



ACCESS TO RECOVERY

ACCESS TO RECOVERY IMPLEMENTATION TOOLKIT VOLUME 2 • PHASE 2



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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VOLUME 2 • PHASE 2



U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
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1

Managing Project Operations

Managing Project Operations

Key Concepts

- Your first goal is to help your clients achieve and sustain recovery from substance use disorders (SUD). All components of your ATR project system should serve this goal.
- Constant monitoring of the data generated by your ATR network will help ensure success.
- Evaluating and monitoring your project will allow you to continually improve services.
- Clarifying partnership expectations will help prevent problems down the road.
- Communication—both within your ATR network and throughout the larger community—must happen early, frequently, and in as many ways as possible.
- Flexibility in your project and your outlook will allow you to respond to new needs and challenges.
- Train your network partners early and often—and in the ways most useful to *them*.

The second phase of your project can be described as a time of repeating many activities launched in phase 1 with new groups and individuals, adding new activities and partners, and continually refining your project's system. If yours is like most ATR I and II projects, you will find yourself facing many refinements in your voucher management system (VMS/MIS) as providers gain skills in using it and your management team and others define new uses for it. All the parts of an effective ATR project system need continual attention. Like the parts of a machine, they need continual lubrication and occasional repair.

Primary areas of focus for managers in phase 2 include:

- Stabilizing management processes.
- Watching your rate of spending.
- Keeping your stakeholders aware of your successes to help pave the way for their support and guidance in incorporating services into the larger systems.
- Defining and adding to the network of referral organizations, intake and assessment, treatment, and recovery support services (RSS) providers.
- Building relationships among network partners and diverse stakeholders.
- Continuing to expand the service menu as new needs for service are discovered and new providers are added.
- Refining administrative and service operations continually.
- Using outcomes and service data to improve services and collaboration.

The ATR project system actually has two cooperating management systems—project management and services management—as described in the exhibit below. These management systems often work closely together in activities such as:

- Defining specific service categories.
- Developing data reporting processes for voucher management and monitoring performance and client outcomes.
- Monitoring the rate of spending and comparing voucher issuance with voucher initiation and use.
- Ensuring effective network functioning and integration of services.

Exhibit 1. ATR Project Management Responsibilities

Project Management	Services Management
Managing the project and day-to-day operations	Defining services to be delivered by the ATR project
Managing the systems change process	Recruiting and training new faith-based and secular community provider organizations
Overseeing financial and information systems	Training new provider organizations in ATR involvement and organization development and training existing provider organizations on expansion of services
Establishing relationships with organizations that refer clients to ATR and to which clients may be referred for needed services	Managing service delivery: referral of clients to ATR, assessment, intake, care coordination, treatment and RSS, and referral of clients to other organizations for services needed
Overseeing services: client referral organizations, assessment, intake, care coordination, treatment and RSS, and outside organizations to which clients are referred	Managing and supporting the integration of services by the provider and referral network
Overseeing the integration and functioning of the project and other organizations in the provider and referral network	Coordinating activities of outside organizations that refer clients to ATR or to which clients are referred with the ATR network
Overseeing and playing an active role in stakeholder relations	Collaborating with finance and information system coordinators to develop and oversee network's data reporting processes
Meeting SAMHSA reporting requirements	Collaborating closely with the management team to monitor spending
Working with State or tribal director and stakeholder representatives to plan for potential incorporation of ATR processes into the jurisdictional system of care	
Resolving problems	

Building relationships and integrating services among organizations

One theme emerging from ATR experiences is integration of all project functions. Basically, this means that managers and staff of the ATR project, intake and assessment, SUD treatment and RSS, and organizations that refer clients to ATR or receive referrals from the ATR project all share information about their common clients. It also means that the financial, information technology, and other administrative units are aligned, not only among themselves but also with participating organizations, to support integration of clinical and recovery support services and the delivery of other services needed by SUD clients.

Helping people from different organizations find effective ways of working together is a major responsibility of the State or tribal authority director and the ATR project director. When they work together smoothly, services integration has been achieved.

Through participating organizations' efforts, a well-integrated ATR project can provide services that meet clients' needs for:

- SUD treatment.
- SUD recovery support services.
- Housing assistance.
- Employment readiness training.
- Job preparation and training.
- Family reunification assistance.
- Society reentry assistance.
- Medical and dental services.
- Socialization assistance.
- Additional services, as needs are identified.

The financial management component

Financial management in ATR is very different from that of a typical State or tribal system of care. The challenge is to ensure that all funds, neither less nor more than were allocated, will be spent over the course of a project year. This requires not only understanding what services have been authorized through the voucher system, but also monitoring very closely the rate and timing of voucher use. Many ATR I and II projects found that clients often did not immediately use their vouchers and just as often did not use all the available services on their vouchers. Without constant monitoring of voucher use, the project will believe it has spent much more than it actually has.

Management of this very critical concern falls under the general heading of “burn rate,” the *actual rate* at which an ATR project expends funds. Strategic financial planning will make operating an ATR system of care more successful and rewarding. Project directors from ATR I and II have stressed that burn rate monitoring must start early in phase 2.



One project director hit on a strategic motivator by accident one day when she was telling folks in a community center what great opportunities are presented by ATR. “I suddenly realized,” she said, “that a big hurdle of resistance could be decreased if the whole idea of ATR were presented in terms of opportunity. People are eager to hear about opportunities. So, instead of saying change, I now talk about all the new opportunities we have before us. I think this makes people more receptive to change.”



ATR project managers recommend moving into integration one step at a time. You need to become familiar with an organization's requirements for accepting referral clients and with their funding stream's requirements for client admission. When you do it this way, other agencies will know you aren't just looking for quick and easy referrals, and that you see their services as critical to your clients' recovery.

The information management component

As your finance and information managers work with providers and the rest of the management team, new types of information and new uses for information already being collected and reported will become apparent. As your management team begins to see new ways to use data to improve services, which is likely to happen during phase 2, you will realize that you are doing what the SUD services field has been talking about for years—creating a data system that can provide information



Nearing the last year of the project, when it was almost too

late to admit new clients, managers of one project discovered they had a million dollars unspent. They had not compared voucher issuance with voucher use during the earlier years. The managers finally understood why SAMHSA had emphasized monitoring voucher use. Fortunately, they learned this lesson in time to make corrections and were able, through constant monitoring, to expend the funds granted.

about what happens to clients. You are also likely to develop more appreciation of the current emphasis on upgrading reporting systems throughout health care and realize that data management systems will enable SUD services systems to collaborate more effectively with other parts of the health care system for the betterment of your clients. Making information systems compliant with newer and more established standards for electronic health records can help promote collaboration among SUD service systems and with other health care providers.

Sustainability

As the phase 1 workbook suggested, the sustainability effort needs to begin early because sustainability in the ATR program includes advocating for the importation of successful ATR components, or elements, of service delivery into the State or tribal authority systems of care. Project directors in States where ATR components have been replicated outside the ATR project emphasize the importance of State or tribal officials' involvement throughout all stages of ATR. When officials learn about ATR successes continually, ATR elements receive wide acceptance. Because

the State or tribal authority director is the official grantee in ATR III, this will be easier. However, keeping other stakeholders informed is also extremely important. You will want to continually “advertise” ATR outcomes.

One other important aspect of sustainability is ensuring that the provider organizations in your network are able to continue providing services after the project ends. You will want to help them find innovative ways to continue working as they have in ATR.

Using the workbook for phase 2 of your ATR project

This workbook picks up where the phase 1 workbook ended, not showing you or telling you what to do or how to do it, but offering questions for you to consider. The Substance Abuse and Mental Health Services Administration (SAMHSA) hopes that working your way through the workbook questions will assist you in operating your ATR project system.

The systems changes required by ATR require constant nurturing. Your providers will need training; your voucher data will need monitoring. Unforeseen situations will constantly appear and demand solutions.

While your project is under way, you'll find that successful management requires four key components: **flexibility, proactive communication, ongoing training, and constant data monitoring.**

In this chapter, you will learn how to use these four components to manage your day-to-day ATR operations. You will be given information and questions to lead you in planning the strategies you'll use every day to keep your ATR project running efficiently and effectively.

Section 1. Improving day-to-day operations

Where do we stand after the initial launch period?

Goals

- Creating a plan to meet the challenges that were identified during the initial launch.
- Identifying special management tools to help put your project on a solid footing for day-to-day operations.
- Paying special attention to the recruitment, engagement, and training of secular and faith-based providers.
- Getting assessment and intake focused on ensuring client choice.

Themes

- Fine-tuning is expected to continue throughout phase 2.
- Project managers need to “stay on top” of all project areas.
- Data-based decisions are the best way to improve the services your project provides.

Consideration for success

- Become comfortable with reviewing and assessing data from your ATR project components and using them to improve services for your clients.
- Stay in touch with your providers and other partners.

1

What have we learned, and where do we stand?

Consider the following questions.

1. What challenges have we experienced in the following areas and what strategies have we identified to meet them?

a. The voucher management system?

b. Finances/accounting?

c. Project management?

d. Building on the foundation of a pre-existing treatment network?

e. Recruiting and engaging providers?

f. Integrating recovery support services into the service menu?

g. Client intake?

h. Client assessment to ensure choice?

i. Establishing care coordination?

2. What area must we fix first and why?

2

How can we improve our project after the initial launch period?

Consider the following questions.

1. Based on what was revealed in our initial launch, what do we need to improve in our project management?

2. What additional management steps do we need to initiate to get our project on more solid footing (such as more frequent management team meetings or reports)?

3. How will we use constant monitoring of data, ranging from burn rate to services accessed to outcomes, as a means of communication within our network?

4. How will data help us improve the services we offer to clients?

Section 2. Managing your network: How will you communicate with your network partners?

Goals

- Determining how you will communicate with your network about ATR policies and procedures.
- Planning how to handle necessary revisions to policy or guideline documents.
- Planning how you will foster communication among ATR staff and between staff and providers.
- Understanding how you can manage your partner network to maximize the quality of client services.

Themes

- Proactive, preventive communication strategies are better than communication that occurs only when there's a problem.
- The most important thing is to get the word out.

Considerations for success

- Keep the focus on your clients.
- Get your project policies and procedures—even in skeletal form—into network members' hands as quickly as possible. You can flesh things out if needed as your project progresses.
- Be prepared to respond to both positive and negative feedback from partners.
- Thoroughly train your providers to make it easier for you to use the data they collect.
- Consider designating key project staff as information focal points on specific topic areas to improve the information flow within your organization.
- Schedule regular project staff meetings that highlight new information and promote transparency.



Grantees have had mixed success with formal policies and procedures (P&P) manuals. Although it is important to put key project rules into writing for your providers, grantees differ in the type of document they use.

One grantee found that his staff had bogged down so completely in the details of writing a manual that the entire project stalled; they decided to issue only broad guidelines to avoid gridlock. Another grantee's providers tended to become paralyzed without a formal P&P manual—as a result, this grantee issued a manual, but only in pieces over the entire duration of the grant.



How will we let our network know how we will work?

Consider the following questions.

1. What process will we use to develop operating policies and procedures for the ATR project and network partners?

2. How will we get the policies and procedures guidelines written and choose an appropriate format for disseminating them?

3. What specific policies and guidelines do we need in order to avoid problems such as fraud, waste, and abuse?

4. Who will communicate about the guidelines to partners? What training and orientation to ATR policies will we need to provide?

5. If we already have a policies and procedures manual or guidelines in place, how can we improve them based on what we have learned since our project launch? What changes do we need to make?

6. How will we handle future changes to the manual or guidelines so that the revisions are not confusing or burdensome to our partners?



How will we maintain and improve our communications feedback loops?

Consider the following questions.

1. What formal and informal communications methods will be used among our ATR project staff?

2. What strategies can we use to improve communication throughout our provider and stakeholder network?

3. In what situations might face-to-face meetings—with providers, assessors, staff members, etc.—be necessary for optimal communication?

4. How can a directory of services facilitate communication within our ATR network? What information should be included in it?

5. What processes will we use to receive and respond to feedback that we receive through our broadened communication channels?

6. How will we promote proactive communication with project stakeholders?



To foster communication within their networks, grantees have:

- Held monthly provider and stakeholder meetings for trainings, information sharing, and networking;
- Rotated meetings around the network to allow providers to showcase their organizations and their work;
- Distributed weekly newsletters to ensure consistent contact with providers and stakeholders;
- Distributed frequently asked questions (FAQs); and
- Distributed brochures that highlight program information.

Section 3. Ongoing education of ATR staff and partners

Goals

- Understanding how you can train your network partners to better meet the needs of the populations you serve.
- Determining and meeting the training needs of secular and faith-based community organizations.

Themes

- Many secular and faith-based community organizations are not accustomed to working with Government agencies and will need ongoing help to get and stay up to speed with ATR requirements.
- Specific individuals and populations have differing strengths and needs that successful ATR projects consider in their care.

Considerations for Success

- Make an effort to get acquainted with all members of the network. This will pay dividends in increased collaboration.
- Stay focused on the client as the purpose of your project.
- Be aware that each client is unique. Your ATR project needs to be able to address their individual needs.



One grantee has tapped the most experienced providers to mentor and train newer ones. These “senior providers” speak on panel discussions at monthly meetings to share lessons learned. Senior providers are also responsible for receiving calls and emails with questions or problems from other providers while the ATR staff are out of the office. Not only do these senior providers share some of the ATR staff’s workload, they also are often more effective than ATR staff at communicating with other providers because they already “speak the language” of that community.



How well do we understand the specific populations we serve?

Consider the following questions.

1. How well do our provider network, intake and assessment staff, and ATR project staff understand the strengths of our ATR target populations and the challenges they face?

2. How can we identify the unique strengths of clients in the groups we serve?

3. What questions do we need to ask to assess and better understand the specific needs of our clients?

4. What elements of cultural sensitivity training should we consider for the ATR project team and network providers?

5. What steps do we need to take to provide appropriate services to the specific groups we serve?

6 How can we train our network partners more effectively?

Consider the following questions.

1. What ongoing technical assistance and training needs can we forecast for our various ATR network partners to help them work effectively with the diverse clients in our ATR project?

2. What training staff can we identify who are knowledgeable about State and tribal systems, ATR, and local cultures?

3. What training curricula will we need to develop? Who will do this?

4. What resources will be useful in developing and delivering training?



What can help our secular and faith-based community partners build their organizations?

Consider the following questions.

1. How will we work with community-based providers to identify their specific sustainability needs?

2. What types of sustainability training are we prepared to provide for them?

3. How can we turn our interactions with them into learning experiences?

4. What external resources can they turn to for sustainability training?

Section 4. Community outreach and communication

Goals

- Identifying the best ways to communicate proactively with your clients' communities. (See Exhibit 2, *Community Outreach and Communication Strategies*.)
- Identifying strategies to recruit new secular and faith-based community organizations to your provider network.

Themes

- To determine a community's needs and strengths, consult with community residents and community leaders.
- An effective outreach project will inevitably destigmatize recovery in the community.



Having “an ear to the ground” is not enough—project directors and ATR staff must proactively reach out to the community in order to make sure that the ATR project is serving community needs.

Considerations for success

- Use all mass media available in your community to get your message out.
- Create “sound bites” about your project and use them repeatedly.
- Create a presence at community events.



Word of mouth is the most powerful form of communication within a community. Take a lesson from mass media and use “sound bites”—concise, memorable bits of information that can be repeated many times.

Exhibit 2. Community Outreach and Communication Strategies

You can reach out to your community in many ways. Former grantees have tried the following:

- Holding community forums.
- Calling community organizations.
- Speaking at churches, mosques, and synagogues.
- Having providers with 501(c)(3) status create public service announcements for local radio stations.
- Writing letters to the editor of the local paper.
- Getting your project's name in the paper for any recognition, no matter how small.
- Inviting the local press to ATR events—with safeguards in place to protect client privacy.
- Distributing a variety of brochures with information about your project.

WORKSHEET
8

How will we learn more about our community?

Consider the following questions.

1. What questions that will help us improve our ATR project do we need to regularly ask community members and leaders?

2. What methods of communication do we need to initiate to reach our community more effectively?

3. What kinds of community assessments can we conduct to gather information frequently and quickly?



Halfway through the ATR grant period, one grantee’s project manager began receiving phone calls

out of the blue from small faith-based organizations that had been providing recovery support for years and wanted to know if they could become part of the ATR network. These requests were the result of an effective outreach strategy—enough community members had learned about ATR that they were spreading information about it by word of mouth from organization to organization!

2

Delivering ATR Services

Delivering ATR Services

Key Concepts

- The client takes his or her first steps toward recovery-oriented care in referral to ATR and at assessment and intake.
- By determining what level of care each client needs, assessors define the foundation upon which the client can build his or her recovery plan.
- Effective ATR projects monitor the delivery of services—assessment, intake, recovery support, treatment, and other services—by all partners.
- ATR projects encourage networking, collaboration, and services integration among partners for the benefit of the client’s recovery.
- ATR projects maintain a robust capacity for training and technical assistance to strengthen recovery support services (RSS) providers’ organizational structures and develop their skills in helping clients and meeting ATR requirements.

As your ATR project takes shape, you will receive and assess clients, who will choose appropriate services with the help of care coordinators. To support client recovery, ATR projects will transform a collection of separate treatment, recovery, and other support service providers into a recovery-oriented network.

The concept of networked services provided by collaborating organizations may be relatively new to your tribe, State, or community. ATR managers and staff will need to work continually to build and strengthen knowledge, working relationships, communications, referral skills, and trust among the many substance use disorder (SUD) service providers and all other stakeholders.

The delivery of client-directed, quality services is the overall goal of the ATR recovery-oriented provider network. Truly achieving client-driven care will take the efforts of many individuals and organizations working together. Partners need opportunities to learn about the resources and capabilities of others in the network and to understand how each contributes to positive client outcomes. Your ATR project team needs to see that all your partners receive the information, guidance, training, technical assistance, and tools they need to successfully participate in your provider network.

In this chapter, you will learn about various models for organizing assessment and intake services, the need to support and fully integrate recovery support services with other service delivery, and how treatment providers can build relationships with RSS and other service providers under ATR. The chapter explores the important role of care coordination and introduces new referral pathways crucial for client access to ATR services and the other providers that are often essential to client recovery. You will also be alerted to possible conflicts of interest that can influence clients’ choices by limiting the information and support they need to succeed on their chosen pathway to recovery.

Section 1. Getting clients: referrals to ATR

Depending on your project’s target populations and service goals, you may need to attract clients from a range of agencies and organizations. Enough members of your target populations need to be referred for services to achieve your project goals. You cannot wait for other organizations to refer potential clients to your project or for eligible individuals to find their way to your door. Attracting clients to your project requires planning, outreach, and marketing, plus sound knowledge of the services available from recovery support, treatment, and other service organizations that are part of the larger community in which your potential clients live.

Goals

- Assessing referral patterns.
- Marketing ATR services to organizations that can become your referral sources.
- Improving client access.

Themes

- Be proactive in operationalizing referrals; do not wait for them to happen.
- Prepare for the unexpected—more referrals than you need or fewer than you require.
- Build and nurture your referral network. Some referral organizations in this group may become part of your provider network and all are potentially important to your clients’ recovery.

Considerations for success

- On a recurring basis, provide information about your ATR project to the organizations most likely to serve as referral sources for clients. Make sure they understand eligibility criteria, referral processes, follow-up activities, and project goals and achievements.
- Be sure to get your messages to the right people in those potential referral organizations. You need access to officials and executives, but often nothing of consequence happens until you can have a heart-to-heart discussion about ATR with the front-line staff who work with clients and make the actual referrals. These are the people who need to know about ATR and how it can benefit their clients.
- Implement a marketing plan that reaches referral sources in multiple ways, such as through a Web site, an information line, community meetings, and site visits. Regular meetings with them will help solidify effective working relationships.



One ATR grantee advised adopting a “know when to fold ‘em” philosophy. When faced with persistent obstacles presented by some agencies and referral sources, they switched their focus to expanding client enrollment where ATR had been implemented successfully. Sometimes knowing when to *abandon* a strategy can be as important as knowing when to initiate one.

- Get up-to-date information on referral sources and establish strong working partnerships with them. Keep them educated and fully informed about the progress of your ATR project. Developing memoranda of understanding or other formal agreements with them is recommended.
- Continue to review and refine the referral process, including eligibility criteria (e.g., income limits, target audience definitions) and information sharing and follow-up.
- Develop formal mechanisms, such as a multiagency problem-solving team, to discuss and resolve any problems or misunderstandings with referral resources and to review relevant client feedback.
- If referrals do not meet your goals, obtain SAMHSA approval to change your scope of work. Consider a variety of options—such as increasing the types of services available to clients, revising the target populations to be served, changing the geographic area(s) targeted by the project, updating eligibility requirements, and offering incentives to referral sources.
- Topics for consideration include your provider network and its capacity, your client outcomes, and providers' needs for training and technical assistance.
- Review your Government Performance and Results Act outcomes data regularly, by client group or subgroup, combined with regular reviews of client satisfaction surveys.



Think about whether intake and assessment staff are available when and where potential clients can meet them; whether

intake and assessment staff are skilled in positive engagement techniques, such as motivational interviewing; and if potential clients have access to enough information and assistance to act on a referral to the ATR project.



Marketing ATR to referral sources

Consider the following questions.

1. What is our ATR marketing plan for targeting referral sources? What steps have we taken toward implementing this plan?

2. What are the results of our marketing efforts so far? How effective and persuasive have we been?

3. What types of improvements do we need to make in our marketing plan and implementation schedule? (See Exhibit 1, *Marketing ATR to Referral Sources*.)

4. What resources—materials, media, or individuals with know-how—can improve our partnerships with referral sources and encourage effective referrals to the project?

5. What communication skills, methods, and schedules do we need to incorporate into our marketing plan?

Exhibit 1. Marketing ATR to Referral Sources

The following suggestions and strategies were prepared for an ATR grantee as part of a technical assistance activity, and incorporate many methods used commonly and successfully. They may be modified for use in many ATR project environments.

1. Establish an ATR project Web site with the following separate sections.

Providers

- Create an online forum where providers can ask questions and communicate with other providers.
- List all providers in your network, with complete contact information.
- Describe eligibility procedures for becoming a provider.
- Provide electronic examples of all required forms.
- Include tutorials on how to complete forms and request services or vouchers.
- Provide examples of narratives, appropriate language, and design templates for brochures.

Referral Sources

- Present an overview of your ATR project.
- Present policies and procedures for referring clients.
- Include a menu of available RSS, with descriptive annotation.
- Include a list of providers, with their contact information.
- Present pertinent statistics.
- Offer testimonials.

Clients

- Present an overview of your ATR project.
- Include a governor's or tribal leader's commitment statement.
- Describe eligibility requirements.
- Include a menu of available RSS, with descriptive annotation.
- Include a list of providers, with contact information and a description of facilities and services.
- Offer a FAQ sheet.
- Create a project newsletter that features profiles of various providers and the services they offer and different clients and the referral process, includes success stories, profiles a community leader, and includes an interview with someone going through recovery.

continued



ATR TIP Clients may be eager to tell their ATR recovery success stories, but they can be vulnerable to the stigmatizing attitudes and policies expressed by listeners. Work with them carefully, helping them with their stories and preparing them for the types of responses they might encounter. Take every step to ensure that the occasion is not exploitive or harmful to them.

Exhibit 1. Marketing ATR to Referral Sources, cont.

2. Organize Recovery Month events.

Recovery Month—sponsored each September by SAMHSA—is a great opportunity to bring attention to your ATR project. Request that your governor and/or other elected officials issue a proclamation and a press release. Designate a spokesperson, such as a provider, who can tell a successful recovery story. Create a large event such as a Walk for Recovery and invite local reporters to attend; radio stations can broadcast from the site. Invite sponsors to participate. Many resources for organizing this type of event are available on the SAMHSA Web site, www.samhsa.gov.

3. Produce a project video or CD.

Partner with providers to create a short video about the ATR process, featuring providers and recovery success stories. Send the video or CD to community stakeholders. Post the clip on your Web site.

4. Speak out on behalf of your project.

Offer to speak at local churches, mosques, synagogues, community meetings, town hall meetings, and community associations.

5. Build relationships with providers.

Designate a project staff person to help integrate each provider into your network. When providers feel they are getting the support they need to navigate the process, they often become your biggest advocates and market your ATR project to potential new network members.

6. Build relationships with referral sources.

Hold brown-bag lunch sessions with relevant referral sources. Rotate providers to showcase their services and use your best, most dynamic speakers to engage stakeholders.

7. Build relationships with community leaders and local politicians.

Local politicians are often able to put you in touch with community leaders. Including and informing them will increase awareness of the ATR program and garner the goodwill of the community. Community leaders are often the best sources of information about community organizations and resources. Hold town hall meetings and invite community leaders, local politicians, and providers. Include a speaker who has accessed recovery through ATR. Discuss the ATR program and the ways it benefits individuals, families, and communities. Post project training schedules on community calendars.

continued

Exhibit 1. Marketing ATR to Referral Sources, cont.

8. Contact tribal, State, or Federal agencies, such as the U.S. Department of Housing and Urban Development, that deal with faith-based and secular community organizations for a list of such organizations.

9. Create relevant marketing materials.

Design inexpensive giveaways with your Web site URL or telephone numbers. Give out descriptions of your providers and services at community events.

10. Craft a message for your target audience.

Make your message engaging and avoid the use of jargon or acronyms. Materials can include pictures and testimonials. For example, create:

- A general brochure for referral sources and clients.
- A brochure for providers, including a description of the project, eligibility requirements, information on the voucher system, and FAQs.
- A FAQ sheet for providers, referral sources, and clients.
- A fact sheet for the public.

The referral sources

Consider the following questions.

1. What organizations and agencies currently refer clients to us and how are we tracking their effectiveness?

2. What methods are we using to reach out to other organizations and agencies to refer clients to our ATR project?

3. What backup strategies do we have if we are not receiving an adequate number of client referrals or if individuals are inappropriately referred (e.g., do not meet eligibility criteria)? How are these strategies being implemented?

4. What strategies do we have if we are regularly receiving more referrals than we can handle? What processes do we have in place to handle the overflow?

5. What formal and informal communication protocols are we using with our referral sources? What forms of regular contact do we have with them?

6. What types of feedback do we receive from our referral sources? In what ways do we actively solicit and encourage such feedback?

7. How do we follow up with the sources of feedback and what sorts of response do we make?

8. How do we update information on referral sources? How is it stored and made accessible to project staff?



Facilitating client access to ATR

Consider the following questions.

1. What communication links have we built between our referral sources and ATR project staff? In what ways do we keep our communication channels open?

2. What procedures do we have to identify service gaps that might limit client referrals? What strategies do we have to fill such gaps?

3. How welcoming, knowledgeable, and skilled are our ATR project staff in introducing newly referred individuals to our recovery-oriented processes?

4. What have we done to educate our referral sources about recovery-oriented care? How have we helped them understand that the ATR project offers a comprehensive menu of services? How well do our referral sources communicate these basic concepts and changes to potential ATR clients?

5. In what ways are we helping our referral sources communicate better?



In an attempt to become more accessible to clients, one ATR project eliminated requirements that did not support client-centered care, such as a policy of not accepting referrals on Friday afternoons.

The referral process

Consider the following questions.

1. How well is our incoming referral process working from the perspectives of (1) the referral resource, (2) the client, and (3) our ATR project? What key elements at each of these levels are working well or need revision?

2. What sorts of incentives do we use to encourage referrals? How well do they work and to what extent are they needed and used?

3. What recurring procedures do we have or need to have in place for evaluating the referral process?

4. What improvements do we need to make to the referral process? What milestones do we need to create to implement them?



To increase probation client enrollment in ATR, one grantee conducted additional outreach and education with probation and court staff, meeting with probation officers individually and attending meet-

ings that probation officers held with individuals who had missed their ATR appointments. These efforts increased the probation staff's awareness of the ATR project and led to client enrollment that exceeded the project's goal.

Section 2. Ensuring client choice: assessment and intake services

Goals

- Ensuring a clear distinction between intake/assessment and services.
- Supporting client choice and self-directed care throughout the assessment and intake processes.
- Repeating assessment at intervals while a client receives ATR services.
- Selecting an organizing approach for assessment and intake services that suits your project.
- Introducing care coordinators to assist clients with navigating the systems of care.

Clients entering your ATR project will have a range of needs for treatment and RSS, and, in some cases, other services as well. At the conclusion of the assessment and intake processes, clients begin to manage their own recovery processes. Sometimes they return to assessment to select new services. Because the provision of RSS can span long periods of time, clients are likely to stay in your project longer than was common in treatment-only systems of care.

Intake and assessment set the stage for the client's development of a recovery plan, care coordination, the initial choice of services, and preparation for entering SUD and other services. The goal in this stage, and throughout the client's involvement with ATR, is to give clients every opportunity to direct their own recovery.

Themes

- Instead of focusing solely on SUD and other pathologies, the assessor must consider clients' strengths to develop a strengths-based recovery plan.
- The assessor and the care coordinators must work with clients to determine their strengths and create goals and priorities based on them.
- A strengths-based approach to assessment takes into account the client's recovery capital; builds on the individual's unique interests, talents, and preferences; and serves as a central focus for recovery planning.

Considerations for success

- Intake and assessment have been organized in different ways. Some ATR grantees have used a central intake and assessment unit (or several central units) to permit effective monitoring of activities and reduce the possibility of bias or conflicts of interest that could negatively influence client choice. Other grantees have established assessment and intake functions within recovery support or treatment organizations. In some projects, mobile assessors have met with individuals just before their release from prison.

- Train your intake and assessment staff to recognize when clients need treatment, recovery support, other services, or some combination of services. The new recovery support screening tool, being developed by the American Society of Addiction Medicine (ASAM) and SAMHSA, will be of great help to assessment staff in identifying whether clients need RSS.
- Support and guide assessment staff regarding the new strengths-based way of delivering services, which focuses not on pathology and deficits but on recovery and resiliency.
- At the conclusion of the assessment, staff inform clients about the services that seem appropriate for them. To encourage wise choices, the assessment staff or care coordinator helps clients navigate the system of services.
- Develop and implement mechanisms to seek feedback from intake and assessment staff on these processes and how they might be improved.
- Monitor assessment activities to ensure that they promote and lead to genuine client choice.



EXAMPLES OF CLIENT STRENGTHS

- High degree of motivation and determination to stay in recovery and a belief that, with help, this is possible.
- Strong support system of substance-free friends and associates.
- Support of family members and loved ones.
- High degree of interest in securing job training.
- Great desire to find housing with sober residents and new friends who do not drink or use.
- Recognition that behavior change is necessary.
- Skill and experience that make employment possible.
- Strong spiritual support system or familiarity with church or a spiritual group that can become a support system.
- Demonstrated abilities or interests that can be developed, such as leadership, sports, music, volunteer work, a field of study, or hobbies.
- Instrumental supports such as stable housing, a car, a job.
- Connection to community through membership in clubs and civic groups and volunteer work.

5 The intake and assessment unit

Consider the following questions.

1. Have we ensured, by location or other means, that intake and assessment occur separately from the delivery of services?

2. What staffing and supervisory challenges exist among our intake and assessment staff and how do we address them?

3. To what extent does our intake and assessment team incorporate a recovery orientation? What changes might be necessary to support recovery approaches?



One grantee implemented the ATR project with only clinical treatment providers doing screening and assessment. Because treatment agencies usually do not provide RSS, clients were often not receiving RSS under this arrangement.

A pilot project allowed 10 specially trained recovery support providers to screen, enroll, and assess clients. They were also allowed to issue vouchers for RSS directly or independent of clinical treatment—not possible before this initiative. The grantee immediately noticed that RSS increased treatment retention and completion.

4. If we are using treatment providers as ATR assessors, how have we oriented them to the benefits of making RSS available to clients?

5. If we are using RSS providers to conduct intake and assessment, how have we prepared them to recognize when clients need treatment services?

6. How can we prepare our network to have enough intake and assessment staff people to meet demand?



In some ATR projects, technical assistance providers suggested that RSS providers could do outreach and recruit clients, assist with assessment, and serve as care coordinators. When these responsibilities were turned over to them, the RSS providers became referral sources for getting many clients into treatment, and treatment providers developed newfound respect for their abilities. The RSS providers' skills in delivering relapse prevention services also won high praise. Part of the reason this worked so well is that RSS providers are typically willing to engage individuals in underserved communities more effectively than anyone else. This approach is consistent with the goal of developing person-centered systems and services that emphasize choice.

Taking a strengths-based approach to assessment

Consider the following questions.

1. How well are our intake and assessment staff trained to conduct strengths-based assessments? How do we ensure such assessments are provided to ATR clients? (See Exhibit 2, *General Guidelines for Strengths-Based Assessment*.)

2. What work do we need to do with our assessors so they understand strengths-based and recovery-oriented approaches?



“I had been sitting back letting other folks call the shots and then complaining when things got messed up. I just didn’t buy this thing called ‘consumer-driven care.’ But now I know that I gotta take charge of my own recovery, and peer support specialists are helping me to do that.”

—An ATR Client

3. How do we ensure that the assessment and intake process is respectful of the client’s voice and experience? To what extent can we ensure that clients make determinations in developing their recovery plans?

4. How effectively do our intake and assessment staff assist clients with articulating personal preferences and making informed choices about services?

Exhibit 2. General Guidelines for Strengths-Based Assessment

An individual's strengths are some of the most important resources on which to build a foundation for recovery. Strengths help individuals adapt to stressful situations, confront challenges in daily life, improve quality of life, and advance recovery. Strengths-based approaches allow providers to balance critical needs with the resources that clients possess. The following can be used to guide a strengths-based assessment for ATR clients.

- A discussion of strengths should be a central focus of every assessment and care plan.
- During initial assessments, recognize the power of simple questions: What happened? What do you think would be helpful? What are your goals in life?
- Interpret perceived deficits within a framework emphasizing strengths and resilience.
- Give consideration to resources within the individual's family, natural support network, and community at large.
- Explore other areas not traditionally considered strengths, such as a person's ways of relaxing, educational achievements, and most valued accomplishments.
- Explore the whole of an individual's life, while ensuring that emphasis is given to expressed and pressing priorities.
- Ask what has worked for the person in the past and incorporate these ideas into the care plan.
- Illness self-management strategies and daily wellness approaches should be fully explored in the assessment process.
- Offer cause-and-effect explanations with caution because such thinking can lead to simplistic solutions that fail to consider the client's situation.
- Develop assessments through indepth discussion with the client and with family and other natural support members.
- Record the individual's responses rather than translating the information into professional language.
- Avoid diagnostic labels as a means of describing an individual. Use "person first" language to acknowledge that the disability or condition is not as important as the person's humanity.

Adapted from Connecticut Department of Mental Health and Addiction Services, (2006, May). *Practice Guidelines for Recovery-Oriented Behavioral Health Care*.

Issuing vouchers for services and ensuring client choice

Consider the following questions.

1. Do we have a current, informative, comprehensive, and easily obtained directory of service providers for clients and project staff? What form does this directory take (e.g., is it Web-based, a booklet)? How often is it updated?

2. In our menu of services, how are they described so that clients understand them?

3. What steps do we need to take to ensure that clients are informed about RSS as well as treatment and other services?

4. How do we monitor intake and assessment so that if inappropriate or limited options are presented, correction is timely and relevant? What are our indicators for effective assessment?

5. What opportunities do we provide our intake and assessment staff to engage and collaborate with treatment, recovery support, and other service providers?

6. What have we done to ensure clear distinctions between secular and faith-based services?

7. How do we monitor whether individual providers in our ATR network are attracting and engaging clients? How frequently do we review our providers' status?



Because recovery is client directed in ATR, most ATR projects find it necessary to continually recruit providers in phase 2. The need for new services arises repeatedly and

your existing network might not be able to provide all of them. Also, some providers may fail to attract clients or leave the network, requiring their replacement. For these reasons, recruiting and engaging providers must continue throughout your grant. (For more information on marketing to new providers, see the phase 1 workbook, chapter 3, especially the section on “Identifying and marketing to potential network partners.”)

Section 3. Navigating the ATR system of care: care coordinators play a key role

Goals

- Distinguishing between care coordination and case management.
- Assessing the role of care coordination within your project.
- Improving care coordination within your project.
- Evaluating the quality of care coordination.

ATR requires new patterns of care coordination, and SAMHSA requires ATR projects to establish the care coordinator position. ATR clients are likely to be moving across multiple service systems and providers, and their movements need to be skillfully monitored and coordinated to quickly resolve problems, sustain engagement, and achieve desired outcomes.

The care coordinator (who might go by a different title) plays a key role in the ATR project. The coordinator is the glue that holds the client and the system of care together. Care coordinators may be peers, paraprofessionals, or professionals, and they are as critical to successful outcomes as any other service provider. These are the people who walk with clients through a client-directed system of care to help them take and maintain personal control over their recovery. They help ensure that clients achieve the goals of their recovery plans.

On a macro level, the Institute of Medicine has determined that care coordination is needed to improve the quality of all health care in the United States. Care coordination facilitates integration of services, increases cost efficiencies, and improves client outcomes.

Themes

- Care coordination is essential for supporting client choice in ATR.
- Multiple models of care coordination have emerged.
- Care coordinators can have different backgrounds, skill levels, and credentials.

Considerations for success

- Care coordination differs from case management, which generally focuses on a limited set of conditions or circumstances within a prescribed system. Care coordination encompasses a range of treatment and RSS, and can include referral of clients to other systems of care. It is designed to link individuals and their families to services that optimize the outcomes specified in the client-centered recovery plan.
- Care coordination is a critical service that supports and advocates for clients as they make choices and engage with service providers. The essential purpose of the care coordinator in the ATR project is to help clients navigate a variety of services as they move through a continuum of care.
- Ideally, care coordination begins during intake and assessment, before the client engages with recovery support, treatment, or service providers outside the SUD system of care. In some ATR projects, care coordinators are part of the intake and assessment team. Other projects locate care coordinators in recovery support or treatment provider organizations.
- Care coordination within ATR can help ensure client engagement and retention, enhance voucher use, and facilitate collection of follow-up data.
- How care coordinators are hired, trained, and supported varies considerably. High-quality care coordination requires competent personnel, whether professional or paraprofessional, to support clients' needs and self-management skills.
- Defined policies and procedures greatly assist in the delivery of effective care coordination.

Models of care coordination

Consider the following questions.

1. To what extent have we made care coordination central to our ATR project? How do we describe its role in creating and maintaining client choice and delivering recovery-oriented care?

2. How well defined is our model of care coordination and how well has it been implemented? (See Exhibit 3, *Examples of Care Coordinator's Knowledge, Competencies, and Functions.*)

3. How can care coordination play a stronger role in our system of care? What steps should be taken to strengthen care coordination?

4. How well have we succeeded in making care coordination part of a team effort that fosters partnerships and collaboration across agencies and communities? What types of changes do we need to make to ensure that the care coordinator role is accepted and endorsed by our network of referral and service providers?



One ATR Project Director called care coordination “such a benefit!” Vouchers in this ATR project are good initially for 90 days but may be renewed for up to a total of 1 year. Care coordinators are essential to the process, working with clients to determine if renewal will benefit them and helping them determine what services they need most as they move through the stages of recovery and the continuum of care.

Exhibit 3. Examples of Care Coordinator’s Knowledge, Competencies, and Functions

Knowledge

- Understands the full menu of treatment and recovery support services in depth.
- Understands the life circumstances in which a particular RSS will be useful.
- Understands when treatment is necessary.
- Understands when treatment and RSS can be provided together to effectively support clients’ recovery.

Competencies

- Makes good judgments about the level of care needed.
- Places a high priority on clients’ wishes regarding the types of services to be accessed.
- Develops partnerships with clients.
- Works patiently with clients to identify strengths, interests, ambitions, and deepest desires regarding recovery.
- Emphasizes client strengths and encourages services that will enable clients to build on skills.
- Helps clients see the relationship between life goals and particular support services.
- Communicates proficiently.
- Uses effective listening skills.
- Possesses recovery planning skills.
- Possesses a goal- or outcome-based orientation.
- Integrates resource information.
- Takes an adaptable and flexible approach.
- Is open to and seeks continuous learning.

Functions

- Clearly specifies availability to clients.
- Responds to their requests for guidance.
- Meets with or calls clients according to the plan or commitment.
- Analyzes assessments from service providers.
- Develops and updates recovery plans with clients, ensuring that they direct the care choices.
- Manages and monitors referrals and outcomes.
- Facilitates and supports care transitions.
- Coaches clients.

Excerpted and modified from: Antonelli, R. C., McAllister, J. W., & Popp, J. (2009). *Making Care Coordination a Critical Component of the Pediatric Health System: A Multidisciplinary Framework*. The Commonwealth Fund.

Delivery of care coordination

Consider the following questions.

1. How far along are we in establishing our care coordinator providers?

2. What are our minimum qualifications for care coordinators?

3. To what extent have we developed and communicated clear, written procedures and policies for the delivery of optimal care coordination? If we have not, what are our plans for preparing such documents? Who will prepare them? What resources are available or needed?

4. How effectively do we solicit regular feedback on the training and other support needs of our care coordinators? In what ways do we need to change our training or the availability of technical assistance in response to such feedback?

5. How well do our care coordinators understand the processes of early recovery and the implications for service delivery? What training and technical assistance do we have in place to help them understand these relationships?

6. How effectively do our care coordinators help clients make the transition to providers that can meet the full range of their needs, including medical, social, educational, and financial needs?

Measuring care coordination quality

Consider the following questions.

1. What standards for care coordination have we developed in our ATR project? By what measures do we know we are meeting the standards?

2. How do we collect and maintain data on our care coordination services? What steps can we take to better integrate care coordination into our management information system?

3. How do we use our data on care coordination delivery to enhance this service and improve client outcomes?

Section 4. Integrating treatment and recovery support services providers

Goals

- Enhancing recruitment and enrollment of RSS providers.
- Helping them meet your ATR project requirements and qualification standards.
- Improving the integration of RSS and clinical providers.

The shift to a client-centered, or recovery-oriented system of care (ROSC), requires an expansion of services to include lower-cost RSS along with more intensive and higher-cost treatment services. As you implement your ATR project, the challenges of offering client choice and expanding care to include RSS will undoubtedly surface. The importance of continuing to build partnerships among network providers cannot be overstated, and ATR project staff play a central role in this. Communication, training, technical assistance, and site visits to other ATR projects are among the techniques you can use to create a responsive project that facilitates the full continuum of recovery support.

All members of your ATR project team can participate in the processes of engaging and integrating RSS and treatment providers. You will want to identify and respond to organizational development needs, establish and adjust roles and boundaries, ensure regular information sharing across organizations, and forge new commitments and partnerships.

A useful resource for helping grassroots organizations build effective organizations, *Sustaining Grassroots Community-Based Programs: A Toolkit for Community and Faith-Based Service Providers*, was published in 2008 for ATR grantees and providers by SAMHSA (HHS Publication No. [SMA] 08-4340, Rockville, MD). You can access this electronically at <http://www.samhsa.gov/shin> or obtain it through SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727).

Themes

- New grassroots organizations that provide RSS may need significant support to develop infrastructure that meets ATR project requirements.
- RSS providers need to be fully integrated within the ATR provider network.
- All network partners need to understand the functions and benefits of RSS.

Considerations for success

- Many RSS are offered by grassroots faith-based and secular organizations. Treatment and other service agencies may initially be unfamiliar with such services and have little understanding of the organizations or the cultures of the organizations delivering them.
- A range of techniques may be needed to engage and recruit RSS providers to your ATR network.
- Some small grassroots RSS providers will need help in organizational development (obtaining 501(c)(3) status, establishing a functioning board of directors) or meeting ATR project requirements (collecting and reporting data electronically, marketing their services, managing vouchers).
- ATR project managers need to be prepared for a lack of referrals to some RSS providers and plan strategies for dealing with it.
- RSS providers may need to adjust and refine the types and nature of the services they provide as target populations and community requirements become clear.
- Regular meetings of providers to share ideas, learn new skills, and access relevant information can be very useful to and appreciated by those who attend.
- In a larger context, RSS parallel many types of support provided by lay organizations and individuals in other areas of chronic health care, e.g., for patients with diabetes, cancer, high blood pressure, or mental illness.

Ensuring adequate recovery support services

Consider the following questions.

1. To what extent do our intake and assessment staff ensure that RSS are appropriately included in clients' recovery plans?

2. How and to what extent do our RSS providers match the service needs of our clients?

3. What RSS provider recruitment and engagement efforts have been effective to date and what new approaches will we implement to fill service gaps?

4. How can we strengthen the communication and partnerships between our RSS providers and the treatment providers and other service organizations that serve our target population?

5. How do we measure the success rate of clients who have accessed RSS only?

Increasing knowledge about the function and benefits of RSS

Consider the following questions.

1. How does our project ensure that all network members understand the functions and benefits of RSS?
(See Exhibit 4, *An Overview of the Functions and Benefits of RSS in an ATR Environment.*)

2. How do we support RSS providers in marketing their services within our network and to providers of other services?

3. How do we encourage appropriate referrals to RSS providers?

4. How do we identify and overcome perceived “turf issues” among treatment providers regarding community organizations that deliver RSS?

5. How do we identify and overcome similar attitudes about treatment and treatment providers among RSS providers?

Exhibit 4. An Overview of the Functions and Benefits of RSS in an ATR Environment

Functions of RSS Providers

Offering RSS helps the ATR project system move toward a ROSC. Individuals in recovery receive the help they need as they pass through a continuum of care. RSS may also help incorporate spiritual support into the system of care.

RSS are typically provided by faith-based or secular groups offering services such as housing, job readiness and employment coaching, or community reentry support following incarceration to help individuals get into or stay in recovery. Typically, highly motivated people who want to be of service to others and have a special interest in those with substance use problems provide these services.

Benefits of RSS

- Support the concept of addiction as a chronic rather than an acute health condition by offering services before, during, after, or in lieu of treatment and for much longer than treatment alone.
- Help shift the focus of care from acute treatment needs to building on the strengths of clients in recovery and sustained recovery management.
- Champion the right of the individual to manage his or her own recovery process rather than depending on professional decisions and opinions.
- Open multiple pathways, including culturally sensitive, community-grounded, and spiritual approaches to recovery.
- Support recovery in the community.

Building the infrastructure of RSS providers

Consider the following questions.

1. What types of organizational challenges have emerged in working with grassroots RSS providers? What staff are equipped to address these challenges?

2. What training approaches have we identified to assist RSS providers with their infrastructure capacities?

3. What partnerships and mentorships do we have in place to assist RSS providers in developing the infrastructure of their organizations?

4. What types of feedback and communications mechanisms do we have to encourage RSS providers to raise concerns, receive information and assistance, and connect with their peers?

Integrating RSS into the ATR network

Consider the following questions.

1. To what extent can we describe our system of care as a collaborative, expanded system providing holistic care? What aspects of the system do we need to change?

2. What methods have we developed to build relationships with community organizations that provide RSS?

3. What communication channels have we made available to our RSS providers to let us know their questions or concerns about the ATR project and the processes of referral and voucher redemption, data collection, and reporting?

4. What follow-up and monitoring processes do we have in place to ensure that RSS providers are eased into the ATR project once they have enrolled?



Multiple grantees stress the importance of bringing treatment and RSS providers together at the local level to communicate, develop trust, and begin collaborating.

5. What types of workforce development strategies do we have in place to build interdisciplinary teams and improve our network?



“Clinicians are buying into the change person-by-person and piece-by-piece. They have to see the value that recovery services add to the process... Without a change in the culture, so that clinical providers see themselves as partners with RSS providers in producing improved client outcomes, sustainability is difficult because real system change has not been achieved.”

—An ATR Project Director

3

Managing Finances

Managing Finances

Key Concepts

To manage the finances for your ATR project, you will need to:

- Monitor your spending and manage your rate of spending (“burn rate”).
 1. Identify cost and service expenditures by individual clients.
 2. Forecast your services expenditures based on average cost per client as well as aggregate program costs.
 3. Account for administrative costs.
 4. Meet your goals for number of clients served.
 5. Have the management team plan appropriate steps for correcting problems when necessary.
 6. Collaborate with your management team to plan financial strategies and solve problems as needed.
- Design systems to avoid, detect, and/or prevent fraud, waste, and abuse, and correct such problems if discovered.
- Continue to help others learn the basics of financial management.
 1. Provide a clear explanation of the voucher system’s fee-for-service process to all staff, recognizing the difference between vouchered (planned) services and services actually provided.
 2. Remind staff of the types of data provided by your financial reporting system and how to use these data to better manage the project.
 3. Focus your team on the ongoing review of service dollars allocated for vouchers, those actually expended, and those that become available when unused by a client.
 4. Ensure that your financial management team understands your providers’ management processes and has your project’s financial data constantly available.
 5. Collect and distribute financial information to those who need to analyze it.
 6. Assess progress toward your client numbers and monitor clients’ lengths of stay in your ATR project.
 7. Review service use and rates. Report service usage trends and potential outcomes to the management team.

The use of vouchers in ATR intensifies the importance of careful financial management. The voucher-based payment system generates distinctive financial data on service usage, admission rates, provider billing, and retention rates. It is essential to monitor data gathered through financial reporting and to ensure that your providers manage their own financial activities carefully.

ATR grantees have found that clients often do not use all the funds available to them, making it difficult to know how much the project has really spent. Instead of looking only at amounts vouchered for types of clients, you have to find out how much of the vouchered amount the clients actually use.

Use data to make projections about categories of clients.

Your “burn rate” is the rate at which funds are actually spent, as a percentage of the amount vouchered. For example, if the voucher covers services costing \$1,000, and a typical client with high-intensity need only uses services totaling \$800, the burn rate is 80 percent. You can estimate that actual expenditures among this type of clients, over time, will be 80 percent of the amount vouchered.

You have to make estimates like this and plan ahead, because funds need to be fully used during the period for which they are granted. Knowing the burn rate enables you to make projections. Doing so is important each year of the contract, and especially during the final year, because you want to have enough money to serve all clients vouchered without leaving any in the lurch.

Train staff to understand how funds are expended.

Your current staff will need up-to-date training and new staff will need to be taught the complexities and unique features of ATR’s financial operations. They should know and understand the data available and how they are used to keep spending on track. Understanding financial processes will help your project team monitor progress and achievement of goals

For ultimate success, your current staff must have up-to-date training and new staff must be taught the complexities and unique features of operating your ATR project. Your staff should know and understand the data available and how they are used for routine operating procedures. Collecting and sharing comprehensive financial data will help your ATR project team monitor progress toward achievement of your project’s client goals.

Section 1. Monitor your spending and manage your burn rate

Goals

- Forecasting your expenditures and managing your burn rate.
- Ensuring that your provider, staff, and administrative costs are affordable under the ATR grant.
- Focusing on collecting required client data and meeting client goals.
- Having the ATR project management team plan corrective actions to implement when needed.
- Ensuring that your management team is fully engaged in overall project management for both planning and problem solving.

Themes

- Ensure that the data collected and reports produced provide you with a clear picture of costs per client.
- Frequent monitoring and projection of expenditures are essential practices for sound financial management.
- Accumulation of the correct financial data paired with consistent oversight and participation by management will ensure the stability of your project.

Considerations for success

- Practice successful management techniques by forecasting and monitoring spending.
- Perform rigorous quality assurance reviews of the data system to ensure that data are reliable, accurate, and up to date. Pay particular attention to services expenditures, but don't forget administrative costs such as project staff, training, and other costs not specific to clients. These costs must not exceed your grant allowance for the period.
- Ensure cooperation with and participation of management in oversight and necessary corrective actions.



Remember that administrative costs, including staff salaries and information technology requirements, should be automatically deducted from the funds available each month.

A common mistake when thinking about information sharing among all staff, partners, and the ATR project management team is to leave financial information out of the equation. Financial information, like all other project information, should be transparent.

1

Monitoring our spending and managing our burn rate

Continually forecast spending and build a financial database to achieve effective management practices and ensure quality services for clients.

Consider the following questions.

1. a. What are the key financial indicators of ATR project performance? Name at least five indicators.

b. What are the critical data needed to measure these indicators?

c. What are the major questions to be answered when analyzing financial data?

d. How will these data be collected? Who will collect them?

e. What will be the frequency of collection? What will be the frequency of review and analysis?



“We learned how to do actuarial analyses—the kind of mathematical analyses that insurance companies do to determine financial risk. This has helped us avoid expanding at too high a rate. It has helped us get to the details of the numbers to figure out what exactly we needed to do to control our spending.”

—ATR Grantee

f. What will be the frequency of distribution of the key indicators and other financial reports to other project team members? (See Exhibit 1, *Sample Projected Expenditures*.)

2. What staff are assigned to review the key indicators regularly? What skills will they need to develop? Will they need special training? What kinds of training? How will the results of their analyses be used to make changes, if needed?

3. What policies and procedures do we have in place to ensure consistent, effective financial management?

4. What administrative costs do we need to factor into the financial management of the project?



Implementation of ATR encompasses several phases, each with its own set of unique concerns. In all ATR projects, the financial management team should monitor practices consistently. The need to intervene will vary, however, depending on each project's circumstances and timing.

Remember, your focus now should be on meeting your client goals and managing your burn rate. The comprehensive database you are creating can show you trends and patterns. (See Exhibit 2, *Sample of Monitoring Funds*.)

Some grantees have moved away from encumbering the entire value of a voucher upon its issuance and instead set aside enough money to pay for only a certain percentage of the services chosen and authorized, based on the burn rate analysis. For example, you might find that clients typically use 50 percent of all their services in the first month of a 3-month episode of care. You could consider setting aside only 50 percent of the funds for the entire voucher and allow the care coordinator to recommend continuation (or not) as the services are used. Combined with individual voucher monitoring, this strategy would provide tight control of your project's burn rate. This will depend on what you have defined in your policies and procedures for the duration and use of vouchers.

5. What service areas or types of services are putting us at risk of running out of funding or overspending? What monitoring tasks are involved to regulate service use?

6. How can we control the use of high-cost services without eliminating their availability to clients who need them?

7. How is our management team getting all the information needed to run our ATR project effectively?

8. How is the information reviewed and used by the managers and staff of the project?

9. How is our financial information shared with our providers? What information is inappropriate to share with providers?

10. What are the key factors to be considered in planning to fully use the funds available to us during the grant period?

11. Is financial management a regular part of management team meetings? If so, what standard reports are provided?

12. When concerns are raised by reports, does the full management team participate in determining the cause and finding solutions?

13. What are the key issues to be raised and effectively dealt with by the management team?

14. What challenges have been identified that were not anticipated or covered by policies and procedures?



“Have an implementation team to get your ATR project up and running and a similar team to keep things going through the grant cycle. You need open dialogue and training. It’s important to all work together. If you try anything by yourself, you’re going to fall down.”

—ATR Grantee

Exhibit 1. Sample Projected Expenditures

Service	Budget Year(x)	Unit Rate	Units/ Episode	Clients to be Served	Projected Voucher Subtotals	Utilization Rate (Burn Rate)	Projected Expenditures	Projected Numbers of Clients
Assessment	\$100,000				\$154,500		\$123,600	
Screening		\$-	1	3,300	\$-	0%		
Clinical assessment		\$65	1	1,800	\$117,000	80%	\$93,600	1,440
Recovery assessments (new)		\$25	1	1,500	\$37,500	80%	\$30,000	1,200
Clinical	\$2,000,000				\$7,782,000		\$1,945,500	
Aftercare/continuing care		\$25	15	2,800	\$1,050,000	25%	\$262,500	700
Intensive outpatient		\$55	68	1,800	\$6,732,000	25%	\$1,683,000	450
Recovery	\$2,800,000				\$7,179,000		\$2,376,200	
Basic education		\$30	7	1,000	\$210,000	15%	\$31,500	150
Case management		\$40	8	3,000	\$960,000	40%	\$384,000	1,200
Drug testing		\$20	4	3,300	\$264,000	30%	\$79,200	990
Domestic violence		\$20	10	400	\$80,000	25%	\$20,000	100
Employment skills		\$20	10	1,000	\$200,000	25%	\$50,000	250
Family support		\$20	10	1,000	\$200,000	20%	\$40,000	200
Nutritional support		\$20	10	400	\$80,000	10%	\$8,000	40
Pastoral support		\$20	10	1,000	\$200,000	25%	\$50,000	250
Relapse prevention		\$20	10	3,000	\$600,000	20%	\$120,000	600
Recovery coaching		\$25	8	1,000	\$200,000	25%	\$50,000	250
Recovery skills		\$20	10	2,000	\$400,000	35%	\$140,000	700
Recovery social activities		\$15	10	1,600	\$240,000	25%	\$60,000	400
Respite		\$100	7	500	\$350,000	55%	\$192,500	275
Spiritual support		\$20	10	1,600	\$320,000	30%	\$96,000	480
Transitional housing		\$20	60	2,000	\$2,400,000	40%	\$960,000	800
Transportation		\$0	500	2,500	\$475,000	20%	\$95,000	500
Collateral	\$100,000				\$590,000		\$81,500	
Basic needs		\$150	1	600	\$90,000	20%	\$18,000	120
Basic utilities		\$300	1	400	\$120,000	10%	\$12,000	40
Household establishments		\$200	1	500	\$100,000	10%	\$10,000	50
Medical		\$300	1	300	\$90,000	15%	\$13,500	45
Medication		\$500	1	200	\$100,000	10%	\$10,000	20
Rental assistance		\$300	1	300	\$90,000	20%	\$18,000	60
Total	\$5,000,000				\$15,705,500		\$4,526,800	

Exhibit 2. Sample of Monitoring Funds

An estimate of ATR available funds (September 25, 2006)

Uncommitted direct service funds		\$2,000,000
Total outstanding committed funds	\$7,100,000	
Estimated usage percentage	60.00 %	
Estimated amount used	\$4,260,000	
Estimated de-obligations		\$2,840,000
Estimated funds available for vouchers		\$4,840,000
Estimated average expenditure per voucher		\$1,131
Estimated number of vouchers to be issued September 28, 2006–September 30, 2007		4,279
Number of months remaining in the grant		12
Estimated number of vouchers to be issued monthly		356

Source: SAMHSA. (2008). *Technical Assistance Report for the Access to Recovery Grant Program: Financial Management Tools and Options for Managing Expenditures in a Voucher-Based Program: Round One Grantee Experiences*, p. 23. Prepared under Contract no. 277-00-6400; Task order no. 277-00-6403 by American Institutes for Research.

Section 2. Detect, counter, and prevent fraud, waste, and abuse

Goals

- Implementing policies for the monitoring of fraud, waste, and abuse (FWA).
- Teaching staff and the provider network about:
 - The meaning of FWA.
 - The importance of monitoring for FWA.
 - The benefits of information sharing and communicating openly.
 - Concerns related to conflicts of interest.
- Ensuring that the management information system includes mechanisms to help detect and prevent FWA.
- Making the monitoring, detecting, and correcting of FWA a team effort among management, staff, and providers.

Themes

- Detect, counter, and prevent FWA using firm policies, an efficient voucher management system, and well-informed and trained staff.
- Ensure the participation of and cooperation among management and staff in efforts against FWA, making them responsive and proactive.

Considerations for success

- Help providers understand FWA through orientation and training.
- Provide staff with official policies regarding the detection and countering of FWA.
- Teach staff the definitions of FWA and the importance of constant monitoring.
- Use the voucher management system to guard against and help identify FWA.
- Enforce an ongoing and consistent flow of information as providers use the voucher management system.
- Eliminate any conflicts of interest that could lead to FWA.
- Encourage a team effort to combat FWA, tasking the management team with implementing corrective procedures for any such problems.
- Consider informing project staff, providers, and other partners—without mentioning offenders' names—about incidents of FWA that you uncover. Tell them how the problems were identified.

WORKSHEET
2

Detecting, countering, and preventing fraud, waste, and abuse
Establish a team effort against fraud, waste, and abuse and implement effective corrective actions to combat it. (See Exhibit 3, *Examples of Fraud, Waste, and Abuse.*)

Consider the following questions.

1. What are our official policies and procedures on monitoring for detecting and eliminating FWA in the areas of:
 - a. Assisting clients with choice?

- b. Payments?

- c. Voucher issuance?

- d. Rate setting?

2. What education or training do our staff need to have a clear understanding of how to monitor and detect FWA?



As you set up your provider network or add to it, you need to do so with a specific set of eligibility criteria and standards for each type of provider. As you certify new providers according to your policies and procedures, you will automatically include a site visit, with a review of zoning, licenses, and staff qualifications, as well as carefully noting the provider’s actual capacity. All this information on each provider in your network will then be entered into your data system. Because it is your policy, your providers should also not be surprised when you show up for periodic on-site visits that include review of billing, client eligibility/applications, charts, and logs.

Source: SAMHSA. (2008). *Detecting and Countering Fraud, Waste, and Abuse: A Primer*, p. 5. Prepared under Task Order HHSS283200700011/HHSS28300002T by Altarum Institute Technical Assistance Team.

3. Who on our staff can be assigned to be the “FWA expert” and tasked with training others on policies and procedures?

4. What data reports do we routinely generate on our project activities to identify FWA?

5. What information does our data system collect from our providers that will help detect FWA?

6. How does the management team use the data collected from providers?

7. What managers’ data needs are not being met?

8. In what areas might our operations show signs of or have potential for conflicts of interest?

a. Client assessment?

b. Client choice?

c. Provider relationships?

d. Rate setting?

9. What procedures do we have in place for corrective actions once FWA is detected?



Grantees have used random audits, cross-checking of payment systems, review of provider billing practices, electronic tracking, unique voucher identifiers, and client satisfaction surveys as techniques to guard against and identify FWA.

Exhibit 3. Examples of Fraud, Waste, and Abuse

Fraud

- Billing for services not rendered.
- Submitting multiple bills for the same service.
- Billing for a higher level of service than was provided.
- Misrepresenting the qualifications of staff or billing for services provided by unqualified staff.
- Clients allowing another person to use a voucher or selling drugs or services obtained with the voucher.
- Requesting authorization for unnecessary services.
- Requesting authorization for excessive services.
- Authorizing unnecessary services.
- Authorizing excessive services.
- Misrepresenting progress in treatment.

Waste

- Providing more services or more costly services than needed.
- Knowingly not billing the primary payer.

Abuse

- Providing services that are no longer necessary or appropriate.
- Allowing clients to change providers repeatedly or for inappropriate reasons.

Supplantation

- Using ATR grant funds to pay for substance use-related services already funded by State, county, block grant, or other funding sources.
- Unbundling services so that the total amount paid exceeds what was previously paid for the same services.
- Establishing any policy that leads to a reduction of non-ATR grant funds used for substance use disorder services or to a reduction in substance use disorder services furnished to non-ATR clients.

Supplementation

- Adding money from other revenue sources to ATR funds to increase the service capacity more than would result from the ATR grant alone.
- Allowing a client to enter the ATR program for recovery support services who is already receiving clinical services funded by another organization.
- Having a grantee that prior to winning an ATR award offered clinical treatment services only, using funds from Temporary Assistance for Needy Families, and once given the ATR grant, provided clinical treatment and recovery support services using ATR funds.

Adapted from SAMHSA. (2008). *Detecting and Countering Fraud, Waste, and Abuse: A Primer*. Prepared under Task Order HHSS283200700011/HHSS28300001T by Altarum Institute Technical Assistance Team.

Section 3. Build your expertise on the basics of financial management for your ATR project

Goals

- Strengthening your knowledge of the voucher management system and the types of financial data it provides.
- Staying informed about your financial data management processes by soliciting feedback from users (e.g., management, staff, service providers) of the system.
- Collecting and sharing accurate financial information with all partners in your ATR project frequently, encouraging collaboration.
- Assessing progress toward meeting client goals and monitoring clients' lengths of stay in the program, reviewing service use and voucher expenditure rates.

Themes

- Those involved (e.g., management, staff, service providers) need to learn the uniqueness of the ATR program grant's processes.
- Policies and procedures need to be in place for consistent management and oversight of your ATR project's financial health.

Considerations for success

- Encourage the sharing and flow of information, ensuring that staff receive the financial information they need.
- Be consistent in your oversight of management processes and expenditures.
- Monitor your data to assess client needs, their progress, and the costs of their services.

3

Continuing to develop our expertise and teaching the basics of financial management to our ATR project staff

Study ATR’s new financial processes with open communication and consistent oversight.

Consider the following questions.

1. What more do our staff need to know about the uniqueness of ATR’s voucher system?

2. What are the components that make ATR’s voucher system different from business as usual?

3. What reports does the management team need to have a comprehensive view of the project? What do they need to monitor project operations and outcomes?

4. How frequently does the management team need to receive and review data?

- a. What kinds of data are being provided to the financial management team and what is being done with them?



“We changed our review of data from monthly to weekly and, in some areas, we sometimes need it to be even more frequent.”

—ATR Grantee

b. What short- and long-term plans has the financial management team made as a result of the data? (See Exhibit 4 for a sample of ideal spending rates throughout the course of an ATR project.)

5. In what ways are the staff and management team involved in making key financial decisions?

a. What information goes to whom on the ATR project staff?

b. How often is information shared among staff?

c. How are financial data reported and analyzed to support management team operations?

6. What sorts of problems have our payment processes or provider billing time frames caused? How can we resolve them?

7. What kinds of fluctuations have we seen in our admissions (e.g., rapid increase or decrease in certain geographic areas or among certain population groups, enrollment of clients not in the originally targeted area or group)?
- a. In what ways does our voucher management system ensure that our financial manager can determine average service usages and costs (regionally or collectively, as appropriate)?

- b. In what ways do we need to expand or reduce our service array to meet our financial goals?

- c. How effectively are we meeting expectations at the local, State, or tribal level?



THINGS TO REMEMBER FOR SUCCESSFUL FINANCIAL MANAGEMENT

- The level of services provided per voucher is critical—both for reaching your target number of clients and for retaining those you serve.
- The number of vouchers issued will depend on a balance between the level of services provided and the grant amount.
- Individual voucher use should be monitored with the goals of serving client needs and retaining clients in the program.
- Be sure to have enough funds to meet your target number of clients within your budget limitations.
- Retain your clients long enough to carry out your follow-up obligations within your budget limitations.

Source: SAMHSA. (2008). *Expenditures Forecasting and Management Handbook*, pps. 4, 7. Prepared under Task Order HHSS283200700011/HHSS28300001T by Altarum Institute Technical Assistance Team.

8. What methods, policies, and procedures are in place to control spending? (See Exhibit 5, *Potential Pitfalls and Solutions for Financial Management During ATR Implementation.*)

9. What practices are in place to evaluate these policies and procedures?

10. In what ways have service rates and caps had an impact on the availability of services or affected clients' ability to get the services they need?



TIPS FOR ATR IMPLEMENTATION AND MANAGEMENT:

- Meet regularly with staff, including those who represent the program, fiscal, and IT areas. Issues may arise because of competing needs and resources available among these groups.
- Consider what data are collected. Remember, your information system cannot report data not collected.
- Consider your high and low expenditure parameters and how swings in enrollment or voucher use are handled.
- Ask whether you are hitting your client goals or noticing an increase in client turnover. Determine if your rate-setting methodology is appropriate, based on community comparisons. Overuse or underuse of funds could be attributed to fluctuating rates.

Exhibit 4. Sample Stabilized Operations Budget Projection (general drug user voucher services only)

Month	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Year 1													
New clients receiving vouchers				167	167	167	167	167	167	167	167	167	1,503
Monthly clients served (duplicate count)				167	334	501	501	501	501	501	501	501	4,008
Average monthly cost per client				\$1,250	\$937.50	\$833	\$833	\$833	\$833	\$833	\$833	\$833	
Total monthly expenditure				\$208,750	\$313,125	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$3,444,375
Year 2													
New clients receiving vouchers	167	167	167	167	167	167	167	167	167	167	167	167	2,004
Monthly clients served (duplicate count)	501	501	501	501	501	501	501	501	501	501	501	501	6,012
Average monthly cost per client	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	
Total monthly expenditure	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$5,010,000
Year 3													
New clients receiving vouchers	167	167	167	167	167	167	167	167	167				1,503
Monthly clients served (duplicate count)	501	501	501	501	501	501	501	501	501	334	167	0	5,010
Average monthly cost per client	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$833	\$625	\$625	0	
Total monthly expenditure	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$417,500	\$208,750	\$104,375	\$0	\$4,070,625
Total clients served, 3 years													5,010
Total monthly expenditure, 3 years													\$12,525,000

Adapted from SAMHSA. (2008). *Expenditures Forecasting and Management Handbook*, p 25. Prepared under Task Order HHSS283200700011/HHSS28300001T by Altarum Institute Technical Assistance Team

Exhibit 5. Potential Pitfalls and Solutions for Financial Management During ATR Implementation

Problem: The startup period is too long or progresses too slowly.

How to avoid it:

- Carefully plan startup operations so that you can provide a full first month of issuing vouchers. This means you should finalize all arrangements with screening teams, care coordinators, and providers before operations begin.
- Make it your goal to issue an appropriate number of vouchers in the first month. If referrals and providers are in place, you will be ready.
- Think about the populations you intend to serve, and expand your thinking to phase in those that are more difficult to reach.



Keeping track of voucher expirations will also allow you to:

- Reduce or eliminate services that are not being used.
- Add services to your care schedule that clients indicate will be useful to them.
- Extend the time on a client's voucher when the client is using services and still needs them.
- Issue vouchers to more clients.

Problem: Your network may not include enough referral and screening organizations.

How to avoid it:

- Work closely with potential referral and screening organizations (e.g., courts, child welfare systems, prisons) in advance to determine how many referrals each can provide per week and per month.
- Monitor closely the actual number of referrals per month, especially at the beginning.
- Adjust the number of participating agencies as needed to ensure that you can get enough referrals.
- Determine if your program has helped your referral sources sufficiently to enable them to make the referrals.

Problem: Clients aren't using the full voucher value. Vouchers may be providing unwanted or unneeded services.

How to avoid it:

- Monitor voucher use and work with your partner providers to find out what services are used and needed.
- Check in with potential clients prior to issuing vouchers and with actual clients after the program begins to understand their perceived needs.
- Work closely with care coordinators or whoever is writing your vouchers to help them understand what services clients seem to be using and provide training to them on helping clients make good choices.
- Care coordinators can be effective allies with the finance team, because they can help motivate the clients to use their vouchers fully.

continued

Exhibit 5. Potential Pitfalls and Solutions for Financial Management During ATR Implementation, cont.

Problem: Your program might be placing too many restrictions on when a voucher can be used and/or it may be valid for too few services.

How to avoid it:

- Look at vouchers that have expired early and have not been used to see what happened (e.g., perhaps a client did not report for treatment soon enough).
- Work closely with care coordinators and others who are issuing vouchers to discover what services are insufficiently provided by the vouchers compared to clients' needs.
- Meet with clients and enlist their aid in determining what services they perceive as useful.
- Add providers who can expand the range of services your organization can make available, especially recovery support services.
- Consider decreasing time constraints on clients and/or increasing the services allowed.

Adapted from SAMHSA. (2008). *Expenditures Forecasting and Management Handbook*, p. 13–21. Prepared under Task Order HHSS283200700011/HHSS28300001T by Altarum Institute Technical Assistance Team.

4

Using and Reporting Data Throughout Phase 2

Using and Reporting Data Throughout Phase 2

Key Concepts

- Managing your voucher management system and management information system (VMS/MIS) is vital because it is a critical communications device for every staff member and every partner in your ATR project.
- With your ATR grant come certain program goals and responsibilities such as serving a certain number of clients, recruiting a network of diverse providers who can offer a variety of treatment and recovery support services, and meeting your follow-up reporting goals. Your automated VMS/MIS is a central tool to be used to help you monitor and support decisions when you are attempting to achieve these goals.
- Your data can serve many functions that far exceed fulfilling grant requirements.
- Many of your partners and even some of your staff may be uncomfortable with automation and computers. You will need to provide training and help them understand the benefits of using an automated data system.
- As results become available, you will want to share them with your partners. This is the key to improving outcomes. Your information system is a critical part of your communications with all partners.
- Your outcomes data also must be available to the Substance Abuse and Mental Health Services Administration (SAMHSA). Again, your VMS/MIS is central to this process.

One feature that makes ATR different is the use of data to inform management. Each area or component of your project needs to be informed not only about its own activities and results, but also about those of all the others. Good and timely communication throughout all project components is central to success.

The management information system is an important communication tool.

- It is a comprehensive repository of data (information). As needed, portions are accessible to all members of the project, including managers, staff, assessors, care coordinators, providers, and referral organizations.



“Our VMS has been very beneficial to our ATR project. The data make it possible to show reduced drug use, lowered reincarceration rates, etc.—data not otherwise available. Our partners are very happy with the outcomes they have seen. The other important thing is client choice, and our VMS has facilitated that.”

— *Midwestern ATR Project Director*

- It is used to collect, manage, and provide reports on all data collected by the project.
- It is available at all hours, even when people may not be.
- The VMS/MIS is fed information by all who use it.
- Users' knowledge is a check on its accuracy and validity, supporting program integrity.
- The workload needed to maintain a large data store is distributed among its users.
- The VMS/MIS is the single place to go for answers to questions needed by managers or others, eliminating substantial research time and effort.
- It is the glue that holds all project components together.

All three of ATR's core principles converge in your automated data system.

ATR is *client-centered*. The VMS/MIS enables you to keep track of a great amount of information about clients and their progress.

ATR is *outcomes-driven*. The system enables you to document the outcomes achieved by clients.

ATR *expands capacity*. ATR brings into systems of care faith-based and secular community providers that have never had to meet the reporting and fiscal requirements of a Federal program.

You will need to train them to use the VMS/MIS to report on services so they can be reimbursed for providing them. Importantly, your automated data system houses your voucher management system.

This chapter is intended to help you use your automated VMS/MIS to assist your project in meeting your clients' needs and improving services and to fulfill your grant obligations to expand capacity and meet your client and follow-up targets.

Throughout phase 2, your staff and partners will be learning to use the VMS/MIS and developing new skills and understanding about how it works. Using an automated data system in the way the ATR VMS/MIS is used constitutes a new experience for many people who work in substance use disorder systems of care. Some of them will have to be convinced of the value of data and of recording it. The information technology (IT) staff, along with other staff in management components, will have to help them accept and use the automated data system. The IT staff will also be fine-tuning the VMS/MIS throughout phase 2 and subjecting it to quality control. To serve your ATR project in all the needed ways, your automated VMS/MIS *must itself be managed*.



THEY'RE ALL SAYING THE SAME THING ...

You will hear people use many different terms to refer to the MIS. Technically, some of these terms

have slightly different meanings, but for day-to-day purposes, most people mean the MIS when they say:

- Information management system.
- Information system.
- Data management system.
- Information technology (IT) system.
- Automated data processing (ADP) system.
- Data system.
- Voucher management system (VMS).
- Electronic data system.

The MIS was set up in ATR projects originally because the projects needed a system to process vouchers, so it was commonly called the voucher management system. Later, projects realized that they could use the MIS to produce information on client outcomes and service provision. By that time, they knew the system as the VMS, and they continued to refer to it that way. The system does far more than just process vouchers, but many people still refer to it as the VMS. SAMHSA requires ATR projects to create voucher management systems. Projects have created a VMS alone, a VMS as part of an MIS, or a VMS that includes an MIS.

Section 1. Managing your VMS/MIS

Goals

- Knowing the importance of managing your VMS/MIS to serve your ATR project’s needs.
- Knowing who needs to be involved in this management function.
- Knowing how to monitor your VMS/MIS.
- Knowing how to change the system as needed.

Themes

- Your automated data system is central to all aspects of ATR project management, operations, and meeting your project’s goals.
- It is the vehicle for meeting SAMHSA’s data collection requirements.
- To determine if it is meeting its intended uses, you need input from all types of system users.
 - This can be accomplished by regular meetings of a stakeholder committee that includes representative users from across your ATR project.
 - This stakeholder committee needs to include and have adequate support from IT staff who can provide reports and documentation as needed.
 - If the group arrives at a consensus that change is needed in the system, be ready to provide the technical and program support required to determine if, when, and how the change can be made.

Considerations for success

No matter how many functions you were able to build into your MIS (see list of capabilities to consider in Phase 1, Chapter 4, Building Your Voucher and Information Management System), your system will need to change to continue to meet your ATR project’s needs.

Your automated VMS/MIS must be constantly evaluated to ensure that it is meeting your ATR project’s needs. The IT coordinator will be a central part of the team effort to:

- Ensure that the system is providing the information users need.
- Provide technical support to providers and other users.
- Make training available for providers, including intake and assessment staff.
- Ensure that Government Performance and Results Act (GPRA) data are collected and available.
- Offer methods for data analysis to help meet project goals.
- Play the role of motivator.
- Produce timely reports for other managers.
- Monitor information system use by project staff, providers, and other partners.



To keep the VMS/MIS responsive to changing needs, one grantee has a specific budget set-aside, \$30,000 per year, for making changes to the system.

1 Managing our automated VMS/MIS

Consider the following questions.

1. In addition to the IT coordinator, what other staff members are key members of the management team?

2. How do IT staff coordinators participate in the design of data collection and analysis for our ATR project?

3. What key project areas is our IT coordinator knowledgeable about? What is his or her contribution to data system development and use?

4. In our regular meetings to evaluate how well our VMS/MIS is meeting our needs, who represents the various partners who use it?



ATR TIP A change in voucher duration will require changes to your VMS/MIS and the scope of services available to your clients. Be sure to include someone with clinical knowledge on your IT management team.

5. How often does this group meet? Is the frequency appropriate to meet the needs of our project staff as the project evolves? What gets accomplished and communicated at these meetings?

6. What reports are prepared by staff prior to the regular management meetings? What information do they provide that enhances project management?

7. What do we use as measures of usability and adequate function?

8. What other functions or capabilities does our IT system need to offer sufficient support to project operations—care coordinators, providers, finance, quality control?



In one grantee's ATR project, care coordinators are responsible for completing follow-up GPRAs with clients. The grantee found it would be useful to view each care coordinator's client load individually to monitor GPRA rates and added this function to the VMS/MIS.

9. Is there a process in place to:
- a. Request changes to the system?

- b. Keep staff up to date on the changes to the system?

- c. Train users on new or changed functionality when it becomes available?

10. What functions of our system are different today than they were at the end of phase 1? How did the ATR management team decide on and implement these changes?



“One reason our IT system is so helpful is that our IT director was formerly a counselor. He understands the services, the clients, and IT.”

—An ATR Project Director

Section 2. Introducing automation to your service providers and managers

Goals

- Introducing your staff and partners to use of the information system and its capabilities.
- Teaching them the benefits and uses of data.
- Training your staff and partners to use the information system to enter and obtain what they need.
- Showing them how data can help better serve clients.



In addition to initial training for newcomers to computers, one project provided a telephone “hot line” for quick help from IT support. It also provided online manuals and fact sheets at a support site created on the Internet.

Themes

- Some of your staff and providers need more help than others to learn how to use your information system and to become comfortable with using data.
- The key to success is hands-on training, technical assistance, support, and more training—and use of the data (information) in the system in the regular course of project business.
- Managing vouchers is just one very important aspect of your VMS/MIS.

Considerations for success

- Look at your data regularly and train your staff and partners to do so. The most important message you can communicate to your staff and partners is that data are the basis for the information needed to manage your ATR project.
- The information system needs to support both internal staff and managers, who largely use information, and providers and other partners, who mostly generate data. IT coordinators and other members of the ATR project team must understand that both management and service needs can be assisted by the VMS/MIS.



IT staff may need training in listening to staff and provider concerns about difficulties using the VMS. They may also need help learning to provide training and technical assistance. In some cases, you will want to have a trainer, or someone else with good communication and people skills, help people acquire new computer skills and learn to generate data reports. Not using “computer-ese” with newcomers is a good idea.



“We have had only two potential providers opt out of joining our network because of the requirement that they use our VMS. One was a dentist who said he did not use computers and one was a child care provider who said she did not have time to use computers.”

— An ATR Project Director

- Start where your providers—and perhaps some of your other staff—are. Many people don’t know what “automation” means or what “data” are. Start with the basics and the benefits.
- Teach people how to collect and use data. Help them learn to use the data system as a tool for success in helping to manage their work.
- Some people will need help in seeing that we are not using the data system just to catch people doing something wrong or for punitive purposes. A balanced approach will build their comfort with and confidence in the system, which they will begin to see as a benefit in their work.
- Automate data entry as much as possible. As you train your staff and providers to use the system they will be consistently amazed when they discover that to enter a service rendered or a date, for example, they need only click on a drop-down menu. The ease will put them at ease—and will reduce errors.



One project director showed people how to access sites on the Web in their area of interest. This made them more interested in acquiring computer skills.

Teaching our staff and partners to collect and use data

Consider the following questions.

1. What kinds of training and technical assistance are in place for our partners to aid them in their use of our VMS/MIS?

2. How can we design a brief needs assessment or devise a small provider self-assessment tool that will let us know their capabilities?

3. What strategies have we developed for our IT coordinator to partner with project staff and providers to support their information needs?

4. What aspects of the VMS/MIS have been highlighted to make using it attractive?

5. What provisions have we made for ongoing training and updating our partners and staff when the VMS/MIS is changed in response to a change in our ATR project? (See Worksheet 1.)

6. List the various groups that will be using the system or need data. Identify briefly the needs of each group. How has the system been designed to meet the needs of inexperienced users?

7. How are we identifying the data needs of our users? How are we ensuring that our users' needs are being heard? How are our concerns or suggestions documented and reported to users? How does the project prioritize what changes will be made to the information system?

8. What is our understanding of how faith-based and secular community groups and the grassroots audience perceive the relevance and usefulness of the data system?



One Midwestern ATR project offers its providers initial training, phone trainings, regional trainings, and ongoing technical assistance to help them use the VMS/MIS.

Section 3. Meeting project goals

Goals

- Learning how to use your VMS/MIS to track progress toward your specific program targets.
- Building aids into your VMS/MIS to help your project meet its requirements.
- Working with your IT staff to ensure that you can get the data reports you need.

Themes

- Meeting your grant requirements—target number of vouchers and clients, adequate number of faith-based and secular providers, 80 percent follow-up GPRA rate, expenditure rate—depends on many factors; some are in your control, others are more difficult to manage.
- Without your automated data system, knowing if you are meeting these requirements would be very difficult.
- Your VMS/MIS can do more than track the numbers; it can be set up to flag expenditure levels (high or low), track clients, and alert appropriate providers when their GPRAs are due or overdue, etc.

Considerations for success

- Be fully aware of SAMHSA's data reporting requirements and collect all the data you will need to meet those requirements.
- Make sure your VMS/MIS has a specific tracking mechanism to alert your care coordinators or other providers when a client's 6-month follow-up GPRA is due.
- Be sure your system can tell you how many active vouchers you currently have and how many have been issued to date.
- Your financial managers must be able to track the amount of funds currently encumbered (obligated for voucher payment) and determine the average voucher usage (by percentage of obligated funds and by amount).
- Create your system to be able to track spending by individual vouchers and sort vouchers by disorder intensity level to obtain a fine-grained look at average usage.
- Be sure your VMS/MIS can show you all providers in your network, including current information on their capacity, the services they offer, and their status as faith-based or secular, by region if appropriate.

- Work with your IT coordinator to ensure that your VMS/MIS can produce separate reports showing:
 - The status of your GPRA rates.
 - Client numbers.
 - Expenditure rates.
 - Average cost per client, by month of admission.
 - Services provided to each client, by provider and type of provider.
 - Referral sources' patterns of use.
 - Cash flow.
 - Average life of voucher.
 - Average voucher usage.
 - Other indicators the management team may need.
- Be sure your VMS/MIS can produce the reports needed to analyze GPRA data—these are a source of your success stories!
- *Remember, your system cannot sort or report data that have not been put into it.*

WORKSHEET
3

Using our VMS/MIS to meet your project goals

Consider the following questions.

1. When we assessed the needed configuration and capabilities of our system (in a functional requirements survey) in phase 1, what SAMHSA reporting requirements did we incorporate into the system?

2. Do our data enable us to meet SAMHSA and State or tribal requirements? Our referral partners' needs? If not, what do we need to do to better meet all of these requirements?

3. What specific provision does our system have for alerting our care coordinators and providers when client follow-up GPRAs are due?

4. Describe the reports produced by our system on GPRAs outcomes data.



The first thing providers responsible for follow-up GPRAs see when they log into one grantee's VMS/MIS is a status report on their due and overdue GPRAs.

5. Describe the functions of our VMS/MIS to support our care coordinators and providers in tracking their clients.

6. Describe the system functions and reports that track the meeting of client targets for services and admissions, vouchers issued, voucher usage rates, and services available and used per voucher. Consider SAMHSA reporting requirements and the needs of the financial manager. How well does our system meet those needs?

7. What kinds of warning flags does our system have to alert us to under- or overspending? Possible fraud, waste, or abuse?

8. What information does our VMS/MIS provide to our care coordinators and providers on other providers in the network for the purpose of helping clients choose which providers they want for their services? What additions or changes are needed?



Don't forget to take advantage of the training offered by SAMHSA's Service Accountability Improvement System (SAIS), which records and manages GPRA data for grantees and SAMHSA. SAIS provides GPRA training for grantees. In addition, remember that you can access your project data through SAIS. Provider reports, provided quarterly by SAIS, also can be very useful.

Section 4. Using your VMS/MIS to improve services, make management decisions, and track client outcomes

Goals

- Going beyond program requirements to use data for management decisions.
- Helping your staff and partners to go beyond the basics.

Themes

- Some of your staff and providers will need your help to learn how to use your information system and to see its benefits and uses.
- Your staff and partners can become proficient basic users of the VMS/MIS and go beyond basics into using data in new ways—if you show them how.
- Data can do far more for you and your ATR project than tell you if you are meeting your client numbers, spending targets, and GPRA percentages, such as telling you what particular services your clients are using or not using or which providers are not receiving clients.

Considerations for success

- Provide instruction for your managers and staff in how to use data for new purposes. Sure, you can look at data to see what your follow-up GPRA rate is or if you are meeting your client goals, but ...
 - What about looking to see which providers are most successful at keeping clients engaged through the voucher period and follow-up?
 - Or which care coordinators' clients are most likely to activate their vouchers?
 - Or evaluating your billing patterns to look for fraud, waste, or abuse?
- Show your ATR team and your partners how to review data and participate with them as they learn. While you teach, you will also be learning from them what your MIS cannot do or is not doing.



A care coordinator noted in a weekly meeting with one of his clients that she had missed a counseling session. She explained that she had been too depressed to go because it was payday and she was missing her old friends. Paydays were particularly tough because in the old days, that was when they got together to get high. She suggested that a safe and sober place for recreation and socializing would help her and others like her. This is now a reimbursable service in this ATR project.

- Require that managers and other relevant staff use the data from the system to manage their project component.
- Use data/information retrieved from your VMS/MIS whenever possible, even when it wouldn't normally be thought of, to illustrate points about the program and give support to discussions about services and outcomes. Using the system frequently, in unexpected ways, will give your partners a message about data-driven decisions and let them know the system can be helpful in ways they would not have thought possible.
- Your VMS/MIS can count—clients, vouchers, GPRAs—but it can do far more. You and your project management team can use your data to make decisions.
 - Your data can be used to improve your ATR project's services.
 - Your data can be used to track client outcomes.
- Remember to report findings to your services staff. The importance of keeping everyone on your staff and all your partners informed cannot be overstated.
- Work closely with your IT coordinator and staff to ensure that your VMS/MIS can generate the reports you need and that you and your staff can use the system effectively.
- Think about what reports your financial management team uses for their weekly meetings, what reports your care coordinators routinely use to inform their meetings with clients, and what information about your provider network your assessment/intake team uses to aid their clients in making choices.



One grantee provided care coordination services initially only to clients who chose providers that were having difficulty meeting follow-up GPRA goals. Analysis of outcomes data revealed that instead of getting lost, these clients talked to the care manager and could be referred to another provider if they chose or could add or subtract services to meet their needs. “In this way, we re-engaged these clients in ATR services, increasing our rate of follow-up GPRA fulfillment, and it got clients back in services, increasing their likelihood of improved outcomes.” Care coordination proved so successful, the service is now available to all ATR clients who choose it in this ATR project.

Using our data to manage and improve our ATR project

Consider the following questions.

1. Who can best assist our managers, staff, and other VMS/MIS users with learning to use data? How can those identified best provide their support?

2. What role does our IT staff play in training and technical assistance? When difficulties in communication arise between our IT staff and our partners, what process is in place to resolve them?

3. To what extent does the use of data for management decisions permeate our ATR project? What sorts of training and technical assistance might we initiate to increase the use of data in our ATR project and who are the candidates for these interventions?

4. Are we using our system whenever possible—and then some? Describe some ways that the system is being used that were not originally planned during phase 1, startup.

5. What kinds of data do we need to collect and what reports do we need to generate to manage our project better?

6. Describe the use and frequency of use of each report in our system. Are they all relevant? Are they all being used?

7. Do we routinely review care coordinator activity in our network? For example, one of them has clients who initiate their vouchers at a rate exceeding our average by 15 percentage points! How quickly will we follow up on this finding and what actions will we take to incorporate this coordinator's skills into the rest of our network?



“Use your data cautiously. They can help you make the wrong decision for the right reasons. An ATR project and its outcomes are moving targets. The most important thing is to look at the way the data are moving instead of at a one-shot picture. To understand what is actually happening, you need to look at trend lines.”

– An ATR Project Director

Section 5. Using data to make service decisions, update services, and improve client outcomes

Goals

- Ensuring that your provider network can meet the needs of your client populations.
- Learning what combinations of services produce the best outcomes and for which clients.
- Using this knowledge to inform service recommendations.

Themes

- Each person’s recovery is different, yet your clients will cluster naturally into groups, by demographic category, by disorder intensity level, or by primary substance used, for example. Within these clusters, each person will have much in common with the others in the group.
- Your management information system should have the ability to give you the fine-grained data you need to look at such client groups.
- In addition to a careful assessment of each client’s unique strengths and needs, the client’s group affinities might help determine what combination of treatment and recovery support services will aid the person’s recovery.
- Information about client outcomes can be used to decide what services are needed, allowing you to add new services or reduce those not being used.
- Information about client outcomes can also be used to improve services, which will improve client outcomes.

Considerations for success

- Careful and frequent review of your data is necessary to help you determine your ATR project’s effectiveness in meeting clients’ desired outcomes.
- Your system can provide effective data for the analysis of clients’ recovery capital.
- Your care coordinators need to use data to assist them in determining clients’ participation in the project and engagement with their chosen services.
- You can use your outcomes data to determine if the network includes the needed resources to meet clients’ recovery goals.



“Our ATR project has certain target populations, for example, criminal justice and child welfare, and each has different programs within it. We need to be able to discover what services work and with which sub-population, as well as with which population(s), and with our total ATR client population. Our VMS sorting capacities allow us to look at all those things, even down to the single service level or at clusters of services, and by individual providers.”

– An ATR Project Director



“Don’t be afraid to think outside the box in the ATR program. Our ATR project offers RSS such as massage, acupuncture, and traditional healing services. We worked with the Native community to define traditional Native healing services, standardizing them and helping to legitimize them.”

– A State Grantee

Using our data to make service decisions, update services, and improve client outcomes

Consider the following questions.

1. How frequently do we review the data collected through assessment and GPRA to give us a clear profile of the clients we serve and their needs? In what ways can we use this process to improve the services we offer?

2. How well does our VMS/MIS identify the needs for specific provider service types in specific geographic areas? By client demographic? By primary substance? By referral type?

3. How frequently do our project staff review reports regarding network resources, client recovery capital, and service use? Identify the steps in the review.



More than one ATR grantee has found that clients receiving a combination of clinical and recovery support services consistently have the best outcomes. One State director put it this way: “Our client outcomes in ATR are twice as good as those of clients who receive treatment as usual.”

4. What input do our project staff have into the design of the reports they are reviewing? How frequently do we survey project staff for ideas about improving the system’s reporting capacity? When was the last time our IT staff reviewed results of such a survey and made changes based on staff recommendations?

5. To what extent does our system allow us to track client progress after services have been provided?

6. What mechanisms do we have to determine if our clients are at risk for relapse or have relapsed?

7. Describe how the project determines the validity and relevance of our data to clearly identify client and project outcomes. What provision have we made for training our providers in GPRA collection? How certain are we that our GPRA data are of equal quality across providers?



“The way data are collected and the experience and training of the person administering the GPRA can have an effect on the quality of what they collect. Training is vital and we need to get data that are as good as possible.”

– An ATR Project Director

Section 6. Sharing outcomes information with partners to improve recovery

Goals

- Learning to use outcomes data to improve network performance.
- Helping your network see that improved performance—improved services—means improved recovery.
- Creating a regular flow of information about program progress, status, and achievements to ensure quality communication with all your partners.

Themes

- Outcomes data fall into a number of categories. For example, the GPRA has several “domains,” such as housing stability, drug abstinence, or involvement with criminal justice.
- Improvement is possible in any or all of these GPRA outcomes domains.
- Individual providers in your networks differ in their levels of outcomes success, overall, and by domain. This applies also to your assessment and intake teams. Consider, for example, the rates at which clients of a given assessment/intake team fail to activate their vouchers or are lost to follow-up.

Considerations for success

- Ask continually whether your data give you the information needed to adjust client recovery plans for better outcomes, determine strategies for achieving better client admission rates, and identify client needs not being met.
- Review the effectiveness of the system regularly, and be prepared to make changes as project needs emerge or change.
- Don’t look only at your GPRA completion rate; survey your GPRA data by outcome domain on a regular basis. If deficiencies are identified, first look for systemic problems, then sort down to individual provider outcomes.
- Begin a conversation about improving services if you have identified a provider or providers with deficient outcomes in a certain domain or domains.
- Look also at your assessment/intake teams’ rates of voucher activation and GPRA follow-up completion. Remember, once an intake GPRA is administered and a voucher issued, the client counts toward your GPRA rate whether or not services are initiated.

- Make technical assistance and training available—and offer incentives—to all your providers to help them understand how to use the data system to identify trends and determine practices to improve their services.
- Many providers will not immediately see the link between the quality of services and clients’ outcomes—show them.
- Once you begin to use data, you will probably want more.



“So, information about client outcomes drives improvements in services, which feed back into improved client outcomes—and both of those drive sustainability. We tell our providers that if they are not giving quality client services, they do not have a sustainability plan!”

– An ATR Project Director

Sharing outcomes information with partners to improve recovery

Consider the following questions.

1. What information do we routinely make available through the VMS/MIS to provide to our partners regarding client progress and subsequent support needs? Regarding services clients are not using?

2. What information do we routinely make available to our partners about the outcomes of the ATR project and their own performance?

3. What are the key indicators we use to identify service capacity needs?

4. How frequently are those indicators reviewed by program staff, providers, and other partners? How frequently are the indicators reviewed for relevancy and validity?

5. What specific reports and analyses do we give our providers for their use?

6. Do ATR program staff review those reports and talk with the providers about their implications?

7. A routine analysis of our GPRA outcomes domains shows that our overall rate of “stable housing” outcomes is well below other GPRA domains.

a. How frequently do we analyze our GPRA outcomes data by domains?

b. Has the management team reviewed these data? Have they identified strategies to deal with the issues raised?

c. How will we begin our search to narrow down the cause of this problem?



“The bottom line always has to be the client. That is the reason for establishing partnerships. Yes, we want to hold our providers accountable, but what we really want is for their services to improve so that client outcomes improve. The client is at the center. Providers at first see this as intrusive or meddling, but they ultimately come to thank us. They see the difference and understand. Placing the client at the center is absolutely essential. We collect our data and analyze them because they are helpful for improving outcomes. Our bottom line—and there are many steps to getting there: We want outcomes to improve.”

– An ATR Project Director

8. After a careful search for systemic problems, such as incomplete data or questioning bias, we looked at outcomes by population and then by individual provider. We found that several of our providers are not performing up to our average rate in this domain.

a. How do we proceed to improve our client outcomes?

b. Do we communicate with providers regularly to review these indicators, or will this be the first they are hearing from us about them?

c. What sorts of training and technical assistance will we offer them?

d. What sorts of incentives will we offer all our providers for improved outcomes?



Ask your providers how you can help them improve their services. Show them the problem and provide training and/or technical assistance. Tailor the conversation to the specific data outcomes in question. Remember, the conversation must be driven entirely by outcomes. Provide incentives for improved outcomes.

5

Sustainability Activities in Phase 2

Sustainability Activities in Phase 2

Key Concepts

- Making sustainability a priority—and keeping it so—can help your State or tribal system of care develop a new orientation to recovery and enable your project, or portions of it, to continue after the grant ends.
- Major sustainability activity can be conducted during phase 2, especially after data begin to accumulate. Prior to that time, you can build allies and supporters to guide subsequent system advances resulting from ATR.
- Keeping the leaders of your State or tribal system of care and your community partners informed about progress is essential to building support for a recovery focus after the ATR grant ends.
- Transparent communication of both your successes and your failures will gain the trust of those who can give your project staying power.
- Similarly, listening to community concerns and responding to them quickly will instill confidence in your ATR project, promoting the longevity of successful ATR elements in your jurisdiction.
- Independent community stakeholders—or a formal group of stakeholders—with strong ties to your ATR project and access to your data can be strong allies in planning ahead for sustainability.
- The data collected in the ATR project can substantiate systems change.

Throughout phase 2, despite the hard work required in implementing a project as complex as ATR, it is important to remember that ATR provides an opportunity to test new client- and recovery-centered approaches to care that your jurisdiction may want to implement more broadly. Your data will show which elements of the project to consider for incorporation into the jurisdictional system of care. Some time around the midpoint of your grant's second year, your data will begin to indicate successful outcomes and improvements in system performance.

As information accumulates, it can be shared with internal and external stakeholders. Similarly, you can ask stakeholders for their assessment of the project's accomplishments. They can assist you in assessing the project to determine what elements deserve to become parts of the State or tribal system of care and whether to seek funding for the continuation of the ATR project.

If you created a group of stakeholders in phase 1, you may already be collecting information and ideas from them that lead to a recovery-oriented system of care. After you have provided services for a few months, you will want feedback from clients and other stakeholders about referral, intake and assessment, provision of choice, and delivery of services. As you build relationships

with stakeholders, you will also be creating allies and ambassadors for ATR overall and for specific elements of the project. By the middle of phase 2, near the end of your second year of project operations, you will be in a position to seek specific recommendations for continuation.

In some previous ATR projects, stakeholders' groups have contributed greatly to the sustainability process. A wide range of activities can be conducted by such a stakeholder group; some examples are shown in Exhibit 1, *Possible Activities of Stakeholder Advisory Groups*. The involvement and specific activities of stakeholders can be expected to evolve over the period of the grant.

Exhibit 1. Possible Activities of Stakeholder Advisory Groups

Some stakeholder groups operate very informally. Others are called upon from time to time. An ATR project may also create different groups of stakeholders throughout the 4 years of project operations. A stakeholder group could be quite formal, with members from all internal and external groups interested in ATR, and authorized to act as a strategic change planning group, with its own mission and goals.

Here are some activities for stakeholders, based on the experiences of ATR projects:

- Create a vision of the system of care they want in the jurisdiction.
- Outline specific objectives for the continuation of the ATR project with funding from the State or tribe and other sources.
- Take responsibility for keeping sustainability in focus.
- Ensure that indicators of client success (e.g., housing stability, reentry into the community following incarceration, improved management of co-occurring disorders, demand for more recovery support services) are identified and tracked.
- Use fact-finding methods such as polls, focus groups, town hall meetings, and workgroups to learn about community attitudes toward client choice or recovery support services and identify project features that should be changed, improved, or continued.
- Craft specific recommendations about making the project more recovery focused.
- Keep community residents and groups informed about ATR.
- Create data-based recommendations for implementing ATR elements throughout the State or tribal system of care.
- Assist the project and the jurisdictional system during implementation of change.

Section 1. Collecting information to guide sustainability planning and systems change

Goals

- Developing a method to gather information from stakeholders.
- Assigning appropriate sustainability-related tasks to stakeholders.
- Conducting dialogue with the participating stakeholders.

Themes

- Obtain information from stakeholders about community responses to the ATR project and the extent to which it is meeting community needs.
- Assess the level of community support for continuing the ATR project.
- Develop workgroups to study particular functions or elements of ATR and to determine whether they warrant continuation, e.g., can the ATR management information system be adapted to function within the broader system? Would this be an improvement? In what ways?
- Such workgroups will need a clear focus, a specific set of requirements, and clear guidelines for products.



A clinical case manager in a stakeholder group might be asked to create and lead a workgroup of internal and external stakeholders, including recovery community members, to consider how well care coordination is working in your ATR project and what changes would be required to incorporate it into the State or tribal system if desirable.



As informal stakeholder workgroups gain credibility and buy-in from their peers, they can be asked to candidly discuss how various elements of ATR are or are not meeting community needs and how improvements might be made. Some workgroups are sophisticated enough to conduct cost comparisons of ATR and existing system approaches to service delivery.

Considerations for success

- Select stakeholders who have demonstrated a sincere interest in improving long-term recovery and who can make a commitment of time and energy.
- Give coordination responsibility to someone within the State or tribal system who will be committed to ensuring that the group is supported and respected.
- Make sure that data and other information are made available to the group as needed.

- Help everyone in the project, the State or tribal system, and the community appreciate the value of this group in planning strategically for sustainability.

Community stakeholders have traditionally volunteered their time and energies to advisory boards and other formal and informal activities. Their insights have contributed significantly to the development and nurturing of the substance use disorder treatment systems throughout the years. These stakeholders have ranged from community residents with valuable grassroots skills to highly trained and experienced professionals able to share expertise in policymaking, finance, management, or service delivery. Their interest often stems from a close personal relationship with someone with a substance use disorder or in recovery.

By reaching out to the community, the ATR management team can create a group of stakeholders capable of taking on major assignments related to sustainability. A strategic change planning team, created among skilled stakeholders, can play a pivotal role by advising the ATR project and the State or tribal system on methods of sustaining ATR accomplishments.

Such a group should be created no later than the beginning of phase 2 to observe, review data, assess ATR approaches, and make recommendations to the State or tribal system for continuing portions of ATR. At no financial cost to the project or the system, such a group can carry out its activities and report regularly to the project management team and system officials. The strategic planning group can also convey important information about the ATR experience to stakeholder groups, both within and outside the State or tribal system. The inclusion of the SSA director or a tribal official with similar authority or an authorized representative in the group will bestow legitimacy and authority to the strategic planning group. The ATR project director and other management team members can attend meetings as appropriate. A typical group might comprise:

- People in recovery or representatives of recovery community organizations.
- Family members.
- Representatives of the faith community.
- Representatives of institutions such as mental health, corrections, family services, and primary health care.
- Representatives from business, industry, education, and other professional groups.
- Treatment and recovery support services providers.

The members of this group can be expected to have many allies among those they represent, and they can call on these allies to carry out specific workgroup activities.



Collecting information to support sustainability

Consider the following questions.

1. What project data and other information should be made available to the sustainability team?

2. How will we be able to support the activities related to informing stakeholders and the community about the ATR experience?

3. What specific responsibilities need to be assigned to a representative of the State or tribal system who works with stakeholders?

4. What specific roles will we expect stakeholders to play? (See Exhibit 2, *Potential Stakeholder Roles in Different Project Phases.*)

5. How will the stakeholders report to the jurisdiction and the project?

6. What regular meetings should be planned?

7. How will stakeholders communicate the story of ATR successes and potential to their peer groups and the larger community?

8. What types of recommendations can stakeholders make to inform the jurisdiction's decisions about sustainability?

Exhibit 2. Potential Stakeholder Roles in Different Project Phases

Stakeholders can play different roles in your ATR project sustainability initiatives as your project develops, matures, and winds down.

Phase 1

As you inform stakeholders about the goals of ATR, they can, in turn, familiarize people in their own groups and throughout the community with the project's goals, client choice and recovery support services, and involvement with secular and faith-based community providers.

Phase 2

You can inform your stakeholders of the array of services available and ask them to publicize ATR among their friends, associates, and community groups. As data begin to accumulate, provide stakeholders with your project's findings on client outcomes and give them data to review. These data will give them insight into which groups of clients benefit the most from ATR.

You can ask providers to bring back information about clients' responses to ATR. You might create focus groups or town meetings to explain the project and obtain consumers' and residents' suggestions or feedback about project operations.

You might want to formalize a group of stakeholders to provide ongoing advice and feedback that will contribute to considerations for sustaining the project or implementing ATR elements in your State or tribal jurisdiction. This group can also help build support for ATR among other stakeholders. If support for particular features of ATR builds throughout the community, the community will receive your ideas for sustainability well.

Depending on their sophistication, you can ask your stakeholder group to take on tasks such as analyzing and comparing costs of ATR with costs in the jurisdictional system. Many tasks that will help build your case for sustainability can be assigned to such a stakeholder group. For example, you can ask them for recommendations about which ATR elements should become part of the State or tribal system of care.

Phase 3

Stakeholders can continue these tasks in the final months of the ATR project, and can add others such as rallying groups to your support, educating community leaders about ATR, or making presentations at community meetings.

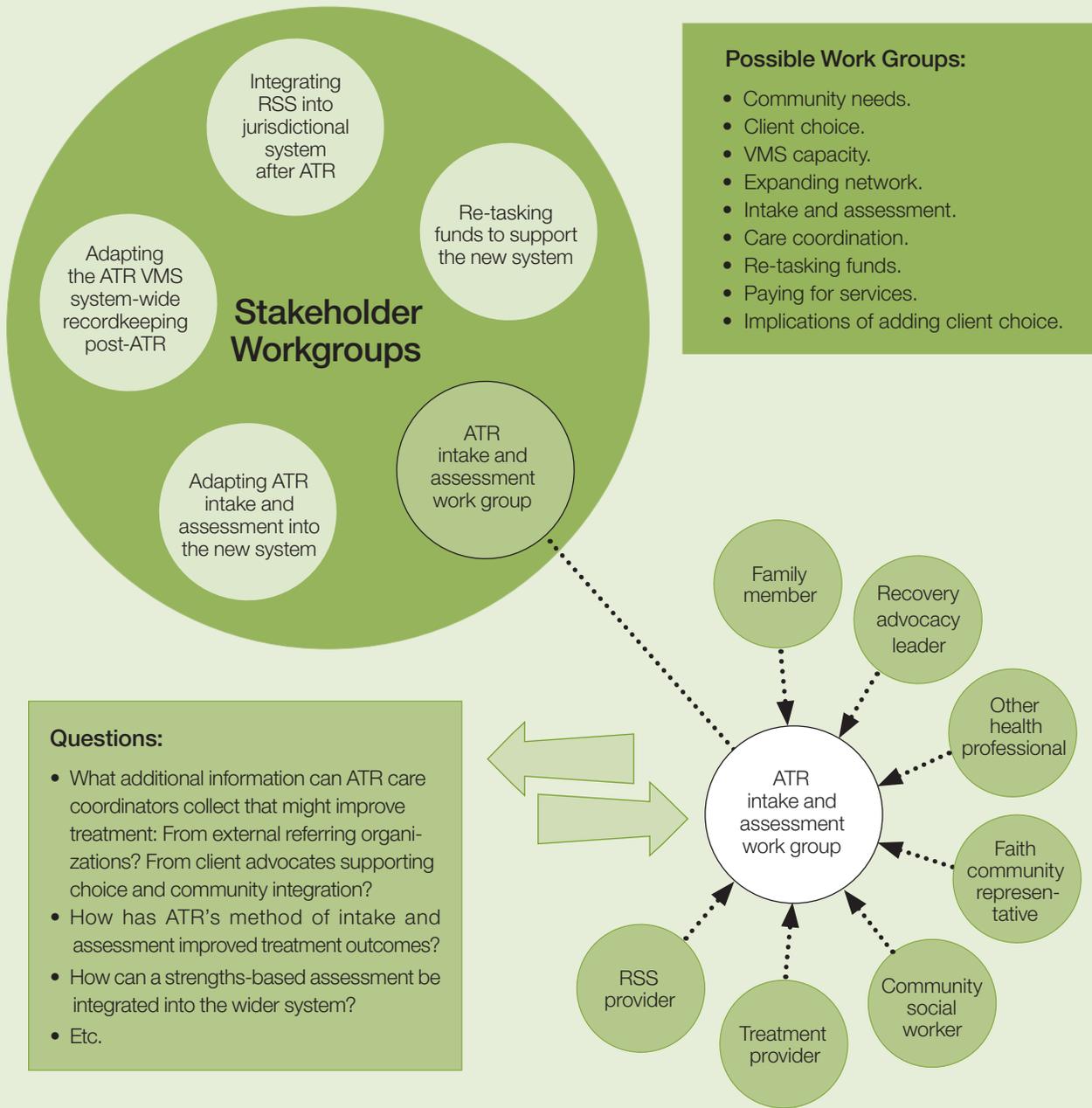
If your stakeholder advisory group is highly motivated and well-informed, you can ask it to create workgroups focused on particular ATR components (e.g., intake and assessment, service networks, or care coordination) and processes (e.g., how to re-task funding streams or integrate RSS providers into the jurisdictional system of care). They can work on specific challenges or look at whether ATR components can fit into the broader system. (See an example in Exhibit 3, *Stakeholder Sustainability Workgroups on the next page.*)

Exhibit 3. Stakeholder Sustainability Workgroups

This illustration shows the types of topics that could be given to stakeholder workgroups for consideration.

The circles within the larger circle show tasks or issues around which workgroups might be created. Other possible topics are shown in the list to the right of the circle.

The offshoot of the large circle shows the make-up of the workgroup on ATR intake and assessment. Shown to the left below the large circle are typical questions the workgroup could consider.





Keeping your State or tribal authorities, staff, and partners informed about progress toward sustainability

Consider the following questions.

1. What stakeholders not involved with us need to be informed of ATR project activities? Why?

2. What modes of communication are currently used to share information? What modes need to be developed or improved?

3. How can we cultivate relationships with these stakeholders?

4. How can we ensure that our ATR project is viewed positively by key policymakers throughout the State or tribal government and services?

5. What types of information do we need to share with these individuals?

Section 2. Gaining broad community support for sustainability

Goals

- Educating other institutions (e.g., child welfare services, business groups) about the ATR project.
- Networking with leaders to share information and increase referrals.
- Communicating about project outcomes and client-centered approaches to SUD with institutional leaders and legislators to pave the way for their support.
- Keeping all segments of the community informed.

Themes

- Proactively educate leaders of all community segments about ATR.
- Act as a resource for personnel in community institutions on questions related to ATR and recovery.
- Solidify your presence in the community with policymakers and influential groups and individuals.
- Keep your staff and partners informed of these activities.

Considerations for success

- Regular presentations at business and professional luncheons or other gatherings will help establish support for ATR and your project accomplishments and needs.
- Regular contact with staff in your State or tribal system to share information about project outcomes and successes are important to ease their fears about system changes. Their feedback will add to your perspective.
- Communicate developments regularly to your managerial team and staff. Keep them in the loop and listen to their concerns and suggestions for improvement. This will help prevent discontent and ensure that your ATR project presents a united front to stakeholders, as well as potential funders.



Cultivating support within State and tribal systems of care

Consider the following questions.

1. What strategies have we developed for keeping our jurisdiction informed about our progress and challenges?

2. What methods do we use to build relationships and develop consistent communication with operational managers and policymakers? How can we improve in this area?

3. Who is responsible on the management team for outreach to jurisdictional leaders in positions of authority and legislators?

4. How do we ensure that two-way communication is maintained between our project and the jurisdiction so that everyone has up-to-date and appropriate information about ATR?

Appendix: ATR Grant Contributors

ATR Grant Contributors

This Toolkit could not have been produced without the many contributions of the ATR grant project staff in the second cohort of grants who reported on their experiences over 3 years of project implementation. In addition, a number of grant project directors and key staff provided information in a series of interviews conducted at the time of the final Grantee Meeting in 2010:

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- Rebecca Boss, MA, Accessing Recovery in Rhode Island
- Alicia Clark, Ohio Choice for Recovery
- Vincent Collins, MSW, Washington Access to Recovery Program
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