

CPMS¹ Messenger

a timely newsletter for those completing the CPMS forms

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Prepared by Piet Vermeer & the CPMS Data Team, AMH

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Questions? Give us a call



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A&D E-form Upgrade!

We hope you are ready, because we are moving forward. In the previous edition I already announced that the Federal Government is requesting us to start reporting on Social Connectedness. In order to comply with federal requirements we have upgraded our CPMS A&D E-form, and made the changes in our CPMS system. As of July 1st 2009 our systems will accept the newly added information about Self Help. We used to ask about Self Help on termination forms in a Yes/No format but we will now on both enrollment and termination forms require a letter. This letter gives us an indication of the social connectedness of the client.

Z = None
M = 1-3 Times per Month
O = 1-2 Times per Week
T = 3-4 Times per Week
D = Daily

124 SELF HELP
Frequency of Self Help Attendance 30 Days Before Enrollment
<input type="text"/>

The A&D E-form upgrade is available on the DHS Website.
<http://egov.oregon.gov/DHS/mentalhealth/publications/main.shtml>

“**CPMS_AD_EForms_4_0_0.exe**”, together with the “how to” instructions “**Upgrade to CPMS E-form 4.0.pdf**” we hope you can as soon as possible upgrade your 3.4.0 version to 4.0.0. The new application is date sensitive. This means that if you have an enrollment date before 07/01/2009 the new version of the A&D E-form will accept the form with the new box left blank.



If you send data from your own system you need to add this data field to your system. Also the file has to be added to your export file. The new file with the update record definitions will be sent to you as a reply to your data submission. You can also find the file on our website. It is named “**cd ascii string 7_09.pdf**”

If you have any questions call Piet Vermeer 503-945-5960. Or Fritz Chlanda 503-947-1039

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

Keep us updated

It can be challenging to keep up with changes in a program's address, director, data coordinator, etc. Keeping this information as current as possible ensures that you receive the latest correspondence and reports (including the CPMS Messenger). And we know you don't want to miss a single issue! So to ensure you get information in a timely fashion, and that you are notified of any changes to the CPMS system, please let us know about any changes in your program. Simply, review the address label and give us any updates. We are also asking that you give us your current phone number and fax number. This way we can stay in touch with you regarding your form submittals and reports. Thank you.

Please send any updates to your address label to Bonnie Landers (contact info on front page). You can mail, e-mail or call her anytime, day or night with this information.



Mental Health Crisis Services

How to report Crisis services

The Red Cornered Form is called the Mental Health Evaluation Services Enrollment and Termination Form (Form No: MHD-ADMS-0379) and is used for Preadmission Screening And Resident Review (PASRR) and crisis services. This article will focus on Crisis Services.

A person may be enrolled in CPMS for Crisis Services only if the person meets all of the following criteria:

1. Has been screened and is believed to have a mental disorder as defined in the latest edition of the Diagnostic and Statistical Manual for Mental Disorders;
2. Is likely to experience a severe negative consequence if **immediate intervention** is not provided; and
3. Has been formally evaluated as specified in OAR 309-32-525 to 309-32-605² resulting in a written plan of action and case record.

Remember: Immediate intervention means that the person must be evaluated within a few hours and cannot wait until the next day for an appointment.

To fill out this form, please follow these instructions: At the beginning of the episode, complete the enrollment portion, and place the form in the client's file. When the client's episode has ended, complete the termination portion, and send the yellow copy to AMH within 7 days of the last face-to-face treatment contact.



This form is only used for Crisis and PASRR services

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

² Oregon Administrative Rules:

See http://arcweb.sos.state.or.us/rules/OARs_300/OAR_309/309_032.html