



California Access to Recovery Effort Monthly Update

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Contact Us:

www.california-cares4youth.com

CARE Call Center:

866.350.8773

Need GPRA Help?

GPRA compliance has been a main topic of many of our recent e-mails and newsletters. Why are the GPRA interviews so important? Funding for CARE is provided by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and a requirement of that funding is that we collect GPRA data on a minimum of 80% of clients served. Currently, California is well below the 80% rate and ***if our GPRA compliance rate does not increase significantly, our proposal for a third CARE grant will not be competitive and may not be funded.*** In addition, compliance with GPRA requirements is considered for each individual provider when determining client caps.

The six-month GPRA is due six months after the client's intake date and overdue thereafter. However, SAMHSA will accept them up to one month before and two months after the client's six-month anniversary (this is the 5-8 month "window"). We strongly urge you to do the six-month GPRA interview as early as allowable (5 months post-intake) to help us receive funding for CARE 3.

Clarification of GPRA Questions

Asked on six-month GPRA

- Section I, Question 1 – "What is the follow-up status of the client?" If the interview was conducted within the acceptable window (5-8 months post intake), select "Completed Interview within Specified Window" from the drop down menu or the GPRA will be considered non-compliant.
- Section I, Question 2 - "Is the client still receiving services from your program?" This question refers to whether the client is still receiving any CARE services. If you continued to serve the client using another fund source after he/she was discharged from CARE, the correct answer is "no."

Asked on discharge GPRA

- Section J, Question 1 – "On what date was the client discharged?" The discharge date is the date the client last received any CARE services, not the date you conducted the interview.
- Section K, Modality – "Identify the number of days of services provided to the client during the client's course of treatment/recovery?" This means the **duration of time** that the client was in your program i.e. 60 or 90 days, not the number of individual days the client reported to your program.

Clarification of GPRA Questions (continued)Asked on both six-month and discharge GPRA

- Section C, Question 1 - "In the past 30 days, where have you been living most of the time?" If the client is staying with parents, family, or friend's house, you should choose "Someone else's apartment, room or house."
- Section D, Question 1 - "Are you currently enrolled in a school or job training program?" If the client is on summer break or school holiday, the client would be considered "currently enrolled."

GPRA Billing

- If you are unable to locate a client, and you must do a six-month follow-up GPRA without the client interview (administrative GPRA), do not bill for a client interview or the billing will be disallowed.
- If you bill for a six-month follow-up GPRA interview, but the interview was not conducted within the acceptable window, the billing will be disallowed.

If you need assistance with GPRAs, please contact Jeanne Smith at jsmith@adp.ca.gov, 916.324.6526 or the Call Center at 1.866.350.8773.

Continuous Provider Performance Evaluations and Client Cap Adjustments

Earlier this month, ADP again adjusted client limits based on provider performance. Performance measures evaluated were GPRA compliance, retention in services, and overall compliance with policies and procedures. This is just a reminder that CARE staff will be monitoring provider performance on an ongoing basis and will make adjustments to client caps accordingly.

Please contact Jeanne Smith at jsmith@adp.ca.gov or 916.324-6526 with questions or to request training for your organization.

Clients Served & Funds Redeemed (as of 9/30/09)

Total clients served: 4,465 (1,016 were meth clients)

Total funds redeemed/billed: \$6,514,392 (\$1,967,370 was for meth clients)

**We want
your
success
stories!**

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

Tobacco Treatment for Persons with Substance Abuse Disorders

To help educate clinicians and administrators on how to address tobacco use among people with substance use disorders, Signal Behavioral Health Network and the Colorado Tobacco Education & Prevention Partnership (STEPP <http://www.steppitems.com>) developed a concise, user-friendly toolkit for counselors, supervisors and administrators. The toolkit is intended to help providers fully integrate tobacco treatment into existing substance abuse treatment practices.

The toolkit includes:

- An overview of the risks of tobacco use and the benefits of quitting;
- Resources for tobacco treatment;
- Guidelines for assessing tobacco use and readiness to quit;
- Treatment recommendations including pharmacotherapy, nicotine replacement and counseling; and
- Policy recommendations on tobacco control and treatment.

Included with the toolkit are posters for clients, brochures for counselors and administrators, and a reference card on treatment and medications. Electronic copies of the toolkit are available from the Signal website <http://www.signalbhn.org/TURN%20Documents/STEPP%20Toolkit%20on%20Tobacco%20Treatment.pdf>. Contact Erik Stone at estone@signalbhn.org for more information on the toolkit.

Kudos to Our Common Ground for Community Linkage!

Our Common Ground (OCG), a CARE residential treatment provider, has begun stepping their clients down to outpatient treatment in the clients' communities once residential treatment is complete. They've been paid for it, too, accessing a Community Linkage voucher worth \$100 for each successful linkage.

This linkage to step-down services is very important for CARE clients, for a number of reasons.

- The connection with an outpatient provider lengthens the treatment episode, increasing the likelihood of successful outcomes and long-term recovery.
- Linkage makes possible the further step-down to the continuing care phase after standard outpatient treatment, allowing providers to use the Telephone Monitoring and Adaptive Counseling (TMAC) therapeutic protocol to further treat their clients over time.
- Linkage puts the client in touch with the outpatient provider who will be responsible for follow-up GPRA data collection, while the longer episode keeps the client in contact with the program long enough to collect the follow-up data.

Residential providers, please remember to utilize the Community Linkage voucher to step your clients down to outpatient services upon completion of residential treatment.

Focus on the National Guard

The Substance Abuse and Mental Health Services Administration (SAMHSA) is partnering with the National Guard (NG) to provide services to NG members serving our country. SAMHSA hosted a meeting September 24-25, 2009 in Chicago to explore how Access to Recovery (ATR) grantees across the nation could support NG members needing substance abuse treatment and recovery support services. California ATR staff, a Sacramento treatment provider, and the California NG Prevention Coordinator mapped out potential NG-CARE referral and client flow processes, discussed challenges such as provider training needs, and developed action steps to overcome those challenges.

If your organization has staff with the competencies and experience to provide appropriate treatment to service members and/or veterans, or wants to become more involved in serving this population in the future, please contact Jeanne Smith at jsmith@adp.ca.gov, 916.324-6526.

Look for more information on the National Guard in the coming months.