ADSS Monthly Report Instructions

For further information please contact:

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Revised 07/01/2022

Monthly Reporting Requirement

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

Reporting Procedures

Submission

- Reports must be submitted no later than the **10th of each month** to: ADSS.Reports@odhsoha.oregon.gov.

- Reports must be submitted electronically in .xls or .xlsx format.
  - Reports submitted in .pdf or .doc will be returned for resubmission.
  - Reports are not accepted through postal mail.

- ADSS monthly reports include information protected by 42 CFR Part 2 and HIPAA and must be sent using secure (encrypted) email.
 - Reports sent without using secure email will not be accepted.

Oregon Health Authority

Reporting Form

OHA 8050

Oregon Health Authority

Required Form

- OHA Form 8050 (rev 2019) is required

- The form is available for download at: https://www.oregon.gov/oha/HSD/AMH-DUII/Pages/ADSS.aspx.

- If you have difficulty opening the form directly from the website, save the document to your computer first and then open it.

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Protected View

- The report template may open in "Protected View".

- If so, click "Enable Editing" to access the template.
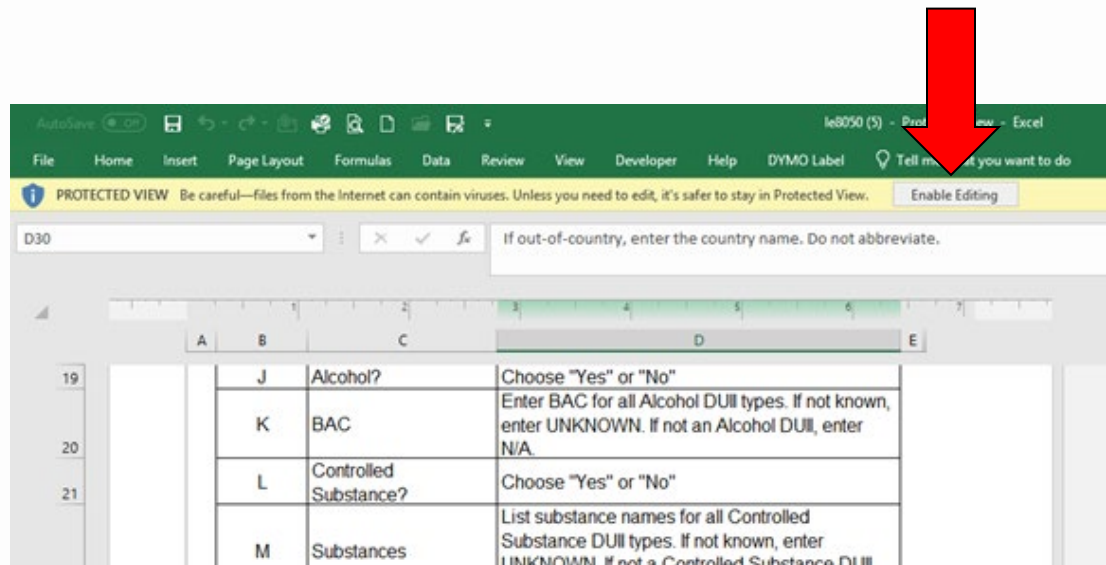
Field-by-Field Instructions

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

Default View Settings

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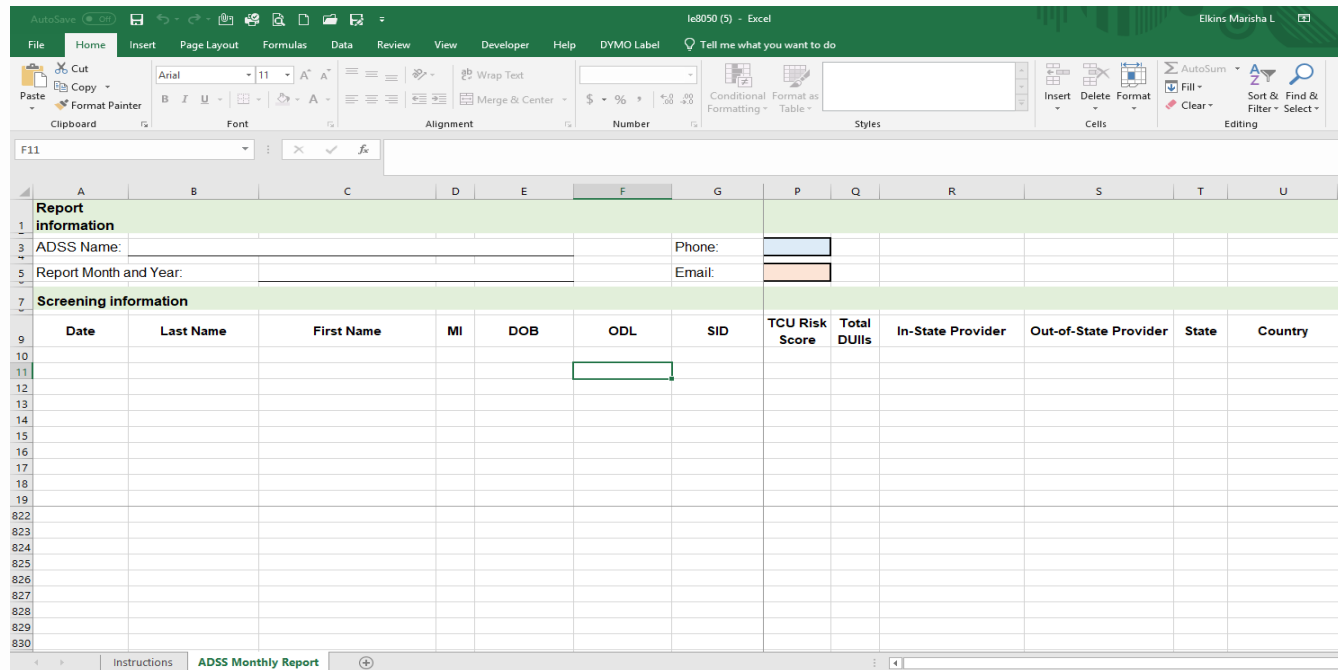
How to Change Default View Settings

- To undue the "Freeze Panes" setting, click on the "View" tab.
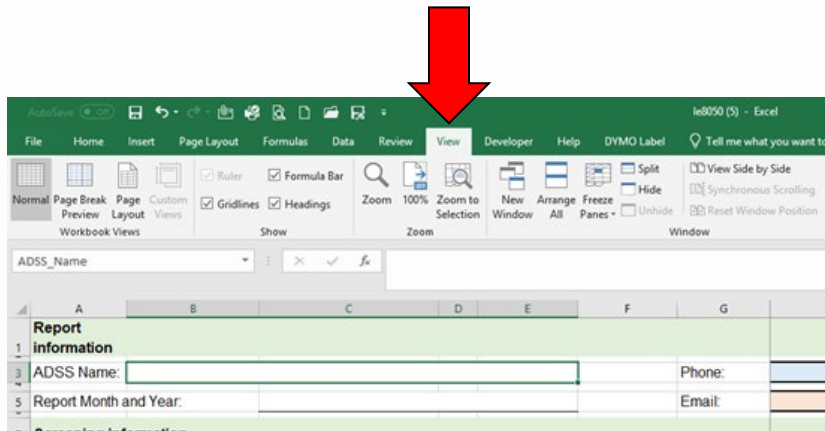
- Then click "Unfreeze Panes"

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Field-by-Field Instructions

HEALTH SYSTEMS DIVISION
Behavioral Health Programs
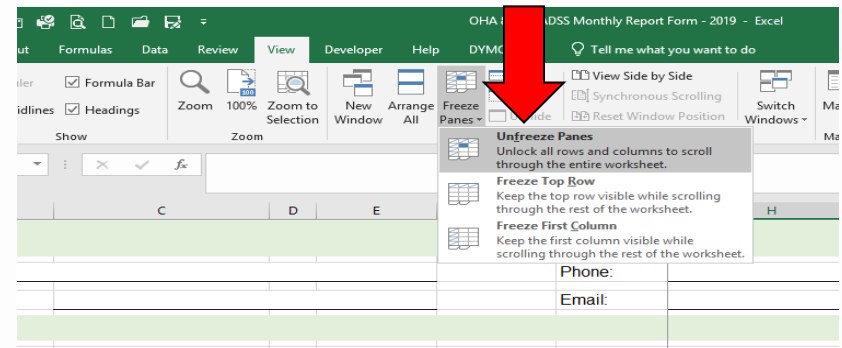
ADSS Name

Phone

- **Do not leave blank.**

- Enter your name as it appears on your certificate.

- If your name has changed, please notify the DUII Coordinator as soon as possible.

- **Do not leave blank.**

- Enter your phone number.

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Report Month & Year

Email

- **Do not leave blank.**

- Enter the month *and* year for which you are reporting.

- **Do not leave blank.**

- Enter your email address.

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Date

- **Do not leave blank.**

- Enter the date the individual was referred to a DUII Services Provider.

- Use the MM/DD/YYYY format.

Last Name

- **Do not leave blank.**

- Enter the individual's last name.

- Check to ensure proper spelling.

First Name

- **Do not leave blank.**

- Enter the individual's first name.

- Check to ensure proper spelling.

MI

- *May be left blank if unavailable/unknown.*

- Enter the individual's middle initial.

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DOB

- **Do not leave blank.**

- Enter the individual's date of birth.

- Use the MM/DD/YYYY format.

- Check to ensure accuracy.

ODL

- **Do not leave blank.**

- Enter the individual's Oregon Driver's License number.

- If unknown or the individual is a resident of another state, enter UNKNOWN.

- If less than 7 digits, enter a hyphen at the end of the number.
  - Example: 123456-

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SID

Court

- **Do not leave blank.**

- Enter the individual's State Identification Number.

- If unknown, enter UNKNOWN.

- **Do not leave blank.**

- Enter the full name of the court the individual was adjudicated in as it appears on your certificate.
  – Example:

  Marion County Circuit Court

  Salem Municipal Court

- Do not abbreviate.

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Adjudication

- **Do not leave blank.**

- Choose either "Conviction" or "Diversion".

Alcohol

- **Do not leave blank.**

- If the individual was charged with DUII alcohol, choose "Yes".

- If the individual was not charged with DUII alcohol, choose "No".

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BAC

- **Do not leave blank.**

- If the individual was charged with DUII alcohol, enter the individual's blood alcohol concentration (BAC).
  - This information can be collected from court records, police reports, or the individual's self-report.

- If the individual refused a breathalyzer or the individual's BAC is not available, enter UNKNOWN.

- If the individual was not charged with DUII alcohol, enter N/A.

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Controlled Substance

- **Do not leave blank.**

- If the individual was charged with DUII controlled substance, choose "Yes".

- If the individual was not charged with DUII controlled substance, choose "No".

Substances

- **Do not leave blank.**

- If the individual was charged with DUII controlled substance, list the controlled substance(s) the individual was under the influence of.
  - This information can be collected from official reports or the individual's self-report.
  - **Do not include non-controlled substances** (e.g. Benadryl, Zoloft, Robitussin, etc.)

- If the type of controlled substance is not available, enter UNKNOWN.

- If the individual was not charged with DUII controlled substance, enter N/A.

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Inhalant

Recommendation

- **Do not leave blank.**

- If the individual was charged with DUII inhalant, choose "Yes".
  - Please note that marijuana is *not* an inhalant.

- If the individual was not charged with DUII inhalant, choose "No".

- **Do not leave blank.**

- If the individual is a resident of Oregon, choose "Education" or "Rehabilitation".
  - *Please note: This is a preliminary recommendation only. The DUII Services Provider will make final service level determination based on completion of a diagnostic assessment.*

- If the individual is not a resident of Oregon, choose "N/A – Out-of-State".

HEALTH SYSTEMS DIVISION
Behavioral Health Programs

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TCU Score

- **Do not leave blank.**

- Enter the individual's TCU score.

- Valid TCU scores are whole numbers between 0 and 11.

Total DUIIs

- **Do not leave blank.**

- Enter the total number of DUIIs the individual has been adjudicated for.
  - This information can be collected from official reports or the individual's self-report.
  - Do not include juvenile convictions.

- Zero is not a valid entry.

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In-State Provider

- *If the individual was referred to an out-of-state provider, leave this field blank.*

- If the individual is referred to a DUII Services Provider in Oregon, enter the provider's name exactly as it appears in the SUD Directory.
  - Copying & pasting from the directory will ensure accuracy.

- The SUD Directory is updated each month and is available online at: https://www.oregon.gov/oha/HSD/AMH/publications/provider-directory.pdf or by clicking on the Oregon SUD Provider Directory button on the report template.

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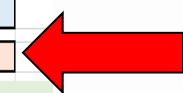
Out-of-State Provider

- *If the individual was referred to an Oregon provider, leave this field blank.*

- If the individual was referred to an out-of-state DUII provider, enter the provider's full business name.

- Do not abbreviate.

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State

- *If the individual was referred to an Oregon provider, leave this field blank.*

- If the individual was referred to an out-of-state DUII provider, choose the appropriate state abbreviation.

Country

- *If the individual was referred to a provider in the United States, leave this field blank.*

- If the individual was referred to a DUII provider outside of the US, enter the name of the country.

Questions?

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