SAMHSA’s Access to Recovery Program: Findings from the Cross-Site Evaluation

Presented by
Laura J. Dunlap, Ph.D.
RTI International

Presented at
Addiction Health Services Research Conference
October 3-5, 2011
Fairfax, VA

Study funded by the Center for Substance Abuse Treatment Contract No. 283-07-0201
The ATR Cross-Site Evaluation Team

**Key Members**

- Deepa Avula (SAMHSA/CSAT Project Officer)
- RTI International
  - Georgia Karuntzos, PhD; Jeremy Bray, PhD; Carol Council, MSPH; Barbara Dalberth, MPH
- Brandeis University
  - Dominic Hodgkin, PhD; Margot Trotter-Davis, PhD
- Danya International
  - Baoyi Zheng, PhD
- University of Connecticut Health Center
  - Minakshi Tikoo, PhD
Discretionary grant program first launched by SAMHSA in 2004

Funds grantees to establish a voucher system to purchase clinical substance abuse treatment and recovery support services (RSS)
- Use of vouchers intended to support client choice and promote a client-centered approach to recovery

Promotes expanded access and service capacity
- Inclusion of RSS
- Inclusion of faith-based and community organizations

Ultimate goal—to improve client treatment engagement and outcomes
ATR Program Cohorts

Cohort I (2004–2007)
- 14 States and 1 Tribal Organization

Cohort II (2007–2010)
- 18 States, 5 Tribal Organizations, and the District of Columbia

Cohort III (2010–2014)
- 23 States, 6 Tribal Organizations, and the District of Columbia
In 2007, SAMHSA funded an independent contract to evaluate the second cohort of ATR grantees.

Evaluation examined:
- implementation of ATR II across the 24 grantees (process)
- outcomes of clients who receive ATR services (outcomes)
- resources associated with ATR program start-up and ongoing implementation (economic)

Evaluation used a comprehensive multi-method approach:
- Used both qualitative and quantitative data collection and analysis methods.
- Involved three key levels: grantees, providers, and clients.
Evaluation Data Sources

- Site Visits
- SAIS GPRA and Voucher Transaction Data
  - Client-level demographics and outcome measures at intake and 6-month follow-up
  - Provided service utilization and reimbursement information
- Cost Interviews
- Program Reports and documents

- Client Survey
  - Sample of clients receiving 6-month follow-up between June 2009 and April 2010 ($n = 2,840$).
- Provider Survey
  - All service organizations on provider network lists between June and November 2009 ($n = 1,410$).
- Secondary Data Sources (e.g., TEDS, NSDUH, N-SSATS, BLS)
ATR II
Simplified Client Flow

Target Population → Referral Entry Gateway → Screening and Assessment

Client Chooses Screening and Assessment Provider from Network

Voucher(s) Issued

Client Chooses Provider(s) from Network

Treatment and/or RSS

Services Completed → Voucher Funds Exhausted
Implementation Models

- **Centralized**
  - Grantee or contracted independent agency performed client screening
  - Assessments performed by grantee designee

- **Fully Decentralized**
  - Screenings and assessments conducted by provider organizations

- **Limited Decentralized “Hybrid”**
  - Screenings and assessments conducted by a subgroup of ATR II provider organizations
Service Focus:
% of Grantees Providing Service

- Counseling: 91.7%
- Other clinical treatment services: 87.5%
- Screening/assessment: 70.8%
- Treatment planning: 62.5%
- Pharmacological interventions: 45.8%
- Transportation: 100.0%
- Aftercare services: 95.8%
- Case management services: 95.8%
- Housing: 95.8%
- Spiritual support: 91.7%
- Education services: 87.5%
- Other RSS: 87.5%
- Employment services: 83.3%
- Medical care: 83.3%

Legend:
- Clinical treatment
- RSS
- Medical care
Expanding Service Capacity: Developing a Provider Network

- ATR program created a unique opportunity for nontraditional providers (e.g., faith-based, small providers, RSS only) to participate in publicly funded substance abuse treatment.

- On average, grantee programs had 108 unique service providers on the network.
  
  - Typical provider—privately owned, not-for-profit, located in an urban area, and serving about 50 clients per week.

- Faith-based providers played a key role in the expansion.
  
  - 37% of ATR II clients received services from at least one faith-based provider.
  
  - Faith-based accounted for 32% of those providers that delivered RSS.
## Provider Characteristics

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New to Public Funding</td>
<td>35%</td>
</tr>
<tr>
<td>Faith-based</td>
<td>23%</td>
</tr>
<tr>
<td>Tribal/Cultural</td>
<td>6%</td>
</tr>
<tr>
<td>Secular</td>
<td>71%</td>
</tr>
<tr>
<td>Private, nonprofit</td>
<td>69%</td>
</tr>
<tr>
<td>Clinical Tx Only</td>
<td>12%</td>
</tr>
<tr>
<td>RSS Only</td>
<td>28%</td>
</tr>
<tr>
<td>Both Clinical &amp; RSS</td>
<td>60%</td>
</tr>
<tr>
<td>Large Metro</td>
<td>36%</td>
</tr>
<tr>
<td>Small Metro/Suburban</td>
<td>47%</td>
</tr>
<tr>
<td>Rural</td>
<td>17%</td>
</tr>
<tr>
<td>&lt; 50 Clients</td>
<td>49%</td>
</tr>
<tr>
<td>50-199 Clients</td>
<td>35%</td>
</tr>
<tr>
<td>≥200 Clients</td>
<td>16%</td>
</tr>
</tbody>
</table>
Who Did ATR II Serve?

(N = 183,554)

- Male: 69%
- Under 18: 4%
- 18 to 24: 19%
- 25 to 44: 54%
- 45 and Older: 24%
- White: 46%
- Black: 30%
- Hispanic: 10%
- Native American: 9%
- Other Races: 4%
Client Status at Intake (past 30 days)

- 50% reported using any substances
  - 35% alcohol
  - 36% illegal drugs
  - 21% both alcohol and illegal drugs
- 25% employed
- 34% independently house
- 10% homeless
- 55% on parole/probation
Gaining Access to Services—
% of Clients Receiving Clinical Services

- Any Clinical Services: 89%
- Treatment Planning: 92%
- Counseling: 92%
- Pharmacological: 87%
- Other SA Treatment: 94%
- Medical Care: 77%

(Blue bars represent All Clients, Red bars represent Voucher Clients)
Improvement in Abstinence

- Any Substances: 53% at Intake, 81% at Follow-Up
- Methamphetamine: 60% at Intake, 95% at Follow-Up
Improvement in Employment/Schooling

- Employed/In School: Intake 34%, Follow-Up 49%
- Employed: Intake 26%, Follow-Up 39%
- Employed (in labor force): Intake 37%, Follow-Up 56%
Improvement in Other Outcomes

- **Stable Housing**: 
  - Intake: 90% 
  - Follow-Up: 94% 
  - Follow-Up (conditional): 74%

- **No Arrests**: 
  - Intake: 91% 
  - Follow-Up: 96% 
  - Follow-Up (conditional): 93%

- **Social Connectedness**: 
  - Intake: 89% 
  - Follow-Up: 92% 
  - Follow-Up (conditional): 81%
Grantees primarily used one of 3 models for program intake.

Grantees successfully expanded RSS capacity, especially through inclusion of faith-based and other community organizations.

Clients experienced improved access to RSS (varied by service type).

Clients experienced substantial improvements in key treatment outcomes.
Limitations

- No true comparison group

- Observed only client’s ATR II experience. Treatment/services outside of the program were not observed.

- Limited time frame for evaluation follow-up
  - No long-term follow-up to examine durability of effects or long-term sustainability of program

- Relies on self-reported client data for behavioral outcomes
  - Common among evaluation studies of this type/size