



CPMS¹ Messenger

a timely newsletter for those completing the CPMS forms

August 2008

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Vol. 15, No. 8

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Special Addiction Monthly Management Report!

Last year we announced that the Chemical Dependency Treatment MMR is going to be different in the near future.

This created a lot of concerns in our CPMS community. And you might recall that most of the commotion had to do with the wording in the announcement that clients would magically disappear. It was not our intent to upset anyone but we did want your attention and we did manage to do just that.

There will be a change and that is the asterisk "*" to indicate those chemical dependency clients that have been open longer than three years.

It will be coming soon. The programming part of the project has been completed and this September you will see that several asterisks "*" might appear on your MMR. This indicates that that particular client has been in your treatment for three years or more. We will request to verify that the client is still in active treatment at your facility.

You will be receiving a letter explaining the details of this exercise that will occur bi- or annually. It will state exactly what is expected from you in which situation.



Requests for Forms and Manuals

For the last few years when you needed new forms or manuals you were instructed to contact Bonnie Landers. This has changed. We made some changes in our procedure and from now on we would like you to contact your regular data team contact person. They will take your request and pass it on. We hope it will make yours and our lives a bit easier. The same person you can turn to for all your issues.

¹ Client Process Monitoring System (data system for mental health and chemical dependency treatment services).

Focus on a Box

Box 39 & 66 ROUTE OF ADMINISTRATION

This box is found on the Alcohol and Drug CPMS form. In this box you are to enter one of the following codes to indicate the client's most recent usual route of administration at the time of admission.

- 1 – Oral
- 2 – Smoking
- 3 – Inhalation
- 4 – Intramuscular
- 5 – Intravenous
- 6 – Other

Route

When 00 for "none" has been entered in any blocks for item 36 "Drug Type" leave the route blank.

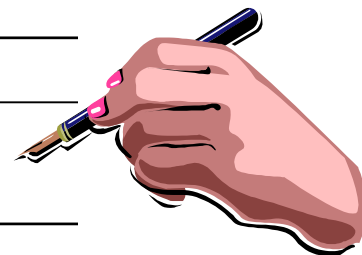
We are getting a lot of forms with all zeros in the route of administration for all three drugs. Please refrain from doing this. If the client does not have an alcohol or drug abuse problem, please do not fill out a CPMS enrollment form.

If, at discharge, they are not using, please use the same routes from enrollment. Routes at enrollment and at termination must match.

Names on the CPMS Forms

Box 6 on the CPMS form is the Client Name box. It consists of three parts, Last, First and Birth Name. Here are a few helpful hints when filling in this box.

| | | | | |
|------------|--|--|--|--|
| | | | | |
| Birth Name | | | | |



- Please use UPPER CASE BLOCK LETTERS.
- Please write legibly. It's very important that you distinguish your 'U's from your 'V's, and your 'L's from your 'I's.
- Please fill in the Birth Name, even if it's the same as the last name. Don't write "Same" in the Birth Name boxes. Please remember that since July 1st 2007 the whole name is now sent to us. Part of that change was that the birth name box has been expanded. If the name is too large just fit in as much as possible starting from the beginning of the name.
- Please spell out the name. For example, a last name of St. James, should be written in as SAINT JAMES.
- Avoid using punctuation. For example, a last name of O'Neal should be written as 'ONEAL'.

Remember to use a ball-point pen, and press firmly; you are going through multiple copies.

Next CPMS Training?

It's a MH Training on July 23rd in Beaverton. The trainings for A&D and MH in August are scheduled for Coos Bay, but are likely to be moved Newport due to number of people signing up from the different locations. We will keep you informed. If you have signed up and we are coming to your part of Oregon we will contact you. Stay tuned!

Thank you for taking the time to read through this newsletter. If you have ideas or questions you want addressed in future newsletters, please let me know. – Piet Vermeer, Research Facilitator, AMH, 503-945-5960 or piet.j.Vermeer@state.or.us