

# Overview of 2010 ATR Grant Criteria and Target Populations

*ATR Ohana Project*

## Substance Abuse and Mental Health Services Administration (SAMHSA) Vision and Mission:

To build resilience and facilitate recovery offering a life in the community for everyone.

## Hawaii ATR Ohana Vision:

To strengthen and heal shattered lives and families in a system where individuals with substance use disorders are treated with dignity and respect, and where choice among treatment and recovery support service providers is maximized and expedited wherever possible.

## 2010 ATR Grant Requirements:

- Electronic voucher management system where the funding follows the client and is distributed as a fee-for-service
- Inclusion of both clinical substance abuse treatment and recovery support services.
- Free client choice ensured among clinical treatment and recovery support service providers
- Expand access to a comprehensive array of service options, including faith-, culture-based and neighborhood agencies

## 2010 ATR Grant Requirements (cont.):

- Increase substance abuse treatment capacity by ensuring clients are independently assessed and referred to the appropriate level of treatment and recovery support services
  - the least restrictive environment
  - sustaining them with non-traditional recovery supports when access to the appropriate level of treatment may be limited or delayed
- Enhance sustainability of the broader recovery-oriented system of care by
  - integrating recovery support services with clinical treatment
  - increase support for clinical treatment within non-traditional systems
  - including non-traditional faith- and community-based providers, and
  - tracking outcomes, thereby identifying and promoting efficient and effective practices

# What's Different Between ATR II and ATR Ohana?

- SAMHSA considers each ATR Grant as an unique initiative and awards funds with specific objectives
  - ATR I “Is it possible for this to work?”
  - ATR II “Was it an accident that it worked?”  
“What specifically works?”
  - ATR III “Can we operationalize what works”  
(Principles and elements of ROSC)  
“Can we replicate the success on a grander scale?”  
“Can we do it more efficiently”
- What was true for previous ATR Grants is not necessarily true for ATR III
- Previous ATR II provider agencies must reapply and qualify to be considered for ATR III (ATR Ohana) provider status

## ATR III Grantees Must:

- Enhance and expand on previous efforts
- ATR Ohana will
  - enhance the service array by adding treatment services
  - expand the eligible client population
  - expand to at least one neighbor island

## ATR Ohana Client Eligibility:

Individuals age 12 and  
older with Substance Use  
Disorders

# Special Target Populations:

- Adolescents
- Previously incarcerated individuals re-entering community settings
- Drug court clients
- Hawaiian Natives and Asian Pacific Island populations
- Deployed Veterans, Military, National Guard, Reserves, and their families
- Individuals with health disparity
  - Dental disease related to use of methamphetamines
  - HIV/AIDS patients
  - Dually-diagnosed clients

## How funds will be allocated:

- Evenly across all 4 years (\$2.2 million per year)
- 80+% of funds to direct services
- Incentives for clients
- 60+% to non-traditional recovery support services
- <40% to clinical treatment services
- \$1,098 lifetime ATR Ohana Project cap per client  
(Clients previously enrolled in ATR II may qualify for ATR Ohana, but must complete all screening and assessment requirements related to ATR Ohana Project)
- 8,362 clients must be served across all 4 years

## Of the 8,362 clients:

- 20% adolescents
- 5% National Guard, Military, Reserves, and family members
- 25% drug court or criminal justice agency
- 10% with compromised health (HIV//AIDS, dental disorders, dual-diagnosis)
- 40% methamphetamine as drug of choice

# How It Works:

Step 1. Screening for eligibility (CAGE-AID/CRAFFT)

Step 2. Independent Assessment (clinical ASI or ADAD plus ASAM, **AND** RSS Questionnaire)

Step 3. Referral to appropriate level of treatment

- May be ATR Ohana provider or non-ATR provider
- May be eligible for funding by other sources
  - Third party payer
  - ADAD treatment contracts
  - Out of pocket resources

## **PLUS**

Referral to appropriate level of recovery support service

- May be ATR Ohana provider or non-ATR provider
- May be eligible for funding by other sources
  - Existing grant resources
  - Existing State funded resources
  - Out of pocket resources

\* ATR Grant funds are considered the payer of last resort. Other funding resources must be utilized, if available. Each ATR Ohana provider must independently ensure that all other sources of funding for the client have been exhausted before billing for any ATR Ohana funded service.

## How It Works (continued):

Step 4. Clients determine, in coordination with the provider, what service is needed. Each ATR Ohana provider:

- creates their own agency's authorization based on client choice
- ensures that services are delivered according to client choice
- submits their own billing

Step 5. Electronic referral across various WITS system providers to other resources as client needs change

- System caps prevent over-expenditure of funds
- Vouchers are for 30 days
- Once expired, vouchers remain closed
- Vouchers may not be reactivated to accommodate delinquent billing
- Unused funds will be made available for new vouchers for additional services or for other clients as clients determine that there is a need
- Pro-active client tracking and transfer between providers is required

Step 5. 6-month follow-up screening required, face-to-face

Step 6. Discharge follow-up screening required

# Compliance with this is required!

Failure to complete the 6-month follow-up by the anniversary date will close down all billing for client services. No ATR Ohana provider will be able to bill for service provided to the client until the follow-up is completed.

Vouchers for providers who fail to complete the 6-month follow-up by the final closing date of the eligibility period will be closed.

Continuing funding to Hawaii from SAMHSA will be based on exceeding 80% compliance on this criteria

Continuing approval as an ATR Ohana provider will be based on exceeding 80% compliance with requirement