



# California Access to Recovery Effort Monthly Update

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### Contact Us:

www.california  
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### CARE Call Center:

866.350.8773

## UPCOMING TRAININGS

### TMAC Training

ADP has scheduled two additional trainings on the Telephone Monitoring and Adaptive Counseling (TMAC) protocol. Outpatient treatment providers need to have at least one counselor trained in order to provide continuing care services to CARE clients. The trainings are as follows:

**April 17, 2009**, 9am to 4:30pm, in Red Bluff

**May 7, 2009**, 9am to 4:30pm, in Gardena

Pre-registration is required, so please contact Jeanne Smith at 916.324.6526 or [jsmith@adp.ca.gov](mailto:jsmith@adp.ca.gov) to register.

### TMAC Refresher Webinar

ADP and the University of Pennsylvania will be hosting a webinar to offer refresher training and ongoing support for the TMAC protocol. The webinar will be **Thursday, April 23, 2009, from 12 to 1pm.**

If you attended the TMAC training in February or March 2009, you should have received a "Save the Date" email and will receive specific webinar instructions via email soon. Please don't miss this chance to ask questions and offer feedback!!

### Policy Changes Make-Up Training (Los Angeles)

If your organization is not able to participate in CARE because you did not attend training on the system improvements, there will be a make-up training on **May 6, 2009**, from 9:30am to 2:30pm at the BHS Auditorium in Gardena. Please register by contacting Jeanne Smith at 916.324.6526 or [jsmith@adp.ca.gov](mailto:jsmith@adp.ca.gov).

## Race and Ethnicity Data

ASSESSORS: When collecting data from clients at intake, please enter in the VMS both their Race AND Ethnicity. If a client does not identify exactly with one of the race categories listed, please ask them to select the one with which they most identify. This information is critical for evaluation purposes.

## Clients Served & Funds Redeemed (as of 3/31/09)

Total clients served: 3,837 (812 were meth clients)

Total funds redeemed/billed: \$5,061,496 (\$1,286,117 was for meth clients)

## Client Outcome Data

The following outcome data reflect client changes over time from intake to six-month follow-up. (Through April 1, 2009, follow-up data was collected from 1,281 clients.)

- Percent abstinent from alcohol/drugs increased 36%
- Percent not experiencing negative health, behavioural, or social consequences related to AOD use increased 22%
- Percent socially connected increased 10%
- Percent reporting arrests decreased 5%
- Percent stably housed increased 5%
- Percent employed or in school increased 1%

In addition to providing you with aggregate data, ADP is developing provider-specific summaries we expect to have available by July 2009. We hope you will find them helpful for determining client needs and making necessary adjustments in service delivery, marketing your program, developing grant proposals, and assistance in budgeting and staffing.

## Client Success Story

This success story is from a 15-year-old student who described herself a year ago as hurt, lost, hopeless and dying inside. She believed the only way out of her pain was drugs and alcohol. Since the age of 12, she had been seeing guys twice her age and ditching school to get drunk or high with them. She was lying, sneaking out, and letting others control her life. She knew what she was doing was dangerous, but didn't value her life enough to care that she was risking it. She became more depressed, and began cutting herself to dull the pain. The adults in her life were not supportive, called her names and told her she was worthless. Around her 15<sup>th</sup> birthday, her mother committed suicide and the girl felt responsible.

When introduced to Panacea (a Sacramento treatment provider) at her school, this girl's first thought was that she would get to miss an hour of class. She never thought she would be able to change her life or that so many other youth her age had similar problems. The provider helped her understand that she really was a strong and worthy person, and that she could not only survive, but even excel.

She is no longer drinking, using, or injuring herself. She carries a 3.5 GPA and is a member of her high school volleyball team. She continues to attend groups at the provider's facility. She notes that Panacea offered her, along with her treatment, what she needed most: someone to talk to who will encourage her and validate her feelings, to help her understand that no matter how hard life gets, she can be strong and needn't look to drugs and alcohol. She encourages others with similar struggles to become involved in the provider's program and in their own recovery.

**We want  
your  
success  
stories!**

Please forward to ADP with the Client Consent Form located on the CARE website under "Provider Info".

## Frequently Asked Questions

- 1. What is the minimum number of hours a client must be at a residential program to bill for the daily rate? Can the rate be prorated if the client does not stay the minimum amount of time?**

Answer: A residential bed day means 24 hours. Anything under 24 hours is not billable and a prorated rate is not available.

- 2. If a client completes residential treatment then relapses during a lower level of care, can he/she receive another residential treatment voucher?**

Answer: No, only one voucher of any one type can be issued to a client between admission and discharge. If a provider determines that the client is not appropriate for outpatient services after fully utilizing his/her residential voucher, the provider should attempt to refer the client to a program or fund source that can provide more intensive services.

- 3. If a client in treatment does not choose to access recovery support services during the assessment process but later wants recovery support, who requests the voucher and refers the client to the recovery support provider?**

Answer: The outpatient treatment provider does both.

- 4. Can a stabilization voucher be used immediately following completion of outpatient treatment?**

Answer: No. A stabilization voucher may only be requested if a client has been receiving TMAC services via a continuing care voucher and is evaluated (via a face-to-face evaluation session) as having had a severe relapse or is at considerable risk of relapse.

- 5. Can a client have both an outpatient treatment and a continuing care voucher open at the same time?**

Answer: Yes. In fact, it is recommended that the provider request the continuing care voucher and begin the TMAC protocol prior to a client completing his outpatient treatment voucher, in order to increase the likelihood that he/she will make a successful transition to telephone sessions.