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

## Report on Technical Assistance to Texas

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Center for Substance Abuse Treatment

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Center for Substance Abuse Treatment
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**Consultation between Rod Robinson and the State of Texas**
**Written Report**

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## Introduction (Purpose of TA)

The State of Texas (the State) requested assistance with reviewing their patient placement criteria set that will become a part of Texas' ATR grant application. Under Task Order with the Center for Substance Abuse Treatment (CSAT), the American Institutes for Research (AIR) contacted Rod Robinson , independent consultant on the topic, to assist the State.

## Methodology

The first consultation took place via teleconference on May 12, 2004. Participants were Mr. Robinson and Dr. John Keppler, Medical Director from the State of Texas Commission on Alcohol and Drug Abuse. There have been 5 conference calls total, each lasting approximately 1 hour in length. Prior to the beginning of the conference calls, Mr. Robinson was provided with background information regarding the TA that was needed.

## Content of TA Discussion

The State began by describing the automated practice management system they are currently using in their Behavioral Health Integrated Provider System (BHIPS). This system is a web-based computer system to TCADA funded providers that will support a case-management service delivery system. TCADA developed the system that captures demographic, service and clinical data about substance abuse patients. It tracks client utilization of services and progress as well as provides for State and Federal reporting requirements. In addition, it allows the sharing of valuable client data between providers and networks across the State.

The discussion with the consultant was focused on the relevance of adding a client placement module into the current system. TCADA asked the consultant to review and discuss the ASI-ASAM based criteria set that they are proposing to use in this module. Specifically, TCADA wants to use ASAM as the backdrop to their criteria set, but customize it to be more easily used by the provider group in assessing illness severity of clients and, more efficiently and effectively matching the client to intensity of service.

The consultant, following review of TCADA's instrument, encouraged the staff to be more clear on how the ASAM will be used as a backdrop to their criteria set, how they have modified their criteria, what they hope will be accomplished in terms of efficiency and effectiveness, and

referred them to examples of what their forms and checklists could include. TCADA very clearly understands the approach to developing this criteria set, and the current automated system is a very sophisticated approach to having a full practice management system in place once the client placement module is added.

Conference calls were conducted on May 15, 17, 18, 19, and 25, 2004. The calls were brief and focused on the importance the State sees in linking the patient placement module to the current system (from a clinical perspective), and how this module will also provide a logical and critical link to their voucher authorization and tracking to ensure that fraud or waste do not become an issue.

The consultant discussed the need to ensure HIPAA compliance with all electronic data transmissions, and suggested emphasizing how the current system and the added client placement module will vastly improve tracking, accountability and research capabilities. Further, the consultant noted that the State has enhanced all recovery options system wide and that the system refers to ASAM being a medical model versus a clinical severity model.

**Recommendations**

The consultant referred the State to the CSAT TIP #13 (Uniform Patient Placement Criteria) for help with language to fashion their justification for customizing their criteria set to fit their provider population and state need.

**Outcomes**

The State had clear ideas about how they intend to implement the new voucher-based system.

**Background of Consultant for the Texas TA Teleconference**

Prior to his appointment as Executive Director of the Wyoming Substance Abuse and Recovery Center (WYSTAR), Mr. Robinson was a full time consultant as co-owner and administrator of MiRror Consultants. His specialty is design and implementation of outcome-based alcohol and drug treatment professional practice management systems and reflective evaluation research.

Mr. Robinson served from 1989 to 2001 as the Executive Director of Great Falls, Montana non-profit hospital-based inpatient, residential and community-based outpatient treatment of alcohol and drug addiction with special emphasis on co-occurring, adolescent, women and children, family, Native American and the criminal justice populations. Mr. Robinson has been actively involved in the field of addictions treatment for 25 years, as a clinician, administrator, educator and policy maker and holds a Masters Degree in Addictions Counseling from Antioch University. He holds a Masters Level certification endorsement from the National Association of Alcohol and Drug Abuse Counselors, and he is a licensed addiction therapist in both Wyoming and Montana.

Mr. Robinson has done extensive work, as a consultant, for addiction programs throughout the United States. Most recently he served as consultant to the Wyoming Department of Health,

Substance Abuse Division in planning, standards development and special projects as well as to the Sheridan County Justice Office as quality assurance advisor and clinical supervisor. Mr. Robinson's areas of expertise and interest focus on assisting treatment programs in building CARF standards driven administrative and clinical infrastructure, preparing for a managed care environment, clinical application of the ASAM patient placement criteria, developing co-occurring and recovery based community partnerships, building automated treatment guidance systems and successful outcome measurement modules, addressing cultural issues in Native American treatment, and issues pertinent to rural and remote areas of the country. He served on the CSAT expert's panel that developed the Treatment Improvement Protocol document on the Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders, (TIP #13). In 1996 Mr. Robinson was appointed by the Secretary of Health and Human Services to serve on the Center for Substance Abuse and Treatment National Advisory Council. He has had two appointments from Montana Governor(s) to councils dealing with Substance Abuse and Healthcare reform.