or neurological, such as word recognition challenges. Required if client is ages 5 years or older.

---

## VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

---

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

## WHY

Identifying clients who have disabilities that affect communication is crucial for providing effective communication and accommodations, informing care, and providing relevant services. This question measures clients who are most impacted by the interaction of ableism and their communication impairments and does not capture all people with communication disabilities or conditions. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN?**

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their communication condition(s). Required if Using your usual (customary) language, do you have serious difficulty communicating... is “Yes”.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their communication condition(s).

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person’s disability began, and how long they have lived with a condition(s) that affect communication impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client’s development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

BECAUSE OF A PHYSICAL, MENTAL OR EMOTIONAL CONDITION, DO YOU HAVE DIFFICULTY DOING ERRANDS ALONE SUCH AS VISITING A DOCTOR'S OFFICE OR SHOPPING?

New ROADS Field

---

## DESCRIPTION

## CONDITIONAL

Indicates whether the client has difficulty doing errands alone and measures participation versus exclusion within daily living. It is not meant to include difficulty in doing errands due to lack of access to transportation or other resources. Overall, it serves as an indication of independent living. Required if client is ages 15 years or older.

---

## VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

---

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

## WHY

This question helps identify participation versus exclusion within daily living through the ability to do errands alone. Identifying clients who experience difficulties with independent living is crucial for providing effective accommodations, informing care, and providing relevant services. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. This question helps identify and monitor need for long-term care or services. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their condition(s) that affect their ability to live independently, such as not being able to do errands alone. Required if Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? is "Yes".

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their conditions(s) that affect their ability to live independently, such as not being able to do errands alone.

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person's disability began, and how long they have lived with a condition(s) that affect independent living, impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client's development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

DO YOU HAVE SERIOUS DIFFICULTY WITH THE FOLLOWING: MOOD, INTENSE FEELINGS, CONTROLLING YOUR BEHAVIOR, OR EXPERIENCING DELUSIONS OR HALLUCINATIONS

New ROADS Field

---

## DESCRIPTION

## CONDITIONAL

Indicates whether the client has a mental health disability that significantly impacts their daily living. This question does not capture all people with mental health conditions. Required if client is ages 15 years or older.

---

## VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No
- Don't know
- Don't want to answer

---

## INSTRUCTIONS

1. Select appropriate response from drop-down options.

---

## WHY

Identifying clients who have mental health disabilities is crucial for providing effective communication and accommodations, informing care, and providing relevant services. This question measures clients who are most impacted by the interaction of ableism and their learning impairments and does not capture all people with learning disabilities or conditions. It also serves as demographic reporting used to identify inequities, allocate resources, and address environmental barriers and supports. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**IF YES, AT WHAT AGE DID THIS CONDITION BEGIN**

---

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

The specific age at which the client acquired their mental health condition(s). Required if Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations is “Yes”.

---

**VALID ENTRIES**

Open Text (numeric)

---

**INSTRUCTIONS**

1. Enter the age number (in years) at which the client first acquired their mental health condition(s).

---

**WHY**

The age a person acquires a disability plays an important role in life trajectory. When a person’s disability began, and how long they have lived with a mental health condition(s), impact which and how many challenges they experience over their lifespan while living within a society that is built by and for non-disabled people. Knowing this information can assess the impact of chronic exposure to ableism on life experiences, the client’s development, adaptations to barriers, and health outcomes. Age-related insights can identify the accumulative effects of health inequities and inform care plans. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## SEX OF CLIENT

New ROADS Field

**DESCRIPTION****REQUIRED**

This field documents the sex of the client as recognized legally or by personal identification.

**VALID ENTRIES**

Drop-down Option Set (single select)

- Male
- Female
- Intersex
- Unspecified
- Non-binary
- X
- Don't know
- Don't know what question is asking
- Don't want to answer
- Not listed please specify

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

**WHY**

Recording the sex of the client is important for medical records, treatment plans, and demographic reporting. It can also be relevant for providing sex-specific healthcare services. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## SEX OF CLIENT SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Specification of the client's sex if it does not fit within the predefined categories. Required if Sex of Client is "Not listed please specify".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter a clear description of the client's sex.

**WHY**

Providing a specified description ensures that the client's sex is accurately recorded, especially for individuals with sex designations other than "male" or "female", enhancing personalized care and respect for the client's identity. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

**DESCRIBE YOUR SEXUAL ORIENTATION OR SEXUAL IDENTITY IN ANY WAY YOU PREFER**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Allows for an open-text Description of the client's sexual orientation.

---

**VALID ENTRIES**

Open Text (alpha/numeric)

---

**INSTRUCTIONS**

1. Describe the client's sexual orientation.

---

**WHY**

This ensures that all clients can accurately represent their sexual orientation, promoting inclusivity and respect for individual identities. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



---

## WHAT IS YOUR SEXUAL ORIENTATION?

New ROADS Field

---

### DESCRIPTION

Records the client's self-identified sexual orientation.

### OPTIONAL

---

### VALID ENTRIES

Drop-down Option Set (multiple select)

- Straight
- Lesbian
- Gay
- Same-gender loving
- Same-sex loving
- Queer
- Bisexual
- Pansexual
- Asexual
- Questioning
- Don't know
- Don't know what the question is asking
- Don't want to answer
- Not listed please specify

---

### INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

---

### WHY

Accurately recording sexual orientation is important for understanding the client's identity and for providing inclusive and respectful care. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## SEXUAL ORIENTATION SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

Specification of the client's sexual orientation if it does not fit within the predefined categories. Required if [What is your sexual orientation](#) is "Not listed please specify".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Enter a clear description of the client's sexual orientation.

**WHY**

Providing a specified description ensures that the client's sexual orientation is accurately recorded, enhancing personalized care and respect for the client's identity. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## DESCRIBE YOUR GENDER IN ANY WAY YOU PREFER

Field

**DESCRIPTION****OPTIONAL**

Open-text Description of the client's gender if it does not fit within predefined categories.

**VALID ENTRIES**

Open Text (alpha/numeric)

**INSTRUCTIONS**

1. Describe the client's gender

**WHY**

Accurately recording gender identity is important for respecting the client's identity and for providing gender-affirming care. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## WHAT IS YOUR GENDER?

New ROADS Field

### DESCRIPTION

The gender with which the client identifies.

### OPTIONAL

### VALID ENTRIES

Drop-down Option Set (multiple select)

- Boy, Man
- Girl, Woman
- Agender, No gender
- Questioning
- Fluid
- Queer
- Non-binary
- Don't know
- Don't know what the question is asking
- Don't want to answer
- Not listed please specify

### INSTRUCTIONS

1. Select appropriate response(s) from drop-down options.

### WHY

Accurately recording gender identity is important for respecting the client's identity and for providing gender-affirming care. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

## GENDER IDENTITY SPECIFIED

New ROADS Field

**DESCRIPTION****CONDITIONAL**

The gender with which the client identifies. Required if What is your gender? is "Not listed please specify".

**VALID ENTRIES**

Open Text (alpha only)

**INSTRUCTIONS**

1. Describe the client's gender identity in detail.

**WHY**

Accurately recording gender identity is important for respecting the client's identity and for providing gender-affirming care. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**PRONOUNS**

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Records the pronouns the client uses for themselves.

---

**VALID ENTRIES**

Drop-down Option Set (multiple select)

- He/Him
- She/Her
- They/Them
- No Pronouns
- Ze/Hir
- Ze/Zir
- Xe/Xem
- Don't know
- Don't know what the question is asking
- Don't want to answer
- Not listed please specify

---

**INSTRUCTIONS**

1. Select appropriate response(s) from drop-down options.

---

**WHY**

Recording a client's pronouns is essential for respectful communication and for affirming the client's gender identity. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**PRONOUNS SPECIFIED**

New ROADS Field

---

**DESCRIPTION****CONDITIONAL**

Requires open-text description of the client's Pronouns if "Not listed please specify" is selected.

---

**VALID ENTRIES**

Open Text (alpha only)

---

**INSTRUCTIONS**

1. Describe the client's pronouns in detail.

---

**WHY**

Recording a client's pronouns is essential for respectful communication and for affirming the client's gender identity. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.

---

**ARE YOU TRANSGENDER?**

---

New ROADS Field

---

**DESCRIPTION****OPTIONAL**

Indicates whether the client identifies as transgender.

---

**VALID ENTRIES**

Drop-down Option Set (single select)

- Yes
- No
- Questioning
- Don't know
- Don't know what the question is asking
- Don't want to answer

---

**INSTRUCTIONS**

1. Select appropriate response from drop-down options.

---

**WHY**

Understanding whether a client is transgender is crucial for providing appropriate and respectful healthcare services. Collecting SOGI data helps in the analysis of health trends and outcomes across different populations. For questions about the granularity of the data collection, please refer to the REALD/SOGI Implementation Manual prepared by the OHA Equity and Inclusion Division.



## APPENDICES

## APPENDIX A: PRE-BOOKING JAIL DIVERSION TIP SHEET

Pre-Booking Jail Diversion is a value in the legal status field in ROADS.

As part of the USDOJ Oregon Performance Plan\*, “the Oregon Health Authority hopes to reduce arrests, jail admissions, lengths of stay in jail, and recidivism for individuals with serious and persistent mental illness who are involved with law enforcement due to mental health reasons.”

### WHAT IS PRE-BOOKING JAIL DIVERSION

16= Pre-Booking Jail Diversion: Pre-Booking diversions do not result in arrest or charges. These diversion services include law enforcement diversions that pairs a Jail Diversion Program clinician with law enforcement to co-respond to calls with mental health elements.

### WHEN TO USE PRE-BOOKING JAIL DIVERSION

Pre-Booking diversion typically happens while the individual is still in the community. Responding law enforcement team contacts a mental health professional to come out to provide support, or transports (if the individual agrees) the individual to a mental health program, versus transporting them to the station. In some communities it’s that contact with mobile crisis that links them to the jail diversion team.



Pre-Booking Jail Diversion is to be used for mental health clients. It is **not necessary** to use Pre- or Post-Booking Jail Diversion for clients who have a DUI Diversion legal status.

### HOW TO USE PRE-BOOKING JAIL DIVERSION

When Pre-Booking Jail Diversion is necessary for a crisis event, include it in the Legal Status field in the Mental Health Crisis data.

When clients enter treatment as part of a Pre-Booking Jail Diversion, enter it in Legal Status field on the Behavioral Health Record. When recording non-Medicaid Services, include the H9 Jail Diversion modifier for all associated services.

If you have technical questions, contact ROADS Support at [ROADS@odhsoha.oregon.gov](mailto:ROADS@odhsoha.oregon.gov).

\*Information about the USDOJ Oregon Performance Plan:

<http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx>

## APPENDIX B: HOW TO USE POST-BOOKING JAIL DIVERSION

Post-Booking Jail Diversion is a value in the legal status field in ROADS.

As part of the USDOJ Oregon Performance Plan\*, “the Oregon Health Authority hopes to reduce arrests, jail admissions, lengths of stay in jail, and recidivism for individuals with serious and persistent mental illness who are involved with law enforcement due to mental health reasons.”

### WHAT IS POST-BOOKING JAIL DIVERSION

17= Post-Booking Jail Diversion: Post-Booking Jail Diversion services occur after an arrest is made or charges have been filed. These services include those delivered post adjudication (e.g. Jail In-Reach, completion of competency restoration in the community, Forensic Assertive Community Treatment (FACT) service, etc.) among others. Post-Booking services include the expedited release of Aid and Assist clients from the Oregon State Hospital.

### WHEN TO USE POST-BOOKING JAIL DIVERSION

Post-Booking jail diversion refers to any point of entry into jail diversion that occurs after an arrest is made or charges are filed. Once the individual is taken to the jail for processing, being linked to jail diversion services afterwards would be considered post-booking. For example, the jail diversion team may be asked to come do a jail in-reach service if local law enforcement identifies potential mental health concerns. Local law enforcement may notify the jail diversion team that someone is struggling with the terms of their probation because of the need for mental health supports in the community. The jail diversion team can then work with the individual to reduce the likelihood of a probation violation and reduce the risk of committing a new offense.



#### NOTE

Pre-Booking Jail Diversion is to be used for mental health clients. It is **not necessary** to use Pre- or Post-Booking Jail Diversion for clients who have a DUI Diversion legal status.

### HOW TO USE POST-BOOKING JAIL DIVERSION

When clients enter treatment as part of a Post-Booking Jail Diversion, enter it in Legal Status field on the Behavioral Health Record. When recording non-Medicaid Services, include the H9 Jail Diversion modifier for all associated services.

When Post-Booking Jail Diversion is necessary for a crisis event, include it in the Legal Status field in the Mental Health Crisis data.

For clients who are in the Aid and Assist Program, these clients legal status are both Aid and Assist and Post-Booking Jail Diversion. All clients who are in the Aid and Assist program are also considered Post-Arrest Jail Diversion. Post-Booking Jail Diversion includes Aid and Assist as well as other programs.

If you have technical questions, contact ROADS Support at [ROADS@odhsoha.oregon.gov](mailto:ROADS@odhsoha.oregon.gov).

\*Information about the USDOJ Oregon Performance Plan:

<http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx>

## APPENDIX C: PRE- AND POST-BOOKING JAIL DIVERSION

Part of the USDOJ Performance Plan\* requires the State of Oregon and the Oregon Health Authority to report not only jail diversions but Pre-Booking and Post-Booking Jail Diversions.

Jail diversion is defined by the USDOJ agreement:

*“Jail Diversion Services” are community-based services that are designed to keep individuals with behavioral health issues out of the criminal justice system and, instead, supported by other community-based services such as mental health services, substance abuse services, employment services and housing. Jail diversion services are intended to minimize contact with law enforcement, avoid jail time, and/or reduce jail time. These services are intended to result in the reduction of the number of individuals with mental illness in the criminal justice system or the Oregon State Hospital.*

To capture this information it was decided to add two values to the Legal Status field. In CE these two new values will appear as additional choices in the multi-selection box. For EDI two new codes have been added:

- **16 = Pre-Booking Jail Diversion:** Pre-Booking diversions do not result in arrest or charges. These diversion services include law enforcement diversions that pairs a Jail Diversion Program (JDP) clinician with law enforcement to correspond to calls with mental health elements. Situations in which JDP clinicians are involved primarily and deliberately involve those individuals thought to be experiencing emotional distress and/or psychiatric symptoms who also may have co-occurring substance use issues. In this model, the police determine whether a person is a candidate for jail diversion. Then, while on site with police, a crisis clinician evaluates the need for hospitalization, makes referrals and can provide follow-up services to monitor treatment compliance, freeing the officers for public safety duties.
- **17 = Post-Booking Jail Diversion:** Post-Booking Jail Diversion services occur after an arrest is made or charges have been filed. These services include those delivered post-adjudication (e.g. Jail In-Reach, completion of competency restoration in the community, Forensic Assertive Community Treatment (FACT) service, etc.). Post-Booking services include the expedited release of the individual from law enforcement custody and/or jail. Post-Booking services include the expedited release of Aid and Assist clients from the Oregon State Hospital.



### NOTE

Pre-Arrest Jail Diversion is to be used for mental health clients. It is **not necessary** to use Pre- or Post-Arrest Jail Diversion for clients who have a DUII Diversion legal status.

In addition to the legal status, placing H9 as the modifier to any non-Medicaid service will flag it as a jail diversion service which is reportable to block grant. When used in combination with the Pre- or Post-Jail Diversion legal statuses, this will record these services correctly.

Many jail diversions happen in the context of a crisis service. The legal status on the crisis data mirrors the legal status of the behavior health record, so it will be possible to indicate if a crisis service is a **Pre-Booking Jail Diversion** or **Post-Booking Jail Diversion** as well.

If you have technical questions, contact ROADS Support at [ROADS@odhsoha.oregon.gov](mailto:ROADS@odhsoha.oregon.gov).

\*Information about the USDOJ Oregon Performance Plan:

<http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx>

## APPENDIX D: CHILDREN'S MH SYSTEM AND YOUNG ADULTS IN TRANSITION

### CLIENT ENTRY TIP SHEET

This document provides some helpful tips to working with children and young adults in transition, and entering data into ROADS. Only key ROADS data fields are shown below.

**Definition:** Young Adults in Transition – persons between 14 – 25 years of age who are developmentally transitioning to adulthood and moving from the child/youth services/supports system into the adult community of services and supports.

### CLIENT PROFILE DATA ELEMENTS

**Gender:** Male or Female, for transgender enter "other".

**Marital Status:** Ask young adults age 16 and above, otherwise use Never Married.

**Veteran:** Ask young adults of enlistable

age (17 with parental consent, otherwise 18), otherwise use No.

**Competitive Employment:** Required for all (Student and None are included values), but also ask young adults age 15 and over if they are employed.

**Living Arrangement:** If child/young adult is in shelter, or temporarily staying with friends or other family, use "Transient / homeless".

**Date changed Living Arrangement:** If placement changes, enter date of change, even if living arrangement remains the same. Example: child moves from one Foster Home to another, please enter date of the move.

### BEHAVIORAL HEALTH DATA ELEMENTS

**Estimated Gross Household Monthly Income:** This means parent/guardian household income or young adult income over age 18. Do not include foster parent income. If young adult is homeless, use young adult's income. If client under age 18 receives SSI or SSDI, please include that information.

**Total Number of Dependents:** For children/young adults in foster care, enter "1" (Do not include foster parents/other foster children). If at home with parents, include parents and siblings.

**Number of Child Dependents:** Does not apply to foster families. If answer to total number of dependents is "1", enter "1" if the person is under age 18, otherwise enter the number of children in the household.

**Highest School Grade Completed:** Answer according to academic placement at end of prior school year; for high school students, answer according to earned credits at end of prior school year.

**Legal Status:** Enter Child Welfare guardianship for children/young adults in temporary or permanent custody of Child Welfare; enter none for children/young adults in voluntary custody of CW. If child/young adult has legal involvement (such as probation), but lives with parents, enter the appropriate legal status.

**Number of DUI Arrests in Past Month:** Answer for young adults age 15 and over, otherwise can be left blank.

**Total DUI Arrests:** Answer for young adults age 15 and over, otherwise can be left blank.

**ODL/OI Number:** Answer for young adults age 15 and over with a DUI arrest or age 16 and over when available.

**School Attendance Improvement:** Yes answer means: The child or young adult attended most days in the past 20 scheduled school days.

**Academic Improvement:** Yes answer means: the child or young adult is producing schoolwork of acceptable quality for their ability level.

**School Behavior Improvement:** Answer yes only if no suspension, expulsions or disciplinary referrals in the past 20 scheduled school days.

**Peer Delivered Services:** Consider both family peer support and peer (youth) support specialists.

**Tx Plan Indicator:** Complete “education” for all children/young adults who have it on their treatment plans; add “employment” or “housing” if applicable to young adults 16 or older. Use “Other” for all other goal related treatment.

**MH Assessed LOC Score:** Intensive Community-based Treatment Services (ICTS) clients only, enter CASII or ECSII score.

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## ADDICTION DETAIL DATA ELEMENTS

This section only applies to anyone in Children’s MH or Young Adults in Transition programs in active A & D treatment or in need of A & D treatment.

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## MH CRISIS DATA ELEMENTS

Please complete for Children’s MH and Young Adults in Transition clients seen for a Mental Health crisis event



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## INVOLUNTARY SERVICES

Only applies to young adults age 18 and over Non-Medicaid Services – Complete for all non-Medicaid Services provided

**Modifier:** For EASA related services, use modifier HT for PCIT services, use modifier TL

## APPENDIX E: DUII

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**CLIENT ENTRY TIP SHEET**

This document provides some helpful tips when entering client data into ROADS for clients receiving DUII services. Only specific ROADS data fields are shown below Definition: DUII (Driving Under the Influence of Intoxicants) clients have access to a variety of state and local partner programs; several ROADS fields have specific data requirements when entering these clients.

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**BEHAVIORAL HEALTH DATA ELEMENTS**

**Legal Status:** Clients receiving DUII services must include a legal status of either “DUII Diversion Client” or “DUII Convicted Client”. Clients can have multiple legal statuses.

**Referred From:** Clients receiving DUII services must list a referral from Municipal Court, Circuit Court, Justice Court, Parole, Probation, or ADSS. Clients may have multiple referral sources.

**Number of Arrests in the Past Month:** This includes DUII arrests. It must be equal to or less than the total arrests. If there were no arrests in the past month enter “0.”

**Total Arrests:** This includes DUII arrests and must be at least “1” and equal to or greater than the total number of arrests in the past month. This is a required field for clients receiving DUII services.

**Number of DUII Arrests in the Past Month:** This field must be equal to or less than the Total DUII arrests; equal to or less than the Number of Arrests in the Past Month; and equal to or less than the Total Arrests. If there were no DUII arrests in the past month enter “0.”

**Total DUII Arrests:** This field should be completed for all DUII clients. The number must be at least “1” and:

- Less than or equal to the Number of Arrests in the Past Month; and
- Greater than or equal to the number of DUII Arrests in the Past Month; and
- Less than or equal to Total Arrests.

---

**ADDICTION DETAIL DATA ELEMENTS**

This is a required section for all clients receiving DUII services.

**DUII Completion Date:** This field can be completed when client has completed DUII requirements and still may be continuing treatment services. Client can have DUII completion date and still be an active client.

## APPENDIX F: SUPPORTED HOUSING RENTAL ASSISTANCE PROGRAMS

**CLIENT PROFILE CLIENT ENTRY TIP SHEET**

Note	Items	Entry	Instruction
1	AGENCY IDENTIFIER	Name	Complete
2	LASTNAME	Client's legal last name	Complete
3	FIRSTNAME	Client's legal first name	Complete
4	MIDDLE NAME	Client's legal middle name or initial	Complete (optional)
5	LAST NAME AT BIRTH	Client's legal last name at birth	Complete
6	DATE OF BIRTH	Client's date of birth	Enter only "known" date; not estimate
7	CLIENTTREATMENTSTATUS	Client's current treatment status	Use "Assessment Only" when participant applies for RA; when client received RA, as new tx episode and mark status as "active". Participation in services is voluntary.
8	CLIENTID	Unique identifier assigned by Agency to client.	Complete
9	OREGON MEDICAID NUMBER	Unique client identifier; includes OHP, MMIS number	Required only if client has been assigned one of these numbers
10	RACE	Client reported	Enter all that apply
11	ETHNICITY	Client reported	Client's specific Hispanic origin if applicable
12	GENDER	Client reported	Options: Male, Female, Other
13	MARITAL STATUS	Client's current marital status	Complete
14	VETERAN	Client has served in one of the uniformed services	If currently serving or past service.
15	COMPETITIVE EMPLOYMENT	Client's current employment state	Enter all that apply
16	LIVING ARRANGEMENT	Client's residential status (initial report)	Status immediately prior to joining program

Note	Items	Entry	Instruction
17	DATE OF STATUS CHANGE FOR LIVING ARRANGEMENT	Client's estimated date of change in living arrangement	Note the formatting of date provided in ROADS Manual; not required for initial entry, only for subsequent update
18	COUNTYOFRESIDENCE	Client's current county of residence in Oregon	Complete
19	COUNTYOFRESPONSIBILITY	Client's current county of responsibility	County that holds the contracted service

### BEHAVIORAL HEALTH CLIENT ENTRY TIP SHEET

Note	Items	Entry	Instruction
1	DATEOF ADMISSION	Date Client received first direct service	Enter date client started to receive rental assistance; note formatting of date provided in manual
2	ZIP CODE OF RESIDENCE	Zip code for client's current residence	Enter zip code for residential "living arrangement" identified above in item#16
3	STATEOF RESIDENCE	Client's current state of residence	Enter state other than Oregon only if client entering program immediately upon arriving in Oregon
4	ESTIMATEDGROSSHOUSEHOLD	Total gross household monthly income for all family	Enter "0" for no income; enter "1" if client refuses to answer; enter
5	SOURCE OF INCOME/SUPPORT	Client's principal source of financial support	Enter only one response from list of valid entries
6	EXPECTED/ACTUAL SOURCE OF	Source(s) of payment for treatment (if any)	Enter all that apply; enter "other" if response should be "none"
7	TOTAL NUMBER OF DEPENDENTS	No. of people dependent on the client's income	May include biological and/or

Note	Items	Entry	Instruction
			non-biological dependents
8	TOTAL NUMBER OF CHILD DEPENDENTS	No. of children in household dependent on client's income	Children are defined as ages 0-17 years
9	PRIMARYHEALTHINSURANCE	Client's health insurance coverage (if any)	Enter only one response from list of valid entries
10	REFERRED FROM	Person/organization referring client to RA program	Enter all that apply
11	REFERREDTO	Person/organization client referred to for services, if any	Enter all that apply; RA program requires that services must be voluntary so entry may be "none"
12	TRIBAL AFFILIATION	Clients specific affiliation	Enter tribe, if not listed, other. Enter "not applicable" if there is no tribal affiliation
13	INTERPRETER	Type of interpretation required	If clients requires/requests assistance re: language or hearing
14	PREGNANT	Client reported	If Gender is reported as "Male" and client is not pregnant enter "NA"
15	HIGHEST SCHOOL GRADE COMPLETED	Grades completed (not number of years of attendance)	Enter number of yrs.; numeric values provided in ROADS Manual
16	TOBACCO USE	Client's current use of tobacco	Enter one response only
17	SUBSTANCE USE DURING LAST 90 DAYS	NA	For RA program clients, enter "unknown"
18	LEGAL STATUS	Client involvement in criminal justice system	ONLY for clients in criminal justice system; enter all that apply. If client is not

Note	Items	Entry	Instruction
			in criminal justice system choose "None".
19	NUMBER OF ARRESTS IN PAST MONTH	NA	Leave blank for RA program clients
20	TOTALARRESTS	NA	Leave blank for RA program clients
21	NUMBER OF DUII ARRESTS IN PAST MONTH	NA	Leave blank for RA program clients
22	TOTAL DUII ARRESTS	NA	Leave blank for RA program clients
23	DRIVERSLICENSENUMBER	NA	NOTREQUIRED
24	STATE ID NUMBER	NA	NOTREQUIRED
25	SCHOOL ATTENDANCE IMPROVEMENT	NA	Enter "NA"
26	ACADEMIC IMPROVEMENT	NA	Enter "NA"
27	SCHOOL BEHAVIOR IMPROVEMENTS	NA	Enter "NA"
28	DIAGNOSIS	Diagnosis at time of report	Use an ICD- 10 code in the Z59 series(Z590-Z599). And when known other valid diagnosis codes.
29	GLOBALASSESSMENTOF FUNCTIONING	Current GAF score	This field is optional and should be left blank if client does not have a score.
30	PEERDELIVEREDSERVICES	Promotion and use of peer delivered services	Enter one response only; RA program requires that participation in services is voluntary so entry may be "none"
31	INFECTIOUSDISEASERISKASSESSMENT	Results of Infectious Disease Risk Assessment	If none, enter "not completed"
32	TREATMENTPLANINDICATOR	Key performance indicators significant to client's	Treatment Plan, goals for recovery Enter all appropriate indicators if client has Treatment Plan; if

Note	Items	Entry	Instruction
			not, enter just "housing"
33	MENTAL HEALTH CURRENT LEVEL OF CARE (LOC)	NA	Leave blank
34	MENTAL HEALTH LEVEL OF CARE (LOC) SCORE	NA	Leave blank

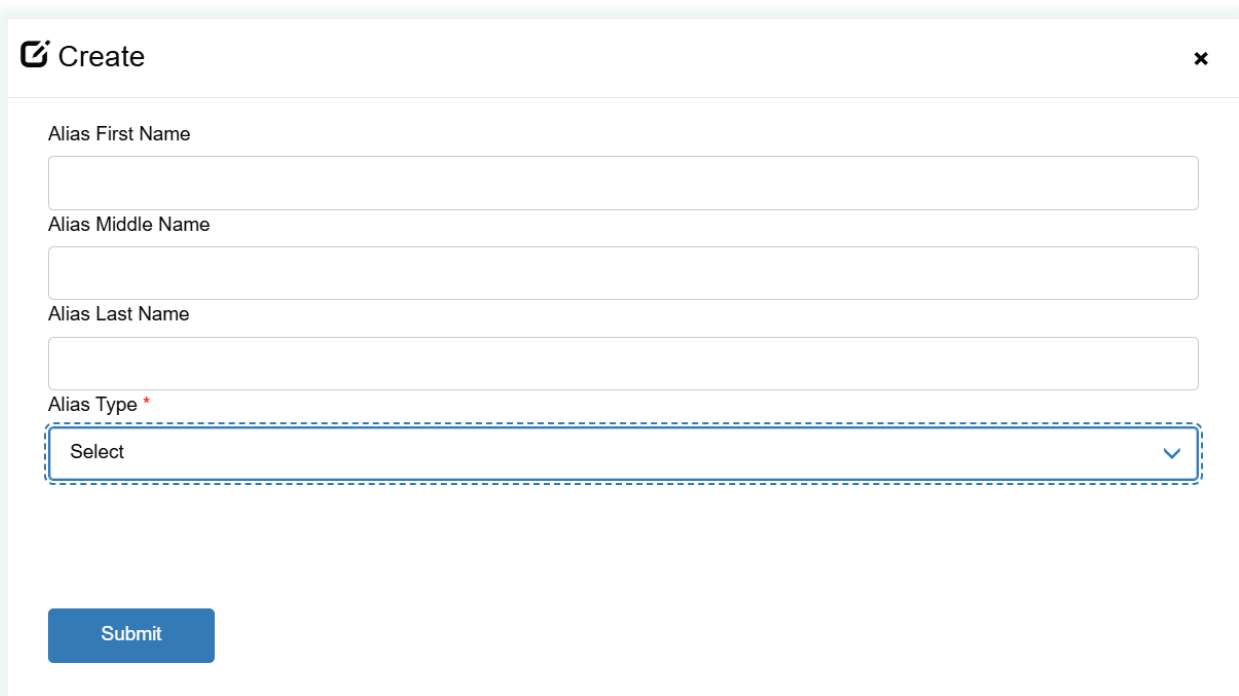
## APPENDIX G: CLIENT NAMES

ROADS has four name fields:

- **First Name:** The client's legal first name.
- **Middle Name:** The client's legal middle name or middle initial. If the client has no middle name, this field should be left blank.
- **Last Name:** The client's current legal last name.
- **Last Name at Birth:** The client's last name at the time of his or her birth. If the client's last name has never changed, or if this information is not known or not available, the client's current last name should be entered.

Additionally, ROADS provides a single-select drop-down field to document suffixes such as Sr., Jr., and successions II through VII.

Once a client record is created, the Alias sub grid (Figure 2) will become available in the Client Profile to document any alternative names the client uses, such as nicknames, former married name, pseudonyms, etc.



**Figure 2. Alias form in ROADS**

All ROADS name fields accept upper-case letters, lower-case letters, spaces, hyphens, and apostrophes. Any other special characters (periods, parentheses, quote marks, etc.) will cause the data to be rejected. Use only one space or one hyphen in compound names.



Here are some examples of how client names should and should not be submitted. All of these examples were created from randomly generated lists of common names but are similar to real submissions.

- A client introduces himself as John Daniel Adams. The Client Profile should show:
  - First Name: John
  - Middle Name: Daniel
  - Last Name: Adams
- John Daniel Adams prefers to be called “Johnny”. Create an Alias record:
  - Alias First Name: Johnny
  - Alias Type: Nickname
- John Daniel Adams sometimes uses a fake ID as Thomas Larry Johnson. Create an additional Alias record:
  - Alias First Name: Thomas
  - Alias Middle Name: Larry
  - Alias Last Name: Johnson
  - Alias Type: Pseudonym

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