



California Access to Recovery Effort Monthly Update

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TMAC

Congratulations! Most outpatient treatment providers have received training on the TMAC (Telephone Monitoring and Adaptive Counseling) protocol and are ready to provide telephone-based continuing care to clients stepping down from outpatient treatment. As you know, providing services to clients over a longer period of time improves outcomes and increases your chances of obtaining the 6-month GPRA interview required by the Substance Abuse and Mental Health Services Administration (SAMHSA). Some frequently asked questions are listed below regarding the TMAC and the Continuing Care voucher. Please contact Jeanne Smith at jsmith@adp.ca.gov or 916.324.6526 if you have additional questions.

Frequently Asked Questions

1. What is the purpose of the continuing care voucher?

Answer: The primary purpose of the continuing care voucher is to provide TMAC services using the established protocol (which will allow for stepped-down services for up to four months after completion of standard outpatient treatment).

2. How should I bill for continuing care services?

Answer: At most, the first day, there could be a billing for the orientation session. This should be billed as an individual counseling session on either the outpatient treatment voucher or the continuing care voucher. After that, typically one TMAC session per week should be scheduled with the client. Once TMAC services are being provided, and based on the progress assessment there is a need for a face-to-face evaluation, another individual session could be provided (and billed).

3. 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 a few weeks prior to a client completing his outpatient treatment voucher, in order to increase the likelihood that he will make a successful transition to telephone sessions.

4. When can I issue a stabilization voucher?

Answer: A stabilization voucher should be issued after the client has begun TMAC services, has relapsed or is of considerable risk of relapse due to trauma, and you have brought the client in for an evaluation session (billed as individual counseling) and determine the client would benefit from more intensive services.

Clients Served & Funds Redeemed (as of 4/30/09)

Total clients served: 3,940 (847 were meth clients)

Total funds redeemed/billed: \$5,362,846 (\$1,417,482 was for meth clients)

New Client Admission Caps

Beginning August 1, 2009, providers who remain in compliance will be able to admit new CARE clients. Each provider's new admission cap will be determined based on performance in the following areas: completion rate for required discharge and six-month GPRA interviews, client outcomes (including retention), compliance with policies and procedures, and meth clients served.

Client Admission Criteria

According to intake GPRA data, assessment providers are enrolling clients into CARE outpatient treatment who do not appear to meet the admission criteria. There are many CARE clients admitted with no AOD use in the past 30 days and no related problems.

As stated in the policies and procedures, **all youth accepted into treatment must meet the diagnostic criteria for a substance-related disorder in DSM IV.** We realize that some youth may have been in a restricted setting just prior to admission and have no recent AOD use. However, in most cases, there should be a pattern of AOD use and/or other indicators reported on the intake GPRA reflecting problems related to their AOD use.

We suggest that you complete the intake GPRA after you conduct the assessment. You should have a better idea/evidence of the client's use after completing the assessment, so when you ask the GPRA questions and the client denies or minimizes use, you can remind him/her of what was identified during the assessment. Using motivational interviewing techniques, you should prompt him/her to answer the question honestly.

Inaccurate data on the intake GPRA is negatively impacting program evaluation because the intake GPRA is the baseline for determining client outcomes upon discharge and six-month post intake. Please do your best to get clients to be honest.

Reminder: A probation referral for a youth with a drug-related offense does not automatically qualify a youth for treatment!)

**We want
your
success
stories!**

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

Discharge GPRA

Section J – Discharge Status. The discharge date entered in this section should be the date the client last received CARE services, not the date of the GPRA interview.

Section K – Services Received, Modality. For this section, enter the period of time (beginning to ending date) the client was in your program, not the number of specific days the client received services. For example, if the client was in CARE for 60 days, you would enter 60 next to the service that was provided to the client (even if he was physically at your program site only twice a week or 16 days).

Onsite Compliance Visits

ADP conducts random onsite visits to CARE providers to determine the level of compliance with program requirements, identify areas where additional technical assistance or training is needed, and to review complaint allegations.

The goal of these site visits is to maintain the integrity of the CARE program by ensuring that clients receive appropriate and quality services; and to avoid potential fraud, waste, and abuse. Site visits are not intended to be accusations of wrongdoing; however, unusual or abnormal expenditure patterns are red flags and will trigger a site visit to ensure that the services billed were provided appropriately.

During an onsite visit, a provider is required to make CARE client files readily accessible to ADP staff. ADP staff may also interview CARE clients as part of the review.

Regional Trainings on Trauma Informed Care

During June 2009, trainings will be held in Alhambra, Fairfield, Sacramento, and Red Bluff on Trauma Informed Care. This training will highlight best practices on trauma issues impacting clients, including veterans. AOD substance abuse treatment providers, county administrators, mental health providers, policy makers and students are encouraged to attend. Please go to the following link <http://www.cce.csus.edu/conferences/adp/rttic09/> for registration and additional information.