

RESILIENCE OUTCOMES ANALYSIS
& DATA SUBMISSION (ROADS)

Reference Manual: Behavioral Health + Addiction

August 28, 2026 | Version 1.1

VERSION HISTORY

Version #	Description	Date
0.1	Behavioral Health + Addiction segment submission	2/18/2026
0.2	- Added additional instructions to Service Element/Program field - Added ASAM Edition field - Revised Addiction Assessed LOC to include ASAM 4 values - Revised Addiction Current LOC to include ASAM 4 values	3/30/2026
0.3	Added the following definitions to Treatment Service Setting field: - SUD Detoxification 24-Hr Service Hospital Inpatient: 24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal. (Similar to ASAM Levels IV-D and III 7-D, medically managed or monitored inpatient detoxification). - SUD Detoxification 24-Hr Service Free-Standing Residential: 24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. (Similar to ASAM Level III.2 D, clinically managed residential detoxification or social detoxification.) - SUD Rehabilitation/Residential—Hospital (other than detox): 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug use and dependency. (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment.) - SUD Rehabilitation/Residential—Short Term (30 days or less): Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug use and dependency. (Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less.) - SUD Rehabilitation/Residential—Long Term (More than 30 days): Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use and dependency; may include transitional living arrangements such as halfway houses. (Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days.)	4/19/2026

	• SUD Intensive Outpatient: At a minimum, treatment lasting two or more hours per day for 3 or more days per week (includes partial hospitalization).(Similar to ASAM Level II.5, 20 or more hours per week.) • SUD Non-Intensive Outpatient: Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies. (Similar to ASAM Level I, outpatient treatment, non-intensive.) • SUD Outpatient Detoxification: Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological). (Similar to ASAM Levels I-D and II-D, ambulatory detoxification.) • BH State Psychiatric Hospital: All SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to persons with mental illnesses from a specific geographical area and/or statewide. • BH OHA Funded/Operated Community Based Program: Include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP). • BH Residential Treatment Center: An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth, and in some cases, adult care. • BH Other Psychiatric Inpatient: A private provider or medical provider licensed and/or contracted through the SMHA. • BH Institution Under the Justice System: Mental health services provided in a jail, prison, juvenile detention center, etc. • Not Applicable: Use this code only for 1) substance use codependents/collateral clients or 2) mental health clients receiving assessment, evaluation, or screening services only. Added the following definition to Service Element/Program field: • MHS 05 - Assertive Community Treatment Services (ACT)- This selection is used for ACT services that are reimbursable by Medicaid. If client has a CCO, using Fee-For-Service (Open Card) or MAGI, the service will fall under this category	
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0.5	MR3.0 Draft Submission	4/21/2026
1.0	MR3.0 Final Submission	6/05/2026
1.1	Page 53- Added the following values to Treatment Service Setting field: Youth CSEC Residential Facility, Youth PRTS Residential Facility, Youth Secure Inpatient Residential Facility, Youth Sub-acute Residential Facility, Youth SUD Residential Facility Page 53,54- Added an example to Treatment Service Setting field	8/28/2026

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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 Profile](#)
- [Alias](#)
- [Behavioral Health](#)
- [Addiction Detail](#)

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

Acronym	Definition
BH	Behavioral Health
BHD	Behavioral Health Division
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
MHO	Mental Health Organization
MMIS	Medicaid Management Information System
MOTS	Measures and Outcomes Tracking System
NOMS	National Outcome Measures
OARs	Oregon Administrative Rules
OHA	Oregon Health Authority
OSH	Oregon State Hospital
OTP	Opioid Treatment Program (Methadone Maintenance Providers)
ROADS	Resilience Outcomes Analysis and Data Submission
SAMHSA	Substance Abuse and Mental Health Services Administration
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 th 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

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. As more details become available, this manual will be updated and placed on the OHA website.

CLIENT PROFILE

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/Screening Date](#)
- [Screening Time](#)

FIRST NAME

MOTS Field: First Name

DESCRIPTION**REQUIRED**

Client's legal first name.

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 using its Oregon Medicaid Provider ID or other verified identifier.

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 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

Capturing facility identifiers allows OHA to accurately track where services are delivered, align treatment records with funding sources, and ensure proper reporting for Medicaid and non-Medicaid programs.

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 selecting “Medicaid/OHP” for Expected/ Actual Source of Payment OR if selecting “Medicaid/OHP” for Primary Health Insurance.

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-medicaid.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, 7days 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, select “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, select “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, select “Private Residence (non-relative)”
- For children under the age of 18 living under a foster care arrangement, select “Foster Home”

- For children under the age of 18 who have been legally adopted, select “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."

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
- 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

- 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 | • 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

- 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 where 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 Option Set (multiple select)

- **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:** Engaged primarily in managing a household and not participating in paid employment.
- **Student:** Enrolled in an educational or training program and not employed full time.
- **Retired:** No longer working due to retirement from the workforce.
- **Hospital Patient or Resident of Other Institutions:** Residing in a hospital, long-term care facility, correctional facility, or other institutional setting and not available for employment.
- **Other Reported Classification (e.g. volunteers):** Employment or activity status that does not fall into the defined categories, such as volunteer work.
- **Unknown:** Employment status is not reported or cannot be determined.

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 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
- I don't just have one primary identity
- Identify as Biracial or Multiracial
- Not asked

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**

Allows for a more detailed description, or clarification, of the client's race, ethnicity, and/or identity that may not be fully captured by the predefined categories under Race Ethnicity Identity. Required when "Other (please list)" is selected for [Race Ethnicity Identity](#).

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 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
- Don't know
- Don't want to answer
- Did not answer/missing
- I don't just have one primary identity
- Identify as Biracial or Multiracial
- Not asked

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**OPTIONAL**

Open-ended question prompting client's personal racial or ethnic background.

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.

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 "Not listed. Please specify" is selected for [Gender Identity](#).

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.

ASSESSMENT/SCREENING DATE

DESCRIPTION**CONDITIONAL**

Date of Assessment within the Create Assessment form in the Behavioral Health / SUD / Co-Occurring / Assessment grid and the “Add BHRN Assessment form” in the BHRN Episode grid.

Required when selecting “04=Assessment” or “16=BHRN Screening Services” for Client Tx Status.

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.

SCREENING TIME

New ROADS Field

DESCRIPTION**CONDITIONAL**

Time of Assessment within the Create Assessment form in the Behavioral Health / SUD / Co-Occurring / Assessment grid and the “Add BHRN Assessment form” in the BHRN Episode grid.

Required when Client Tx Status = “BHRN Screening Services”, otherwise optional.

VALID ENTRIES

Date Picker / Open Text (numeric)

- Numeric time in HH:MM format (HH = hours, MM = minutes with AM or PM following)

FIELD GUIDELINES

- Must be a valid 24-hour time.

INSTRUCTIONS

1. Enter the date the client received their first screening service.
2. Enter the time or use the dial to select hour, minute, and meridiem (AM or PM).
3. Press “Continue” in the top right to create record and enter remaining fields.

WHY

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

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:

- [Peer Delivered Services](#)
- [Episode Admission Date](#)
- [Treatment Service Setting](#)
- [Treatment Type](#)
- [Years of Education](#)
- [Pregnant](#)
- [Tobacco Use](#)
- [Rendering Provider MMIS ID](#)
- [BH Admission Date](#)
- [Last Seen Date](#)
- [Substance Use Reported](#)
- [Last Date of Substance Use](#)
- [GAF Score](#)
- [BH Discharge Date](#)
- [Diagnoses](#)
- [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](#)
- [Service Element / Program](#)
- [Start Date \(Service Element\)](#)
- [End Date \(Service Element\)](#)
- [Community Restoration Services Start Date](#)
- [Community Restoration Services End Date](#)
- [Legal Status](#)
- [DUI Service Type](#)
- [Total DUI 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](#)

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:** 24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal. (Similar to ASAM Levels IV-D and III 7-D, medically managed or monitored inpatient detoxification).
- **SUD Detoxification 24-Hr Service Free-Standing Residential:** 24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. (Similar to ASAM Level III.2 D, clinically managed residential detoxification or social detoxification.)
- **SUD Rehabilitation/Residential—Hospital (other than detox):** 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug use and dependency. (Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment.)
- **SUD Rehabilitation/Residential—Short Term (30 days or less):** Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug use and dependency. (Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less.)
- **SUD Rehabilitation/Residential—Long Term (More than 30 days):** Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use and dependency; may include transitional living arrangements such as halfway houses. (Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days.)
- **SUD Intensive Outpatient:** At a minimum, treatment lasting two or more hours per day for 3 or more days per week (includes partial hospitalization). (Similar to ASAM Level II.5, 20 or more hours per week.)
- **SUD Non-Intensive Outpatient:** Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies. (Similar to ASAM Level I, outpatient treatment, non-intensive.)
- **SUD Outpatient Detoxification:** Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological). (Similar to ASAM Levels I-D and II-D, ambulatory detoxification.)

- **BH State Psychiatric Hospital:** All SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to persons with mental illnesses from a specific geographical area and/or statewide.
- **BH OHA Funded/Operated Community Based Program:** Include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP).
- **BH Residential Treatment Center:** An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth, and in some cases, adult care.
- **BH Other Psychiatric Inpatient:** A private provider or medical provider licensed and/or contracted through the SMHA.
- **BH Institution Under the Justice System:** Mental health services provided in a jail, prison, juvenile detention center, etc.
- **Youth 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.
- **Youth 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
- **Youth Secure Inpatient 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
- **Youth Sub-acute Residential Facility:** Children and youth 17 years old and younger in a secure program with 24 hour, 7 days a week supervision, care, and treatment for the brief stabilization of a diagnosed mental health condition.
- **Youth SUD Residential Facility**
- **Not Applicable:** Use this code only for 1) substance use codependents/collateral clients or 2) mental health clients receiving assessment, evaluation, or screening services only.

INSTRUCTIONS

1. Select the option corresponding to the specific setting where the client is receiving services, treatment, or care.
2. Below is an example scenario for a BHD Umbrella Program from 1/1/2026 – 3/31/26 and which Treatment Service Setting values should be chosen:

- a. Admits to OP 1/1/2026
 - i. Select “BH OHA Funded”
- b. Transfers to PRTS 1/16/2026
 - i. Select “Youth PRTS Residential Facility” unless it is SUD related. Then it would be the values based on ASAM for long-term, short-term options depending on the acuity.
- c. Transfers to SIP 2/14/2026
 - i. Select “Youth Secure Inpatient Residential Facility”
- d. Transfers to PHP/Day 3/14/2026
 - i. Select “BH OHA Funded”
- e. Discharges 3/31/2026

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.

TREATMENT TYPE

DESCRIPTION**REQUIRED**

Describes the treatment type being recorded.

VALID ENTRIES

Drop-down Option Set (single select)

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

INSTRUCTIONS

1. Select the appropriate Treatment Type from the drop-down menu:
2. Press “Continue” in the top right to create record and enter remaining fields.

WHY

This field is essential for categorizing and documenting treatment types, ensuring clarity and data consistency.

YEARS OF EDUCATION

MOTS Field: Highest School Grade Completed

DESCRIPTION**REQUIRED**

Highest level of education the client has completed.

VALID ENTRIES

Drop-down Option Set (single select)

- No Schooling or Less Than One School Grade
- Nursery School, Preschool, 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; not the number of years of attendance.

INSTRUCTIONS

1. Select 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.

PREGNANT

MOTS Field: Pregnant

DESCRIPTION**REQUIRED**

Specifies whether the client is pregnant.

VALID ENTRIES

Drop-down Option Set (single select)

- Yes
- No
- Not Applicable (N/A)
- UNK (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.

RENDERING PROVIDER MMIS ID

New ROADS Field

DESCRIPTION**CONDITIONAL**

Unique identifier assigned to a Facility to verify eligibility and submit Medicaid claims. Required when “OHP/Medicaid” is selected for [Expected Source of Payment](#). 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.

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)

FIELD GUIDELINES

- Must be unique for a client and facility per treatment episode.
- BH Admission Date should be identical to [SUD Admission Date](#) when submitting an SUD episode.

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.

LAST SEEN DATE

New ROADS field

DESCRIPTION**CONDITIONAL**

The date the client was last seen or received behavioral health services. Required when [BH Discharge Date](#) is provided.

VALID ENTRIES

Date Picker / Open Text (numeric)

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

FIELD GUIDELINES

- Must be on or before [BH Discharge Date](#).
- This date reflects the client's last behavioral health encounter overall. It is distinct from the [End Date](#), which applies to individual service elements.

INSTRUCTIONS

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

WHY

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

SUBSTANCE USE REPORTED

MOTS Field: Substance Use During Last 90 Days

DESCRIPTION**REQUIRED**

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

- Required for Behavioral Health, 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

New ROADS field

DESCRIPTION**CONDITIONAL**

The date the client last used non-prescribed drugs or alcohol during current reporting period.
Required when [Substance Use Reported](#) is Yes.

VALID ENTRIES

Date Picker / Open Text (numeric)

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

FIELD GUIDELINES

- Must be on or before [BH Discharge Date](#).

INSTRUCTIONS

1. Enter the date client was last seen.
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 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's 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.

DIAGNOSES

New ROADS Field

DESCRIPTION

This repeating field identifies each diagnosis related to the crisis event.

FIELD GUIDELINES

- Submit a new diagnosis record for each distinct diagnosis.

WHY

Important clinical information that provides context for patient and program outcomes.

DIAGNOSIS

New ROADS Field

DESCRIPTION**REQUIRED**

Specifies the client's current diagnosis related to 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 provides context for patient and program outcomes.

PRIMARY DIAGNOSIS

New ROADS Field

DESCRIPTION**REQUIRED**

Indicates whether the stated 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

Helps OHA identify trends in behavioral health services and assess statewide capacity needs.

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.
- "None" can only be chosen if [Estimated Gross Household Monthly Income](#) = 0.

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.
- Must be greater than or equal to [Number of Child Dependents](#).

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 ROADS 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**

Records 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> for the total gross monthly income.

WHY

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

Required for SAMHSA block grant reporting and helps OHA ensure equitable access and monitor outcomes across insurance types.

SERVICE ELEMENT

New ROADS Field

DESCRIPTION**OPTIONAL**

Identifies each program or service element record.

FIELD GUIDELINES

- Submit a new record for each separate service element.

WHY

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

SERVICE ELEMENT / PROGRAM

New ROADS Field

DESCRIPTION

OPTIONAL

Specifies the 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
- BHRN Related Services
- MHBG 308 - Mental Health Block Grant - Crisis Set Aside
- MHBG 301 - Mental Health Services Block Grant – General
- MHBG 307 - Mental Health Block Grant - EASA Set Aside
- MHS 01 - System Management and Coordination
- MHS 04 - Aid and Assist Client Services
- MHS 04 - Community
- MHS 05 - Assertive Community Treatment Services (ACT)
 - This selection is used for ACT services that are reimbursable by Medicaid. If client has a CCO, using Fee-For-Service (Open Card) or MAGI, the service will fall under this category
- 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
- N/A
- SUPTRS 520 - Substance Use Block Grant

INSTRUCTIONS

1. Select appropriate response from drop-down options.

2. If your organization holds an OHA grant, a service element contract, or a county grant to provide services on behalf of the county, the service element field should be filled out. Please refer to your grant agreement or county contract to determine the correct value to select. If you do not hold any of these agreements, the service element field does not apply and you should select N/A as the value.

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**

Date the client started receiving services under the [Service Element/Program](#). Required unless [Service Element/Program](#) is N/A.

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**

Date the client stopped receiving services under the [Service Element/Program](#). Required if the [BH Discharge Date](#) is provided and [Service Element/Program](#) is not N/A.

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.

COMMUNITY RESTORATION SERVICES START DATE

New ROADS Field

DESCRIPTION**CONDITIONAL**

Date the client started receiving services under the Community Restoration Services Program. Required when MHS 04 Community Restoration is chosen for the [Service Element/Program](#).

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 Community Restoration Services started.
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 Community Restoration Services started. OHA monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

COMMUNITY RESTORATION SERVICES END DATE

New ROADS Field

DESCRIPTION**CONDITIONAL**

Date the client stopped receiving services under the Community Restoration Services Program. Required when MHS 04 Community Restoration is chosen for the [Service Element/Program](#).

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 Community Restoration Services 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 Community Restoration 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.

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.
- “None” and “Unknown” cannot be combined with any other values.

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 “DUII Diversion” or “DUII Convicted” are selected for [Legal Status](#).

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 DUII ARRESTS

MOTS Field: Total DUII Arrests

DESCRIPTION**CONDITIONAL**

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

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 “DUII Diversion Client” or “DUII Convicted Client” should be recorded with no less than 1 DUII arrest.

INSTRUCTIONS

1. Enter total number of times a client has been arrested for a DUII 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**OPTIONAL**

Unique identifier assigned by State Police Identification Services for individuals in the criminal justice system using the Law Enforcement Data Set (LEDS).

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 "DUI Diversion" or "DUI Convicted" are selected for [Legal Status](#).

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 DUI or are under a diversion agreement for a DUI.

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

SUBSTANCE PROBLEM

Sub-grid Only

DESCRIPTION**REQUIRED**

Identifies each substance contributing to the client's dysfunction at admission.

FIELD GUIDELINES

- Add each addiction substance. Up to 7 substances may be submitted.

WHY

This field is required by SAMHSA block grant recipients. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

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)
- Chlordiazepoxide (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
- Not Collected

INSTRUCTIONS

1. Select appropriate substance from drop-down options.

WHY

This field is required by SAMHSA block grant recipients. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

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 at first intoxication.

VALID ENTRIES

Open Text (numeric)

FIELD GUIDELINES

- This field is cross-referenced with Date of Birth to make sure 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. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

FREQUENCY OF USE

MOTS Field: Frequency of Use

DESCRIPTION**REQUIRED**

Frequency of use for the associated substance.

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.
- 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. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

USUAL ROUTE OF ADMINISTRATION

MOTS Field: Usual Route of Administration

DESCRIPTION**REQUIRED**

Specifies the primary route of administration for the identified substance.

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. Enables OHA to analyze substance use patterns, prioritize treatment resources, and evaluate program effectiveness across the state.

MEDICATION ASSISTED TX

MOTS Field: Medication Assisted Treatment

DESCRIPTION**REQUIRED**

Type of medication the client is receiving as part of the their 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 is receiving any of the listed medications as part of their treatment plan.

WHY

This field is required by SAMHSA block grant recipients. It also helps with OHA's 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.
- Excludes 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

To meet SAMHSA block grant reporting requirements and enable OHA to monitor factors influencing treatment 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.

ASAM EDITION

DESCRIPTION**REQUIRED**

This field allows providers to select ASAM 3 or ASAM 4 to ensure results for [Addiction Assessed LOC](#) and [Addiction Current LOC](#) are filtered according to the correct ASAM edition.

VALID ENTRIES

Drop-down Option Set (single select)

- ASAM 3
- ASAM 4

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

Enables OHA to identify behavioral health treatment capacity needs across the state.

ADDICTION ASSESSED LOC

New ROADS Field

DESCRIPTION**REQUIRED**

Historic level of care for addiction treatment clients. This field will be filtered according to [ASAM Edition](#).

VALID ENTRIES

Drop-down Option Set (single select)

ASAM 3 values:

- **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)

ASAM 4 values:

- **Level 1.0:** Long-Term Remission Monitoring
- **Level 1.5:** Outpatient Therapy
- **Level 1.7:** Medically Managed Outpatient
- **Level 2.1:** Intensive Outpatient (IOP)
- **Level 2.5:** High-Intensity Outpatient (HIOP)
- **Level 2.7:** Medically Managed Intensive Outpatient
- **Level 3.1:** Clinically Managed Low-Intensity Residential

- **Level 3.5:** Clinically Managed Medium to High-Intensity Residential
- **Level 3.7:** Medically Managed Residential
- **Level 4.0:** Medically Managed Inpatient

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

Enables OHA to identify behavioral health treatment capacity needs 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.

ADDICTION CURRENT LOC

MOTS Field: Addiction Current Level of Care (LOC)

DESCRIPTION**REQUIRED**

Current level of care for addiction treatment clients. This field will be filtered according to [ASAM Edition](#).

VALID ENTRIES

Drop-down Option Set (single select)

ASAM 3:

- **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)

ASAM 4:

- **Level 1.0:** Long-Term Remission Monitoring
- **Level 1.5:** Outpatient Therapy
- **Level 1.7:** Medically Managed Outpatient
- **Level 2.1:** Intensive Outpatient (IOP)
- **Level 2.5:** High-Intensity Outpatient (HIOP)
- **Level 2.7:** Medically Managed Intensive Outpatient
- **Level 3.1:** Clinically Managed Low-Intensity Residential

- **Level 3.5:** Clinically Managed Medium to High-Intensity Residential
- **Level 3.7:** Medically Managed Residential
- **Level 4.0:** Medically Managed Inpatient

INSTRUCTIONS

1. Select appropriate response from drop-down options.

WHY

This field helps OHA track behavioral health treatment capacity needs across the state.

CLIENT LAST CONTACT DATE SUD

New ROADS Field

DESCRIPTION**CONDITIONAL**

Last date the client was contacted regarding their SUD treatment or services. Required when [SUD Discharge Date](#) is provided.

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

Maintaining accurate and up-to-date contact information helps OHA track client engagement and monitor continuity of care.

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.

SUD DISCHARGE DATE

New ROADS Field

DESCRIPTION**CONDITIONAL**

Date client discharged from SUD treatment. Required when [SUD Treatment Status](#) is Active.

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.

SUD TREATMENT STATUS

New ROADS Field

DESCRIPTION

CONDITIONAL

Automated field displaying the Episode of Care status, whether Active or Inactive. Field is locked and will display as “Active” in the Portal 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 all recommended services, including cases where the client partially completed treatment.
- **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

Examples:

Client A has begun mental health treatment at Facility XX. Client A has SUD 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 SUD treatment status of “Active.” Now the Facility would submit a record changing the SUD treatment status to “Left Against Professional Advice, including drop-out”.

Client C is receiving mental health and addictions services at Facility XX and has a SUD treatment status of “Active.” Client C has successfully completed treatment for addictions services. Client C’s SUD 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 SUD treatment status as "Assessment only."

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

INSTRUCTIONS

1. The SUD 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).

PARENT IN RESIDENTIAL TREATMENT WITH CHILDREN

New ROADS Field

DESCRIPTION**OPTIONAL**

Identifies each record where a child is accompanying the parent/guardian in treatment.

FIELD GUIDELINES

- Submit a new record for each child.

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 DATE OF BIRTH

New ROADS Field

DESCRIPTION**REQUIRED**

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**CONDITIONAL**

Date child joined parent 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 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**CONDITIONAL**

Date child left treatment. Required when the [Child Admission Date](#) has been provided.

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.

APPENDICES

APPENDIX A: PRE- AND POST-BOOKING JAIL DIVERSION

The USDOJ Performance Plan¹ requires the State of Oregon and the Oregon Health Authority to report not only jail diversions, but Pre-Booking and Post-Booking Jail Diversions. According to the USDOJ:

“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 Client Entry, 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 DUI Diversion legal status.

¹ Information about the USDOJ Oregon Performance Plan: <http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx>

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.

*Information about the USDOJ Oregon Performance Plan:

<http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Oregon-Performance-Plan.aspx>

APPENDIX B: 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

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 Living Arrangement Changed: If placement changes, enter the date of change, even if living arrangement remains the same.

- Example: if a child moves from one foster home to another, please enter the 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.

Years of Education: 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.

Total DUI Arrests: Answer for young adults age 15 and over, otherwise can be left blank.

Peer Delivered Services: Consider both family peer support and peer (youth) support specialists.

Treatment 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.

APPENDIX C: DUII

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.

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.

Total Arrests: This includes DUII arrests and must be at least “1”. This is a required field for clients receiving DUII services.

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 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.

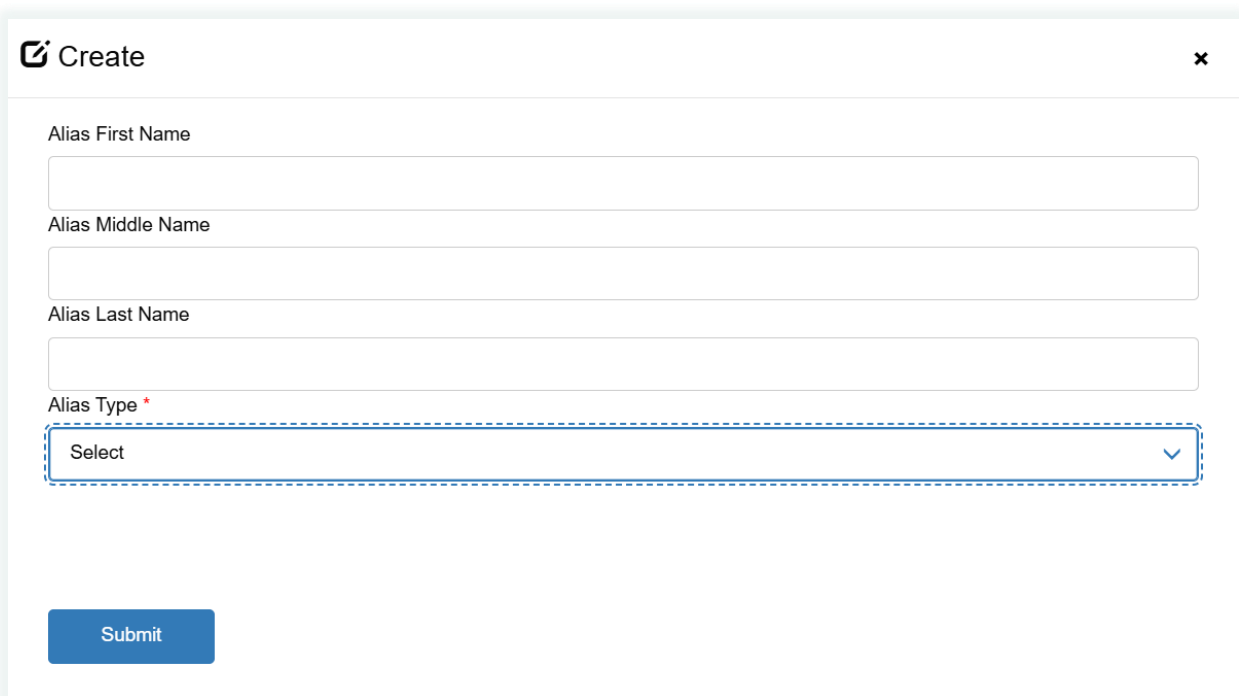
APPENDIX D: CLIENT NAMES

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 will become available in the Client Profile to document any alternative names the client uses, such as nicknames, former married name, pseudonyms, etc.



Create

Alias First Name

Alias Middle Name

Alias Last Name

Alias Type *

Select

Submit

Figure 1. Create Alias Record

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