

NATIONAL MIGRANT REFERRAL PROJECT, INC.

NMRP/ALCOHOL PROGRAM
ADMINISTRATOR'S MANUAL

JULY, 1981

NATIONAL MIGRANT REFERRAL PROJECT, INC.
55 NORTH I.H. 35, SUITE 207 • AUSTIN, TEXAS 78702 • 512-477-3790

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PREFACE

The following computer-based system design is being developed under the direction of the National Migrant Referral Project, Inc. All systems have been designed with the direct input from future Agency Users and National Migrant Referral Project, Inc./ Alcohol Program Task Forces. As the system evolves, User Review Teams examine the design on a regular basis for content, accuracy and need for refinement.

The National Migrant Referral Project, Inc. is solely responsible for the contents of this document and no part of this system can be used or reproduced without the written permission of the National Migrant Referral Project.

INTRODUCTION

A portion of the patient population served by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) consists of migrant farmworkers and their families. The fact of migrancy, which when added to uncertain and short-lived employment, frequent separation from family, bare subsistence income, an often hostile environment, and a host of other pressure inducing life factors vastly compounds the rendering of NIAAA services to the migrant population.

One of the severest handicaps in serving the migrant patient is that of missing continuity. As the migrant traverses the United States, he arrives at each new stop with only the visible evidence of his way of life with him. For an NIAAA program to render effective service, it must undertake the arduous and pains-taking task of converting this evidence into that understanding that permits treatment to begin. Obtaining the base of understanding upon which treatment may proceed represents the commitment of substantial NIAAA program resources. Time upon time these resources are spent in vain, for the migrant and his problems must remain behind at the NIAAA program site. The NIAAA site encountering the migrant must then begin the process anew and thereby commit resources to gain an understanding which already resides in previous program sites. That such a situation needlessly consumes NIAAA program resources is self-evident. What is not self-evident about this lack of continuity of services is the negative effect on the client who must undergo

repetitive intake procedures, evaluations and therapy. In addition to being needless, these repetitive activities may even eventuate in conflicting medication and treatment approaches.

Some of the problems of serving migrant patients can be alleviated simply by providing that information to each NIAAA site which enables the clinic to maintain continuity of service. The NMRP/Alcohol Program addresses the establishment of a system to provide such information.

In 1979 the Migrant Program of the Special Project Branch of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) committed resources through an Inter-agency Agreement with the Health Services Administration (HSA)/Bureau of Community Health Services (BCHS) to serve migrant and seasonal farmworkers. The purpose of this agreement was to develop and integrate a network of alcoholism program providers into a computer-based referral system to support continuity of care and treatment, and to eliminate the duplication of services to migrant patients.

NIAAA has further recognized that such a program would be beneficial to Public Inebriate Programs (PIP) or any alcohol program that works with a transient population. The transient alcoholic often encounters those same problems faced by the migrant population. Therefore, this program will be extended to Alcohol Programs serving this population.

This manual has been developed for the Agency Administrator by the National Migrant Referral Project, Inc. It is intended

to address administrative policy and general administration of the National Migrant Referral Project, Inc./Alcohol Program project. You are encouraged to share this manual with health professionals whom you will be working with on this project.

A separate manual has been developed for the direct service professional as a guide in the use of the system.

NATIONAL MIGRANT REFERRAL PROJECT, INC./
ALCOHOL PROGRAM AGENCY AGREEMENT

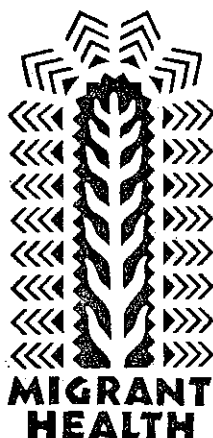
Prior to an agency's use of the National Migrant Referral Project, Inc./Alcohol Program system and before NMRP allows retrieval of any data, an agreement between both parties must be signed. (See Qualified Service Organization Agreement on Page 7) The purpose of this agreement is to clarify the responsibilities and liabilities of the parties for the confidentiality of alcohol patient-identifying information. The National Migrant Referral Project, Inc. will provide each participating Alcohol Program two (2) copies of this agreement for its signature. One (1) copy may be kept for your files and one (1) copy should be mailed to the NMRP office at the following address:

ATTN: Alcohol Systems Coordinator
NATIONAL MIGRANT REFERRAL PROJECT, INC.
55 N. IH35, Suite 207
Austin, Texas 78702

In the event that you should have any questions concerning this agreement, you may contact the NMRP's Attorney, Ms. Janice Green, at the following telephone number: (512) 477-8682. Ms. Green provided NMRP and NIAAA a legal opinion addressing the federal regulations on the confidentiality of alcohol abuse patient records to the computerized clinical referral system developed by the NMRP.

The National Migrant Referral Project, Inc. will accept in lieu of the signed agreement, a letter from your agency requesting

admission into the National Migrant Referral Project, Inc./Alcohol Program system pending the agency's official signature on the Qualified Service Organization Agreement.



QUALIFIED SERVICE ORGANIZATION AGREEMENT

with the

NATIONAL MIGRANT REFERRAL PROJECT, INC.

THIS AGREEMENT is entered into by and between the National Migrant Referral Project, Inc., a private non-profit Texas Corporation (NMRP, INC.), and _____,

_____, an alcoholism program serving migrants and transients. The purpose of this Agreement is to clarify the responsibilities and liabilities of the parties for the confidentiality of alcohol patient-identifying information.

I.

The ALCOHOL PROGRAM agrees:

- A. To utilize the services of the computerized patient data system operated by NMRP.
- B. To acknowledge that federal regulations (42 C.F.R., Part 2) on the confidentiality of alcohol patient records are binding upon alcohol program participants both as originator of patient records and as the recipient of records from NMRP.
- C. To undertake to institute appropriate procedures for safeguarding patient records.
- D. To undertake to resist in judicial proceedings any efforts to obtain access to patient records.
- E. To maintain an active Consent to Disclose Confidential Information Form signed by the patient, which allows for the disclosure of patient information to NMRP and which permits NMRP to redisclose this infor-

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mation to authorized alcohol program participants in the NMRP patient data system.

- F. To provide each patient the opportunity to review and correct information in his/her data base record.
- G. To notify NMRP immediately of any revocation of consent to release patient records.
- H. To comply with applicable state laws regarding confidentiality of patient records.

II.

The NATIONAL MIGRANT REFERRAL PROJECT, INC. agrees:

- A. To acknowledge that federal regulations (42 C.F.R., Part 2) on the confidentiality of alcohol patient records are binding upon NMRP.
- B. To undertake to institute appropriate procedures for safeguarding patient records.
- C. To undertake to resist in judicial proceedings any efforts to obtain access to patient records.
- D. To redisclose patient information only to those authorized alcohol program participants in the NMRP Data System which have executed a Qualified Service Organization Agreement.

Date: _____

Date: _____

By and for the ALCOHOL PROGRAM

By and for the NATIONAL MIGRANT REFERRAL PROJECT, INC.

AGENCY CERTIFICATION

Agency Certification and authorization to become a participant is obtained by calling or writing either of the following persons:

Ed Valdez, Project Manager

or

Elida Gonzalez, Alcohol System/Data Communicator II

National Migrant Referral Project, Inc.

Alcohol Program

55 North I.H. 35, Suite 207

Austin, Texas 78702

Toll free numbers are:

Texas 800-252-9446

Elsewhere in the U.S. 800-531-5120

Agency Certification will be approved following the National Migrant Referral Project's verification that your program is an Alcohol Program providing treatment services.

Agency authorization will be granted following the National Migrant Referral Project's receipt of a completed Qualified Service Organization Agreement.

Once the above procedures have been completed, your program will be issued the following:

1. A unique identification number.
2. A password.
3. A telephone credit card.

The National Migrant Referral Project staff is available to provide system training through either the telephone or scheduled on-site training.

SAFEGUARDS

The Austin Data Exchange is a secure facility staffed by authorized personnel. All written records containing patient or agency data (updates, printouts) are kept under lock. Extensive security procedures (sign on, passwords, terminal validity checking, etc.) to guard against unauthorized access to computer files are followed.

Access to data for patient inquiry or update is permitted only after having been certified as a participating agency in the National Migrant Referral Project, Inc./Alcohol Program.

SYSTEM MECHANICS FOR CONTROLLING ACCESS TO DATA

The only access to the National Migrant Referral Project, Inc./Alcohol Program patient data for inquiry or update is through terminals physically housed in and under direct control of the National Migrant Referral Project, Inc., Austin, Texas. These terminals, the terminal operators, and supervisors are known collectively as the Austin Data Exchange (ADE).

To inquire on NMRP/AP patient data, the Alcohol Program must have received authorization to participate and have completed a signed agreement with NMRP, or in lieu of the signed agreement have submitted a letter requesting admission into the NMRP/AP system pending the agency's official signature on the agreement. Each user agency will be assigned a unique identification number by NMRP. The Alcohol Program will furnish NMRP a password which will identify their agency. In the interest of security, the password is subject to change at the discretion of the Alcohol Program. To initiate a change, merely contact the NMRP office. The Agency's name, address, telephone number, agency identification number, and password will be placed on the clinic data base. In addition, the name of the Executive Director of the participating Alcohol Program will be placed on the clinic data base.

When an Alcoholism Program calls the ADE operator for inquiry, the calling program will supply its unique agency identification number and password to the ADE operator. At this point, the ADE operator may either proceed with the inquiry or elect to

terminate the call and dial the agency telephone number that appears on the clinic data base to verify that the inquiry is actually originating from said agency.

To update on the NMRP/AP patient data, the Alcohol Program may telephone the information into the ADE operator or mail the completed continuity form to the ADE. If the Alcohol Program elects to telephone data to the ADE, it must also mail the completed continuity form to the ADE within five (5) working days. Each continuity form must be signed by an authorized person(s) from the participating Alcohol Program. This signature certifies compliance with procedures covering consent to disclose information. The name of persons authorized to sign the continuity forms will be provided to NMRP by the participating Alcohol Program and maintained at the ADE. The ADE operator will check the authenticity of the signee and the expiration of the consent to disclose form. If the signature is appropriate and the expiration is greater than the current date, the patient's record is updated. Failure to pass any of these check points will prevent update of patient data until proper steps are taken to rectify the problem.

LOCAL DATA SECURITY

Data passed from the Austin Data Exchange (ADE) to the Alcohol Program participant must be accorded the same security as any other patient data kept at the Alcohol Program. The safeguarding of such data requires that the Alcohol Program participants follow all Federal, State and local laws pertaining to the patient data.

PATIENT CONSENT

The National Migrant Referral Project, Inc./Alcohol Program has developed a Consent to Disclose Confidential Information Form for your use (See Page 14). The NMRP/AP is recommending that this form be adopted for use by your program. This form has been developed by the NMRP/AP Attorney and highlights an essential feature in the operation of this system in that it allows the Alcohol Program to disclose information to NMRP and further allows the redisclosure of the information by NMRP to participating Alcohol Programs in NMRP's computer based clinical referral system.

It is also recommended that this consent form be made effective for a period of one (1) year at the minimum. This recommendation is essential in the operation of the system. This form is available for your program to copy. The consent form has also been made available in Spanish (See Page 15).

CONSENT TO DISCLOSE
CONFIDENTIAL INFORMATION

I, _____, hereby consent to
(Patient's Name)
disclosure of the information specified below by _____
(Treatment
Program) to the NATIONAL MIGRANT REFERRAL
PROJECT, INC. (NMRP), and redisclosure by NMRP of that information
and any other similar information about me in its records to any
participating Alcoholism Program in NMRP's computer based clinical
referral system for the purpose(s) of enabling the receiving
program(s) to provide improved continuity of treatment, aftercare,
or follow-up care, or _____

_____.

The extent and nature of information to be disclosed are
personal history, problem definition, and treatment information.

This consent is subject to revocation by me in writing at
any time except to the extent that action has been taken in
reliance hereon and, unless sooner revoked, will expire on
_____. I understand that my treatment
(Expiration Date)
records are confidential under federal and state laws and cannot
be disclosed except as authorized by this or other written consent
signed by me or otherwise provided by federal and state laws.

Patient Signature

Witness

Parent or Guardian Signature if
patient is a Minor

Date Signed: _____

Date Signed: _____

CONSENTIMIENTO PARA
INFORMACIÓN CONFIDENCIALES

Yo, _____, por lo presente
(nombre del cliente)
doy mi consentimiento para poner a la disposición del NATIONAL
MIGRANT REFERRAL PROJECT, INC. (NMRP) la información especificada
abajo por _____. También consiento
(centro de tratamiento)
que el NMRP revele dicha información y cualquiera otra información
similar acerca de mi persona a cualquiera agencia participando
en el Sistema Referente del NMRP. Esto es con el propósito de
facilitar que la agencia participante proporcione mejor continuación
de tratamiento, cuidado posterior, y cuidado continuo o _____

El grado y la naturaleza de la información que se ha de poner
a la disposición incluye lo siguiente: historia personal, descrip-
ción del problema, e información sobre el tratamiento.

Este consentimiento está sujeto a mi revocación por escrito
a cualquier momento excepto al punto que cierta acción ya haya
sido tomada confiadamente sobre esto, y no siendo que este consen-
timiento haya sido cancelado o terminado anteriormente, se terminará
en _____. Yo entiendo que mis documentos
(fecha de expiración)
de tratamiento son confidenciales bajo las leyes federales y
estatales y no se pueden revelar a nadie excepto con la autorización
de este o otro consentimiento firmado por mí o de otra manera
estipulada por las leyes federales y estatales.

Firma de Cliente

Testigo

Firma de Padre o de Guardian si el
Cliente es menor de edad

Fecha de Firma

Fecha de Firma

NATIONAL MIGRANT REFERRAL PROJECT, INC./ALCOHOL PROGRAM

TELEPHONE CREDIT CARD SERVICE

GUIDELINES

A telephone credit card will be made available to you following certification as an NIAAA Grantee or Alcohol Treatment Provider participating in the National Migrant Referral Project, Inc./Alcohol Program. (See page 18.)

1. Purpose: A telephone credit card has been provided for the purpose of obtaining essential patient information that is crucial to maintaining continuity of service.
2. Usage: The telephone service should be used to communicate with NMRP/AP participants.
3. Mechanics of Dialing, Using a Credit Card Number:
 - a. Begin by dialing "0" followed by the Area Code and telephone number.
 - b. When the operator comes on, immediately say, "My credit card number is 000-000-0000-0000."
 - c. If the operator ever asks you what AREA CODE your billing number is in, it is 512, the Austin area code, in which the service is being administered and billed.

NOTE: If you have any questions about the service or ever lose your credit card, please immediately call Linda Peralez Morrison, Project Staff in Austin at (512) 477-3790.

S A M P L E

Your 1981 Telephone Credit Card

Good anywhere in
the U.S. and in many foreign countries.



MIGRANT HEALTH INFORMATION SERVICE
MIGRANT REFERRAL PROJ 59
55 N IH 35
STE 207
AUSTIN TX 78702

PLEASE USE THIS CARD TO:

- Make long distance calling easier and more convenient when you're away from home or office
- Keep in touch—use any public, home, or business phone that's handy
- Receive an itemized record of your Credit Card calls



Area Code 512
Immediately say to the operator
—MY CREDIT CARD NUMBER IS—

1981 TELEPHONE
CREDIT CARD
Expires Jan. 31, 1982

746 002 0755 7462
FOR CALLS BACK TO THE UNITED STATES, SEE REVERSE

40 00

PUNCH OUT ALONG PERFORATION

(SEE OTHER SIDE FOR ADDITIONAL INFORMATION)

Guidelines, 3.c.

Guidelines, 3.b.



ANNOUNCEMENT

*The National Migrant Referral Project, Inc.
announces the toll free numbers
for its Data Exchange Center in
Austin, Texas.*

*The toll free numbers are:
Texas 1-800-252-9446
Elsewhere in U.S. 1-800-531-5120*

ALCOHOL PROGRAM PROFILE

The Alcohol Program Profile (See Page 21) is used to develop the clinic data base which was referred to on Page 11 of this manual. A separate Alcohol Program Profile is available to you in your packet to be completed and mailed to the National Migrant Referral Project, Inc. office upon your program's certification.

ALCOHOL PROGRAM

PROFILE

(Please Print)

NAME OF PROGRAM: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

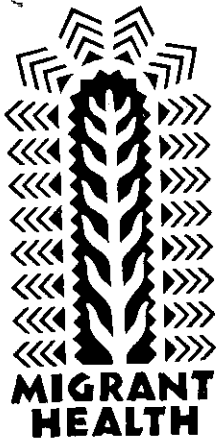
TELEPHONE NO. (include area code): () _____

DIRECTOR'S NAME/TITLE: _____

MEDICAL DIRECTOR'S NAME/TITLE: _____

PROGRAM HOURS OF OPERATION: _____

PROGRAM PERIOD OF OPERATION: _____



NATIONAL MIGRANT REFERRAL PROJECT, INC.

NMRP/ALCOHOL PROGRAM

USER'S MANUAL

JULY, 1981

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THE NATIONAL MIGRANT REFERRAL PROJECT/ALCOHOL PROGRAM

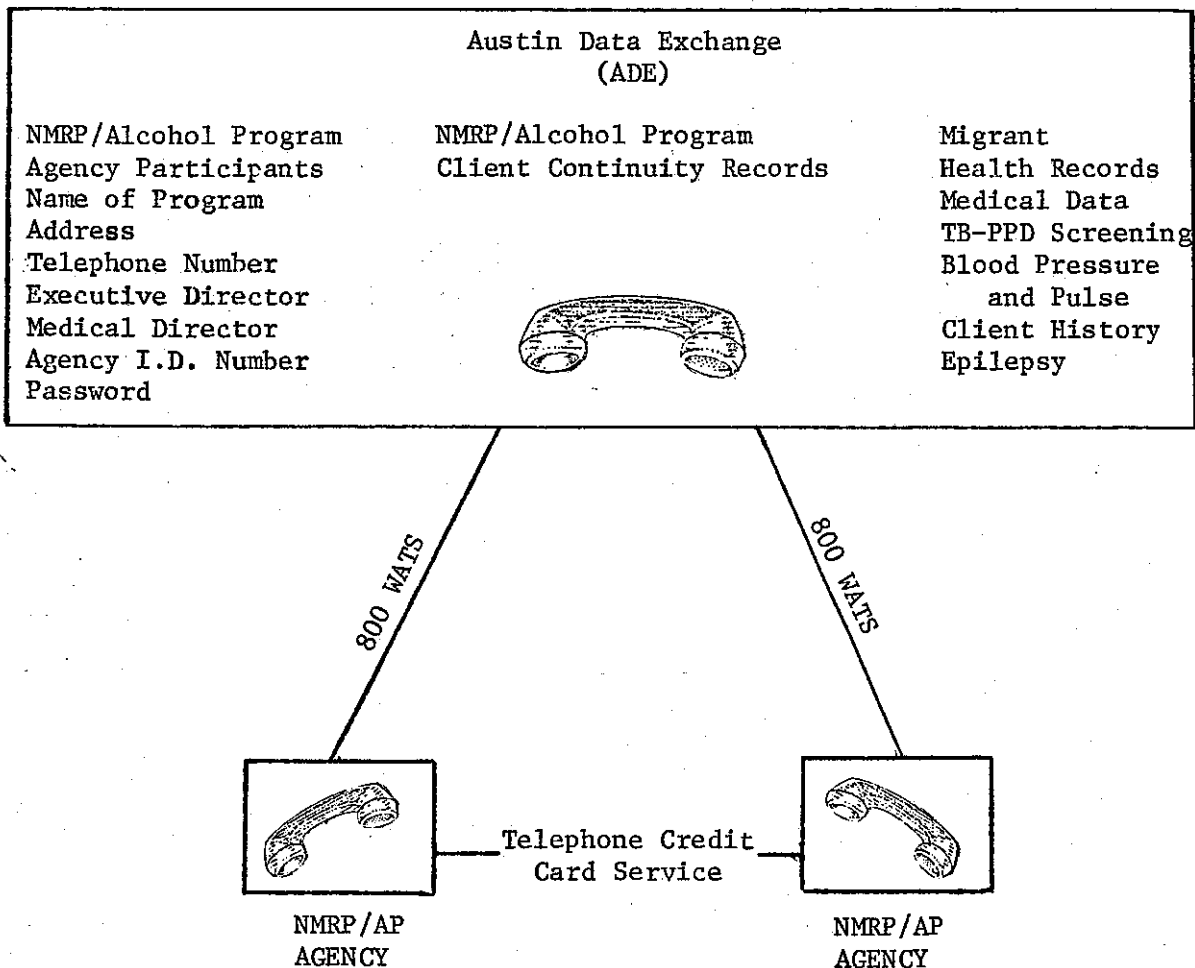
The National Migrant Referral Project/Alcohol Program (NMRP/AP) and the Migrant Health Program (MH) have developed a system of migrant patient information to support continuity of care and the elimination of duplication of services. Through this system alcohol treatment data and medical data will be available to three hundred agencies serving migrant patients and to medical providers serving NMRP/AP patients. In addition, an NMRP/AP Task Force has developed a client continuity form which will make patient data available to NMRP/AP agency professionals.

This manual explains how NMRP/AP agencies may use this system in rendering services to their migrant/transient clients.

THE NATIONAL MIGRANT REFERRAL PROJECT/ALCOHOL PROGRAM
NETWORK AND COMMUNICATION DESCRIPTION

The diagram below shows the basic elements of the system. Access to the central data base is provided through a central data exchange in Austin, Texas. The Austin Data Exchange (ADE) is operated by the National Migrant Referral Project, Inc., a private non-profit organization.

The Network



DATA INQUIRY

When a routine inquiry is made, the National Migrant Referral Project/Alcohol Program patient data received will be a treatment summary of patient care provided under the most recent NMRP/AP serving agency. The patient data may reflect one or many encounters taking place over a period of time. Patient data from NMRP/AP agencies serving the patient prior to the most recent clinic may be obtained by special request. Prior to calling the ADE for patient data inquiry, you will need the following information:

- . Your Agency Unique Identification Number and Password
 - . Patient's Full Name
 - . Date of Birth
 - . Ethnicity
 - . Parents' First Names
1. To gain access to the NMRP/AP Continuity Data and/or Medical Information, simply dial the toll free telephone number provided you for contacting ADE. The toll free numbers are:
- | | |
|-------------------|----------------|
| TEXAS | 1-800-252-9446 |
| ELSEWHERE IN U.S. | 1-800-531-5120 |

Inform the ADE operator that you are making an Alcohol Program patient inquiry.

2. The ADE operator will ask you for your agency identification number and password. The ADE operator has the option of either continuing with the inquiry process or

electing to terminate the call and calling you back at the number provided by the clinic data base.

3. Upon security clearance, you will provide the ADE operator with patient identifying information. The ADE operator will access the patient data and relay via telephone the requested information.
4. As the ADE operator is providing you the information, you may record this data on the NMRP/AP continuity form for your records.
5. You may request that a hard copy printout of the patient data be mailed to you by the ADE operator.
6. If you have been authorized, you may also request that patient medical data be relayed either by telephone or hard copy mailout.

DATA UPDATE

When you believe that your patient has or is about to leave the program for whatever reason, you should follow the steps listed below to ensure continuity of service.

1. Use the NMRP/AP Patient Continuity Form to summarize events while the patient was under the care of your agency.
2. To update on the NMRP/AP patient data, the Alcohol Program may telephone the information into the ADE operator or mail the completed continuity form to the ADE. If the Alcohol Program elects to telephone data to the ADE, it must also mail the completed continuity form to the ADE within five (5) working days. If the continuity form does not follow a telephone update within the 5 day limit, the ADE operator will remind the Alcohol Program by telephone. If at this point the continuity form is not in the mail, the NMRP/AP will not allow the release of any information referring to the patient.
3. Using the same update form in the area marked "Verification of Signature on Consent to Disclose Form" obtain the agency official signature prior to mail out. Without this signature, the update information will not be entered into the data base.

4. Mail the completed form to the following address:

ATTN: NMRP/AP
National Migrant Referral Project, Inc.
55 North I.H. 35, Suite 207
Austin, Texas 78702

5. Upon ADE's receipt of the update form, the ADE operator will enter the update information on the patient's data base record.

THE NMRP/AP PATIENT CONTINUITY FORM

A single form is available for your use that enables you to record patient data that is being relayed to you by telephone from the ADE. This same form is also used by you to record patient data that is subsequently mailed to the ADE for the data base update. This form is shown on Page 17.

CONTINUITY FORM SECTIONS AND USES

The NMRP/AP Patient Continuity Form contains three basic sections of information.

To explain the general intent and purpose of these three (3) basic sections of information, the form is illustrated in three parts in the following description.

ADMINISTRATIVE DATA

The administrative data serves the following purposes:

- A. Identifies the patient.
- B. Identifies the agency originating the data.
- C. Tells what time period the data covers.
- D. Describes administrative reasons for the patient/ agency contact.
- E. Highlights key historical critical factors.

SECTION 1

National Migrant Referral Project/Alcohol Program						
CONTINUITY FORM					NMRP/AP AGENCY NO. _____ NMRP/PT. NO. _____ LOCAL PT. NO. _____ UPDATE DATE _____ INQUIRY DATE _____ INITIAL ENCOUNTER DATE _____ MOST RECENT ENCOUNTER DATE _____ <div style="text-align: right;">(MO) (DA) (YR)</div>	
PATIENT	LAST NAME	MI	FIRST NAME	DOB MO DA YR		SEX
ALIAS _____						
PARENT'S FIRST NAMES _____						
ADDRESS CURRENT _____						
PERMANENT RESIDENCE _____						
ETHNICITY: MEXICAN AMERICAN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> HAITIAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> _____ VETERAN <input type="checkbox"/>						
REASON FOR ENCOUNTER			REFERRAL SOURCE			
VOLUNTARY <input type="checkbox"/>		INVOLUNTARY <input type="checkbox"/>		SELF <input type="checkbox"/> FAMILY <input type="checkbox"/> POLICE <input type="checkbox"/> PROBATION <input type="checkbox"/> COURT <input type="checkbox"/> OTHER _____		
				HISTORY PATIENT YES NO DT'S SEIZURES <input type="checkbox"/> <input type="checkbox"/> BLACKOUTS <input type="checkbox"/> <input type="checkbox"/>		
				FAMILY ALCOHOLISM IMMEDIATE FAMILY <input type="checkbox"/> REMOVED FAMILY <input type="checkbox"/>		

PROBLEM DEFINITION

The problem definition data permits your agency to:

- A. Enter the appropriate DSM Code.
- B. Identify the basic presenting problems.
- C. Describe the source of the presenting problem identification (i.e., therapist (th), patient (pt), support system (ss), or any combination thereof. Notice that this section provides a vehicle for expressing agreement or disagreement (among therapist, patient or support system) as to problem identification.
- D. A brief summary of problems by each party. This section does not imply a problem by problem summary.

SECTION 2

DSM CODES	PRIMARY	SECONDARY			TERTIARY		
NO.	NAME	SOURCE			SUMMARY OF PROBLEMS		
		TH	PT	SS	THERAPIST	PATIENT	SUPPORT SYSTEM
1	ALCOHOL						
2	ALCOHOL/W/DWI/DUI						
3	ALCOHOL/DRUG						
4	LEGAL						
5	POVERTY						
6	EMPLOYMENT						
7	FAMILY						
8	MARITAL						
9	INTERPERSONAL						
10	PSYCHIATRIC/EMOTIONAL						
11	MEDICAL						
12	OTHER						

TREATMENT DATA

The treatment data permits your agency to identify:

- A. The types of services rendered to the patient.
- B. The intensity of services rendered.
- C. The facilities within which the services were rendered.
- D. The medications prescribed and/or provided.
- E. The objectives set for each problem and whether the objectives were set by the therapist, patient, or both.
- F. The outcome as seen by the therapist, patient, or support system of the objectives.
- G. Patient strengths.
- H. The reason the patient left the program.
- I. A certification that an active consent to release information through this system is on file (see Section 3 on the following page).

SECTION 3

SERVICES		INTENSITY			FACILITY					MEDICATION	
NO.	TYPE	HRS	DAYS (PER WK)	MO	HOSP.	NON-HOSP. DETOX	RESIDENTIAL	DAY TRT. CENTER	HALF WAY HOUSE		OUT PT.
1.	DETOXIFICATION										1
2.	INDIVIDUAL COUNSELING										NDC NO. _____
3.	CRISIS STABILIZATION										PRESCP. NO. _____
4.	GROUP THERAPY (DWI) (DUI)										DOSE/SCHEDULE _____
5.	GROUP THERAPY										AMT. DISP. _____
6.	CRIMINAL JUSTICE COUNSELING										CONCENTRATION _____
7.	VOCATIONAL REHABILITATION										2
8.	FINANCIAL COUNSELING										NDC NO. _____
9.	CONSUMERS CIVIC COUNSELING										PRESCP. NO. _____
10.	PSYCHIATRIC EVALUATION										DOSE/SCHEDULE _____
11.	SEXUAL THERAPY										AMT. DISP. _____
12.	FAMILY PLANNING										CONCENTRATION _____
13.	FAMILY THERAPY										
14.	MEDICAL SERVICES										
15.	REFERRAL SERVICES										
16.	ASSESS AND PLANNING										
17.	VOCATIONAL COUNSELING										
18.	EDUCATIONAL COUNSELING										
19.	LIVING SKILLS										
20.	FOLLOW-UP AND AFTER CARE										
21.	SUPPORTIVE THERAPY										
22.	CHEMO THERAPY										
23.	OTHER										

NMRP/AP FORM NO. 1/1991

(Courtesy of the National Migrant Referral Project, Austin, Texas)

OBJECTIVES						OUTCOMES					
PROBLEM NUMBER	SET BY		DESCRIPTION	PROBLEM NUMBER	AS SEEN BY			DESCRIPTION			
	TH	PT			TH	PT	SS				

PATIENT STRENGTHS	REASON FOR LEAVING	VERIFICATION OF SIGNATURE ON CONSENT TO DISCLOSE FORM
	TREATMENT COMPLETE <input type="checkbox"/>	<div style="text-align: center;">DATE OF CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION</div> <hr/> <div style="text-align: center;">DATE OF EXPIRATION</div> <hr/> <div style="text-align: center;">AGENCY OFFICIAL SIGNATURE</div>
	MIGRATION AGAINST MEDICAL ADVICE <input type="checkbox"/>	
	UNKNOWN <input type="checkbox"/>	
	THERAPIST REFERRAL <input type="checkbox"/>	
	OTHER: <input type="checkbox"/>	
	SPECIFY _____	

National Migrant Referral Project/Alcohol Program

CONTINUITY FORM

NMRP/AP AGENCY NO. _____
 NMRP/PT. NO. _____
 LOCAL PT. NO. _____
 UPDATE DATE _____
 INQUIRY DATE _____
 INITIAL ENCOUNTER DATE _____
 MOST RECENT ENCOUNTER DATE _____ (MO) (DA) (YR)

LAST NAME _____ MI _____ FIRST NAME _____ DOB _____ SEX _____
 MO DA YR
 ALIAS _____
 PARENT'S FIRST NAMES _____ CITY _____ ST _____ ZIP _____
 STREET _____
 ADDRESS CURRENT _____
 PERMANENT RESIDENCE _____
 ETHNICITY: MEXICAN AMERICAN BLACK WHITE PUERTO RICAN CUBAN HAITIAN AMERICAN INDIAN OTHER VETERAN

REASON FOR ENCOUNTER _____ REFERRAL SOURCE _____
 VOLUNTARY INVOLUNTARY SELF FAMILY POLICE PROBATION COURT
 OTHER _____ PATIENT YES NO
 DT'S SEIZURES BLACKOUTS FAMILY ALCOHOLISM
 IMMEDIATE FAMILY REMOVED FAMILY

DSM CODES	PRIMARY		SECONDARY		TERTIARY	
	NO.	NAME	NO.	NAME	NO.	NAME
	SUMMARY OF PROBLEMS					
	THERAPIST			PATIENT		
	SUPPORT SYSTEM			SUPPORT SYSTEM		
1	ALCOHOL					
2	ALCOHOL/W/DWI/DUI					
3	ALCOHOL/DRUG					
4	LEGAL					
5	POVERTY					
6	EMPLOYMENT					
7	FAMILY					
8	MARITAL					
9	INTERPERSONAL					
10	PSYCHIATRIC/EMOTIONAL					
11	MEDICAL					
12	OTHER					

NO.	TYPE	INTENSITY			FACILITY			MEDICATION						
		HRS	PER	WK	MO	NON-HOSP. DETOX	RESIDENTIAL		DAY TRT. CENTER	HALF WAY HOUSE	OUT PT.			
1	DETOXIFICATION													
2	INDIVIDUAL COUNSELING													
3	CRISIS STABILIZATION													
4	GROUP THERAPY (DWI) (DUI)													
5	GROUP THERAPY													
6	CRIMINAL JUSTICE COUNSELING													
7	VOCATIONAL REHABILITATION													
8	FINANCIAL COUNSELING													
9	CONSUMERS CIVIC COUNSELING													
10	PSYCHIATRIC EVALUATION													
11	SEXUAL THERAPY													
12	FAMILY PLANNING													
13	FAMILY THERAPY													
14	MEDICAL SERVICES													
15	REFERRAL SERVICES													
16	ASSESS AND PLANNING													
17	VOCATIONAL COUNSELING													
18	EDUCATIONAL COUNSELING													
19	LIVING SKILLS													
20	FOLLOW-UP AND AFTER CARE													
21	SUPPORTIVE THERAPY													
22	CHEMO THERAPY													
23	OTHER													

DATA DICTIONARY

Each item of data on the NMRP/AP continuity form is defined in the Data Dictionary which is on Pages 19-21 of this manual and may be detached for your convenience. The major portions of the form and their intended purpose will be described in the remainder of this section.

DATA DICTIONARY

- | | |
|----------------------------|---|
| NMRP/AP Agency Number | - This number will be provided to you through the NMRP office. |
| NMRP/AP Patient Number | - This number is generated by the patient data base. |
| Local Patient Number | - This number is the number that you use at your agency to identify the patient. |
| Update Date | - The date you submit your update. Use six (6) digits, i.e., April 1, 1981 would be entered 040181. |
| Inquiry Date | - The date that you inquire through the Austin Data Exchange. Use (6) digits. |
| Initial Encounter Date | - The date when the patient first made contact with your agency for services. Use (6) digits. |
| Most Recent Encounter Date | - The patient's most recent encounter with your agency. Use (6) digits. |
| Patient Name | - Enter the patient's last name, middle initial, and first name. |
| D.O.B. | - Use (6) digits. |
| Sex | - Enter either <u>F</u> for Female or <u>M</u> for Male. |
| Alias | - Enter other names used by the client. |
| Parents' First Names | - Enter parents' first names. |
| Current Address | - Enter the patient's current address. |
| Permanent Residence | - Enter patient's permanent address. |
| Ethnicity | - Place an "X" in the appropriate box. If "other" is used, specify ethnicity in the space provided. |

- Veteran - Place an "X" in this box if the client is a veteran of the U.S. Armed Services.
- Reason for Encounter - Place an "X" in the appropriate box.
- Referral Source - Place an "X" in the appropriate box. If "other" is used, specify in the space provided.
- Patient History : DT's/
Seizures/Blackouts - Place an "X" in the appropriate box.
- Family History/Alcoholism - Place an "X" in the box marked immediate family if those members include the patient's children, spouse, parents, sisters, or brothers. All others enter removed.
- DSM Code - This area is provided for those agencies who use the Diagnostic and Statistical Manual Code DSM-III.
- Presenting Problem/
Source - Place an "X" in the appropriate source box as to the presenting problem as identified by either the therapist, patient, and/or support system. If "other" is used, specify in the space provided.
- Summary of Problems - Give a brief summary of problems by each party. This section does not imply a problem by problem summary.
- Services Type/
Intensity/Facility - These sections are keyed to one another. Choose the service type(s) the client received. Enter the number of hours or days client received services. Further clarify the intensity of services by selecting with an "X" either the box for week or month. The next step will be to identify with an "X", under the appropriate facility(ies) where these services were rendered. Example: A client received individual counseling 4 hours per week in an out-patient setting. Simply locate individual counseling, place a numeral "4" under hours followed by placing an "X" under week. Then, place an "X" under out-patient.

Medication

- Enter the National Drug Code Number and directly below enter the prescription number. Enter medication dosage and scheduled intake, amount dispensed and concentration.

Objectives

- Enter problem number to be addressed (using problem numbers 1-12 as listed under Presenting Problems in Section II of the Continuity Form). Place an "X" indicating by whom the objective was set (either the therapist or patient). Follow with a brief description of the objective.

Outcomes

- Enter problem number to be addressed (using problem numbers 1-12 as listed under Presenting Problems in Section II of the Continuity Form). Give a brief summary of the outcome of the objective that was set. Place an "X" indicating who is making the outcome description.

Patient Strengths

- The therapist is allowed to give a brief summary covering the patient's strengths.

Reason for Leaving

- Place an "X" in the appropriate box. If "other" is used, then specify. Under "Therapist Referral", the therapist is allowed to specify on his/her recommendation(s).

Verification of Certification

- You must enter the date when you obtained the patient signature on the Consent to Release Information Form allowing NMRP and NMRP's redisclosure of that information to participating agencies. You need to also enter the date of expiration of the consent form. An agency official must sign in the appropriate space.

MEDICAL DATA

Medical data on an NMRP/AP patient requested by a participating agency will be made available to authorized agency personnel.

Request for medical data should be directed to the ADE operator. The ADE operator will access the Migrant Health Data Base for medical information. If the medical information is available, the ADE operator will relay this via telephone or hard copy mailout.

Medical data that will be available to the NMRP/AP agency are listed below:

- Problem List
- TB-PPD Screening
- Blood Pressure and Pulse
- Patient History (Epilepsy)

AGENCY TO AGENCY CONTACT

All participating NMRP/AP Agencies will be provided a telephone credit card to use in contacting each other for the purpose of obtaining essential patient information that is crucial to maintaining continuity of service.

NATIONAL MIGRANT REFERRAL PROJECT, INC./ALCOHOL PROGRAM

TELEPHONE CREDIT CARD SERVICE

GUIDELINES

A telephone credit card will be made available to you following certification as an NIAAA Grantee or Alcohol Treatment Provider participating in the National Migrant Referral Project, Inc./Alcohol Program. (See page 25.)

1. Purpose: A telephone credit card has been provided for the purpose of obtaining essential patient information that is crucial to maintaining continuity of service.
2. Usage: The telephone service should be used to communicate with NMRP/AP participants.
3. Mechanics of Dialing, Using a Credit Card Number:
 - a. Begin by dialing "0" followed by the Area Code and telephone number.
 - b. When the operator comes on, immediately say, "My credit card number is 000-000-0000-0000."
 - c. If the operator ever asks you what AREA CODE your billing number is in, it is 512, the Austin area code, in which the service is being administered and billed.

NOTE: If you have any questions about the service or ever lose your credit card, please immediately call Linda Peralez Morrison, Project Staff in Austin at (512) 477-3790.

S A M P L E

Your 1981 Telephone Credit Card

Good anywhere in
the U.S. and in many foreign countries.



MIGRANT HEALTH INFORMATION SERVICE
MIGRANT REFERRAL PROJ 59
55 N IH 35
STE 207
AUSTIN TX 78702

PLEASE USE THIS CARD TO:

- Make long distance calling easier and more convenient when you're away from home or office
- Keep in touch—use any public, home, or business phone that's handy
- Receive an itemized record of your Credit Card calls



Area Code 512
Immediately say to the operator
—MY CREDIT CARD NUMBER IS—

1981 TELEPHONE
CREDIT CARD

746 002 0755 7462 Expires Jan. 31, 1982
FOR CALLS BACK TO THE UNITED STATES, SEE REVERSE

4000

PUNCH OUT ALONG PERFORATION

(SEE OTHER SIDE FOR ADDITIONAL INFORMATION)

Guidelines, 3.c.

Guidelines, 3.b.



ANNOUNCEMENT

*The National Migrant Referral Project, Inc.
announces the toll free numbers
for its Data Exchange Center in
Austin, Texas.*

*The toll free numbers are:
Texas 1-800-252-9446
Elsewhere in U.S. 1-800-531-5120*