

**Pre-Application Technical Assistance Reports for the
Access to Recovery Grant Program**

Report on Technical Assistance to California

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Consultation between Beverly J. Haberle and the State of California Written Report

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Introduction (Purpose of TA)

The State of California (the State) requested assistance designing an Access to Recovery (ATR) program that ensures choice. For the ATR grant program, California would like to develop reporting partnerships between traditional and non-traditional providers. The American Institutes for Research (AIR) contacted Beverly J. Haberle to assist the State.

Methodology

On April 30, 2004, the consultant, Beverly Haberle, contacted Larry Hughes, California ATR TA coordinator, to initiate the first consultation, a 45-minute teleconference.

The second call took place on May 3, 2004 and was approximately 1 hour long. Participants included Beverly J. Haberle and representatives from the State of California (Sue Heavens, Carman Delgado, and Mardel Rodriguez). (For the background and experience of the consultant, see the last section of this report.)

Content of TA Discussion

The first telephone call resulted in a clarification of the request and the identification of two focus areas. These focus areas, listed below, were the basis for the next teleconference that was scheduled for the following Monday.

1. How can California develop a system that allows non-traditional providers who provide recovery support services to partner with a more traditional clinical treatment provider, but at the same time meets the data reporting requirements and shares technology for billing and payment reimbursement? California is trying to accommodate these partnerships within the constructs of client choice.
2. Because recovery support services are not addressed in standardized patient placement criteria, how will assessment providers differentiate between the need for services provided in clinical treatment and those provided by recovery support service providers?

During the second telephone call, California staff described some of the challenges experienced in working with non-traditional providers. Examples are:

- 1) Working with volunteer organizations;
- 2) Providers that focus on only one service, i.e., transportation; and
- 3) Organizations that do not have the capacity to collect fees or do billing.

The consultant facilitated the discussion with the State's staff and also provided appropriate comments that helped the staff reach some conclusions on how the State would develop its proposal using non-traditional services.

The discussion in the above focus areas centered on the questions that follows:

1. How can you ensure client choice in a system that has partnership relationships between non-traditional and traditional providers?

California defines a partnership relationship as one that has a formal written contract outlining the roles and responsibilities of all of the parties involved in the relationship. The roles and responsibilities could vary based on the strengths and skill sets of the organizations involved in the partnerships.

Through the conference call discussion and facilitation by the consultant, California recognized that the billing and data tracking functions could be provided by larger traditional providers that already have in place these type of systems, while some direct services, such as transportation, mentoring, as well as other recovery support services listed in the RFA could be provided by a variety of non-traditional providers. Overall, the need for partnerships was explored, and the State realized it could be done in a way that still would allow for client choice.

2. How will assessment providers determine the difference between the need for services provided in clinical treatment and recovery support services?

Discussions centered on using the Addiction Severity Index, CSAT's seven outcome measures, and training options for the assessors. The role of clinical judgment was also discussed.

3. Can California reassess and evaluate the need for additional recovery support or clinical treatment services as the individual voucher recipient proceeds through the continuum of care?

The consultant clarified that California's concern was that new needs might be identified after the initial assessment and would need to be added to the service plan. The consultant referred the call participants to page 39 of the RFA which states: To identify appropriate clinical treatment and for recovery support services options-

"Assessment prior to clinical treatment/or recovery support forms the basis on which individuals are provided a list of clinical treatment and or recovery support options appropriate to their needs."

“Additional information on the individual will need to be gathered by program staff following the selection of a clinical treatment and/or recovery support program to plan the individual’s ongoing care.”

Outcomes

Beverly Haberle responded to California’s initial concepts with probing questions and facilitated discussion on how various techniques may be implemented in the State’s concept for the ATR proposal. Ms. Haberle also referred the State to the regional meeting handouts on non-traditional providers, as well as the CSAT web site for updated Questions and Answers. The State appreciated the support and information that was provided and will consider the outcome of the discussion as they prepare their ATR application.

Background of Consultant for the California TA Teleconference

This TA was conducted by Beverly Haberle , MHS, C.A.C. Ms. Haberle has been the Executive Director of the Bucks County Council on Alcoholism and Drug Dependence, Inc, a non profit education, intervention advocacy association for twenty–five years. She also has served for the past 6 years as the project director for the Pennsylvania Recovery Organization/ Achieving Community Together (PRO-ACT), a grass roots organization providing peer to peer recovery support services. Ms. Haberle holds a Master’s degree in Human Services from Lincoln University, is a Certified Addictions Counselor as well as a Certified Employee Assistance Professional. Ms. Haberle has been a past member of the Board of Directors for the National Council on Alcoholism and Drug Dependence, Inc. and currently a member of the National Board’s Public Policy Committee, President of the Bucks County Service Provider’s Association and co-founder of the Mentoring Institute. She has been involved in advocating on behalf of those addicted to alcohol and other drugs as well as their families and the community at large for over 25 years. She is Chairperson of the National Intervention Network - a program of the National Council on Alcoholism and Drug Dependence. In addition, Ms. Haberle has been an instructor at Penn State University since 1991, as well as a part-time faculty member at Bucks County Community College, Newtown, Pennsylvania.